

Health and Partnerships Scrutiny Committee Agenda



9.30 am, Wednesday, 12 September 2018
Committee Room No 2, Town Hall,
Darlington, DL1 5QT

**Members of the Public are welcome to attend and
make representations at 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 4 July 2018 (Pages 1 - 8)
4. Matters Arising.
5. Performance Indicators Quarter 1 2018/19 (Pages 9 - 30)
Managing Director
6. Better Care Fund - Social Prescribing (Pages 31 - 38)
Director of Children and Adult Services
7. Exercise and Activity Survey Undertaken at the GOLD Tea Dance
 - a. Residents Only (Pages 39 - 54)
 - b. Item 7b - Health and Partnerships Scrutiny Committee - Exercise Aug 18 - Summary Results (Pages 55 - 72)
8. Work Programme - (Pages 73 - 88)

Assistant Director Law and Governance (report enclosed).

9. Health and Well Being Board -

The Board met on 12 July 2018. The next meeting is scheduled for 13 September 2018.

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

11. Questions.



Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 4 September 2018

Town Hall
Darlington.

Membership

Councillors W Newall, J Taylor, V Copeland, R Crichlow, R Grundy, I Haszeldine, E Heslop, T Nutt, EA Richmond, H Scott and L Tostevin

If you need this information in a different language or format or you have any other queries on this agenda please contact Karen Graves, 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: Karen.Graves@darlington.gov.uk or telephone 01325 405801

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

4 July 2018

PRESENT – Councillor Newall (in the Chair); Councillors Copeland, Haszeldine, EA Richmond, H Scott and J Taylor. (5)

APOLOGIES – Councillors Nutt and Tostevin; Ken Ross, Public Health Principal; Sue Jacques, Chief Executive, County Durham and Darlington Foundation Trust (CDDFT); Patrick Scott, Director of Operations, Durham and Darlington and Sarah Callaghan, Senior Planning and Performance Manager, Tees Esk and Wear Valleys Foundation Trust; Ali Wilson, Chief Officer and Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington Clinical Commissioning Group. (10)

ABSENT – Councillors Crichlow and Grundy. (2)

ALSO IN ATTENDANCE – Councillor S Richmond, Cabinet Member with Adult Social Care Portfolio. (1)

OFFICERS IN ATTENDANCE – Miriam Davidson, Director of Public Health; Christine Shields, Assistant Director, Commissioning, Performance and Transformation; Ian Thompson, Assistant Director Community Services; Barbara Copson, Performance Manager; Rachel Osbaldestone, Public Health Portfolio Lead; and Karen Graves, Democratic Officer. (6)

EXTERNAL REPRESENTATIVES – Graeme Niven, Chief Finance Officer and Joanne Heaney, Head of Strategy and Commissioning; NHS Darlington Clinical Commissioning Group (CCG); Will Smith, Commissioning Delivery Manager, North of England Commissioning Support (NECS); Jill Foggin, Communications Officer, County Durham and Darlington Foundation Trust; and Diane Lax, Healthwatch Darlington. (5)

HP1. COUNCILLOR DAVID REGAN - The Chair referred to the recent death of Councillor Regan, a former Member of this Committee and, in doing so, paid tribute to his active contribution as the Men's Health Champion for this Committee and to local democracy within Darlington.

RESOLVED – That the condolences of this Committee be conveyed to the family of Councillor Regan.

HP2. TIME OF MEETINGS – RESOLVED - That meetings of this Committee for the Municipal Year 2018/19, be held at 9.30am on the dates, as agreed on the calendar of meetings by Cabinet at Minute C111/Feb/18.

HP3. DECLARATIONS OF INTEREST – The Chair declared an interest in Minute HP4/Jul/18 below as a Board Member of the Citizens Advice Bureau.

HP4. VOLUNTARY SECTOR FUNDING – The Assistant Director, Commissioning, Performance and Transformation provided a verbal update to Members on the current position relating to Voluntary Sector Funding.

It was stated that a series of Workshops had been held during March and April, followed by further Workshops held in June, and had been attended by 50 to 60 people from various organisations, including Police, Fire Brigade, Health Organisations and schools as well as Voluntary, Community and Social Enterprise organisations currently not operating in Darlington and Members of the Darlington Organisations Together network.

Following the Workshops two focus areas had been identified namely, Social Isolation for Adults and Support for Vulnerable Families with Children. A series of community based projects is to be established across these two focus areas which will run as pilots for 18 months from September 2019. The projects will link with the Mutual Gain work currently being undertaken by Police colleagues as well as NRF proposals and work being undertaken within GP Practices.

It was reported that there had previously been no appetite to apply for one-off funding or non-recurrent funding as it was a time-consuming exercise. Members were also advised that work was ongoing with Community Groups to have sustainability plans in place as there is no longer a guarantee of statutory funding.

The community based projects are to be considered for short term voluntary sector funding and it was envisaged that County Durham Community Fund would be linked to the next stage of the process thereby opening another avenue of funding opportunities. It was hoped that all Groups would become self-funding in the future.

Members were pleased with the progress being made around Voluntary Sector Funding and look forward to receiving details of projects at a future meeting.

Discussion ensued on the need to ensure the money was spent correctly and the need for Scrutiny Committee to monitor the process. The Assistant Director advised that a further report would be provided before the end of the year to give feedback to Members and advise of the list of projects to work on.

RESOLVED – (a) That the Assistant Director, Commissioning, Performance and Transformation be thanked for providing an update on Voluntary Sector Funding.

(b) That a report be submitted to a future meeting of this Scrutiny Committee providing further progress.

HP5. MINUTES – Submitted – The Minutes (previously circulated) of the meetings of this Scrutiny Committee held on 11 and 27 April and 3 May 2018.

Councillor Copeland advised in relation to Minute HP52/Apr/18, 'that arrangements were being made to remember Lieutenant George Nicholson Bradford a Darlington resident who was awarded the Victoria Cross in World War I.

RESOLVED – That, with the above addition, the Minutes be agreed as correct records.

HP6. MATTERS ARISING – There were no matters arising.

HP7. DARLINGTON CHILDREN'S VISION SCREENING PATHWAY – BRIEFING PAPER – The Commissioning Delivery Manager, NHS Darlington CCG submitted a briefing paper to inform Members of Darlington CCG's change to the school vision screening pathway, commencing 3 September 2018.

Members were informed that the Children's Vision Screening Pathway, which is commissioned by Darlington Borough Council as part of the 0-19 service provided by Harrogate and District NHS Foundation Trust, is to change on 3 September 2018 following a review of the current pathway. The review highlighted that 11 per cent of Darlington reception aged children were referred to hospital eye service orthoptists for further management following failed vision screening and that a significant number of those referrals were not necessary.

It was stated that children who currently fail vision screening have suspected amblyopia (lazy eye) or are considered to have other pathology, for example, squint and are referred to hospital eye services for further management. Onward referral costs are subsequently picked up by the respective CCG for which the child has a registered GP practice.

We noted that health commissioners have worked closely with colleagues from the Council, Harrogate and District NHS Foundation Trust and the Local Optical Committee (LOC) to review the current pathway which was contributing towards the overall increasing number of referrals to hospital eye services. Darlington CCG has subsequently agreed to commission a Children's Community Optometry Service which will eliminate the requirement for onward referral to hospital services for failed vision screening or suspected amblyopia.

Children who have failed vision screening or suspected amblyopia will now have their care delivered by a community optical practice at a time and place suitable for the child and parent/guardian to attend. This includes weekends which ensures that children are not taken out of school and parents/guardians need not necessarily take time off work to attend appointments with their children.

Introduction of this new community service will make the best use of public funds, ensuring the health care needs of local children are met; and reducing health inequalities by delivering a clinically effective quality service close to home. Capacity will also be created at hospital eye services enabling the Ophthalmology Team to manage those children with more complex pathology.

Members were informed that there were currently six practices within Darlington and 50 practices overall within Darlington and County Durham that offered the service.

A similar service is working well in neighbouring CCG areas and ensures that children attending a Durham school and registered with a Darlington GP will not experience cross border issues.

Discussion and challenge ensued on which practices offered the service in Darlington as it was felt that some were not very co-operative at offering week-end appointments for children. The CCG representative assured Members that this would be addressed as children should have access at all times.

The Director of Public Health welcomed the change to the pathway as NHS England had recently published the Healthy Child Programme.

RESOLVED – (a) That the report be noted.

(b) That the change in the Children’s Vision Screening Pathway be welcomed.

HP8. PERFORMANCE INDICATORS QUARTER 4 2017/18 AND PROPOSED INDICATORS FOR 2018/19 – The Performance Manager submitted a report (previously circulated) providing outturn performance data against key performance indicators for 2017/18 and requested Members to consider the basket of performance indicators and schedule of performance reporting for 2018/19.

It was stated that of the five Community Services indicators reported to this Scrutiny Committee, two had achieved target for the year and performance was better than at the end of last year whilst three had not achieved target and were worse than at the end of last year.

Particular reference was made to Public Health indicators which were produced in response to the diversity of information and scale of budgets involved. Two key performance indicators reported at Quarter 4 in line with the National Reporting Schedule related to the National Child Measurement Programme.

It was further advised that 23 other Public Health indicators were reported to Scrutiny at other Quarters throughout the year.

The Assistant Director, Community Services advised Members that CUL 008a, CUL 009a and CUL 010a were based on a National Survey undertaken by Sport England and that performance was on par with other north east local authorities. It was also stated intervention work was ongoing at Red Hall and the outcomes were awaited; work was ongoing with schools and grants were providing activities for young people such as swimming lessons and Sports Days. Members were pleased to note that there were also activities in sheltered housing schemes such as Walking Football and Walking Netball.

The Public Health Portfolio Lead advised Members that in relation to PBH 020 and PBH 021 statistics had shown that 10 per cent of children aged four to five were considered to have excess weight, however, in Year 6 that had increased to 22.5 percent. The Childhood Healthy Weight Plan for Darlington provides a framework for a whole systems approach to reducing obesity and promoting a healthy weight. The plan works with partners including parents, schools and other agencies to take a whole systems

approach to reducing childhood obesity. This includes focussed work with parents, schools and other settings in reducing children's access and exposure to unhealthy foods, particularly those identified as being high in sugar, and increasing opportunities for physical activity.

Discussion and challenge ensued on the methodology to measure physical activity undertaken by everyone and the continuation of the breastfeeding programme relevant to PBH 013c.

The CDDFT representative reassured Members that breastfeeding information was given in Ante-natal classes and the Director of Public Health advised that whilst funding had been withdrawn due to austerity measures it was in the contract with CDDFT and the CCG that breastfeeding support was available.

RESOLVED – (a) That the submitted report be noted.

(b) That the proposed basket of performance indicators for 2018/19 be agreed.

(c) That the scheduled for performance reporting for 2018/19 be noted.

HP9. CHILDHOOD OBESITY AND DENTAL HEALTH CARE - The Members of the Joint Review Group, established by this Scrutiny Committee and Children and Young People Scrutiny Committee, to examine Childhood Obesity, Dental Health Care and any associated Mental Health Links, submitted a report (previously circulated) requesting consideration of an interim recommendation in relation to any prospective water fluoridation scheme in Darlington.

The submitted report outlined the investigations of the Joint Review Group in relation to poor dental health outcomes in Darlington and the strong links between the highest obesity rates and the poorest dental health being most prevalent in the most deprived areas of the Borough.

It was also reported that dental decay was a significant public health problem in the North East and Darlington had levels of decay in children significantly higher than the average for England.

The Director of Public Health confirmed that the recommendation of the Joint Review Group was to carry out a technical appraisal only and not to make a decision on any potential water fluoridation scheme at this time.

RESOLVED – That this Scrutiny Committee supports the joint work underway to gather information required for consideration about any prospective water fluoridation scheme in Darlington and recommends to Cabinet that it agrees to carry out a technical appraisal for consideration of a water fluoridation scheme in Darlington and/or the Tees Valley.

HP10. DARLINGTON CLINICAL COMMISSIONING GROUP (CCG) FINANCIAL PLAN 2018/19 – The Chief Finance Officer, Darlington NHS CCG gave a PowerPoint Presentation which provided an update on the CCG's Financial Plan 2018/19 and

included final allocations - money the CCG has to spend; summary financial plan – what the CCG is planning on spending; efficiency plan - what savings the CCG have to make to balance the books; and risk and mitigations – scenarios if the planned spend worsens. It was confirmed that Darlington CCG had balanced the books last year and was in a healthier state than some neighbouring authorities.

It was stated that the CCG could not spend above the allocation it received from National Health Services England and that the allocation was split into three areas of programme for patient care, primary care delegated for GP practices and running costs for the management of the CCG. The majority of spend was in the area of programme for patient care and whilst the CCG cannot overspend on running costs for management it could underspend and reallocate.

Particular reference was made to the CCG's expenditure and demands for services which outweigh the allocations received resulting in an efficiency programme, developed by benchmarking against peers and looking for areas where the spend is significantly higher, to balance the books. Benchmarking includes comparing pathways in order to get the best outcome for the spend and the patient.

It was explained that the CCG had to plan for expected inflationary increases and that the minimum wage increase had had an impact in the Care Home Sector.

The Chief Finance Officer gave a full explanation of the CCG's Summary Financial Plan 2018/19 including National Tariffs and Formulas for services, last year's spend, net tariff uplift and contingency plans.

Once the Efficiency Plan has been developed it is assessed by the CCG to identify how it would manage the financial risk if certain scenarios, for example, increased activity in the acute Trust, were to happen. It was confirmed that the focus for efficiency plans was within acute spend, prescribing in primary care and continuing healthcare.

It was reiterated by the Chief Finance Officer that the plan was reasonable and that Darlington was in a less risky position as opposed to other CCGs in the area. The CCG had a block contract with CDDFT and the CCG and The Trust had to work together to drive efficiency and collectively drive transformation and cost.

Discussion and challenge ensued on ineffective procedures and whether the decision was made by the clinician and that efficiency did not drive clinical need. The Chief Finance Officer confirmed that Public Health England and NHS England were looking at procedures where treatment should not happen, such as removal of tonsils, unless there were exceptional circumstances.

Following a question it was confirmed that there would be no delays as waiting lists had to be maintained and that the Referral Management System had removed people who did not need a surgical intervention.

Concerns were raised that people were purchasing essential equipment as Mediquip were not providing like-for-like, although it was accepted that the NHS should fund any medical needs which were different from a 'want'.

Overall Members were pleased with the financial position of Darlington NHS CCG and have requested regular updates on its financial position.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the Chief Finance Officer for his informative presentation.

(b) That this Scrutiny Committee welcomes the overall financial position of the Darlington NHS Clinical Commissioning Group.

(c) That this Scrutiny Committee be kept updated on the financial position of Darlington NHS Clinical Commissioning Group.

HP11. WORK PROGRAMME - The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the remainder of the Municipal Year 2018/19.

Members previously agreed a revision to the work programme to enable the Committee to analyse information for each topic area aligning it to the eight outcomes and the three conditions in the Sustainable Community Strategy and relevant performance indicators from the Performance Management Framework.

There was discussion on the current status of various topics on the work programme including Integrated Care System (previously Sustainable Transformation Programme) whereby the Chief Finance Officer, CCG advised Members that there was a lot of work ongoing and that collaboration working would become the future. Work was currently ongoing across Commissioners, NHS Trusts and local authorities and that changes could be observed within the next six months. There had also been a restructuring of the CCG's with the possibility of one Chief Executive for five CCGs together with cross-cutting of other responsibilities over several CCGs.

In relation to Pain Management it was confirmed that a new provider had been contracted since February 2018 following a tendering exercise and that any pathway queries should be directed to Karen Hawkins, Director of Commissioning and Transformation.

In relation to the CDDFT CQC Inspection it was reported by the Communications Manager that the Trust was working through an Action Plan and that an update would be provided for Members at a future meeting of Scrutiny Committee.

The Healthwatch representative advised Members that during the Summer HWD was undertaking a piece of work on the Mental Health of Children and would feed back to Scrutiny Committee when completed.

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

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

HP12. HEALTH AND WELL BEING BOARD – Members are aware that the Board’s Work Programme items were reflected in its agendas, that it was useful to have Members of Scrutiny on the Board, that the process was more focussed and there was an excellent cross section of representation.

Councillor H Scott advised Scrutiny Committee that the Health and Well Being Board held 10 May 2018 consisted of mainly verbal updates which Scrutiny was aware of and that the next meeting of The Board was scheduled for 12 July 2018.

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

HP13. ANY OTHER BUSINESS – The Chair advised Members that she had recently attended the opening of the MRI Ward at County Durham and Darlington Foundation Trust and congratulated the Trust for the ambience for patients and the excellent and helpful consultants and staff working on the Ward.

The Communications Manager advised Members that, as part of the celebrations of the 70th year of the National Health Service, BBC Look North had made a short film around the recently opened County Durham and Darlington NHS Foundation Trust’s MRI Ward and new Scanner which would be shown on 5 July, the actual birthday of the NHS.

Health and Partnerships Scrutiny Committee 12 September 2018

ITEM NO.**5**.....

PERFORMANCE INDICATORS Q1 2018/19

Purpose of the Report

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

Report

Performance summary

2. This report provides performance information in line with an indicator set and Scrutiny Committee distribution agreed by Monitoring and Coordination Group on 4 June 2018, and subsequently by Scrutiny committee Chairs.
3. The indicators included in this report are aligned with key priorities and the majority are used to monitor the Corporate Plan 2017/21. Other indicators may be referenced when appropriate in narrative provided by the relevant Assistant Directors, when providing the Committee with performance updates.
4. 30 indicators are reported to the Committee – 5 Culture indicators and 25 Public Health indicators. The majority of the indicators are reported annually, and all the Public Health indicators are reported in line with the Public Health Framework National reporting schedule which means the data is at least 1 (one) year in arrears or relates to aggregate periods.
5. At Q1, data is available for 2 (two) Culture indicators and 6 (six) Public Health indicators as follows:

Culture

6. CUL 063 Number of school pupils participating in the sports development programme is showing performance better than at Q1 last year and based on Q1 performance this indicator is likely to achieve end-of-year target.

CUL 064 Number of individuals participating in the community sports development programme is showing performance worse than at Q1 last year and based on Q1 performance this indicator is unlikely to achieve end-of-year target.

Public Health

7. a) 4 (four) Public Health indicators have achieved performance better than when last reported:

PBH 016 'Rate of under -18 conceptions' is continuing to reduce;

PBH 033 'Prevalence of smoking among persons aged 18 years and over' is also continuing to reduce;

PBH 054 'Proportion of five year old children free from dental decay' – more children are free from dental decay compared with when last reported for 2014/15;

PBH 058 'Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population' shows overall improvement.

- b) 2 (two) indicators show performance worse than when previously reported:

PBH 009 'Low birth weight of term babies' shows an increase in the number of low birth weight babies since last reported however performance is still statistically similar when compared to recent trends for England.

PBH 048 'Rate of chlamydia detection per 100,000 young people aged 15-24' shows rates of detection to be lower than when last reported however the rate has increased since 2014 and is now statistically similar to England average.

8. A detailed performance scorecard is attached at **Appendix 1** showing performance against this agreed indicator set. A Public Health Performance Highlight report is attached at **Appendix 2** providing more detailed information about the Public Health indicators (ref PBH) and is produced in response to the diversity of information and scale of budgets involved.
9. It is suggested monitoring focuses on issues and exceptions, and relevant Officers will be in attendance at the meeting to respond to queries raised by the Committee regarding the performance information contained within this report.
10. This Scrutiny Committee performance report is compiled by the Corporate Performance Team. All queries regarding the format of this report should be addressed to Barbara.Copson@Darlington.gov.uk

Recommendations

11. It is recommended that performance information provided in this report is reviewed and noted, and relevant queries raised with appropriate Assistant Directors.

Paul Wildsmith
Managing Director

Background papers

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

Barbara Copson - Performance Manager ext 6054

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

This page is intentionally left blank



Darlington Borough Council
Public Health
April - June (Quarter 1)
Performance Highlight Report
2018-19

Public Health Performance Introduction

Key Indicators are reported in different timeframes. Many are only reported annually and the period they are reporting can be more than a year in arrears or related to aggregated periods. The data for these indicators are produced and reported by external agencies such as ONS or PHE. The lag of reporting is due to the complexities of collecting, analysing and reporting of such large data sets. The following schedule (page 4) outlines when the data will be available for the Key indicators and when they will be reported.

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

CIPFA nearest neighbours update

The Chartered Institute of Public Finance and Accountancy have updated their CIPFA nearest neighbours methodology in 2018. Darlington's "nearest statistical neighbours" are now:

- Stockton on Tees
- North East Lincolnshire
- Dudley
- Derby
- St Helens
- Bolton
- Calderdale
- Telford and Wrekin
- Plymouth
- Bury
- Tameside
- Rotherham
- Doncaster
- Warrington
- Wigan

Timetable for "Key" Public Health Indicators

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

Q1 Indicators

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

Q3 Indicators

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

Q2 Indicators

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

Q4 Indicators

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

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

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

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

	INDEX		
Indicator Num	Indicator description	Indicator type	Pages
<i>PBH 009</i>	(PHOF 2.01) Low birth weight of term babies	Key	6
<i>PBH 016</i>	(PHOF 2.04) Rate of under 18 conceptions	Key	8
<i>PBH 033</i>	(PHOF 2.14) Prevalence of smoking among persons aged 18 years and over	Key	10
<i>PBH 048</i>	(PHOF 3.02) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Key	12
<i>PBH 054</i>	(PHOF 4.02) Proportion of five year old children free from dental decay	Key (bi-annual)	14
<i>PBH 058</i>	(PHOF 4.05i) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population	Key	16

Quarter 1 Performance Summary

Key Indicators

The key indicators reported this quarter concern low birth weight of term babies, rate of under 18 conceptions, prevalence of smoking among persons aged 18 years and over, rate of chlamydia detection amongst people aged 15 to 24, and rate of mortality from all cancers in persons less than 75 years of age. The first four indicators demonstrate stable or improving trends largely in keeping with local/national rates and statistically similar rates to our CIPFA nearest neighbours. Work continues to maintain and improve upon this performance, addressing the inequalities in our locality.

The fifth key indicator concerning cancer mortality demonstrates that, although premature mortality from cancer has decreased in Darlington since 2001 in line with national and local trends, the rate of premature cancer mortality in Darlington is worse than in England and in our CIPFA nearest neighbours. The public health team in Darlington continues to support the CCG with a focus on lung and colorectal cancers, both of which have high incidence rates and poor outcomes in this locality.

The sixth key indicator is informed by the Oral Health Survey, a national survey that takes place every two years. The survey indicates the proportion of five year old children free from dental decay.

PBH 009- (PHOF 2.01) Low birth weight of term babies

Definition: Percentage of all live births at term with low birth weight

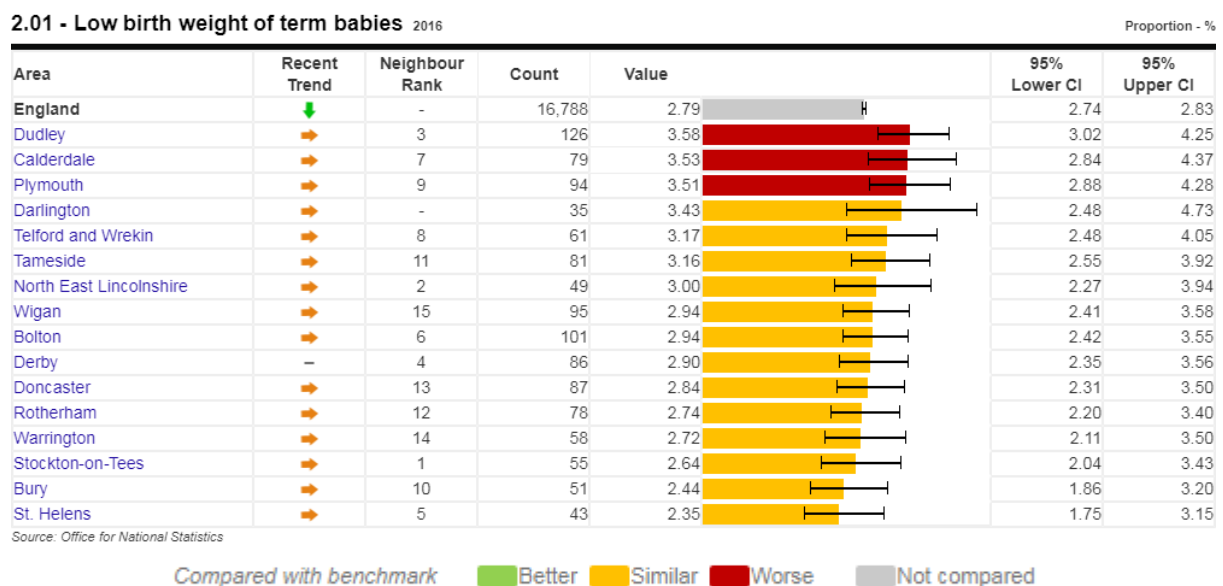
Numerator- Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks

Denominator- All live births with recorded birth weight and a gestational age of at least 37 weeks

Latest data available: 3.43 (2016)

Target 2018/19: Maintain recent trend (statistically similar to England)

Figure 1-CIPFA Nearest neighbours comparison



What is the data telling us?

There has been an increase in the proportion of low birthweight babies in 2016 compared to 2015 (2.13% to 3.43%). The trend for Darlington is similar to both England and the North East. Figure 1 ranks Darlington's position in comparison to CIPFA nearest neighbours. Darlington has the 4th greatest percentage of low birth weight babies compared to CIPFA nearest neighbours.

Why is this important to inequalities?

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health outcomes throughout life. At a population level there are inequalities in the distribution of low birth weight babies with a correlation with deprivation. A high proportion of low birth weight births is indicative of external factors that affect the development of the child. This can include maternal smoking, excessive alcohol consumption, substance misuse or poor diet.

What are we doing about it?

The 0-19 years contract includes focussed actions for Health Visitors i.e. to ensure information is provided and support offered early in the antenatal period to reduce the likelihood of a low birthweight baby. Local services commissioned by the Council including stop smoking support and substance misuse, prioritising pregnant women. Other interventions including benefits maximisation and early access to maternity care contribute to helping mothers have a healthy pregnancy.

PBH 016 - (PHOF 2.04) Rate of under 18 conceptions

Definition: Rate of conception per 1,000 in females aged 15-17

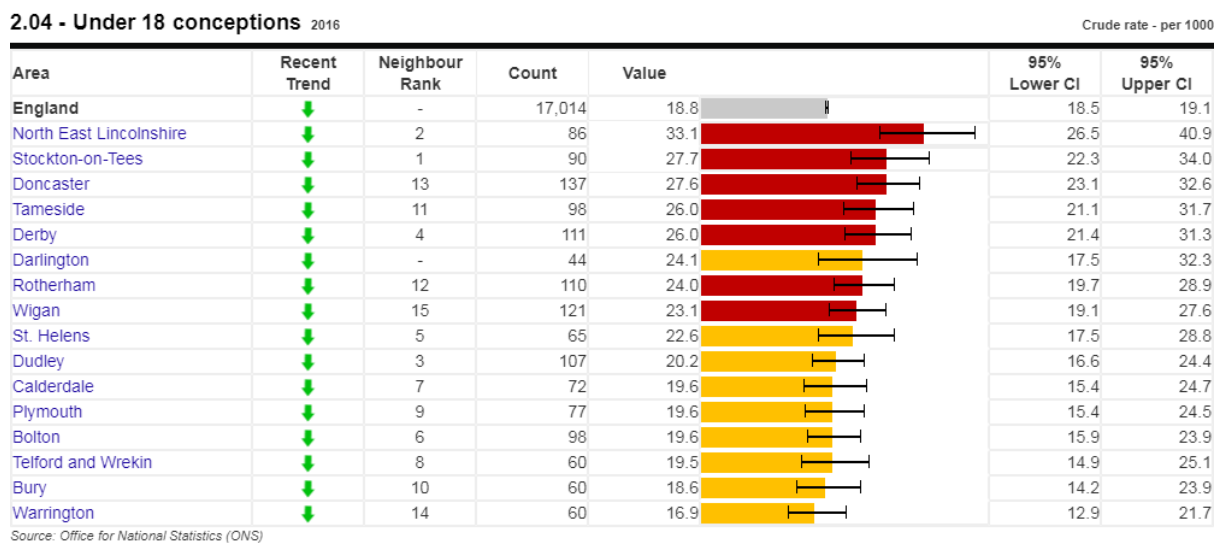
Numerator: Number of pregnancies that occur to women aged under 18 that result in either one or more live or still births or a legal abortion under the Abortion Act 1967.

Denominator: Number of women aged 15-17 living in the area.

Latest data available: 24.1 crude rate per 1000 (2016)

Target 2018/19: Continue downward trend

Figure 2-CIPFA Nearest neighbours comparison



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

What is the data telling us?

Under 18 years teenage conception rates continue to decrease, following both the national and regional trend. Statistically, Darlington's rate has decreased in recent years and is now 6th compared to the CIPFA nearest neighbours.

Why is this important to inequalities?

Having a child when young can represent a positive turning point in the lives of some young women. However bringing up a child is extremely difficult and can result in poor outcomes for both the teenage parent and the child. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers.

What are we doing about it?

The Authority commissions a range of different services which contribute to the continued decrease in teenage conceptions. These include increasing access to and improving uptake of contraception, including Long Acting Reversible Contraception (LARCs), emergency contraception and the provision of condoms. These services also support other NHS services including access to routine contraception via local GPs and timely access to pregnancy testing and robust pathways for TOP at the earliest opportunities.

The Council works with partners to provide access to high quality maternity care tailored for the needs of teenage parents, to ensure a safe and successful pregnancy for those teenagers who proceed with their pregnancy, but also to avoid any subsequent teenage conceptions.

The Authority supports local schools and academies through the RESH Co-ordinator in the development and provision of high quality Sex and Relationships Education in Darlington.

PBH 033 - (PHOF 2.14) Prevalence of smoking among persons aged 18 years and over

Definition: Smoking Prevalence in adults - current smokers (APS)

Numerator: The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey.

Denominator: Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey.

Latest data available: 14.4% (2017)

Target 2018/19: To meet the North East target of 5% by 2025

Figure 3-comparison to CIPFA nearest neighbours

2.14 - Smoking Prevalence in adults - current smokers (APS) New data 2017 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	6,456,947	14.9		14.6
North East Lincolnshire	-	2	25,100	20.0		17.4
Doncaster	-	13	47,700	19.7		17.1
Derby	-	4	37,234	18.9		15.6
Plymouth	-	9	38,736	18.4		15.4
Tameside	-	11	30,652	17.6		15.1
Calderdale	-	7	27,798	17.1		14.5
Telford and Wrekin	-	8	22,094	16.5		14.0
Bury	-	10	23,674	16.3		13.7
Rotherham	-	12	33,397	16.2		13.8
Bolton	-	6	34,993	16.1		13.5
St. Helens	-	5	22,896	16.1		13.5
Wigan	-	15	39,988	15.6		13.0
Stockton-on-Tees	-	1	22,945	15.0		12.4
Darlington	-	-	12,098	14.4		12.3
Dudley	-	3	34,158	13.7		10.9
Warrington	-	14	20,584	12.5		10.2

Source: Annual Population Survey (APS)

Compared with benchmark ● Better ● Similar ● Worse ○ Not Compared

What is the data telling us?

Smoking prevalence in over 18s is showing a decrease which is positive. The proportion of adults smoking in Darlington in most recent data (2017) is 14.4% in comparison to 17.3% in 2016. Compared to the CIPFA nearest neighbours Darlington is ranked third lowest in 2017.

Why is this important to inequalities?

Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Results from the Annual Population Survey show that smoking prevalence in England is higher in those from more deprived deciles and those who socio-economic are classed as in "routine and manual occupations" or "never worked and long term unemployed". Males are more likely to smoke than females, and those aged 25-39 years old showed higher prevalence of smoking.

What are we doing about it?

The Council commissions specialist support to those who would have the greatest benefit from quitting. This includes pregnant women from the most deprived wards to contribute to reducing inequalities.

PBH 048 - (PHOF 3.02) Rate of chlamydia detection per 100,000 young people aged 15 to 24

Definition: Chlamydia detection rate in 15-24 year olds

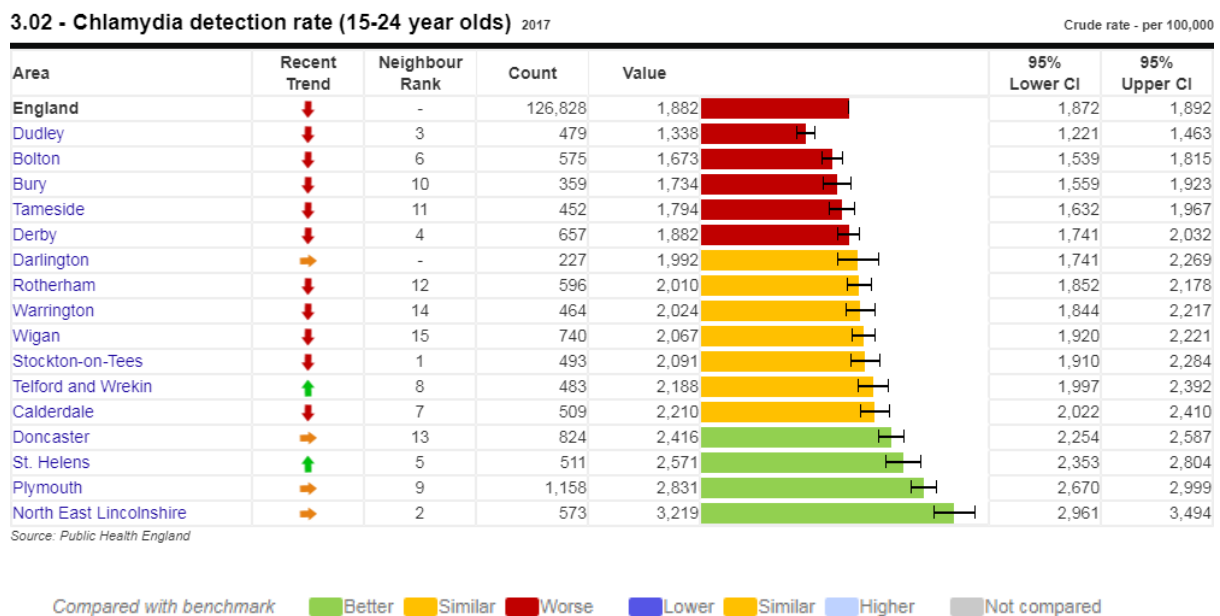
Numerator: The number of diagnoses of chlamydia among 15-24 year olds in England.

Denominator: Resident population aged 15-24.

Latest data available: 1,992 per 100,000 crude rate (2017)

Target 2018/19: A detection rate of at least 2,300 per 100,000 population aged 15-24.

Figure 4- CIPFA Nearest neighbours comparison



What is the data telling us?

The latest reported data for 2017 indicates that the detection rate has steadily increased since 2014 and is now statistically similar to England. This is a similar pattern to other Tees Valley Authorities. The increase in detection rate indicates that the local GUM services are better targeting testing to those who are more at risk and have improved access to testing for young people under 25 in Darlington.

Darlington currently has a rate of 1,992 per 100,000 and is performing close to the recommended PHE target of 2,300 per 100,000.

Why is this important to inequalities?

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group.

It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility.

The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner (whichever is more frequent).

What are we doing about it?

The local Specialist Sexual Health Services continue to work to improve their strategies to improve access and screening targeting the under 25s. They work closely with a range of local partners including education and voluntary agencies who work with young people to continue to promote testing for chlamydia in young people who are sexually active.

The RESH Co-ordinator, Community Contraceptive Service and 0-19years Service also contribute to educating young people.

PBH 054 (PHOF 4.02) Proportion of five year old children free from dental decay

Definition: Percentage of five year olds who are free from obvious dental decay

Numerator: Total number of five year olds who are free from obvious dental decay in an area

Denominator: Total number of examined five year old children in an area

Latest available data: 73.6% (2016-17)

Target 2018/19: Implement first year actions from Darlington Oral Health Plan

Figure 5-CIPFA Nearest neighbours comparison

(not updated with latest data on Fingertips yet)

4.02 - Proportion of five year old children free from dental decay 2014/15 Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	–	84,100	75.2	75.0	75.5
Plymouth	–	9	328	84.7	80.9	88.4
Dudley	–	3	1,362	81.5	79.6	83.3
Telford and Wrekin	–	8	131	77.0	70.5	83.6
Warrington	–	14	104	75.5	67.5	83.5
Stockton-on-Tees	–	1	184	74.7	69.6	79.8
Bury	–	10	187	73.3	67.6	79.0
Derby	–	4	198	72.4	67.2	77.6
Rotherham	–	12	1,284	71.1	69.1	73.2
Calderdale	–	7	221	70.7	65.6	75.8
St. Helens	–	5	112	70.3	63.2	77.4
North East Lincolnshire	–	2	712	70.1	67.3	73.0
Doncaster	–	13	156	69.0	63.2	74.9
Tameside	–	11	305	68.6	63.7	73.6
Wigan	–	15	178	67.5	61.9	73.1
Darlington	–	–	149	64.6	58.6	70.6
Bolton	–	6	163	59.5	53.4	65.5

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children 2015

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

What is the data telling us?

For this indicator data is collected every two years via an oral health survey. The proportion of children in Darlington under 5 years free from dental decay is statistically worse than the England and regional averages. There has been an improvement in 2016/17 compared to 2014/15 survey results from 64.6% to 73.6%.

Why is this important to inequalities?

Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic.

There is significant association between tooth decay and socioeconomic deprivation.

What are we doing about it?

Darlington's Oral Health Plan for 2017- 2022 includes an action plan across settings to deliver evidence based interventions.

The 0-19years Service School Health workers currently offer all schools in Darlington a session on healthy tooth brushing as part of their core offer.

PBH 058 - (PHOF 4.05i) Age standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population

Definition: Under 75 mortality rate from cancer (persons)

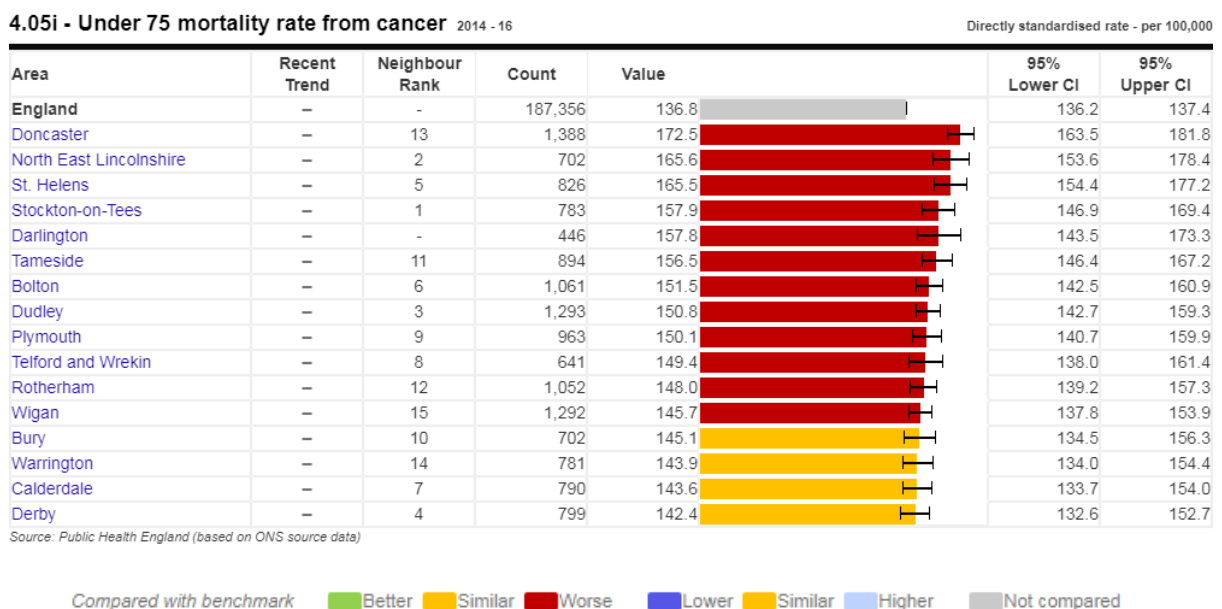
Numerator: Number of deaths from all cancers (classified by underlying cause of death recorded as ICD codes C00-C97) registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands

Denominator: Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands

Latest data available: 157.8 directly standardised rate per 100,000 (2014-16)

Target 2018/19: England average (138.8)

Figure 6-comparison to CIPFA nearest neighbours



What is the data telling us?

The rate of premature mortality from cancer has been reducing in Darlington steadily since 2001. Darlington is ranked 5th greatest compared to CIPFA nearest neighbours for this indicator.

Why is this important to inequalities?

Cancer is the highest cause of death in England in under 75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, there needs to be concerted action in both prevention and treatment. The mortality rate in males is higher than females, and those in more deprived deciles.

What are we doing about it?

There is a range of partnership work underway to contribute to reducing early deaths from cancer. Key activities include:

- Specialist Stop Smoking Service
- Workplace policy support
- Regulatory Services including enclosed spaces, removal of advertising and tackling illegal sales.

The Council has published a *Darlington Childhood Healthy Weight Plan 2017- 2022* which aims to reduce the prevalence of obesity and improve physical activity in children and young people in Darlington.

The Public Health team is supporting Darlington NHS Clinical Commissioning Group through providing Public Health advice and input into the implementation of the local Cancer Plan for Darlington.

The Council supports national campaigns to raise awareness of signs and symptoms of cancer and has access to the range of cancer screening programmes.

This page is intentionally left blank

BETTER CARE FUND: SOCIAL PRESCRIBING TESTBED OUTCOME

SUMMARY REPORT

Purpose of the Report

1. To brief the Committee on the outcome of the social prescribing testbed carried out under Better Care Fund and the next steps.

Summary

2. The testbed ran as planned from 1 May 2017 to 30 April 2018. More than 100 people were referred in during the programme. Lessons learned are being taken forward into a longer term scheme of wellbeing facilitators based in GP surgeries.

Recommendation

3. It is recommended that the Committee notes :-
 - (a) the outcomes and the value of the lessons learned; and
 - (b) the next steps being taken.

Suzanne Joyner
Director of Children and Adults Services

Background Papers

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

Pat Simpson, Project Manager – Better Care Fund
Extension 6082

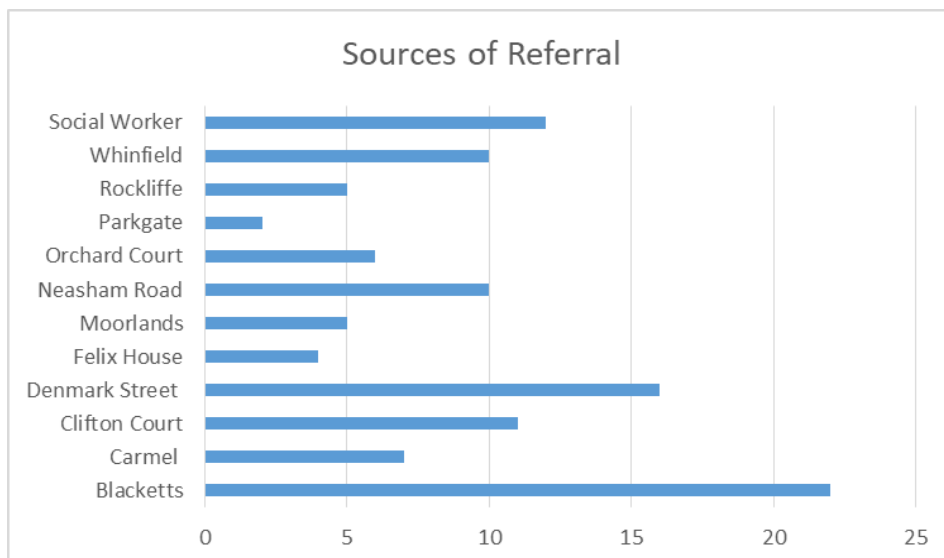
S17 Crime and Disorder	No impact
Health and Well Being	Better Care Fund projects support Darlington Health and Wellbeing Plans
Carbon Impact	No impact
Diversity	No impact
Wards Affected	All
Groups Affected	Older adults
Budget and Policy Framework	None
Key Decision	no
Urgent Decision	no
One Darlington: Perfectly Placed	Health and Wellbeing Strategy is part of One Darlington, Perfectly Placed
Efficiency	None
Impact on Looked After Children and Care Leavers	None

MAIN REPORT

Information and Analysis

4. Around 130 people were referred to the Ways to Wellbeing testbed during its operation.
5. There was considerable variation in the numbers of referrals by different GP practices, possibly as a result of better understanding of the scheme by practice staff, or more proactive navigation.
6. Three-month reviews indicate good levels of sustained achievement of outcomes.
7. Investment in the testbed was £93,000. The post-testbed review does not indicate the testbed model as currently configured is cost effective.

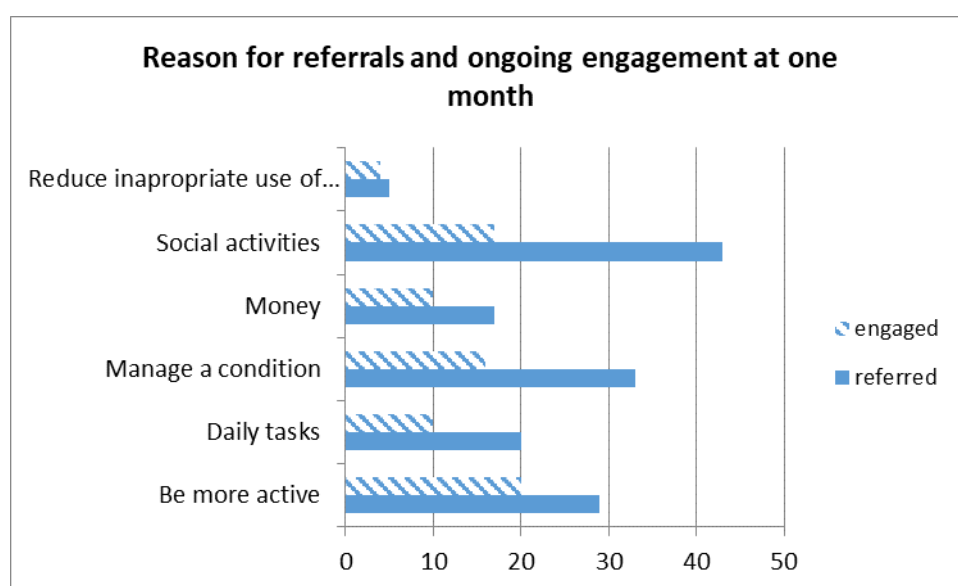
Breakdown of referrals



8. Just over a third of all referrals are male, but the age spread is wider than anticipated; guidance was given that referrals below 65 years would be accepted in the interests of prevention, but the age range is wider than BCF intentions.
9. The very great majority of referrals are white British.

Impact

10. By the end of the testbed, all those who had been supported for three months or more report the outcomes being sustained.
11. The following chart shows the rate of fall-away after referral. The plain bars are the number referred for each reason, and the striped bars are the number who wished to remain engaged in support after one month.



Summary of support provided

12. Most referrals are to Age UK and DAD. There is a variety of groups with which referred people have been connected and a handful of locality based informal interest groups but for the most part referrals have been to fairly mainstream large organisations.

Background

13. The testbed was set up from May 2017 with these key objectives:
 - (a) To maximize identified Individual's overall quality of life by supporting, signposting and connecting them with community groups and activity provision in their local area and to meet the identified needs that are unable to be met by community provision as currently commissioned. The Service will achieve this by:-

- (i) Increasing the referrals made by GPs and other health and social care professionals to local community activity provision, targeting those communities identified as having greatest need and leading to more individuals accessing local community activity and activities in areas of greatest need;
- (ii) Increase the number of individuals accessing local community activity provision;
- (iii) Improve the social support available for individuals by supporting, signposting and connecting individuals to community groups, activity, activities and provision in the local area;
- (iv) Reduce social isolation and improve community connectedness to contribute to overall improvements in the health and wellbeing of individuals and communities; and
- (v) Reduce demand on crisis or acute health and social care services.

14. The introduction of the service was marketed by presentations to GP Practices, social work teams and the preparation of posters for display in Practices and social care locations. A system for recording referrals and the goals set with people was designed and put in place using an existing computer system at the Local Authority, and training for wellbeing navigators was provided.

15. After three months an informal 'where are we now' review was carried out, with input from the navigators, referrers and commissioners. A formal six month review was then carried out, which included refreshed guidance for navigators and a requirement to increase the referral rate, as it was clear that insufficient referrals were being made.

Final position

Performance

16. At the end of the testbed there have been 128 referrals. An investment of £93,000, equates to an unsustainable cost per referral. Avoided cost would be derived from the number of clients reporting fewer visits to the GP but only four were reported.

17. Referrals increased month on month but only to a level between 15 and 20 per month. Similar services elsewhere achieve around 50 per month.

Referrals

18. There is a noticeable variation in the numbers of referrals from different practices.

Lessons learned

19. Behaviour change takes time – the persistent changes reported at three months support this.
20. Presenting issues are not always the issue to be supported; the skill of the care co-ordinator is in identifying the underlying issues.
21. It is important to specify what change is expected for the person through their Wellbeing Plan.
22. Other schemes which have been in place for several years operate a “single organisation” approach rather than a consortium approach: one employer, one way of working etc.
23. There appears to be unmet demand for befriending and volunteer driving, which would bear testing. The current befriending service through Age UK has a very tight eligibility criteria dictated by the funder which can make matching a client with a befriender difficult, causing delay. The funding for this scheme was due to end in December 2017 but has in fact been renewed.
24. There is clearly a need for a regular, but fairly casual befriending service – people willing to help people out with taking them to appointments, shopping locations etc; a ‘PA’ style service. This would still incur the cost of PNC checks and it would be worth testing the value of the “Good Friends” service in this role.

Conclusions

25. The lessons learned from this testbed have been taken into account in the specification for a Wellbeing Facilitator service delivered through Primary Care and managed through Primary Healthcare Darlington. The service is planned for implementation from October by Primary Healthcare Darlington and has Better Care Fund investment of £180,000 investment with a full set of quantitative measures and indicators.
26. This will have a ‘single organisation’ model, and benefit from pulling referrals from patient lists via the frailty index rather than hoping for referrers to identify potential beneficiaries. It will still be able to take referrals from Social Care.
27. The specific group of people target will be:
 - (a) Patients identified and clinically judged as having moderate frailty using the eFrailty Index tool, through discussion with the GP and wider practice team and registered with a GP practice within NHS Darlington CCG.
 - (b) Patients who are identified on an ad-hoc basis by the GP who thinks the Wellbeing Facilitator can have a positive impact.
 - (c) Patients who have recently been discharged from hospital following an unplanned hospital admission whereby the GP/relevant professional feels a

referral to the facilitator would be of benefit with a view to preventing further unplanned admissions or social deterioration.

- (d) People who have been discharged from intermediate care and reablement services, should be considered by the referring services for any ongoing support from the wellbeing facilitator in discussion with both the patient and the patients GP.

28. The Wellbeing Facilitators service has these objectives:

- (a) Actively promote a culture of personalisation;
- (b) Actively promote health and wellbeing by making every contact count;
- (c) Provide personalised support to an identified cohort of frail patients to enable them to proactively manage their own health and wellbeing that demonstrates the impact that this has on patients;
- (d) Maximise the use of appropriate services and community assets and evidence the impact that this has had on patients;
- (e) Increase the effective delivery of the Wellbeing Plan including an action plan which identifies how support/outcomes will be achieved;
- (f) Enhance the individual's ability to live independently and reduce their reliance on urgent, emergency and out of hours care services; and
- (g) Engage with all practices to ensure that the role of the wellbeing facilitator is embedded in the proactive support for the moderately frail patients registered in each practice.

29. Wellbeing Facilitators will:

- (a) Comprise of a Team and a Team Leader role who carry an appropriate case load to cover the identified cohort as detailed above;
- (b) Be based within general practice and provide a service Monday to Friday between 9:00am and 5:00pm;
- (c) Develop and maintain a detailed knowledge and working relationships with local community and voluntary sector services to enable supported sign-posting of people with identified need utilising resources such as www.livingwell.darlington.gov.uk directory of resources;
- (d) Develop relationships and links with other organisations such as Local Authority Adult Social Care Teams and County Durham and Darlington NHS Foundation Trust to reduce duplication and increase efficiencies across services;

- (e) Allow the patient to develop their plan to address their physical, emotional, mental and social needs of the patient through defined outcomes and goals;
- (f) Raise with the GP or other appropriate professional if a further clinical review is identified during discussions with the patient;
- (g) Work with patients, carers and MDT members to encourage effective help-seeking behaviours and to reduce unnecessary hospital admissions and A&E attendances;
- (h) Act as a point of contact and communication between GP, patients and carers and other agencies;
- (i) Work with commissioners, integrated locality teams and other agencies to support and further develop the Wellbeing Facilitator role;
- (j) Support each patient on the caseload for an average of twelve weeks thereby encouraging the patient to proactively manage their own health, and wellbeing and include a minimum of three direct patient contacts;
- (k) Review the plan after 12 weeks and the patient should complete a feedback questionnaire; and
- (l) Consult with the Team Leader and named GP if an extension to the twelve week period of support is needed.

30. Wellbeing Facilitation is key to new ways of working across health and social care. In Darlington pilots and initiatives are being tried and tested as Primary Care develops a hub approach in general practice. The GP Federation, Primary Healthcare Darlington, will play a key role in these developments and it is anticipated that wellbeing facilitators will engage in the pilots involving primary care approaches and that the Federation will play a pro-active role in engaging with all practices/relevant stakeholders to support relationship building and embedding the care co-ordination role with GPs, practice nurses and other practice staff.

This page is intentionally left blank

Q1 Which applies to you?

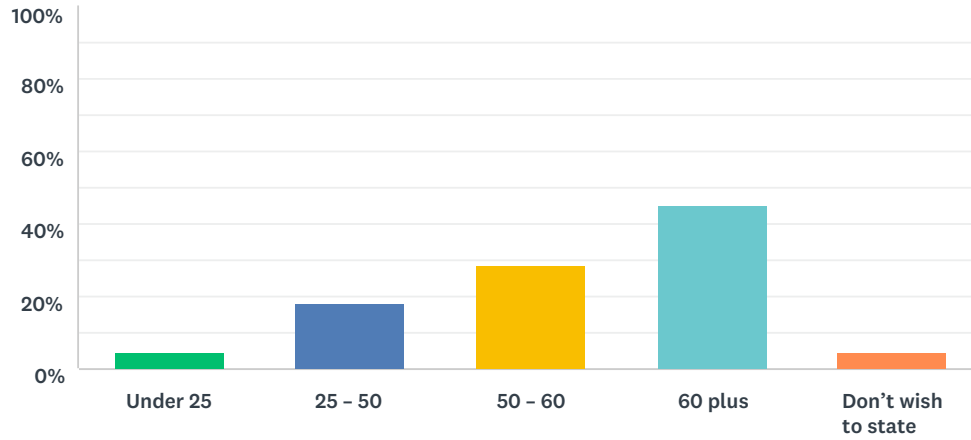
Answered: 67 Skipped: 0



ANSWER CHOICES	RESPONSES	
Resident	100.00%	67
Visiting	0.00%	0
TOTAL		67

Q2 Age bracket

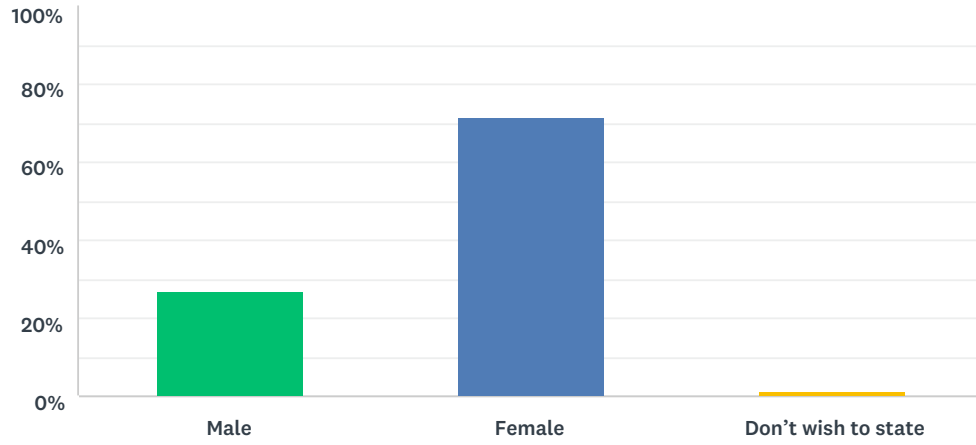
Answered: 67 Skipped: 0



ANSWER CHOICES	RESPONSES	
Under 25	4.48%	3
25 - 50	17.91%	12
50 - 60	28.36%	19
60 plus	44.78%	30
Don't wish to state	4.48%	3
TOTAL		67

Q3 Gender

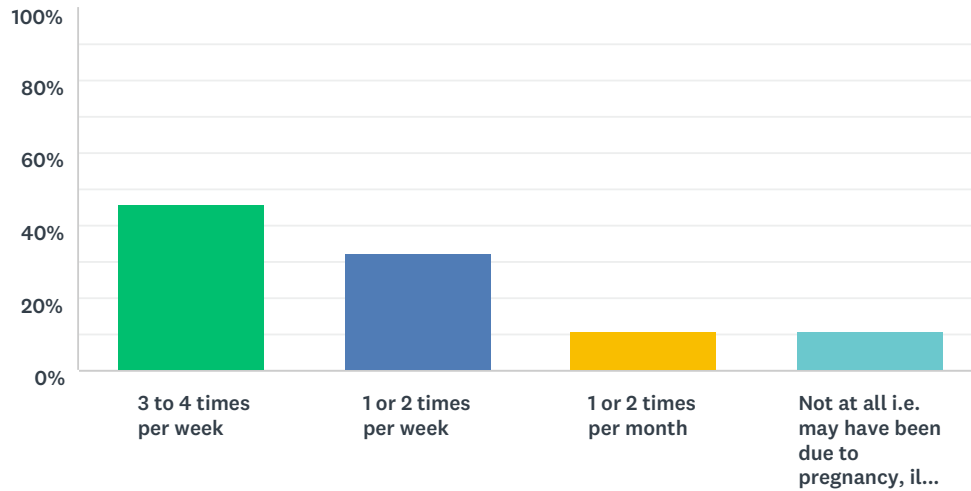
Answered: 67 Skipped: 0



ANSWER CHOICES	RESPONSES	
Male	26.87%	18
Female	71.64%	48
Don't wish to state	1.49%	1
TOTAL		67

Q4 In the last 12 months how often have you participated in some kind of exercise or activity?

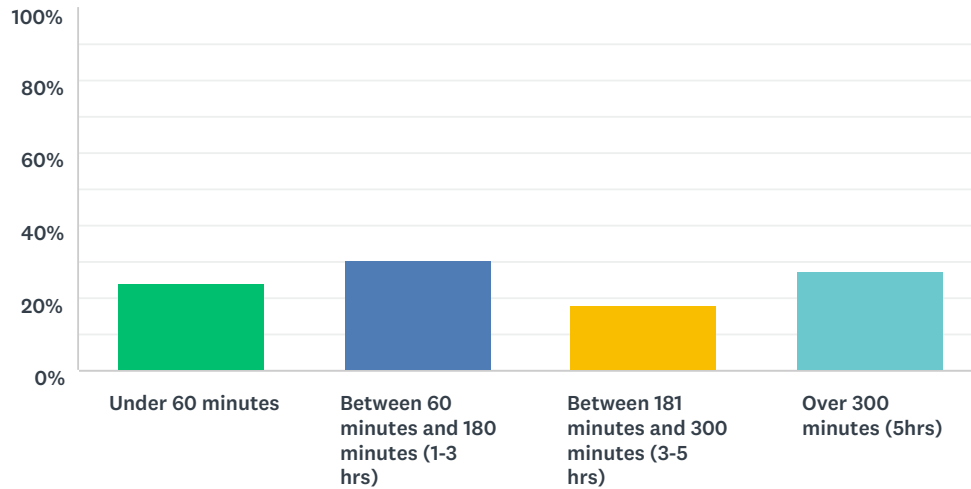
Answered: 65 Skipped: 2



ANSWER CHOICES	RESPONSES	
3 to 4 times per week	46.15%	30
1 or 2 times per week	32.31%	21
1 or 2 times per month	10.77%	7
Not at all i.e. may have been due to pregnancy, ill health or a disability	10.77%	7
TOTAL		65

Q5 How much moderate physical activity do you get in a week? (walking, water aerobics, general gardening, able to talk/hold conversation)

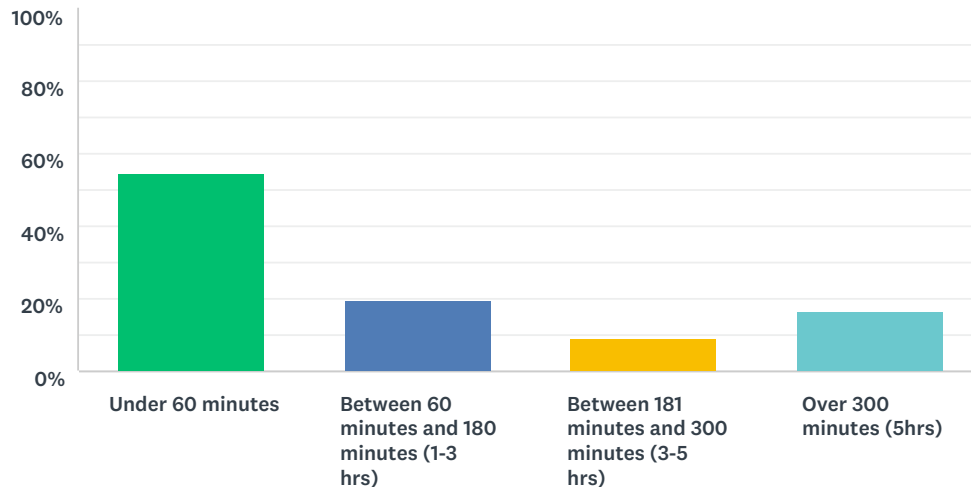
Answered: 66 Skipped: 1



ANSWER CHOICES	RESPONSES	
Under 60 minutes	24.24%	16
Between 60 minutes and 180 minutes (1-3 hrs)	30.30%	20
Between 181 minutes and 300 minutes (3-5 hrs)	18.18%	12
Over 300 minutes (5hrs)	27.27%	18
TOTAL		66

Q6 How much vigorous physical activity do you get in a week? (running, race-walking, aerobic dancing, bicycling, not able to talk/hold conversation)

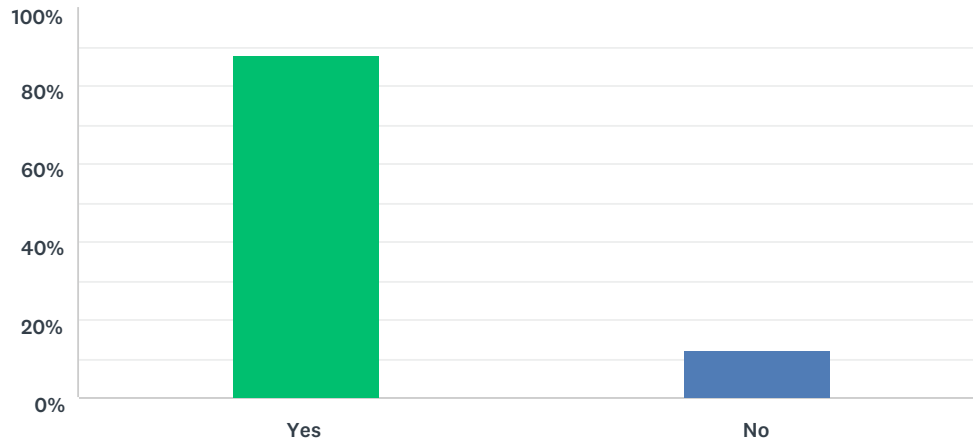
Answered: 66 Skipped: 1



ANSWER CHOICES	RESPONSES	
Under 60 minutes	54.55%	36
Between 60 minutes and 180 minutes (1-3 hrs)	19.70%	13
Between 181 minutes and 300 minutes (3-5 hrs)	9.09%	6
Over 300 minutes (5hrs)	16.67%	11
TOTAL		66

Q7 Do you think that you generally take 30 minutes of exercise over the course of a day? (Spread throughout the day)

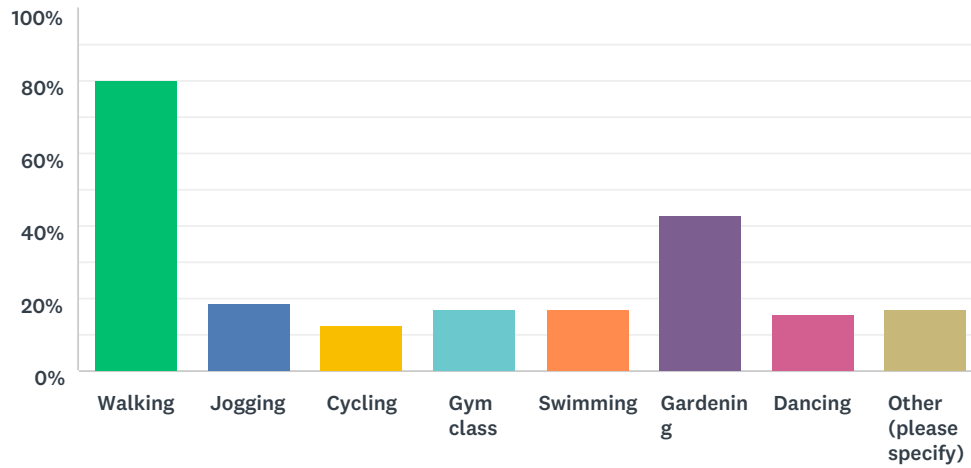
Answered: 67 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	88.06%	59
No	11.94%	8
TOTAL		67

Q8 If you are active, what sport or activity do you do?

Answered: 65 Skipped: 2

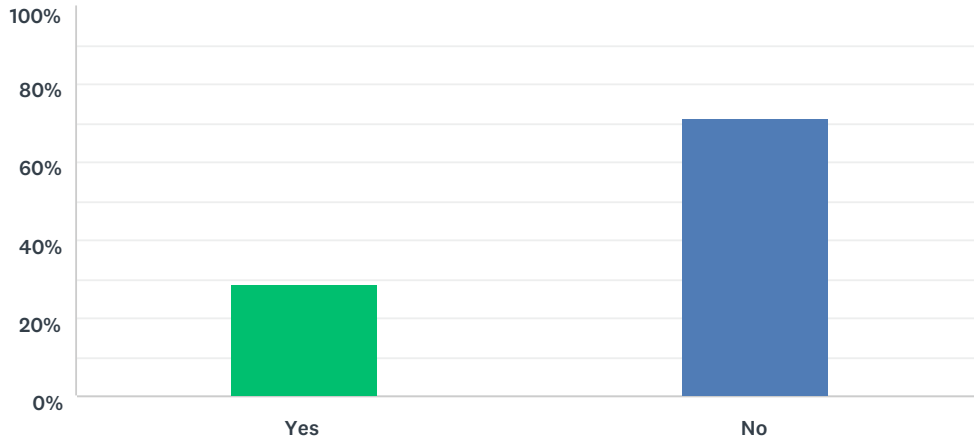


ANSWER CHOICES	RESPONSES	
Walking	80.00%	52
Jogging	18.46%	12
Cycling	12.31%	8
Gym class	16.92%	11
Swimming	16.92%	11
Gardening	43.08%	28
Dancing	15.38%	10
Other (please specify)	16.92%	11
Total Respondents: 65		

#	OTHER (PLEASE SPECIFY)	DATE
1	Roller skating and Zumba	8/20/2018 12:12 PM
2	Tai Chi	8/20/2018 11:33 AM
3	Tai Jitsu	8/20/2018 10:57 AM
4	Pushing Wheelchair	8/20/2018 10:43 AM
5	Zumba	8/20/2018 10:39 AM
6	Badminton	8/20/2018 10:36 AM
7	Exercise Bike	8/20/2018 9:50 AM
8	Housework	8/20/2018 9:40 AM
9	Housework	8/20/2018 9:34 AM
10	None	8/20/2018 9:29 AM
11	Pilates and Tennis	8/20/2018 9:27 AM

Q9 Are you a member of a sports or activity club?

Answered: 66 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	28.79%	19
No	71.21%	47
TOTAL		66

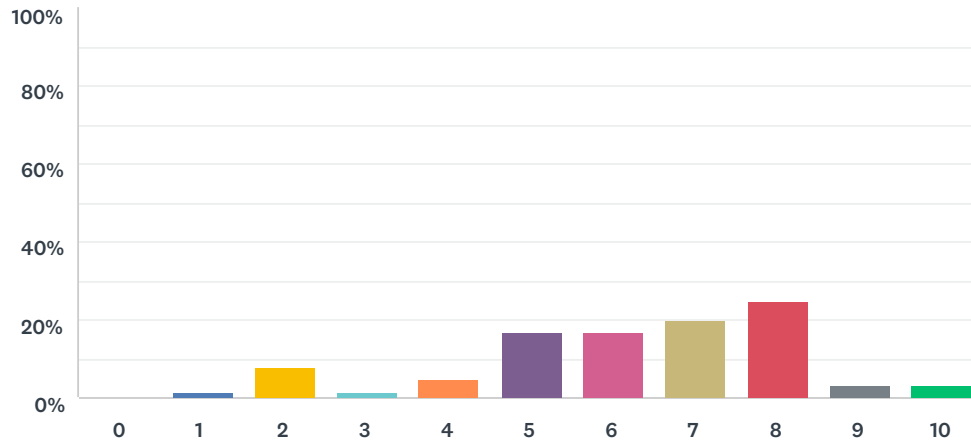
Q10 If yes, please state which sports or activity club.

Answered: 17 Skipped: 50

#	RESPONSES	DATE
1	Badminton	8/20/2018 12:10 PM
2	Greens Bowling	8/20/2018 12:01 PM
3	Dinsdale	8/20/2018 11:56 AM
4	Bannatynes	8/20/2018 11:54 AM
5	Lifestyle Fitness	8/20/2018 11:49 AM
6	Bannatynes	8/20/2018 11:48 AM
7	Dolphin Centre	8/20/2018 11:35 AM
8	Dolphin Centre	8/20/2018 11:28 AM
9	Quakers Running Club	8/20/2018 11:18 AM
10	Recar Dojo	8/20/2018 10:58 AM
11	Dolphin Centre	8/20/2018 10:55 AM
12	Dolphin Centre	8/20/2018 10:36 AM
13	Headlam Hall	8/20/2018 10:31 AM
14	Harriers	8/20/2018 10:07 AM
15	Dolphin Centre	8/20/2018 9:59 AM
16	Dolphin Centre	8/20/2018 9:46 AM
17	Tennis Club	8/20/2018 9:27 AM

Q11 On a scale of 1 – 10 how do you rate your fitness level at the moment? (0 being low and 10 high)

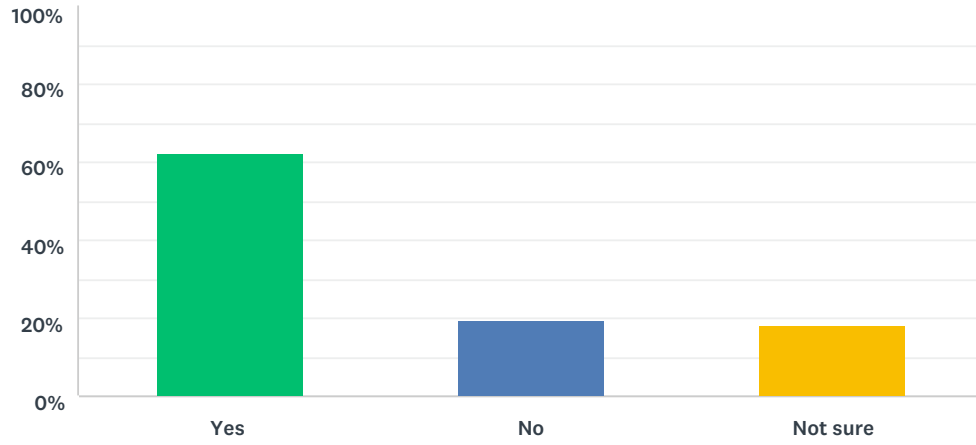
Answered: 65 Skipped: 2



ANSWER CHOICES	RESPONSES	
0	0.00%	0
1	1.54%	1
2	7.69%	5
3	1.54%	1
4	4.62%	3
5	16.92%	11
6	16.92%	11
7	20.00%	13
8	24.62%	16
9	3.08%	2
10	3.08%	2
TOTAL		65

Q12 Would you like to do more exercise?

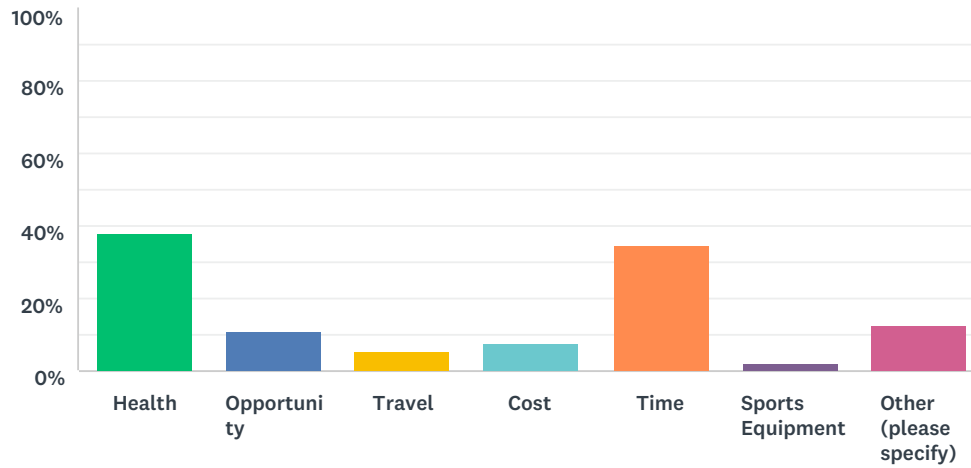
Answered: 66 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	62.12%	41
No	19.70%	13
Not sure	18.18%	12
TOTAL		66

Q13 What stops you from being active?

Answered: 55 Skipped: 12

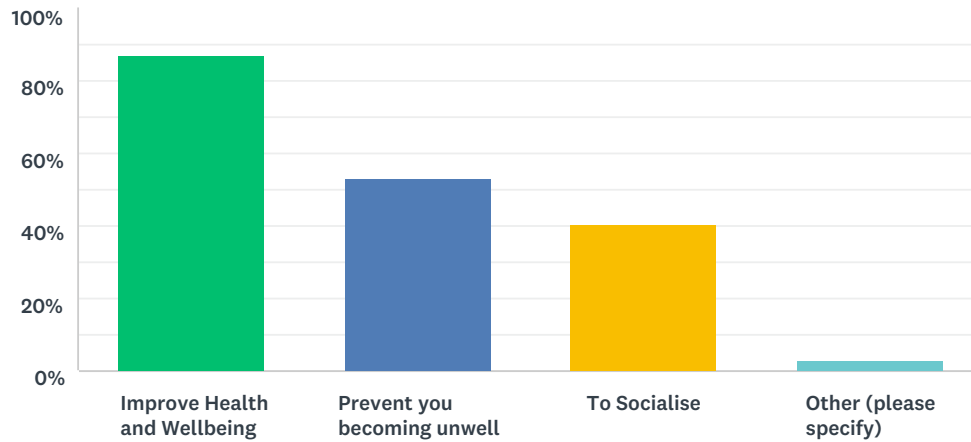


ANSWER CHOICES	RESPONSES	
Health	38.18%	21
Opportunity	10.91%	6
Travel	5.45%	3
Cost	7.27%	4
Time	34.55%	19
Sports Equipment	1.82%	1
Other (please specify)	12.73%	7
Total Respondents: 55		

#	OTHER (PLEASE SPECIFY)	DATE
1	Work and Baby	8/20/2018 12:12 PM
2	Arthritis	8/20/2018 11:35 AM
3	too tired	8/20/2018 11:08 AM
4	Work commitments	8/20/2018 11:04 AM
5	Injuries	8/20/2018 10:58 AM
6	Nothing	8/20/2018 10:53 AM
7	Carer Responsibilities	8/20/2018 9:28 AM

Q14 What are the benefits of regular exercise to you?

Answered: 62 Skipped: 5



ANSWER CHOICES	RESPONSES
Improve Health and Wellbeing	87.10% 54
Prevent you becoming unwell	53.23% 33
To Socialise	40.32% 25
Other (please specify)	3.23% 2
Total Respondents: 62	

#	OTHER (PLEASE SPECIFY)	DATE
1	Controls Weight Gain	8/20/2018 12:12 PM
2	Mental Health	8/20/2018 11:23 AM

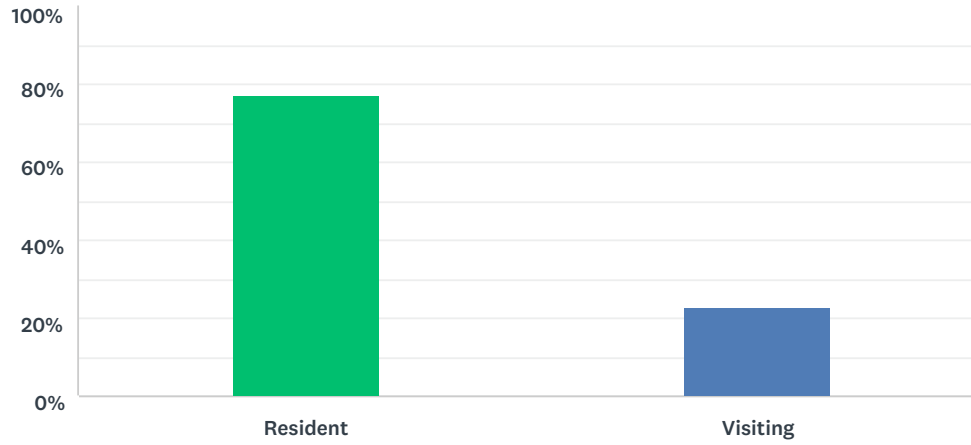
Q15 If you had the opportunity to try a new activity what would you choose?

Answered: 34 Skipped: 33

#	RESPONSES	DATE
1	Cheaper Swimming for the Over 50's Wheelchair Aerobics	8/20/2018 12:14 PM
2	Ice Skating	8/20/2018 12:13 PM
3	tennis	8/20/2018 12:11 PM
4	Swimming	8/20/2018 12:08 PM
5	Swimming	8/20/2018 12:05 PM
6	Nordic Walking	8/20/2018 12:00 PM
7	Zumba	8/20/2018 11:51 AM
8	Pilates	8/20/2018 11:48 AM
9	Yoga	8/20/2018 11:41 AM
10	Dancing	8/20/2018 11:34 AM
11	Horse Riding	8/20/2018 11:32 AM
12	Nothing - Too Busy	8/20/2018 11:30 AM
13	Kayaking	8/20/2018 11:23 AM
14	Gym	8/20/2018 11:20 AM
15	Cycling	8/20/2018 11:09 AM
16	Exercise	8/20/2018 11:06 AM
17	Swimming	8/20/2018 11:04 AM
18	Any	8/20/2018 10:58 AM
19	Swimmiing Technique Classes	8/20/2018 10:55 AM
20	Swimming	8/20/2018 10:53 AM
21	Water Aerobics - However will not due to the layout of the mixed changing facilities at the Dolphin Centre	8/20/2018 10:40 AM
22	Not sure	8/20/2018 10:38 AM
23	Gym	8/20/2018 10:34 AM
24	Walking Football	8/20/2018 10:16 AM
25	Jogging Groups in the Whinfield Area	8/20/2018 10:09 AM
26	Walking Group	8/20/2018 9:52 AM
27	Line Dancing	8/20/2018 9:51 AM
28	Swimming	8/20/2018 9:49 AM
29	White Water Rafting Running	8/20/2018 9:47 AM
30	Horse Riding	8/20/2018 9:45 AM
31	Dancing	8/20/2018 9:40 AM
32	Weight Training	8/20/2018 9:35 AM
33	Netball	8/20/2018 9:28 AM

Q1 Which applies to you?

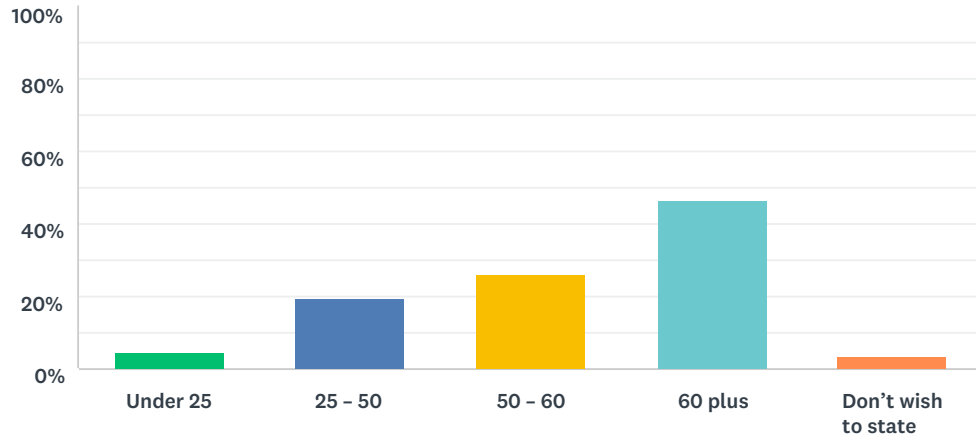
Answered: 87 Skipped: 1



ANSWER CHOICES	RESPONSES	
Resident	77.01%	67
Visiting	22.99%	20
TOTAL		87

Q2 Age bracket

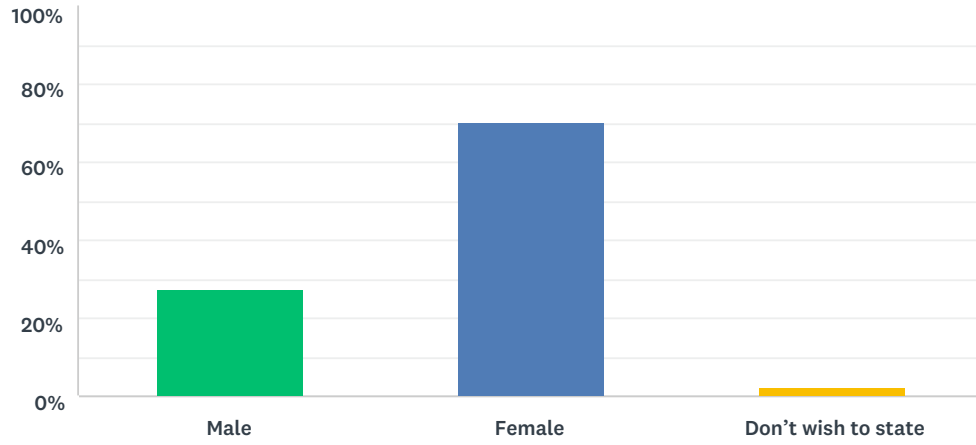
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Under 25	4.55%	4
25 - 50	19.32%	17
50 - 60	26.14%	23
60 plus	46.59%	41
Don't wish to state	3.41%	3
TOTAL		88

Q3 Gender

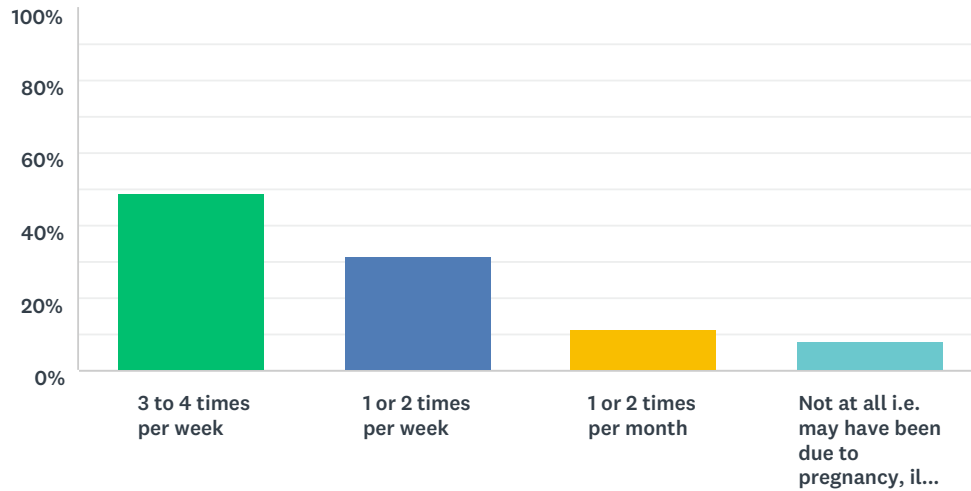
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Male	27.27%	24
Female	70.45%	62
Don't wish to state	2.27%	2
TOTAL		88

Q4 In the last 12 months how often have you participated in some kind of exercise or activity?

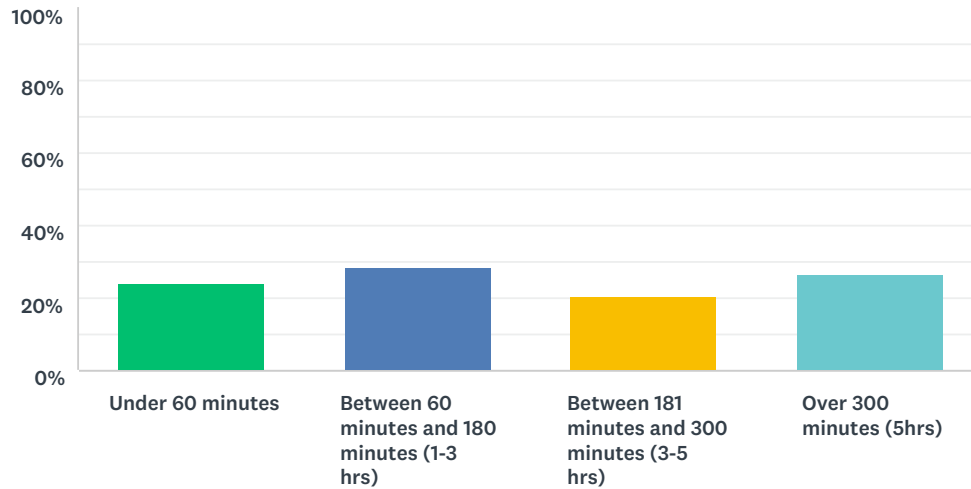
Answered: 86 Skipped: 2



ANSWER CHOICES	RESPONSES	
3 to 4 times per week	48.84%	42
1 or 2 times per week	31.40%	27
1 or 2 times per month	11.63%	10
Not at all i.e. may have been due to pregnancy, ill health or a disability	8.14%	7
TOTAL		86

Q5 How much moderate physical activity do you get in a week? (walking, water aerobics, general gardening, able to talk/hold conversation)

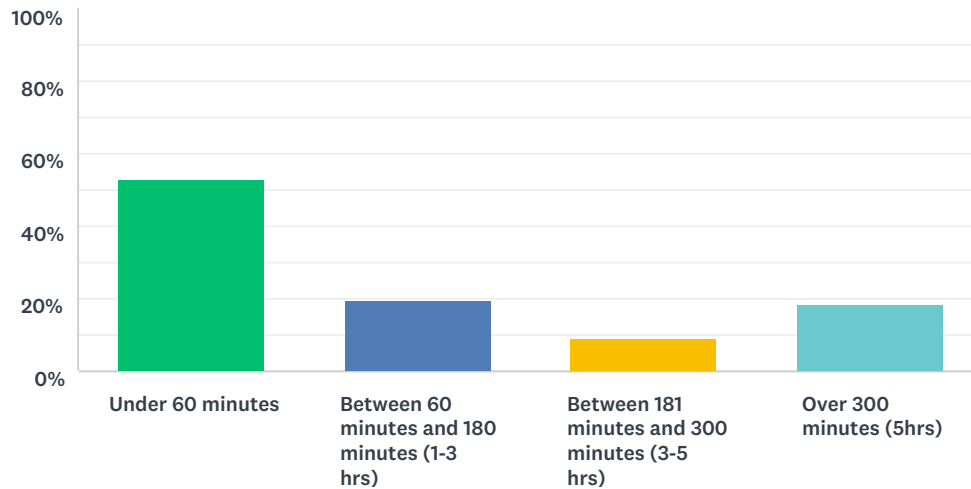
Answered: 87 Skipped: 1



ANSWER CHOICES	RESPONSES	
Under 60 minutes	24.14%	21
Between 60 minutes and 180 minutes (1-3 hrs)	28.74%	25
Between 181 minutes and 300 minutes (3-5 hrs)	20.69%	18
Over 300 minutes (5hrs)	26.44%	23
TOTAL		87

Q6 How much vigorous physical activity do you get in a week? (running, race-walking, aerobic dancing, bicycling, not able to talk/hold conversation)

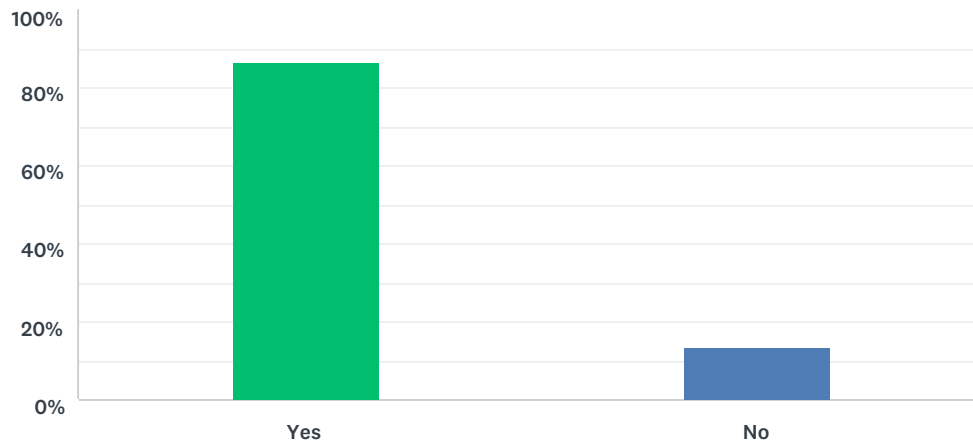
Answered: 87 Skipped: 1



ANSWER CHOICES	RESPONSES	
Under 60 minutes	52.87%	46
Between 60 minutes and 180 minutes (1-3 hrs)	19.54%	17
Between 181 minutes and 300 minutes (3-5 hrs)	9.20%	8
Over 300 minutes (5hrs)	18.39%	16
TOTAL		87

Q7 Do you think that you generally take 30 minutes of exercise over the course of a day? (Spread throughout the day)

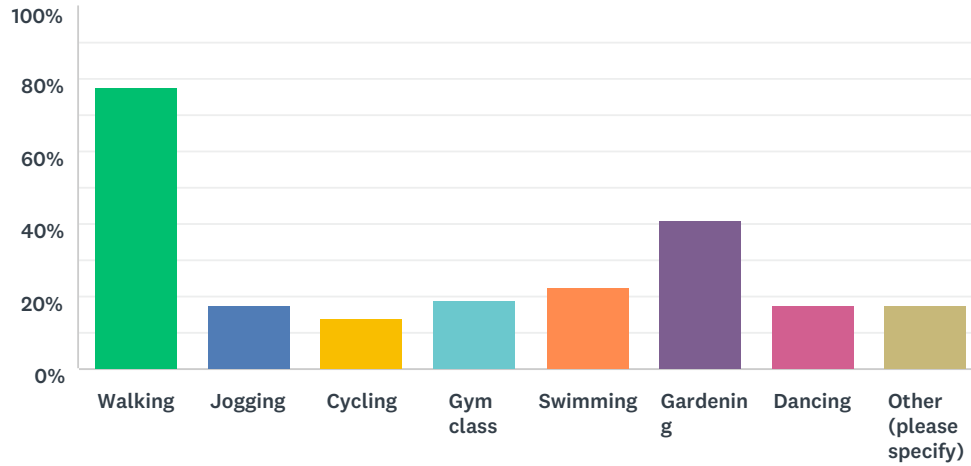
Answered: 88 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	86.36%	76
No	13.64%	12
TOTAL		88

Q8 If you are active, what sport or activity do you do?

Answered: 85 Skipped: 3



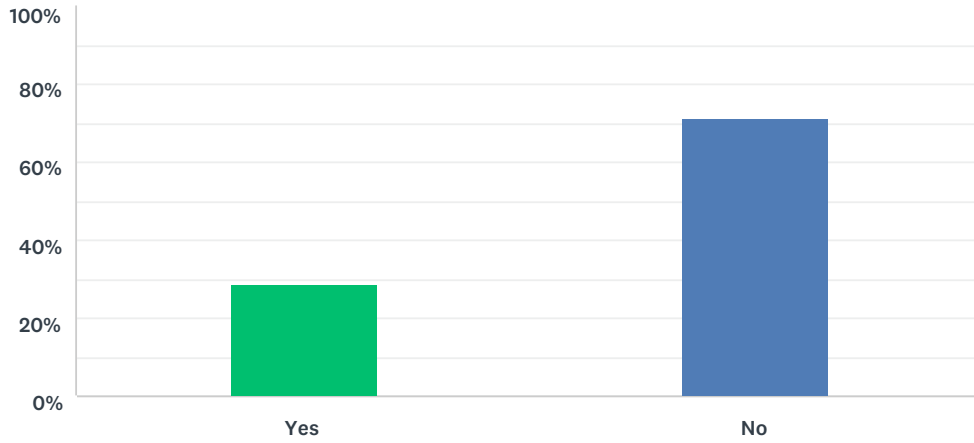
ANSWER CHOICES	RESPONSES
Walking	77.65% 66
Jogging	17.65% 15
Cycling	14.12% 12
Gym class	18.82% 16
Swimming	22.35% 19
Gardening	41.18% 35
Dancing	17.65% 15
Other (please specify)	17.65% 15
Total Respondents: 85	

#	OTHER (PLEASE SPECIFY)	DATE
1	Roller skating and Zumba	8/20/2018 12:12 PM
2	Tai Chi	8/20/2018 11:33 AM
3	Golf	8/20/2018 11:10 AM
4	Netball	8/20/2018 10:59 AM
5	Tai Jitsu	8/20/2018 10:57 AM
6	Pushing Wheelchair	8/20/2018 10:43 AM
7	Zumba	8/20/2018 10:39 AM
8	Badminton	8/20/2018 10:36 AM
9	Exercise Bike	8/20/2018 9:50 AM
10	Housework	8/20/2018 9:40 AM
11	Housework	8/20/2018 9:34 AM
12	None	8/20/2018 9:29 AM
13	Pilates and Tennis	8/20/2018 9:27 AM

14	Horse Riding	8/20/2018 9:09 AM
15	Horse Riding	8/17/2018 2:41 PM

Q9 Are you a member of a sports or activity club?

Answered: 87 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	28.74%	25
No	71.26%	62
TOTAL		87

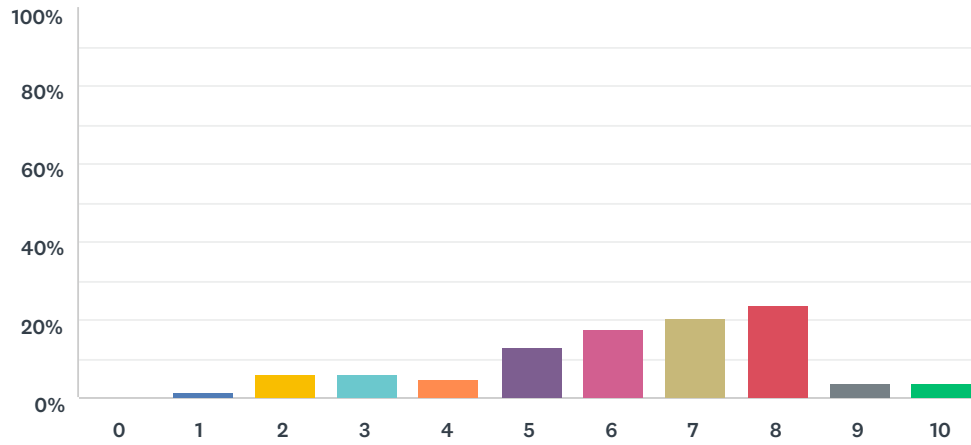
Q10 If yes, please state which sports or activity club.

Answered: 23 Skipped: 65

#	RESPONSES	DATE
1	Newton Aycliffe Recreation Centre	8/20/2018 12:17 PM
2	Badminton	8/20/2018 12:10 PM
3	Greens Bowling	8/20/2018 12:01 PM
4	Dinsdale	8/20/2018 11:56 AM
5	Bannatynes	8/20/2018 11:54 AM
6	Lifestyle Fitness	8/20/2018 11:49 AM
7	Bannatynes	8/20/2018 11:48 AM
8	Park Run	8/20/2018 11:40 AM
9	Dolphin Centre	8/20/2018 11:35 AM
10	Dolphin Centre	8/20/2018 11:28 AM
11	Quakers Running Club	8/20/2018 11:18 AM
12	David Lloyd	8/20/2018 11:17 AM
13	Bannatynes and The Rockliffe	8/20/2018 11:11 AM
14	Coxhoe Crusaders Netball Club	8/20/2018 11:00 AM
15	Recar Dojo	8/20/2018 10:58 AM
16	Dolphin Centre	8/20/2018 10:55 AM
17	Dolphin Centre	8/20/2018 10:36 AM
18	Headlam Hall	8/20/2018 10:31 AM
19	Healthlands	8/20/2018 10:22 AM
20	Harriers	8/20/2018 10:07 AM
21	Dolphin Centre	8/20/2018 9:59 AM
22	Dolphin Centre	8/20/2018 9:46 AM
23	Tennis Club	8/20/2018 9:27 AM

Q11 On a scale of 1 – 10 how do you rate your fitness level at the moment? (0 being low and 10 high)

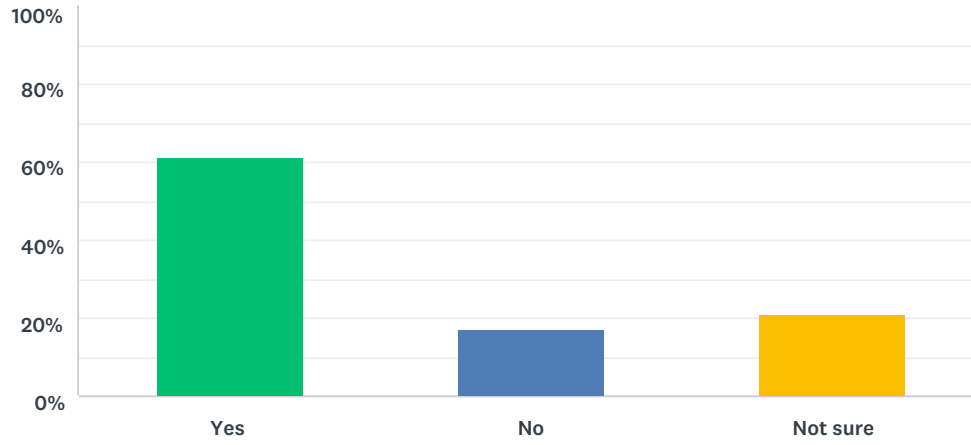
Answered: 84 Skipped: 4



ANSWER CHOICES	RESPONSES	
0	0.00%	0
1	1.19%	1
2	5.95%	5
3	5.95%	5
4	4.76%	4
5	13.10%	11
6	17.86%	15
7	20.24%	17
8	23.81%	20
9	3.57%	3
10	3.57%	3
TOTAL		84

Q12 Would you like to do more exercise?

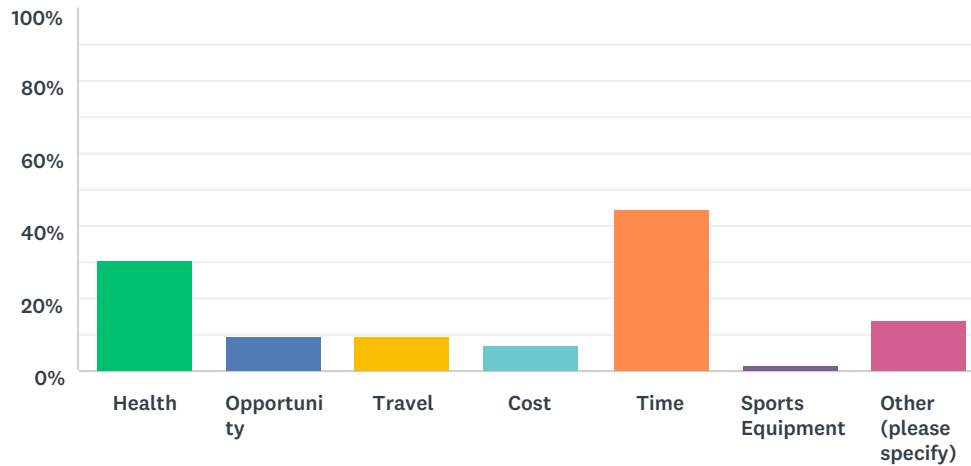
Answered: 86 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	61.63%	53
No	17.44%	15
Not sure	20.93%	18
TOTAL		86

Q13 What stops you from being active?

Answered: 72 Skipped: 16

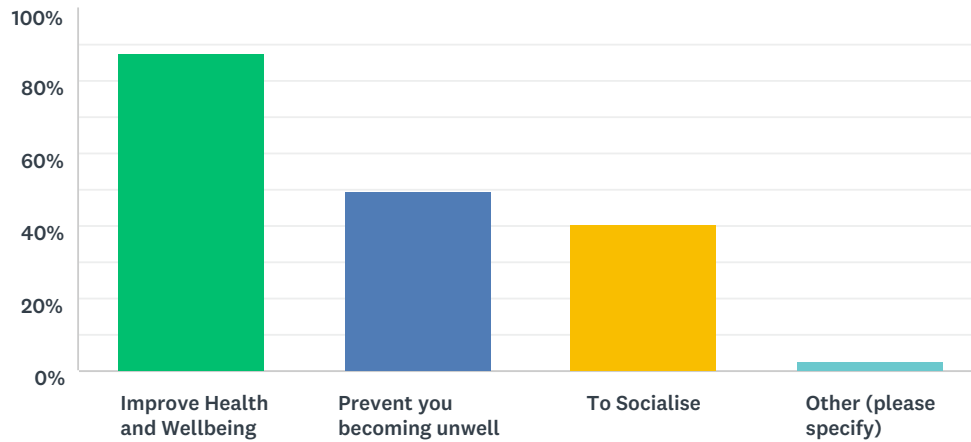


ANSWER CHOICES	RESPONSES	
Health	30.56%	22
Opportunity	9.72%	7
Travel	9.72%	7
Cost	6.94%	5
Time	44.44%	32
Sports Equipment	1.39%	1
Other (please specify)	13.89%	10
Total Respondents: 72		

#	OTHER (PLEASE SPECIFY)	DATE
1	Work and Baby	8/20/2018 12:12 PM
2	Work commitments	8/20/2018 11:58 AM
3	Arthritis	8/20/2018 11:35 AM
4	Work	8/20/2018 11:12 AM
5	too tired	8/20/2018 11:08 AM
6	Work commitments	8/20/2018 11:04 AM
7	Injuries	8/20/2018 10:58 AM
8	Nothing	8/20/2018 10:53 AM
9	Carer Responsibilities	8/20/2018 9:28 AM
10	Work commitments	8/20/2018 9:11 AM

Q14 What are the benefits of regular exercise to you?

Answered: 81 Skipped: 7



ANSWER CHOICES	RESPONSES	
Improve Health and Wellbeing	87.65%	71
Prevent you becoming unwell	49.38%	40
To Socialise	40.74%	33
Other (please specify)	2.47%	2
Total Respondents: 81		

#	OTHER (PLEASE SPECIFY)	DATE
1	Controls Weight Gain	8/20/2018 12:12 PM
2	Mental Health	8/20/2018 11:23 AM

Q15 If you had the opportunity to try a new activity what would you choose?

Answered: 46 Skipped: 42

#	RESPONSES	DATE
1	Parachuting	8/20/2018 12:17 PM
2	Cheaper Swimming for the Over 50's Wheelchair Aerobics	8/20/2018 12:14 PM
3	Ice Skating	8/20/2018 12:13 PM
4	tennis	8/20/2018 12:11 PM
5	Dance Classes	8/20/2018 12:09 PM
6	Swimming	8/20/2018 12:08 PM
7	Swimming	8/20/2018 12:05 PM
8	Nordic Walking	8/20/2018 12:00 PM
9	More Dancing	8/20/2018 11:59 AM
10	Zumba	8/20/2018 11:51 AM
11	Pilates	8/20/2018 11:48 AM
12	Canoeing	8/20/2018 11:47 AM
13	Yoga	8/20/2018 11:41 AM
14	Pilates	8/20/2018 11:39 AM
15	Pilates and Yoga	8/20/2018 11:37 AM
16	Dancing	8/20/2018 11:34 AM
17	Horse Riding	8/20/2018 11:32 AM
18	Nothing - Too Busy	8/20/2018 11:30 AM
19	Water Aerobics	8/20/2018 11:26 AM
20	Spinning	8/20/2018 11:24 AM
21	Kayaking	8/20/2018 11:23 AM
22	Bowling	8/20/2018 11:21 AM
23	Gym	8/20/2018 11:20 AM
24	Cycling	8/20/2018 11:09 AM
25	Exercise	8/20/2018 11:06 AM
26	Swimming	8/20/2018 11:04 AM
27	Any	8/20/2018 10:58 AM
28	Swimmiing Technique Classes	8/20/2018 10:55 AM
29	Swimming	8/20/2018 10:53 AM
30	Water Aerobics - However will not due to the layout of the mixed changing facilities at the Dolphin Centre	8/20/2018 10:40 AM
31	Not sure	8/20/2018 10:38 AM
32	Yoga	8/20/2018 10:35 AM
33	Gym	8/20/2018 10:34 AM

34	Swimming	8/20/2018 10:23 AM
35	Walking Football	8/20/2018 10:16 AM
36	Jogging Groups in the Whinfield Area	8/20/2018 10:09 AM
37	Walking Group	8/20/2018 9:52 AM
38	Line Dancing	8/20/2018 9:51 AM
39	Swimming	8/20/2018 9:49 AM
40	White Water Rafting Running	8/20/2018 9:47 AM
41	Horse Riding	8/20/2018 9:45 AM
42	Dancing	8/20/2018 9:40 AM
43	Weight Training	8/20/2018 9:35 AM
44	Netball	8/20/2018 9:28 AM
45	Swimming	8/20/2018 9:18 AM
46	Gym Classes or Yoga	8/20/2018 9:11 AM

This page is intentionally left blank

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To provide Members with an update on the current work programme for this Scrutiny Committee and seek their views on the new methodology.

Summary

2. Members will recall that, at previous meetings of this Scrutiny Committee, discussions have been held and agreement reached on areas where this Scrutiny Committee would like to focus its work. Work is currently being undertaken in relation to some of these areas of work is still due to commence on others.
3. The proposed work programme has been reviewed and revised to enable the Committee to analyse information for each topic area aligning it to the eight outcomes and three conditions in the Sustainable Community Strategy, and relevant performance indicators from the Performance Management Framework.
4. The proposed structure of the work programme will provide Members with the opportunity to develop each topic through a series of questions and drill down to investigate particular aspects of extensive topics.

Recommendation

5. It is recommended that the current status of the Work Programme be noted.

**Luke Swinhoe
Assistant Director Law and Governance**

Background Papers

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

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

MAIN REPORT

Information and Analysis

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

SCS Outcomes	Three Conditions
a) Children with the best start in life	a) Build Strong Communities
b) More businesses more jobs	b) Grow the Economy
c) A safe and caring community	c) Spend every pound wisely
d) More people caring for our environment	
e) More people active and involved	
f) More people healthy and independent	
g) A place designed to thrive	

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.
9. The topics have been grouped into two sections as follows:
 - a) Overarching e.g. Healthwatch, Performance Management;
 - b) Health; and
 - c) Partnerships.

In some cases topics may be grouped together where they are closely related.

10. To assist in the development of the work programme Members may wish to ask questions to act as a catalyst to the discussions for each topic and assist in further developing the direction Members may wish to take with each topic. Suggested questions are :

What is the impact on services within the Borough?;

What is the impact on residents?;

How can this Committee influence or assist in developments?; and

Which organisations are involved?

11. Once the Work Programme has been agreed by this Scrutiny Committee, any Member seeking to add a new item to the work programme will need to complete a Quad of Aims. A revised process for adding an item to a previously approved work programme, which has been agreed by the Monitoring and Co-ordination Group, is attached at **Appendix 2**.

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>Performance Management and Regulation/ Management of Change</p> <p>Regular Performance Reports to be Programmed</p> <p>End of Year Performance (including Compliments Comments and Complaints)</p>	<p>Item appears on today's Agenda December 2018 March 2019 July 2019</p> <p>July 2019</p>	<p>Barbara Copson/ Relevant AD</p> <p>Relevant AD</p>	<p>A safe and caring community</p> <p>Children with the best start in life</p> <p>More people healthy and independent</p>	<p>Build strong communities.</p> <p>Spend every pound wisely</p>	<p>Full PMF suite of indicators</p>	<p>To receive quarterly monitoring reports and undertake any further detailed work into particular outcomes if necessary</p>
<p>Monitoring Outcomes from the Medium Term Financial Plan 2016-20</p> <p>Impact of ceasing/ reducing the following and has there been any cost shunting to other</p>		<p>Miriam Davidson/ Christine Shields</p>	<p>A safe and caring community</p> <p>Children with the best start in life</p>	<p>Build strong communities.</p> <p>Spend every pound wisely</p>	<p>Full PMF suite of indicators</p>	<p>To receive monitoring reports and undertake any further detailed work into particular outcomes if necessary</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>areas within the Council as a result of:-</p> <p>Social Fund Arrangements</p> <p>Voluntary Sector Funding</p> <p>Page 78</p> <p>Healthwatch Darlington - Streamlined Service offered by HWD since April 2017</p>	<p>Considered by Scrutiny 1 Mar and 1 Nov 2017</p> <p>19 December 2018</p> <p>Last considered 4 July 2018</p> <p>The Annual Report of HWD was circulated to Members on 6 July 2018.</p>	<p>Neeraj Sharmah, CAB</p> <p>Christine Shields</p> <p>Michelle Thompson, HWD</p>	<p>More people healthy and independent</p>			<p>To scrutinise and monitor voluntary sector funding</p> <p>To scrutinise and monitor the service provided by Healthwatch</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Access to GP Appointments/GP Survey Results	Last Considered 11 Apr 18	Karen Hawkins/ Graeme Niven Darlington CCG	More people healthy and independent	Spending Every Pound Wisely Build Strong Communities	To be determined	To gather, collate and assess evidence of accessing GP Appointments taking into consideration the two new schemes implemented as part of the Prime Minister's Challenge Fund To scrutinise the results of the GP Survey
Integrate Care System (ICS) (Formerly Sustainability and Transformation Plan (STP) including the Better Health Programme (BHP)) To incorporate - Discharge to Assess and Discharge Management	Last considered 6 Jan 2017	NHS England/ NHS Trusts CCG DBC/CCG/ CDDFT	More people healthy and independent More people healthy and independent	Spending Every Pound Wisely Build Strong Communities Spending Every Pound Wisely Build Strong Communities	To be determined To be determined	To scrutinise and challenge progress of the principles underpinning the STP and BHP and timelines for progress To scrutinise the processes around discharge

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Maternity Services (including External Review of the Service)	Last considered 20 December 2017	Sue Jacques CDDFT	A safe and caring community Children with the best start in life	Spending Every Pound Wisely Build Strong Communities	To be determined	To scrutinise the service and monitor care for the residents of Darlington
Pain Management	Considered 6 Sep 2017 as part of the Regional Back Pain Pathway Programme 31 October 2018	Karen Hawkins CCG	More people healthy and independent More people active and involved	Spending Every Pound Wisely Build Strong Communities	To be determined	To scrutinise and challenge the pain management pathway

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
CCG Stroke Services	<p>Last considered 27 April 2018</p> <p>Report to be submitted once the engagement process has been completed</p> <p>31 October 2018</p>	Karen Hawkins Darlington CCG/CDDFT	More people healthy and independent	Spending Every Pound Wisely	To be determined	<p>To scrutinise and challenge the pathway for Stroke Services following discharge from Bishop Auckland Hospital including Care in the Community, use of thrombolysis and the effect of journey times to UHND on patients.</p> <p>Review concerns about transport to access services.</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>Healthy New Towns</p> <p>To Include -</p> <p>(1) Telehealth</p> <p>Page 82</p>	<p>Last considered 14 February 2018</p> <p>Considered by Review Group 16 Nov 2016 – Updates to be provided October 2018.</p>	<p>Karen Hawkins Darlington CCG/Miriam Davidson</p> <p>Ian Dove CDDFT</p>	<p>More people healthy and independent</p> <p>More people active and involved</p>	<p>Build Strong Communities</p> <p>Spending Every Pound Wisely</p> <p>Spending Every Pound Wisely</p>	<p>To be determined</p>	<p>To scrutinise the Healthy New Towns initiative.</p> <p>To scrutinise and monitor progression – Evaluate case studies</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>(2) New Models of Care as part of the Better Care Fund</p> <p>Social Prescribing</p> <p>Page 83</p> <p>(3) The vision and proposals for Community Hubs around Darlington</p>	<p>Last considered 14 Feb 2018</p> <p>Updates to be provided on a regular basis</p> <p>Item appears on today's Agenda</p> <p>Last considered 14 Feb 2018</p>	<p>Christine Shields/Pat Simpson DBC</p> <p>Pat Simpson DBC</p> <p>Karen Hawkins Darlington CCG/Miriam Davidson</p>	<p>More people healthy and independent</p> <p>More people healthy and independent</p> <p>More people healthy and independent</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p> <p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p> <p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>	<p>To be determined</p>	<p>To scrutinise and challenge New Models of Care</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>NHS Clinical Commissioning Group Financial Challenges and Impact on Services</p> <p>To include Clinical Assessment and Peer Review System (CASPeR)</p> <p>Children's Vision Screening Pathway</p>	<p>Last considered 4 July 2018</p> <p>Updates to be provided when available</p> <p>31 Oct 2018</p> <p>Last considered 4 July 2018 – Item to be archived</p>	<p>Graeme Niven, NHS Darlington CCG</p> <p>Karen Hawkins CCG</p> <p>Will Smith, NECS</p>	<p>More people healthy and independent</p> <p>More people healthy and independent</p> <p>Children with the best start in life</p>	<p>Build Strong Communities</p> <p>Spending Every Pound Wisely</p> <p>Spending Every Pound Wisely</p> <p>Spending Every Pound Wisely</p>		<p>To scrutinise and monitor the CCG to ensure delivery of the necessary QIPP required in order to achieve its financial duties in 2017 to 18</p> <p>To scrutinise the role of CASPeR.</p> <p>To scrutinise the evaluation of CASPeR</p> <p>To scrutinise the Vision Screening pathway</p>

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
End of Life and Palliative Care – To include the Dementia End of Life Pathway Health and Partnerships to lead	Date to be advised Scoping Meeting held 25Apr17 – Further research to be undertaken	CDDFT/CCG	A safe and caring community Enough support for people when needed.	Spending Every Pound Wisely Build Strong Communities	To be determined	To scrutinise processes in place across agencies and in relation to Dementia to contribute to an in-depth review of the dementia pathway and support and advice services available within Darlington
Community Equipment Loan Service (CELS) Adults and Housing to lead	Members of A&H Scrutiny updated H&P Scrutiny following a visit to Mediquip 21 June 2017	Darlington CCG	More people healthy and independent	Spend Every Pound Wisely	To be determined	To scrutinise and monitor the spend and review the operation of the contract following its award in 2015.
Domiciliary Care Adults and Housing to lead	Date to be advised	CDDFT HWD looking at Domiciliary Care	More people healthy and independent	Spend Every Pound Wisely Build Strong Communities	To be determined	To scrutinise and challenge processes in place

APPENDIX 2

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

Member Completes Quad of Aims (Section 1)

Forwarded to Director/AD for views (Section 2)
(NOTE – There is an expectation that the Officer will discuss the request with the Member)

Completed Quad of Aims to Democratic Services

- Criteria**
1. Information already provided/or will be provided to Member
 2. Extent of workload involved in meeting request
 3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work
 4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)
 5. About an individual or entity that has a right of appeal
 6. Some other substantial reason

Refer to Monitoring and Co-ordination Group for clarification of appropriate Scrutiny Committee and in cases of cross cutting issues if needed

Advise Chair of relevant Scrutiny Committee of the Quad of Aims and the view of Officers

Include on next Scrutiny Committee Agenda (new work requests)

Note

Statutory Scrutiny Officer can liaise with Member AD/Director and Chair over how best any requests can be dealt with

Scrutiny Committee decision about addition to Work Programme

