

Health and Partnerships Scrutiny Committee Agenda



9.30 am Wednesday, 19 December 2018
Committee Room No 2, Town Hall,
Darlington. DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at Meeting
2. Declarations of Interest
3. To approve the Minutes of the meeting of this Scrutiny Committee held on 31 October 2018 (Pages 1 - 4)
4. Telehealth –
Presentation by Catherine McShane, County Durham and Darlington NHS Foundation Trust
5. Clinical Assessment and Peer Review System (CASPeR) –
Presentation by Katie McLeod, Head of Strategy and Commissioning, NHS Darlington CCG
6. Exercise and Activity Undertaken at GOLD Tea Dance –
Verbal Update of Vicky Grant, Health Referral Co-ordinator
7. Health Inequalities in Darlington : Narrowing the Gap –
Annual report of the Director of Public Health
(Pages 5 - 32)
8. Voluntary and Community Sector Funding: Pilot Community Based Initiatives –
Report of the Director of Children and Adults Services
(Pages 33 - 36)

9. Performance Indicators Quarter 2 2018/19 –
Report of the Managing Director
(Pages 37 - 56)
10. Medium Term Financial Plan (MTFP) 2019/20 –
Chief Officer's Executive Report
(Pages 57 - 118)
11. Health and Well Being Board –
The Board met on 8 November 2018 and the next meeting is scheduled for 17
January 2019
12. Work Programme –
Report of the Managing Director
(Pages 119 - 136)
13. 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
14. Questions



Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 11 December 2018

Town Hall
Darlington.

Membership

Councillors Newall, J Taylor, Copeland, Crichlow, Grundy, Haszeldine, Heslop, Nutt,
E A Richmond, Mrs H Scott and Tostevin

If you need this information in a different language or format or you have any other
queries on this agenda please contact Allison Hill, 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: allison.hill@darlington.gov.uk or telephone 01325
405997

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

31 October 2018

PRESENT – Councillor Newall (in the Chair); Councillors Copeland, Crichlow, Heslop, Nutt, T. Richmond, H Scott and Tostevin. (8)

APOLOGIES – Councillor J Taylor; Miriam Davidson, Director of Public Health; and Diane Lax, Healthwatch.

ABSENT – Councillor Grundy and Haszeldine. (2)

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

OFFICERS IN ATTENDANCE – Ken Ross, Public Health Principal; Malcom Moffatt, Public Health Registrar; and Allison Hill, Democratic Officer.

EXTERNAL REPRESENTATIVES – Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington Clinical Commissioning Group, Katie McLeod, Head of Commissioning and Strategy, NHS Darlington Clinical Commissioning Group, and Jill Foggin, Communications Officer, County Durham and Darlington Foundation Trust.

HP23. DECLARATIONS OF INTEREST – There were no declarations of interest recorded at the meeting.

HP24. MINUTES – Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 10 September 2018.

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

HP25. KAREN GRAVES – RESOLVED – That the thanks of this Scrutiny Committee be extended to Karen Graves, Democratic Officer for her help and support to this Scrutiny Committee.

HP26. CCG STROKE SERVICES – Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington CCG gave a presentation to update Members on the Stroke Rehabilitation Service Review following her presentation to Members in March 2018.

The presentation referred to the review of the current stroke rehab pathway and empathised the importance of engagement as a crucial part of understanding the views of patients, public and carers to inform any future decision making.

The Director of Commissioning and Transformation outlined the engagement methodology which included patient surveys carried out on the wards at Bishop Auckland Hospital and the University Hospital of North Durham and engagement with

the carer groups across County Durham and Darlington. It was reported that unfortunately there had only been 66 responses to date so additional funding had been secured to undertake further engagement to maximise input.

The presentation also highlighted emerging themes and next steps following the engagement activity.

Members discussed one of the emerging themes that there was a lack of support once patients are discharged from hospital and were concerned at the lack of response to the engagement activity. Members were also keen to see that patients who had already been through the system were being captured in the engagement exercise for their feedback on the service and also that the Stroke Association had been contacted. Members confirmed that engagement with patients and user of the service was critical and that information is fed back to participants of the review with service developments.

The Chair advised Members that she had met with the Stroke Club on 22 October and confirmed that lack of support following discharge from Bishop Auckland Hospital was a recurring theme. She also advised Members that she was still trying to make contact with the Darlington Stroke Recovery Service.

Members also discussed the potential lack of general knowledge around services for patients of stroke and lack of signposting and agreed that promotion of the pathways was also key. They also wanted confirmation that General Practitioners were aware of the services available to signpost patients.

The Public Health Principal advised Members that mortality rates of stroke had decreased, however there were still a high number of risk factors which General Practitioners were good at picking up.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the Director of Commissioning and Transformation for her informative presentation and Members welcome the Review.

(b) That Scrutiny Members continue to receive regular updates.

HP27 NHS CCG DARLINGTON GOVERNANCE ARRANGEMENTS – Karen Hawkins, Director of Commissioning and Transformation, NHS Darlington CCG gave a presentation on governance arrangements of the NHS Darlington Clinical Commissioning Group (CCG).

The presentation gave background to the CCGs who are responsible for recruiting and selecting their leadership team under the NHS Act 2012 and referred to the newly appointed Single Accountable Officer, Dr. O'Brien across the five CCG's supported by a Joint Management Team.

The presentation highlighted the benefits of the five CCG's working collaboratively and confirmed that place based commissioning was to continue and there was to be no change to existing governance or decision making and will retain a local clinical voice and leadership.

Following discussion thereon Members agreed with all CCG's retaining their autonomy and requested confirmation that this Scrutiny Committee would still have an input in the Integrated Care System working regionally.

RESOLVED – (a) That the thanks of this Scrutiny Committee be extended to the Director of Commissioning and Transformation for her informative presentation.

(b) That Members receive a further update at a future meeting.

HP28. PAIN MANAGEMENT – Katie McLeod, Head of Commissioning and Strategy, NHS Darlington CCG gave a presentation to update Members on the procurement of new Persistent Pain Services.

The presentation outlined the rationale for the change due to the lack of equity of service across Durham and Darlington with the previous model and the high wait times for access to pain psychology and the high level of opioid prescribing; and described the new Biopsychosocial model which adopts a holistic approach to the management of pain and a tiered approach to the provision of care based on the level of intensity of pain.

The presentation also outlined what had changed including a single point of access which had received positive feedback from patients and general practitioners; and included the expected outcomes from a survey of the service.

It was acknowledged that there had been some initial teething problems which had now been recognised and addressed and performance reporting was in place.

Members discussed the Tier 3 services based at the Darlington Memorial Hospital and the Tier 1 and 2 services provided within the community; the emergence of more referral of patients from general practitioners; and the recognition of the psychological impact on pain management rather than focussing solely on relieving the physical aspects of their pain

Members welcomed the service and recognised the importance of an alternative service away from the general practitioners for the management of pain.

RESOLVED – That the thanks of this Scrutiny Committee be extended to the Head of Commissioning and Strategy for her informative presentation.

HP29. EXERCISE AND ACTIVITY SURVEY UNDERTAKEN AT THE GOLD TEA DANCE – With the approval of the Chair this item was withdrawn before the meeting and will be presented to the next scheduled meeting of this Scrutiny Committee on 19 December 2018.

HP30. 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.

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.

HP31. 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.

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.

**‘HEALTH INEQUALITIES IN DARLINGTON : NARROWING THE GAP’
ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2017**

SUMMARY REPORT

Purpose of the Report

1. To share with Health and Partnerships Scrutiny Committee the 2017 statutory report from the Director of Public Health. This is the fourth annual report following the transfer of public health responsibilities from the NHS to local government, as part of the Health and Social Care Act (2012).

Summary

2. Good health is unevenly distributed across our country, our region and our town, and the life expectancy gap between the richest and poorest wards in Darlington is almost twelve years. These and other health inequalities affect our residents at every stage of the life course – in childhood, in adult life, and in old age, with our most disadvantaged citizens consistently experiencing worse outcomes than their more affluent counterparts. This fourth annual report from the Director of Public Health explores the breadth and extent of these ‘health gaps’, and proposes measures to narrow them, drawing on our health assets and working across a number of sectors to address the socioeconomic factors that determine so much of our health and wellbeing.

Recommendation

3. It is recommended that Health and Partnerships Scrutiny Committee note the 2017 Annual Report of the Director of Public Health.

**Miriam Davidson
Director of Public Health**

Dr. Malcolm Moffat: Extension 6205

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	The report has recommendations to improve the health and wellbeing of the whole population.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All

Groups Affected	All
Budget and Policy Framework	There are no implications arising from this report.
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Falls under, 'More people healthy and independent', 'Children with the best start in life' 'More people active and involved' 'Enough support for people when needed'
Efficiency	There are no implications arising from this report.

MAIN REPORT

4. The life expectancy of those living in the North of England, has for the first time in a generation, started to slow down and in some cases reverse. Whilst life expectancy has been falling in the North, it has been improving in the South, increasing the health inequalities across the country.
5. Darlington experiences health inequalities across all indicators related to child health, smoking, alcohol misuse as well as the factors which affect healthy life expectancy. The cumulative impact of health inequalities is a matter of 'life and death'.
6. Some of the most effective changes need to be addressed at a national level e.g. fiscal policy and legislation but local actions that improve equity of access to services and a focus on improving health in vulnerable groups would make an important contribution to preventing further increases in health inequalities.
7. Action can be taken to improve the quality of housing, access to healthy food, safe environment and good working conditions. Alongside this is the potential positive impact of 'normalising' increased physical activity, practising mental health resilience in all settings, 'de-normalising' the extent of the role of alcohol in our lives and 'Making Every Contact Count'.
8. Darlington is rich in health assets e.g. green space, diverse leisure offer and many voluntary and community organisations who provide informal and formal support across the population.
9. The recommendations are set out with the intention of addressing inequality whether at a geographical level or the health inequality which is experienced across protected characteristics including ethnicity, gender, age and sexual orientation.

Annual Report Recommendations

10. The recommendations recognise that health is absolutely linked with wider determinants such as housing, income, education, employment and environment.
11. The report describes inequalities across the life course, structured around best start in life, living and working well and healthy ageing.
12. At a local level, health inequality can be tackled through asset-based community development approaches, there are a number of positive examples of this approach across partners in Darlington.
13. An approach public sector organisations in Darlington could adopt is to consider the impact of key decisions and all policies on both health and healthy inequalities.

Recommendation 1 – Best Start in Life

14. Promote a whole system approach to improve children and young people's health and wellbeing outcomes across all settings.
 - (a) Identification of maternal issues e.g. including smoking
 - (b) Promotion of breastfeeding

- (c) Provision of quality Personal Social and Health Education (PSHE)
- (d) Implementation of local 'Healthy Weight' plan, including oral health, sugar reduction and promotion of activity
- (e) Living and Working Well

Recommendation 2 - Living and Working Well

- 15. Address barriers to quality employment and promote inclusive growth e.g. Routes to Work and similar initiatives.
- 16. Promote a healthy work force including good mental health e.g. via Darlington Cares, employers network.
- 17. Implement the practice of Making Every Contact Count (MECC), triggering brief conversations about workplace health.

Recommendation 3 – Healthy Ageing

- 18. Take an asset-based approach to older people's health, recognising their contribution and skills and promoting the importance of ageing well.
 - (a) Promote a whole system approach to supporting older adults to remain independent and healthy
 - (b) Recognise the impact of social isolation, fuel poverty, transport and poverty on health and well being
 - (c) Reinforce prevention across the life course recognising the negative cumulative impact of inequalities



Health Inequalities in Darlington: Narrowing the Gap

Annual Report of the
Director of Public Health
Darlington 2017





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Foreword by Miriam Davidson

In October 2017, Darlington hosted the Public Health England Due North Conference, an annual event that has a focus on the inequalities which challenge communities in the North of England.

While it was a timely reminder of the persistent challenges we face locally, it was also an opportunity to remind ourselves of strengths we have and to share some of the assets we have.

Darlington experiences health inequalities across all indicators related to child health, smoking, alcohol misuse as well as the factors which affect healthy life expectancy. The cumulative impact of health inequalities is a matter of 'life and death'. Some of the most effective changes need to be addressed at a national level e.g. fiscal policy and legislation but local actions that improve equity of access to services and a focus on improving health in vulnerable groups would make an important contribution to preventing further increases in health inequalities.

Action can be taken to improve the quality of housing, access to healthy food, safe environment and good working conditions. Alongside this is the potentially positive impact of 'normalising' increased physical activity, practising mental health resilience in all settings, 'de-normalising' the extent of the role of alcohol in our lives and 'Making Every Contact Count'.

My recommendations are set out with the intention of addressing inequality whether at a geographical level or the health inequality which is experienced across protected characteristics including ethnicity, gender, age and sexual orientation.

An approach public sector organisations (initially) in Darlington could adopt is to consider the impact of key decisions and all policies on wellbeing and health inequalities.

Despite our challenges, Darlington is rich in health assets, recognising the role all partners have to improve and protect the health of people in Darlington. I know we can achieve much in promoting a healthier and fairer Darlington when we tackle this together.

Acknowledgements

My thanks particularly to **Dr Malcolm Moffat** for his research and preparation and also to the many people who have contributed to this report including:

Pauline Brown, Support Assistant

Zoe Foster, Analyst Public Health

Hilary Hall, Healthy New Towns Project Manager

Judith Hurst, Personal Assistant

Abbie Metcalfe, Business Officer

Rachel Osbaldeston, Public Health Portfolio Lead

Ken Ross, Public Health Principal

Tracey Sharp, Independent Consultant in Public Health

Xentrall Design and Print



Key Messages

My recommendations recognise that health is absolutely linked with wider determinants such as housing, income, education, employment and environment.

This report describes inequalities across the life course, structured around best start in life, living and working well and healthy ageing.

At a local level, health inequality can be tackled through asset based community development approaches, and there are a number of positive examples of this approach across partners in Darlington.

Recommendation 1 – Best Start in Life

Promote a whole system approach to improve children and young people's health and wellbeing outcomes across all settings.

- Identification of maternal issues e.g. including smoking
- Promotion of breastfeeding
- Provision of quality Personal Social and Health Education (PSHE)
- Implementation of local 'Healthy Weight' plan, including oral health, sugar reduction and promotion of activity

Recommendation 2 - Living and Working Well

- Address barriers to quality employment and promote inclusive growth e.g. Routes to Work and similar initiatives
- Promote a healthy work force including good mental health e.g. via Darlington Cares (an employer's network)
- Implement the practice of Making Every Contact Count (MECC), triggering brief conversations about workplace health

Recommendation 3 – Healthy Ageing

Take an asset-based approach to older people's health, recognising their contribution and skills and promoting the importance of ageing well.

- Promote a whole system approach to supporting older adults to remain independent and healthy
- Recognise the impact of social isolation, transport and poverty on health and well being
- Reinforce prevention across the life course recognising the negative cumulative impact of inequalities

Our Health and Wellbeing Plan for Darlington 2017-2022 has a strong focus on the need to address inequalities and the importance of doing so through 'upstream' activity and addressing the wider determinants of health. It is an approach that identifies and builds upon Darlington's strengths and assets.

Health in All Policies (HiAP) has been defined as 'an approach to public policies across sectors that systematically considered the health implications of decisions, seeks synergies and avoids harmful impacts to improve population health and health equity'.

The Council, and partners, could adopt the above approach to consider the impact of key decisions and all policies on both health and health inequalities.



Actions arising from Director of Public Health Annual Report 2016: Recommendations

In my last report, I highlighted the issue of mental wellbeing in children and young people. My recommendations resulted in a range of activities by partners throughout the year and examples are tabled below.

Recommendation in 2016	Actions in 2017
(i) All organisations consider the 'Best Start in Life' principles when they are designing and delivering services for children and young people in Darlington.	<ul style="list-style-type: none"> NHS commissioners ensure maternity services support good maternal and perinatal mental health in order to ensure positive wellbeing in children. The revised Children and Young People Mental Health and Wellbeing Strategy now includes a key work stream on support for the most vulnerable.
(ii) Private, public and voluntary sectors build strength and resilience in children and young people through local plans that develop sustainable, connected communities and promote social networks.	<ul style="list-style-type: none"> The Children and Young People Plan (2017-2022) for Darlington has a mental health focus in year 1. Cyber Squad, an internet safety project, has been rolled out in several primary schools in Darlington.
(iii) Raise the profile of the importance of mental health and emotional wellbeing in all settings. Each setting or organisation to consider how to do this via their respective services.	<ul style="list-style-type: none"> More than 50 staff have received training in Youth Mental Health First Aid. This includes teachers, teaching assistants, school nurses and Early Help staff. Mindful Schools training was delivered to over 35 teachers in Darlington; they are now delivering this to children and young people in schools. The Children and Young People Mental Health and Wellbeing Strategy includes a key work stream on resilience building.
(iv) All agencies support the 'parity of esteem' between physical and mental health through reducing stigma to improve access to universal and mainstream provision for those diagnosed with a mental health condition	<ul style="list-style-type: none"> An anti-stigma campaign was delivered using posters designed by Darlington College students and displayed on bus stops across the town and on social media during Mental Health Awareness week and World Mental Health Day 2017. <p>The campaign received positive support, Facebook posts reached over 20,000 people and tweets almost 5,000.</p>

Chapter 1: Health and Inequality

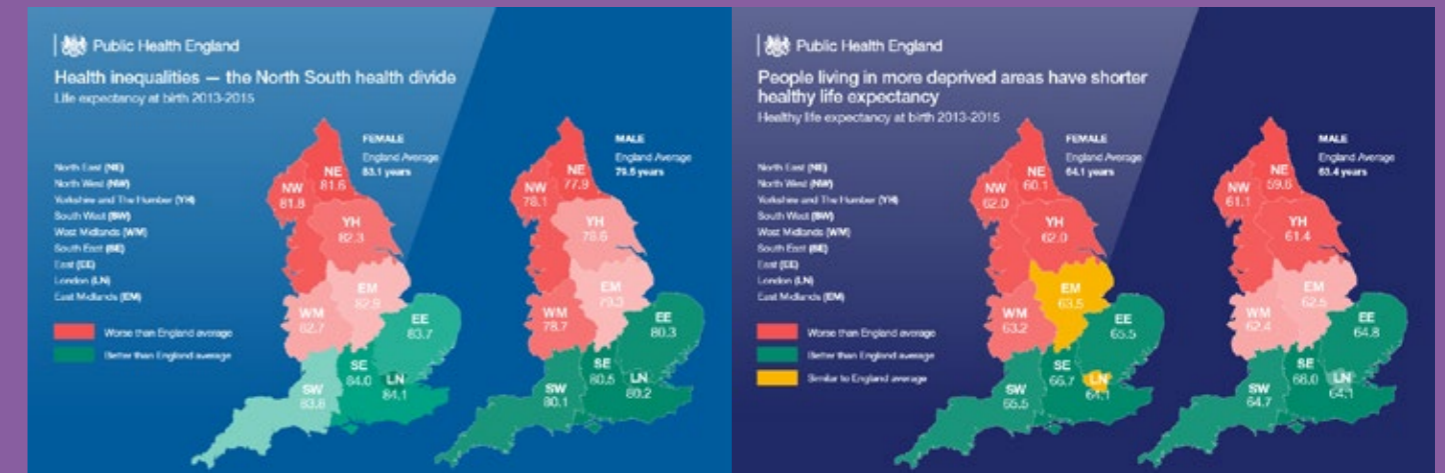


Figure 1. The North South health divide (PHE)

Many interconnected factors determine our health – from the genes we inherit to the socioeconomic circumstances in which we are raised, live and work, to the healthcare that we receive in moments of illness and disease. Unpicking these factors and demonstrating how those that predispose to both good and bad health are unequally distributed across our borough will be central to this report. Differences in life expectancy have been used to demonstrate the association between deprivation and health since the very earliest days of formal epidemiology in the 1840s.

People living in our most economically-deprived communities are not only more likely to have significantly shorter life expectancies when compared to those living in our most affluent communities, they're also more likely to have shorter healthy life expectancies – that is, they are more likely to develop life-limiting illnesses and disabilities at a younger age than their counterparts living in less deprived areas.

The images from Public Health England confirm the geographical divide in life expectancy and healthy life expectancy that continues to exist in our country – in 2013-15, men in the North East lived on average for 2.6 fewer years than men in the South East, and for women the difference was 2.4 years. For healthy life expectancy, the regional gap between the North East and the South East is even more concerning.

Darlington is the second best-performing local authority regionally for both male and female life expectancy, at 78.2 years for men and 82.1 years for women, but still falls well short of the averages for England (79.5 and 83.1 years respectively).

There is considerable variation in life expectancy within the area. Darlington is a relatively compact town, easily travelled on bus – but as the city bus map demonstrates, men in Hurworth can expect to live 11.6 years longer than males in Park East, and women in Mowden will live, on average, for ten years longer than females in Bank Top.

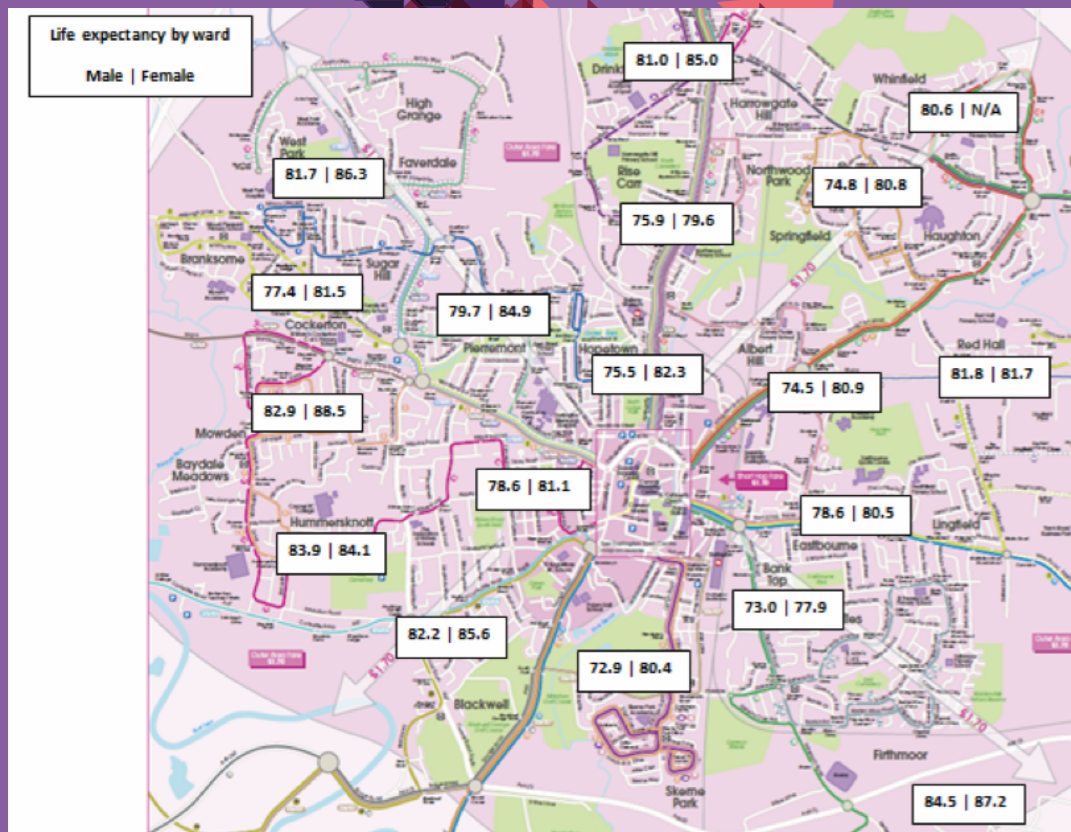


Figure 2. Life expectancy by ward

More recent data for 2014-16 shows that the inequality gap in male life expectancy for Darlington remains stable at 11.7 years, but for women it has improved to 8.5 years. However, inequalities in healthy life expectancy are even wider with an inequality gap in healthy life expectancy of 18.4 years for men and 15.0 years for women, some of the highest figures in the region. Some of our people can expect to enjoy good health for almost two decades less than more affluent residents.

In 2015 Darlington had an IMD score of 23.6, worse than the average for England (21.8) and placing Darlington in the fifth more deprived decile, which, similarly to life expectancy data is better than most of our North East neighbours. However, there is considerable variation by ward, with IMD scores

¹Deprivation refers to unmet needs caused by an inequitable allocation of resources of all kinds, not just financial. The English Indices of Deprivation 2015 use 37 separate indicators, organised across seven distinct domains of deprivation which incorporate income deprivation, employment deprivation, health deprivation and disability, education, skills and training deprivation, barriers to housing and services, living environment deprivation and crime to calculate the Index of Multiple Deprivation 2015 (IMD 2015). This is an overall measure of multiple deprivation experienced by people living in an area.

LA Ward	IMD 2015	Male LE at birth	Female LE at birth
Bank Top & Lascelles	38.1	73	77.9
Brinkburn & Faverdale	12	81.7	86.3
Cockerton	33	77.4	81.5
College	6.8	78.6	81.1
Eastbourne	28.6	78.6	80.5
Harrowgate Hill	12.6	81	85
Haughton & Springfield	26.3	74.8	80.8
Heighington & Coniscliffe	10.6	79.9	83.6
Hummersknott	5.2	83.9	84.1
Hurworth	12.1	84.5	87.2
Mowden	4.7	82.9	88.5
North Road	37	75.9	79.6
Northgate	39.4	75.5	82.3
Park East	47.6	72.9	80.4
Park West	13.4	82.2	85.6
Pierremont	21.8	79.9	84.9
Red Hall & Lingfield	37	81.8	81.7
Sadberge & Middleton St George	11.5	79.4	82.1
Stephenson	32.5	74.5	80.9
Whinfield	17.5	80.6	-

Table 1. Life expectancy and IMD 2015 by ward (localhealth.org.uk, PHE)

Chapter 2: Children and Young People: Best Start in Life

“What happens during these early years, starting in the womb, has lifelong effects on many aspects of health and well-being... Later interventions, although important, are considerably less effective if they have not had good early foundations.” (Professor Sir Michael Marmot, 2010)

The strongest determinants of child health are social, educational and economic factors i.e. circumstances in which children in Darlington are conceived, born and raised. We must make sure that children in our poorest communities are not left behind and poverty is the most important determinant of children and young people’s health in Darlington.

Mid 2016 ONS estimates indicate that 21.3% of the population are under 18 years.

Children and young people from minority ethnic groups account for 6% of all children living in the area, compared with 22% in the country as a whole. The largest minority ethnic groups of children and young people in the area are Asian and mixed. The proportion of residents identifying themselves as Gypsy and Travellers in the 2011 Census was three times higher than the national average but equates to only 0.3% of the population. The proportion of children and young people with English as an additional language in primary schools is 5% (the national average is 19%), and in secondary schools it is 4% (the national average is 14%).

The Children and Young People’s Plan 2017-22 is a rich source of information about how partners make a collective effort to make a positive difference to the lives of children and young people.

[Click here to view the Children and Young Peoples Plan](#)

Early Years and School

Infant mortality, the rate of deaths in infants aged under one year per 1,000 live births (IMR), is an indicator of the general health of whole populations. A number of factors, including low birth weight, prematurity and deprivation have been implicated in infant mortality, and the trend of increasing risk of death with increasing deprivation persists even when all other risk factors are accounted for.

The overall infant mortality rate in Darlington is 3.3, lower than the IMR for the North East (3.7) and for England (3.9).



Pregnancy and Birth

Becoming pregnant under the age of 18 carries significant risks to mother and baby, and is both a cause and a consequence of health inequalities. Both mother and child are at increased risk of living in poverty. Babies born to young mothers are at increased risk of both stillbirth and of death before the age of one, and mothers under 20 have a 30% higher risk of postnatal depression and of poor mental health for up to three years after giving birth.

Under 18 conception rates in Darlington have followed the declining trend seen across England, more than halving from 64.0 per 1,000 population in 1998 to 24.1 per 1,000 population in 2016. The local rate is above the national rate of 18.8 but compares favourably with the North East average (24.6) and with most of our local neighbours. Within Darlington the under-18 conception rate varies between wards in association with deprivation, from 3.1% of all conceptions in Northgate (IMD 39.4) to 0% in some of the areas more affluent communities.

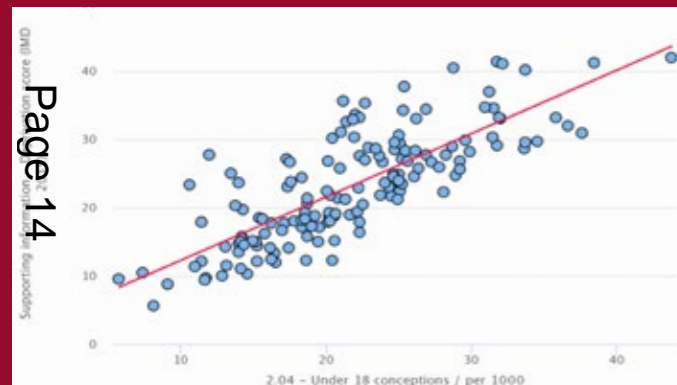


Figure 3. Under 18 conception rate is positively correlated with IMD (PHE)

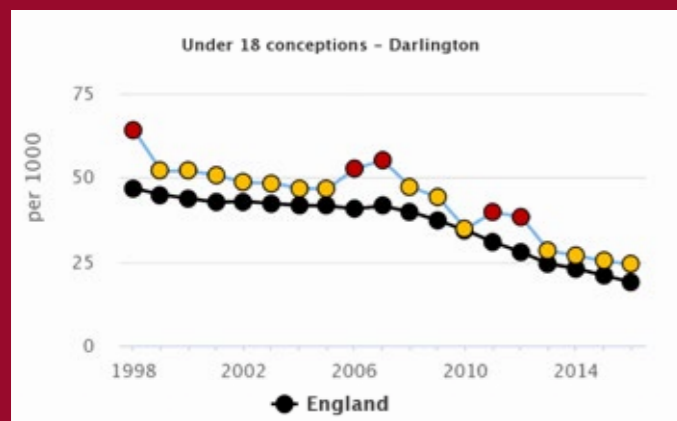


Figure 4. Under 18 conceptions in Darlington, 1998-2016 (PHE)



Smoking in Pregnancy

In 2016, 3.4% of babies born at term in Darlington had a low birth weight – one of the highest rates in the region and in excess of local and national averages (3.0% and 2.8% respectively).

Smoking during pregnancy remains an important public health challenge. Babies born to mothers who smoke are more likely to be born in poor health and maternal smoking after birth is associated with a threefold increase in the risk of sudden infant death. Smoking during pregnancy is a major health inequality with rates significantly higher in socially disadvantaged groups, and the children of smoking parents are more likely to become smokers themselves.

In 2016/17 16.2% of pregnant women in our Borough were smokers at the time of delivery, similar to the regional figure of 16.1% but significantly higher than the rate for England (10.7%).

Breast Feeding

The World Health Organisation recommends that "...infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health." Breastfeeding reduces rates of infectious illnesses in infants, provides health and developmental benefits, and protects women against some risk of breast and ovarian cancers in later life. Research has shown that breastfeeding duration is associated with deprivation – typically, women in more deprived areas do not continue to breastfeed for as long as women in more affluent communities.

In 2015/16 63.1% of new mothers breast fed in the first 48 hours of life in that period, better than the regional rate of 57.9% but significantly behind the national figure of 74%. Breastfeeding prevalence at 6-8 weeks after birth for 2016/17 paints a similar picture – only 34.3% of new mothers in Darlington breastfed their babies 6-8 weeks following delivery, compared to 31.4% in the North East and 44.4% in England.

School Readiness

This refers to a measure of early years development that takes into account communication and language, physical development, personal, social and emotional development, literacy and mathematics.

Darlington outperforms England and the North East on this indicator – In 2018 72.6% of children in Darlington achieve a good level of development by the end of reception, compared to 71.5% nationally and regionally. However, we know that inequality limit a person's prospects from their earliest years, and children from poorer backgrounds are less likely to have achieved a good developmental level by reception year.

In later years, achieving good GCSEs, including English and Maths at grades 5 or above, is an important predictor of wellbeing in adult life. Educational qualifications will to some extent determine an individual's job prospects, income and housing options. The association between challenging material circumstances and low educational attainment is more acute for Looked After Children.

The Department for Education have introduced a new Attainment 8 score (schools get a score based on how well pupils have performed in up to 8 qualifications, which include English, maths, 3 English Baccalaureate qualifications including sciences, computer science, history, geography and languages, and 3 other additional approved qualifications). In 2017 the average Attainment 8 Score for Darlington secondary schools was 45.3, this was above the England all school average of 44.6%. However, when measuring progress between key stage 2 and key stage 4 (Progress 8) Darlington performance is below average. Provisional data for 2018 shows a similar performance.

Darlington's educational challenges are similar to many of its neighbours in the North East. The majority of children in Darlington start school ready and achieve a good level of development in early years settings. At Key Stage 1 pupils in Darlington outperform their peers nationally in many indicators. The proportion of children achieving a Good Level of Development has increased year on year since 2014 and very positively, in the Early Years, the inequality gap has been reducing year on year for the last three years. At the end of primary school attainment is at or around the national average. However at the end of the secondary school Darlington children have made less progress than their peers in other areas. It is important to note that this performance is to some extent recovered at Key Stage 5.



Tooth decay

Tooth decay is a significant cause of morbidity in children. It is the most common cause of hospital admission among children aged between five and nine, and is linked to pain, poor sleep, and time absent from school. Major dental health inequalities persist, and children from more deprived areas are at increased risk of suffering poor oral health and tooth decay. In Darlington, 35.4% of five year olds had dental decay in 2014/15, compared to 28% regionally and 24.8% nationally.

Obesity

Obesity in childhood not only predisposes children to a range of serious medical conditions in later life (including Type II Diabetes, cardiovascular disease and several cancers), but is also associated with disability, impaired social and emotional wellbeing, bullying and low self-esteem. Risk accumulates through childhood – disadvantaged children in Reception are twice as likely to be overweight, while disadvantaged children aged 11 years may be up to

three times as likely to be overweight/obese as those children in more affluent communities.

In Darlington, 25% of 4-5 year olds had excess weight in 2016/17, similar to the regional rate of 24.5% but in excess of the rate for England (22.6%). The proportion of children with excess weight aged 10-11 years is greater – 36.7% of these children in Darlington had excess weight in 2016/17, compared to 37.3% regionally and 34.2% nationally.

Geographical differences in child health measures exist between neighbouring communities in Darlington – childhood obesity rates in Reception and Year 6 are up to three times higher in some wards.

As in adulthood, a teenager's weight is determined by input and output – the food they consume and the calories they burn through physical activity.



	Obese children (reception)	Children with excess weight (reception)	Obese children (year 6)	Children with excess weight (year 6)
Bank Top & Lascelles	14.8	29.5	25.4	40
Brinkburn & Faverdale	8.4	22.6	17.3	31.9
Cockerton	12	27.9	21.2	33.4
College	4.5	16.6	11.2	23
Eastbourne	15.3	27.8	20.7	37.4
Harrowgate Hill	13.3	28.5	18.9	38.6
Haughton & Springfield	10.6	23.6	24.7	37.7
Heighington & Coniscliffe	5.6	18.3	12.1	30
Hummersknott	8.1	19.4	12.6	27
Hurworth	6.6	20.1	19.6	32.9
Mowden	8.1	19.4	12.6	27
North Road	14.1	27.1	22.4	34.9
Northgate	10.7	21.5	20.8	32.9
Park East	10	24.9	24.2	37.8
Park West	7.6	20.4	14.5	27.8
Perremont	7.8	22.4	25.2	43.1
Red Hall & Lingfield	10	22.7	23.2	36.7
Sadberge & Middleton St George	6.4	19.7	17.5	32.1
Stephenson	10.4	23.3	23.3	36.9
Whinfield	7.8	21	17.4	31.5

Table 2. Data from the National Child Measurement Programme, 2013-16 (localhealth.org.uk)

Smoking in adolescence affects health behaviours in later life, and is strongly associated with increased morbidity and mortality. Most smokers begin smoking in childhood.

6.8% of 15 year olds in Darlington described themselves as regular smokers in 2014/15, and 2.2% as occasional smokers – almost one in ten 15 year olds in Darlington are current smokers. This compares favourably with the North East (regular smokers 7.5%; occasional smokers 2.6%) but Darlington lags behind England, where 5.5% of 15 year olds regularly smoke and 2.7% occasionally smoke. In the Healthy Lifestyles Survey (2016/17) references to vaping have increased.

Fewer than half (44.6%) of 15 year olds in Darlington consume the recommended five portions of fruit and vegetables a day, compared to 46.8% in the North East and 52.4% in England.

Injuries to children (deliberate and unintentional) are a leading cause of hospitalisation and mortality in young people and may be associated with absence from school and lasting effects on mental health. Rates of hospital admission for injury in young people in Darlington are significantly greater than elsewhere in the North East and in England.

A&E attendances in 0-4 year old children are more frequent in more disadvantaged wards, ranging from 730.2 per 1,000 population in Mowden and Hummersknott wards to 1,362.8 in Red Hall and Lingfield. The A&E attendance rate in under 5's for England is 551.6 per 1,000 population, lower than every ward in Darlington. Children in Darlington are accessing more secondary care than children elsewhere in the country.

Positively, 4.3% of 16-17 year olds in Darlington are not in employment, training or education compared to 5.4% in the North East and 6.0% in England, and fewer 10-17 year olds in Darlington enter the youth justice system (319.2 per 100,000 population) than across the North East (409.8) and England (327.1).

Areas with the best outcomes for children and young people are the areas with the lowest levels of deprivation as per the IMD 2015. The areas where children face the greatest challenges have higher levels of deprivation. The challenge we face is tackling the socioeconomic determinants of poor health and creating a healthier, opportunity-rich environment in which our children and young people can thrive.

Chapter 3: Adult health

“Getting people into work is of critical importance for reducing health inequalities. However, jobs need to be sustainable and offer a minimum level of quality to include not only a decent living wage but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from those adverse working conditions that can damage health.” (Professor Sir Michael Marmot, 2010)

Health and wellbeing in adulthood are to a large extent determined by the environment in which we are born, grow up and learn. A 2016 study found that adolescence and early adulthood were particularly sensitive periods for the emergence of health inequalities – accessing good employment is protective of health while low-status, low-income employment or unemployment has a negative impact on physical and mental wellbeing. The relationship between unemployment and poor health operates in both directions – poor health increases the likelihood of unemployment which in turn increases the risk of worse health in the future.

Employment

In 2016/17, 75% of working age people in Darlington were in employment, higher than regional (69.8%) and national (74.4%) employment rates. However, gaps in the employment rate among vulnerable groups present challenges in guaranteeing equitable access to the benefits of work. The percentage employment gap between those with a long-term condition and the overall employment rate in Darlington in 2016/17 was 20.7% while the gap for those people in contact with mental health services was 66%. The employment gap for people with a learning disability was higher at 70.7%.

Housing

Access to adequate housing is a determinant of good health, and poor housing, whether due to overcrowding, housing insecurity, poorly-kept housing or homelessness, constitutes a risk to health. A 2006 study by Shelter found that children in poor housing were at increased risk of experiencing a range of health problems including anxiety and depression, meningitis and asthma.

Homeless people are among the most vulnerable and disadvantaged in our society. Positively in 2016/17, 0.3 households per 1,000 in Darlington resided in temporary accommodation, significantly lower than the national figure of 3.3 per 1,000. Disadvantaged groups are also more likely to live in adequate housing in Darlington than elsewhere in the country. 85.8% of adults with a learning disability lived in stable and appropriate accommodation in Darlington in 2016/17, as opposed to 81.1% in the North East and 76.2% in England, and 69% of adults in contact with secondary mental health services in Darlington were suitably housed in the same period (North East 63%; England 54%).

However, there are challenges. In 2016, 13.7% of Darlington households experienced fuel poverty which occurs when a household needs to spend more than 10% of its income on energy to maintain satisfactory levels of heating. Fuel poverty is linked to living at low temperatures, which in turn is associated with a number of negative health outcomes.

Crime

Crime can damage the lives of those who suffer its consequences and those who perpetrate. It is a public health issue due to the impacts on individuals, families and the wider community.

In 2016/17 there were 44.4 episodes of domestic abuse related violence and crime in Darlington per 1,000 population, significantly more than elsewhere in the region (32.6) and the country (22.5). Similarly, there were 54.2 hospital admissions for violence (including sexual violence) per 100,000 population between 2013-2017, marginally better than the North East rate of 58.6 but worse than the rate for England (42.9).

The Darlington Community Safety Partnership is a multi agency partnership which addresses key community safety priorities.

[Click here to view the One Darlington: Perfectly Safe Plan](#)



Mental health and wellbeing

The Mental Health Foundation's report (2018) evidences that material inequality, social inequality and health inequality all lead to and perpetuate mental health inequalities. A social gradient exists in mental illness, with people living in poorer socio-economic circumstances at increased risk of poor mental health. The crucial importance of adolescence and early adulthood is also re-emphasised – childhood adversity accounts for around a third of future mental health problems and 50% of mental health problems are established by the age of 14 and 75% by the age of 21.

Measuring emotional wellbeing is not as straightforward as collecting data on hospital admission rates or other physical health measures, but it is an essential component of population health. People with higher wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health.

In all measures of self-reported wellbeing Darlington fares poorly when compared to average regional and national rates – the percentage of people with a low score for happiness, life satisfaction and self-worth was higher in Darlington than in the North East and England in 2016/17, as was the percentage of people with a high score for self reported anxiety. However, mean scores of wellbeing are generally in keeping with regional and national rates, and the percentage of Darlington residents reporting low happiness, low life satisfaction and low self-worth has decreased since 2011.

There is an established link between loneliness and poor mental and physical health. In 2016/17, 47.1% of adult social care users in Darlington reported having as much social contact as they would like (North East 49.2%; England 45.4%) 37.3% of adult carers responded positively to the same question (North East 44.8%; England 35.5%).

Self Harm

In 2014/15 5.9% of Darlington residents were in contact with secondary mental health services, higher than figures for the North East (5.5%) and England (5.4%). Self-harm is an expression of personal distress that is associated with a significant and persistent risk of future suicide – suicide risk is increased 49-fold in the year after self-harming⁴. It is also known to be more common among women, young people, the LGBT community and people living in deprived urban areas. In 2016/17 there were 212 hospital admissions for intentional self-harm per 100,000 population in Darlington, lower than the emergency admission rate for the North East (231.9) but higher than the rate for England (185.3). Although there has been a significant reduction in the rate of hospital admissions for intentional self-harm in Darlington since 2011, the most recent data shows some increase in the number of emergency admissions since 2015/16.

The suicide rate in Darlington (at 13.1 per 100,000 in 2014-16) is higher than the regional rate of 11.6 and also higher than the national rate of 9.9. Suicide is the biggest killer of men under 50 as well as a leading cause of death in young people and new mothers. People living in areas of socioeconomic deprivation are more likely to be subject to circumstances such as poor health, unemployment, poor living conditions, poor educational attainment and social isolation that increase their risk of suicidal behaviours.

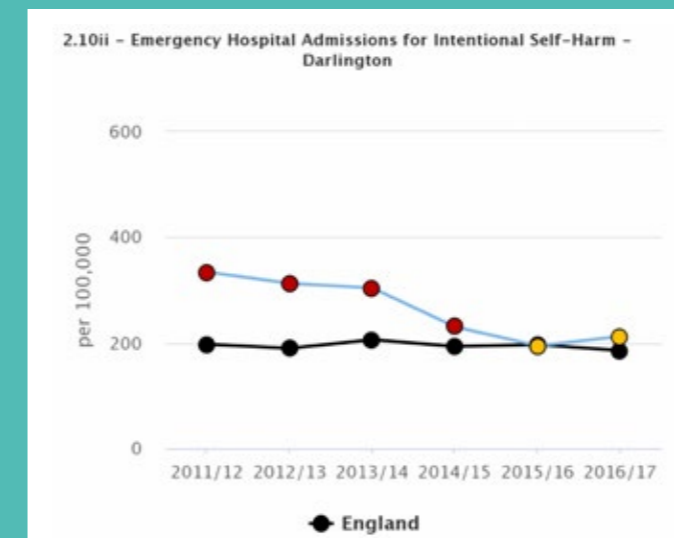


Figure 5. Emergency Hospital Admissions for Intentional Self-Harm, Darlington/England 2011-2017 (PHE)

⁴Department of Health, Mental Health, Disability and Equality Division, Preventing suicide in England: Third annual report on the cross-government outcomes strategy to save lives, 2015.

Physical health and illness

Nationally, one in three of the working age population report having at least one long term health condition and over half of people with a long term health condition state that their health is a barrier to the type or amount of work they can do.

Ward	Long-term illness or disability (%)
Bank Top & Lascelles	22.2
Brinkburn & Faverdale	13.8
Cockerton	24.8
College	15.5
Eastbourne	18.7
Harrowgate Hill	15.2
Haughton & Springfield	24.9
Heighington & Coniscliffe	15.7
Hummersknott	20.7
Hurworth	18.4
Mowden	20.3
North Road	21.5
Northgate	19.8
Park East	20.8
Park West	17.8
Pierremont	16.6
Red Hall & Lingfield	21.7
Sadberge & Middleton St George	17.7
Stephenson	26.6
Whinfield	19.5

Table 3. Percentage of people who reported having a limiting long-term illness or disability in the 2011 census (localhealth.org.uk, PHE)

Cancer

The relationship between cancer and deprivation is complex, but the reality remains that disadvantaged groups are more likely to die from some cancers (such as breast and prostate) and several cancers (including lung and oesophageal) are more common in disadvantaged populations.

A report published by Cancer Research UK highlighted the extent and the persistence of inequalities in cancer incidence and outcome and noted that these inequalities often related to lifestyle factors, perception of risk, awareness of cancer symptoms and access to health services.

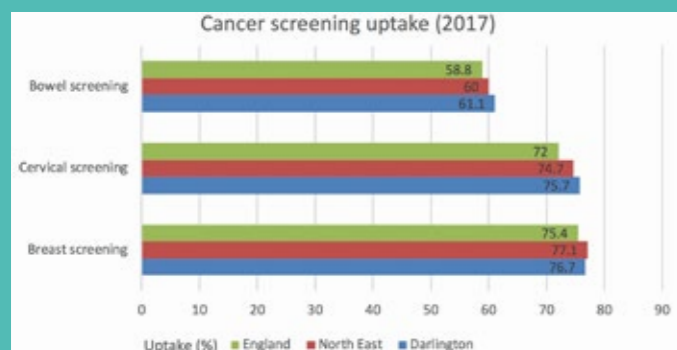


Figure 5. Cancer screening uptake, 2017 (PHE)

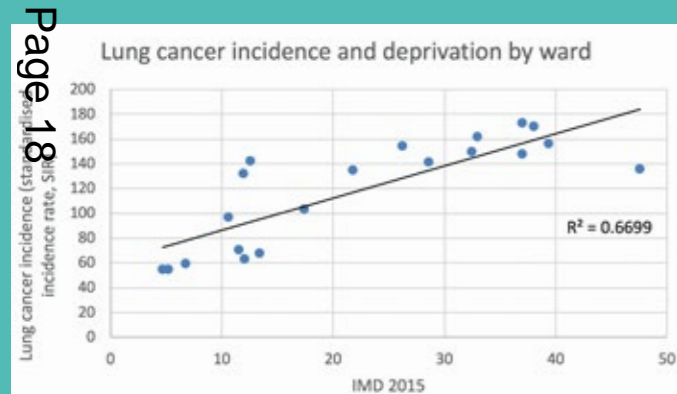


Figure 6. Lung cancer incidence by ward is positively correlated with IMD (localhealth.org.uk, PHE)

National cancer screening programmes exist for breast cancer, cervical cancer and bowel cancer. Cancer accounts for around a quarter of all deaths in England and cancer screening reduces the number of cancers that are diagnosed at an advanced stage. Figure 6 shows that while Darlington's cancer screening uptake compares favourably with rates in the North East and England, cervical screening coverage does not meet the 80% target for uptake and has been in decline for several years.

In 2015 49.7% of cancers were diagnosed at an early stage in Darlington, compared to 52.3% in the North East and 52.4% in England.

There is considerable variation in cancer incidence in Darlington, with relatively low cancer incidence in wards such as Mowden (IMD 4.7) to very high incidence in bowel and lung cancers in more deprived wards such as North Road (IMD 37), Bank Top and Lascelles (IMD 38.1). The association with deprivation is strong for lung cancer, a condition associated with tobacco smoking in more than 90% of cases – lung cancer occurs more commonly in more deprived wards.



Emergency Hospital Admissions

Data is available for emergency hospital admissions for patients presenting with coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), myocardial infarction ('heart attack', MI) and cerebrovascular accident ('stroke', CVA), using the standardised admission ratio. (See Appendix 5)

Emergency admission to hospital is more common in wards with a high IMD – in Park West (IMD 13.4) emergency admissions are below the level expected in all domains, while in Park East (IMD 47.6) they are consistently higher.

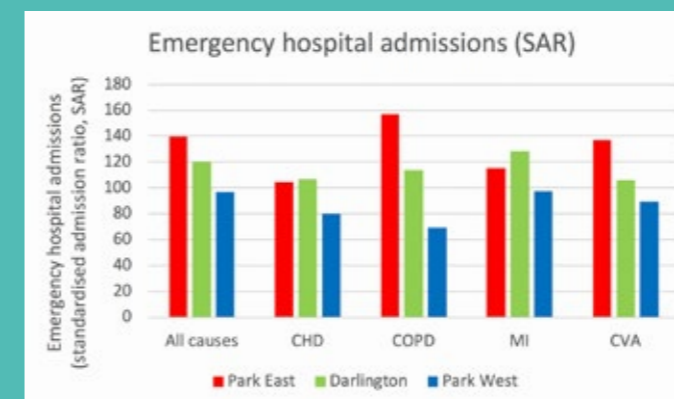


Figure 7. Emergency Hospital Admissions using the Standardised Admissions Rate (localhealth.org.uk, PHE)

For all causes, there is a clear correlation – the emergency admission ratio increases in association with a higher IMD.

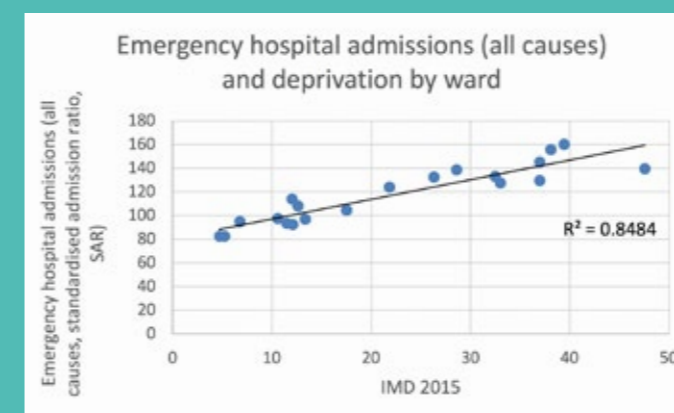


Figure 8. Emergency hospital admissions rate is positively correlated with IMD (localhealth.org.uk, PHE)

NHS Health Checks

Delivery of the NHS Health Checks programme is a mandated responsibility of the council. It was introduced to address seven modifiable risk factors most commonly associated with cardiovascular disease (CVD). Heart disease is more common in poorer communities, and the risk factors in question are also more prevalent among disadvantaged communities. The NHS Health Check is an important part of our efforts to address health inequality.

The Darlington programme performs well, i.e. in the four year period from 2013/14 to 2016/17, 89.8% of the eligible population in Darlington was offered a NHS health check, compared to 75.4% in the North East and 74.1% in England.

Those living in the most disadvantaged areas of Darlington have lower life expectancy with higher mortality from heart disease, lung cancer and chronic lower respiratory diseases. Smoking and obesity are key risk factors for these conditions.



Behavioural risk factors

Obesity

In 2015/16, 71.7% of adults in Darlington were classified as overweight or obese, compared to 66.3% in the North East and 61.3% in England – Darlington has the highest rates of overweight/obesity in the North East.

Overweight and obesity is linked to an increased risk of developing type 2 diabetes, high blood pressure, heart disease, stroke, and several cancers, and often occurs in association with mental illness and social exclusion. Some groups are more likely to be overweight than others – people with disabilities, some minority ethnic groups and people from more deprived areas.

Diet and physical activity are determined to some extent by environmental factors, e.g. the availability and affordability of healthy food and access to green space. This refers to the obesogenic environment, 'the sum of influences that the surroundings, opportunities, or conditions of life have on promoting obesity in individuals or populations'. The evidence suggests that disadvantaged communities tend to be more obesogenic – for the people living in these communities, making less healthy choices may be affected by circumstances beyond individual control.

In 2016/17, 63.8% of adults in Darlington were physically active, engaging in at least 150 minutes of moderate physical activity per week as per the advice of the Chief Medical Officer. However, 25.6%, more than a quarter of local residents, were physically inactive, with fewer than 30 minutes of moderate physical activity per week.

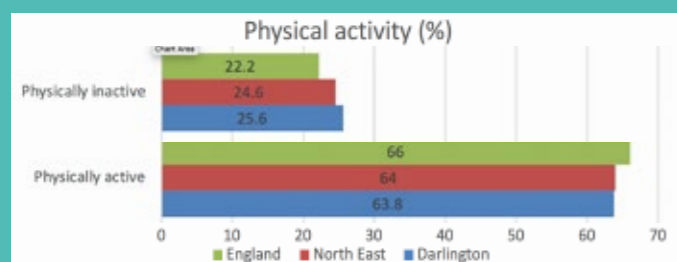


Figure 9. Percentage of the population that is physically active and physically inactive, 2016/17 (PHE)

Physical activity is associated with better physical and mental health that is to some degree independent of its association with weight. However, environmental factors play a part in determining the extent to which people are able to engage in physical activity.

In 2015-16, 20.3% of Darlington residents used outdoor spaces for exercise and health reasons, compared to 17.3% of people elsewhere in the North East and 17.9% in England. Darlington has fewer serious injuries on its roads than elsewhere in the country (30.7 per 100,000 population; North East 33.9; England 39.7) and has relatively low levels of particulate air pollution (percentage of mortality attributable to air pollution 3.5%; North East 3.5%; England 4.9%).

In 2015/16, 58.1% of Darlington residents ate the recommended five portions of fruit and vegetables per day on a usual day, compared to 57.1% in the North East and 56.8% in England.

Food eaten outside the home tends to be higher in calories, and this is particularly the case with food bought from fast food outlets. Evidence indicates that fast food outlets are often clustered in more deprived areas.

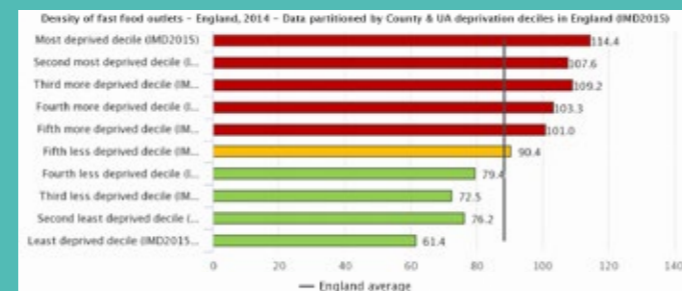


Figure 10. Density of fast food outlets by deprivation decile in England, 2014 (PHE)

In 2014, Darlington had 117.7 fast food outlets per 100,000 population, in excess of the regional figure of 102.4 and significantly greater than the figure for England of 88.2.

More recent data from 2017 shows that the number of hot food outlets in Darlington has increased to 148.6 per 100,000 population and the England figure has also risen to 96.1.

Smoking

In 2016, 17.3% of adults in Darlington identified as current smokers. However almost twice as many Darlington residents in routine and manual occupations were smokers and almost three times as many adults with serious mental illness smoked tobacco. Smoking remains the leading cause of preventable death.

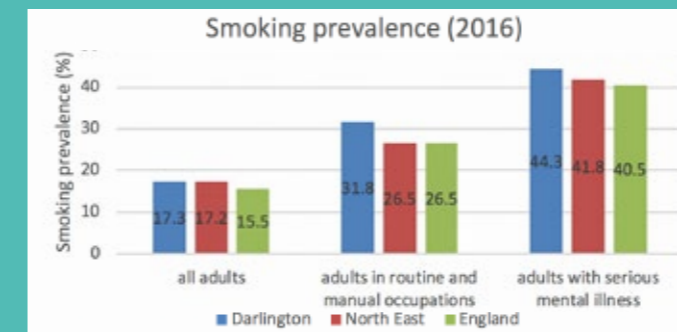


Figure 11. Smoking prevalence in defined population subgroups, 2016 (PHE)

Alcohol

10 million people in England drink alcohol at levels that pose a danger to their health, and alcohol misuse is now the most important risk factor for ill-health and premature mortality among adults aged 15-49. The average age at death of those dying due to an alcohol specific cause is 54.3 years.

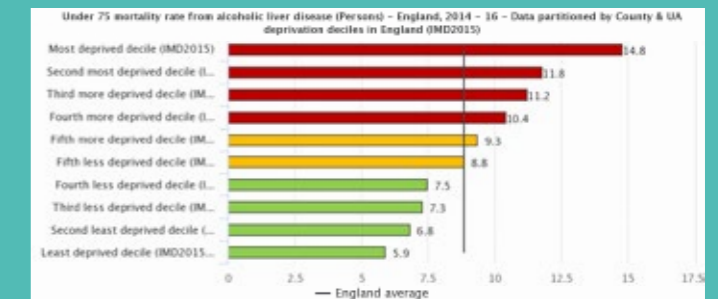


Figure 12. Under 75 mortality rate from alcoholic liver disease by deprivation decile in England, 2014 (PHE)

In 2011-2014, 33.7% of adults in Darlington drank more than the recommended amount of alcohol per week (14 units as per the advice of the Chief Medical Officer). This is in contrast to 30.3% of people in the North East and 25.7% of people in England drinking unsafe amounts. Similarly, 24.3% of Darlington residents binge-drink on their heaviest drinking day, compared to 22.9% in the North East and 16.6% in England.

For those who seek treatment, 36.7% of clients successfully completed alcohol treatment in Darlington in 2016, compared to 30.8% in the North East and 38.7% in England. Rates of alcohol-related mortality (48.7 per 100,000; North East 55.7; England 46.0) and alcohol-specific mortality (11.3 per 100,000; North East 16.4; England 10.4) in Darlington are the lowest in the region but marginally higher than national rates.

Drug Misuse/ Substance Misuse

Substance misuse accounts for a significant proportion of premature mortality in the UK, with one in nine deaths among people in their 20s and 30s related with drug misuse.

In 2016, 30.2% of non-opiate users in Darlington successfully completed treatment (North East 27.4%; 37.1%). However, among opiate users only 2.8% of participants completed treatment, compared to 5.2% in the North East and 6.7% in England.

In 2014-16 there were 4.2 deaths from drug misuse in Darlington per 100,000 population. This rate is in keeping with the national rate (also 4.2) and the lowest in the North East where there were 7.2 drug deaths per 100,000 population in 2014 16.



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Adobe Stock

Multiple Risk Factors

The table below summarises ward level data showing the estimated proportions of the population that binge-drink, eat healthily, and are obese. Thirteen wards are worse than the England average across all three domains, and no ward is better than the England average in all three.

	Obese Adults (%)	Binge-drinking adults (%)	Healthy-eating adults (%)
Bank Top & Lascelles	29.9	29.8	19.3
Brinkburn & Faverdale	28.6	28.4	22.9
Cockerton	30.8	29.8	18.6
College	18.4	25.5	34.6
Eastbourne	31.6	25.7	17.5
Harrowgate Hill	30.7	26.6	21.9
Haughton & Springfield	28.1	26.8	20.9
Heighington & Coniscliffe	25.3	26.4	29.1
Hummersknott	22.6	21.3	31.5
Hurworth	25.5	33.3	27.9
Mowden	22.6	21.3	31.5
North Road	29.9	33.8	20.3
Northgate	27.7	29.1	21.3
Park East	27.4	29.2	20.7
Park West	21.8	24.5	30.5
Pierremont	28	35.8	23.8
Red Hall & Lingfield	31.1	25.4	19.1
Sadberge & Middleton St George	25.5	31.6	28.2
Stephenson	30.9	26	19.1
Whinfield	28.8	30.7	23
Darlington	27.7	28.5	23.5
England	24.1	20	28.7

Table 4. Percentage of the population aged 16+ with a BMI of 30+, percentage of the population aged 16+ that binge drink and percentage of the population aged 16+ that consume 5 or more portions of fruit and vegetables per day (all modelled estimates 2006-8, localhealth.org.uk, PHE)

Multiple unhealthy risk factors increase mortality risk significantly and are experienced more in our most disadvantaged communities.

Chapter 4: Ageing in Darlington

By ONS estimates 19.7% of Darlington's population was aged 65 years and above in 2016. As our population ages, and the demographic profile of our society changes, addressing the health inequalities that accumulate during life will be an increasingly urgent public health priority.

Falls and Fractures

Falls are the leading cause of emergency hospital admissions in older people, and serious falls may result in injury and disability with life-changing consequences for the individuals concerned and their families. The impacts of a hospitalisation following a fall are considerable, for the person and their family and also in terms of the wider economic costs.

Data for 2016/17 shows that fewer people are admitted to hospital following a fall in Darlington than elsewhere in the region and in England – there were 1,991 hospital admissions due to falls in people aged 65 and over per 100,000 population (North East 2,264; England 2,114), with 1,057 falls per 100,000 population in people aged 65-79 (North East 1,119; England 993) and 4,699 falls per 100,000 population in people aged 80 and over (North East 5,584; England 5,363).

Data from the same period concerning hip fractures, a serious consequence of falls in older people that results in one in three people moving into long-term care, shows that any more people aged 80 and over suffer hip fractures in Darlington than elsewhere in the North East and England.

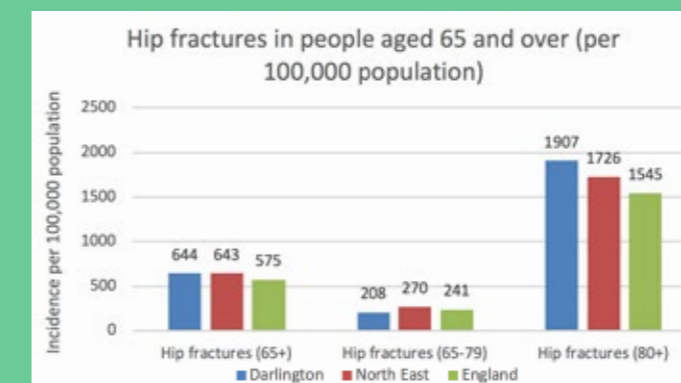


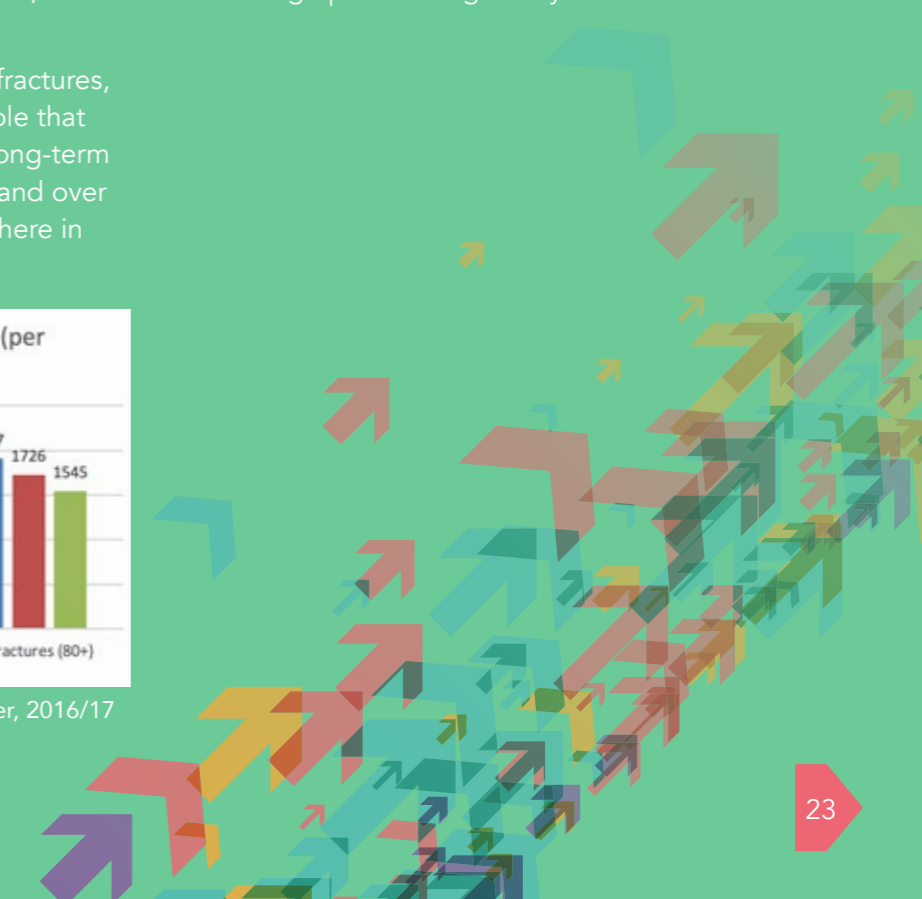
Figure 13. Hip fractures in people aged 65 and over, 2016/17 (PHE)

Sight Loss

Although visual impairment can affect people of any age, it is an important cause of disability in older people and is associated with health inequalities and deprivation as well as being linked to an increased risk of depression, loss of independence and falls. Up to 50% of blindness and sight loss could be prevented if diagnosed and treated in time.

In 2016/17 there were 153.4 cases of age related macular degeneration among people aged 65 and over in Darlington per 100,000 population, compared to 141.1 cases per 100,000 in the North East and 111.3 cases per 100,000 in England. Rates of glaucoma among people aged 40 and over are among the highest in the region – 23.1 per 100,000 population in Darlington compared to 16.0 in the North East and 13.1 in England. There were 61.5 new sight loss certifications per 100,000 population in Darlington in 2016/17 (North East 54.7; England 42.4).

In 2017, the Darlington Health and Partnership Scrutiny Committee promoted eye health messages including uptake of regular eye tests.



Dementia

The term 'dementia' is used to describe symptoms including memory loss and problems with reasoning, perceptions and communication skills. A serious risk of developing dementia rises from one in 14 over the age of 65 years to one in six over the age of 80 years. Age is the strongest known risk factor for dementia but it is not inevitable and preventative action is needed to reduce future prevalence. Nine modifiable risk factors have been identified which could prevent more than a third of dementia cases: low educational level in childhood, hearing loss, hypertension, obesity, smoking, depression, physical social activity, isolation and diabetes

In 2017, the estimated dementia diagnosis rate in Darlington among people aged 65 and over was 79.5%, higher than rates for the North East (75.6%) and England (67.9%).

Flu vaccination

The flu vaccine is offered annually to some population groups (including people aged 65 and over) who are at greatest risk of developing serious flu complications, and high levels of uptake ease pressure on primary and secondary care services during the flu season. The target uptake in people aged 65 and over is 75% coverage. In 2016/17, 70.6% of people aged 65 and over in Darlington received the flu vaccination, similar to the national rate (70.5%) but lagging behind the North East (72.4%). However, coverage among other high risk groups was low – 46.5% of high risk individuals in Darlington had the vaccination in 2016/17 (North East 49.5%; England 48.6%).

Despite poor flu vaccination uptake, between 2014-16 the mortality rate in Darlington from a range of specified communicable diseases, including influenza, was 8.8 per 100,000 population, the lowest rate in the region (12.0) and lower than the national mortality rate for infectious diseases (10.7).

Mortality

Mortality considered 'preventable' refers to deaths that could potentially have been avoided in all or most cases by risk factor/behaviour modification. The two graphs below summarise the extent of premature (under 75) and preventable mortality in Darlington due to cardiovascular disease (CVD), cancer, liver disease and respiratory disease, benchmarked against average mortality rates for the North East and England.

In all domains, Darlington is better than the North East but not compared to the average for England. There is a higher incidence of preventable and premature mortality in Darlington than in many other areas of the country.

Older people living in more deprived wards are significantly more likely to die from preventable and avoidable conditions at a younger age than their counterparts in more advantaged parts of Darlington.

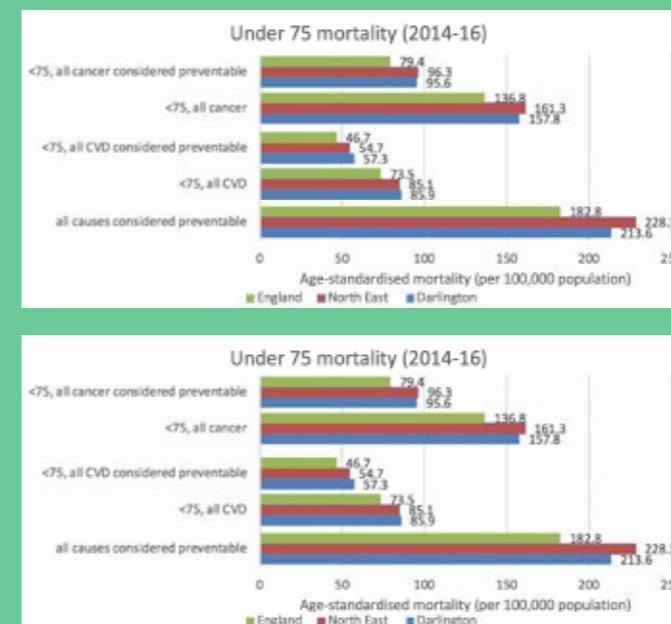


Figure 14. Under 75 mortality, 2014-16 (PHE)

Excess Winter Deaths

The number of excess winter deaths in a given year depends on a range of factors, including average temperatures, rates of communicable diseases such as flu, and other factors such as the health resilience of the local population. Research suggests that many winter deaths could be preventable.

The graph below summarises excess winter death data for one year (2015-16) and for a three-year period (2013-16), using the excess winter deaths index (the ratio of extra deaths during the winter months compared with expected deaths). In 2015-16 Darlington reported significantly lower excess winter death figures than the North East and England, though the gap is narrower for 2013-16.



Figure 15. Excess winter deaths, 2013-16 (PHE)





Chapter 5: Darlington: Healthy New Towns



Darlington is a Healthy New Town (HNT), one of ten sites designated nationally by NHS England in 2016, recognising the partnership across Darlington Borough Council, NHS partners, private sector and academic partners.

The HNT project in Darlington has become an important mechanism through which to deliver the Borough's Sustainable Community Strategy – "One Darlington, Perfectly Placed" – it recognises the contribution of creating a sense of place in neighbourhoods that people can identify with and feel part of, and also recognises the vital role of people and community-based assets in building social capital which is key to the delivery of health improvement and the reduction of inequalities.

There are four main areas of work within the Healthy New Towns programme :

- Built environment
- Community development
- New Model of Care (Health and Social Care)
- Digital (underpinning all the above).

As the theme of this Annual Report is about narrowing the gaps in health inequality, the focus below is on the element of Community Development.

Community Strengths

- Consultation with community and delivery of the masterplan for the Red Hall estate - leading to investment in housing, environment and facilities;
- Promotion of active lifestyles through improved walking experience including 'art work' street furniture;
- Delivery of bespoke activities programme aimed at families in response to feedback – creating opportunities for supporting family and social interaction at no/low cost without need to source/fund childcare;
- School participation in 'walk to school' campaign, delivery of 'Bikeability' scheme in primary school
- Delivery of Holiday Hunger/healthy eating scheme and investigation of a community garden scheme to grow fresh produce locally
- Delivery of #Iwill Campaign and youth provision facilitated through the YMCA - the programme of activities is being driven by the views of the young people
- Involvement of primary school children in cultural activities centred around their community through Groundwork and Tees Valley Arts to celebrate their local heritage and culture reinforcing that sense of identity
- Delivery of wide range of Learning and Skills sessions into the community centre and through mechanisms such as Step Forward Tees Valley aimed at building confidence, access and active signposting to support services and help in gaining access to local employment and training opportunities

Appendix

Appendix 1: Child health indicators “league table”

Ward level data concerning child health indicators can be combined to compile a “league table” of child health in Darlington, covering 15 domains including child poverty, birth weight, developmental and educational attainment, obesity, and risk of injury and A&E attendance in children and young people. The results below are clear – the areas with the best outcomes for children and young people are also the areas with the lowest levels of deprivation as per the IMD 2015. Conversely, the areas where children face the greatest challenges are the parts of our town with the highest levels of deprivation.

Ward	Score	IMD 2015
1. Mowden	33	4.7
2. Hummersknott	30	5.2
3. College	27	6.8
4. Hurworth	24	12.1
...		
17. Park East	-18	47.6
18. Red Hall and Lingfield	-18	37.0
19. Northgate	-21	39.4
20. Bank Top and Lascelles	-24	38.1

Appendix 2: Data Tables

Chapter 2: Child Health and Early Years

Domain	Period	Darlington	North East	England
Children in low income families (all dependent children under 20)	2014	21.4 (3/12) ⁵	24.3	19.9
Children in low income families (under 16s)	2014	22.0 (3/12)	24.9	20.1
School readiness: the % of children achieving a good level of development at the end of reception	2016/17	72.2 (2/12)	70.7	70.7
School readiness: the % of children with free school meal status achieving a good level of development at the end of reception	2016/17	61.4 (1/12)	57.7	56.0
School readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check	2016/17	85.0 (J1/12)	82.2	81.1
School readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	2016/17	79.0 (1/12)	70.1	68.4
Pupil absence (% of half days missed)	2015/16	4.91 (10/12)	4.73	4.57
GCSE achieved 5 A*-C incl. English and Maths	2015/16	55.9 (7/12)	56.5	57.8
GCSE achieved 5 A*-C incl. English and Maths with FSM status	2014/15	24.7 (12/12)	30.5	33.3
First time entrants to the youth justice system (10-17 year olds per 100,000 population)	2016	319.2 (4/12)	409.8	327.1
16-17 year olds NEET or whose activity is not known	2016	4.3 (2/12)	5.4	6.0
LBW of term babies	2016	3.4 (J10/12)	3.0	2.8
BF initiation	2016/17	?	59.0	74.5

BF prevalence at 6-8 weeks after birth	2016/17	34.3 (5/10)	31.4	44.4
Smoking status at time of delivery	2016/17	16.2 (7/12)	16.1	10.7
Under 18 conceptions (rate per 1000)	2015	25.1 (4/12)	28.0	20.8
Under 18 conceptions: conceptions in those aged under 16 (rate per 1000)	2015	5.8 (5/12)	6.2	3.7
Proportion of children aged 2-2.5 years offered ASQ-3 as part of the Healthy Child Programme or integrated review	2016/17	87.9 (10/12)	93.1	89.4
Child excess weight in 4-5 year olds	2016/17	25.0 (9/12)	24.5	22.6
Child excess weight in 10-11 year olds	2016/17	36.7 (4/12)	37.3	34.2
Proportion meeting the recommended 5-a-day at age 15	2014/15	44.6 (9/12)	46.8	52.4
Hospital admissions caused by unintentional and deliberate injuries in children (0-14 years rate per 10,000)	2016/17	166.5 (10/12)	146.4	101.5
Hospital admissions caused by unintentional and deliberate injuries in children (0-4 years rate per 10,000)	2016/17	233.1 (11/12)	182.4	126.3
Hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years rate per 10,000)	2016/17	185.8 (12/12)	151.5	129.2
Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	2015/16	14.3 (5/12)	14.5	14.0
% of children aged 5-16 who have been in care for at least 12 months on 31st March whose score in the SDQ indicates cause for concern	2015/16	37.8 (4/12)	40.3	37.8
Smoking prevalence at age 15 – current smokers	2014/15	9.0 (4/12)	10.1	8.2
Smoking prevalence at age 15 – regular smokers	2014/15	6.8 (5/12)	7.5	5.5
Smoking prevalence at age 15 – occasional smokers	2014/15	2.2 (3/12)	2.6	2.7
Infant mortality (rate of deaths in infants aged under 1 year per 1000 live births)	2014-16	3.3 (7/12)	3.7	3.9
Proportion of five year old children free from dental decay	2014/15	64.6 (9/12)	72.0	75.2

⁵ Figures in brackets refer to Darlington's performance relative to other North East local authority areas. For example, 1/12 would mean that Darlington was the best-performing North East local authority in this domain, and 12/12 would mean that it was the worst. J refers to instances where Darlington's performance/rank is the same ('joint') as that of another North East local authority.

Chapter 3: Adult Health : Living and Working Well

Domain	Period	Darlington	North East	England
Adults with a LD who live in stable and appropriate accommodation	2016/17	85.8 (3/12)	81.1	76.2
Adults in contact with secondary MH services who live in stable and appropriate accommodation	2016/17	69.0 (6/12)	63.0	54.0
Gap in employment rate:				
- LT condition	2016/17	20.7 (1/12)	27.3	29.4
-LD	2016/17	70.7 (12/12)	64.5	68.7
-Contact with MH services	2016/17	66.0 (11/12)	61.8	67.4
Aged 16-64 in employment	2016/17	75.0 (2/12)	69.8	74.4

% of employees who had at least one day off in the previous week due to sickness absence	2014-16	1.7 (1/12)	2.3	2.1
% of working days lost due to sickness absence	2014-16	1.2 (J3/12)	1.5	1.2
Domestic abuse related incidents and crime (per 1,000)	2015/16	38.4 (J11/12)	30.4	22.1
Violent crime (including sexual violence) – hospital admissions for violence (per 100,000)	2014/15 – 2016/17	54.2 (2/12)	58.6	42.9
First time offenders (per 100,000)	2016	266.6 (11/12)	200.0	218.4
Re-offending levels - % of offenders who re-offend	2014	32.0 (9/12)	30.0	25.4
Complaints about noise (per 1,000)	2014/15	7.2 (9/12)	6.5	7.1
Statutory homelessness – eligible homeless people not in priority need (per 1,000)	2016/17	0.1 (1/7)	0.7	0.8
Statutory homelessness – households in temporary accom (per 1,000)	2016/17	0.3 (J5/7)	0.1	3.3
Fuel Poverty	2015	14.1 (10/12)	13.3	11.0
Social isolation - % of adult social care users who have as much social contact as they would like	2016/17	47.1 (10/12)	49.2	45.4
Social isolation - % of adult carers who have as much social contact as they would like	2016/17	37.3 (10/12)	44.8	35.5
Emergency hospital admissions for intentional self-harm	2016/17	212.0 (3/12)	231.9	185.3
Recorded diabetes	2014/15	6.8	6.7	6.4
Cancers diagnosed at early stage	2015	49.7 (8/12)	52.3	52.4
screening coverage				
-Breast	2017	76.7 (J6/12)	77.1	75.4
- Cervical	2017	75.7 (J5/12)	74.7	72.0
- bowel	2017	61.1 (J3/12)	60.0	58.8
- AAA	2016/17	79.8 (7/12)	79.8	80.9
Cumulative % of eligible population aged 40-74 offered an NHS HC	2013/14-2016/17	89.8 (5/12)	75.4	74.1
...offered a HC who received a HC	"	45.7 (5/12)	44.9	48.9
...who received a HC	"	41.1 (5/12)	33.8	36.2
Self-reported wellbeing	2016/17			
- Low satisfaction score		6.0 (J9/11)	5.1	4.5
-Low worthwhile score		4.7 (5/9)	4.2	3.6
- Low happiness score		9.0 (7/12)	8.7	8.5
-High anxiety score		20.1 (8/12)	19.8	19.9
Incidence of TB (per 100,000)	2014-16	5.7 (6/12)	5.3	10.9
HIV late diagnosis	2014-16	45.4 (6/10)	46.7	40.1

Proportion of adults in contact with secondary MH services	2014/15	5.9 (10/12)	5.5	5.4
Suicide rate (per 100,000)	2014-16	13.1 (10/12)	11.6	9.9
Excess under 75 mortality in adults with serious mental illness	2014/15	444.5 (4/12)	461.2	370.0

Behavioural risk factors

Domain	Period	Darlington	North East	England
% of adults (18+) classified as overweight or obese	2015/16	71.7 (12/12)	66.3	61.3
% of physically active adults	2016/17	63.8 (5/12)	64.0	66.0
% of physically inactive adults	2016/17	25.6 (6/12)	24.6	22.2
Utilisation of outdoor space for exercise/health reasons (%)	2015-16	20.3 (3/11)	17.3	17.9
KSI casualties on England's roads (per 100,000)	2014-16	30.7 (6/12)	33.9	39.7
% of mortality attributable to particulate air pollution	2015	3.5 (J2/12)	3.5	4.7
Proportion of the population meeting the recommended '5-a-day' on a 'usual day'	2015/16	58.1 (5/12)	57.1	56.8
Average number of portions of fruit consumed daily	2015/16	2.65 (2/12)	2.56	2.63
Average number of portions of vegetables consumed daily	2015/16	2.72 (6/12)	2.72	2.68
Density of fast food outlets (per 100,000)	2014	117.7 (10/12)	102.4	88.2
Smoking prevalence in adults – current smokers	2016	17.3 (6/12)	17.2	15.5
Smoking prevalence in adults in routine and manual occupations – current smokers	2016	31.8 (4/12)	26.5	26.5
Smoking prevalence in adults with serious mental illness	2016	44.3 (10/12)	41.8	40.5
Successful completion of drug treatment – opiate users	2016	2.8 (12/12)	5.2	6.7
Successful completion of drug treatment – non-opiate users	2016	30.2 (5/12)	27.4	37.1
Deaths from drug misuse (per 100,000)	2014-16	4.2 (1/12)	7.2	4.2
% of adults drinking over 14 units of alcohol a week	2011-14	33.7 (9/12)	30.3	25.7
% of adults binge drinking on heaviest drinking day	2011-14	24.3 (9/12)	22.9	16.5
Successful completion of alcohol treatment	2016	36.7 (J3/12)	30.8	38.7
Alcohol-related mortality (per 100,000)	2016	48.7 (1/12)	55.7	46.0
Alcohol-specific mortality (per 100,000)	2014-16	11.3 (1/12)	16.4	10.4
Excess under 75 mortality in adults with serious mental illness	2014/15	444.5 (4/12)	461.2	370.0

Chapter 4: Healthy Ageing in Darlington

Domain	Period	Darlington	North East	England
Emergency hospital admissions due to falls in people aged 65 and over (per 100,000 population)	2016/17	1991 (5/12)	2264	2114
Emergency hospital admissions due to falls in people aged 65 and over – aged 65-79	2016/17	1057 (5/12)	1119	993
Emergency hospital admissions due to falls in people aged 65 and over – aged 80+	2016/17	4699 (5/12)	5584	5363
Estimated dementia diagnosis rate (aged 65+)	2017	79.5 (4/12)	75.6	67.9
Excess winter deaths index (single year, all ages)	2015-16	9.1 (3/12)	15.2	15.1
Excess winter deaths index (single year, age 85+)	2015-16	10.2 (2/12)	19.5	17.7
Excess winter deaths index (3 years, all ages)	2013-16	17.4 (7/12)	17.4	17.9
Excess winter deaths index (3 years, age 85+)	2013-16	19.8 (2/12)	24.9	24.6
Hip fractures in people aged 65 and over (per 100,000 population)	2016/17	644 (6/12)	643	575
Hip fractures in people aged 65 and over – aged 65-79	2016/17	208 (1/12)	270	241
Hip fractures in people aged 65 and over – aged 80+	2016/17	1907 (11/12)	1726	1545
Health related QOL in older people (score)	2016/17	0.725 (4/12)	0.709	0.735
Preventable sight loss:	2016/17			
- AMD (aged 65+, per 100,000)		153.4 (9/12)	141.1	111.3
- Glaucoma (aged 40+)		23.1 (11/12)	16.0	13.1
-Sight loss certifications		61.5 (9/12)	54.7	42.4
Mortality rate from causes considered preventable (per 100,000 population)	2014-16	213.6 (2/12)	228.3	182.8
Under 75 mortality rate from all CVD	2014-16	85.9 (6/12)	85.1	73.5
Under 75 mortality rate from CVD considered preventable	2014-16	57.3 (8/12)	54.7	46.7
Under 75 mortality rate from cancer	2014-16	157.8 (2/12)	161.3	136.8
Under 75 mortality rate from cancer considered preventable	2014-16	95.6 (4/12)	96.3	79.4
Under 75 mortality rate from liver disease	2014-16	22.1 (2/12)	25.2	18.3
Under 75 mortality rate from liver disease considered preventable	2014-16	18.4 (2/12)	22.3	16.1
Under 75 mortality rate from respiratory disease	2014-16	40.3 (4/12)	43.1	33.8
Under 75 mortality from respiratory disease considered preventable	2014-16	23.2 (5/12)	25.6	18.6
Mortality rate from a range of specified communicable disease, including influenza	2014-16	8.8 (1/12)	12.0	10.7
Population vaccination coverage – Flu (aged 65+)	2016/17	70.6 (9/12)	72.4	70.5
Population vaccination coverage – Flu (at risk individuals)	2016/17	46.5 (11/12)	49.5	48.6

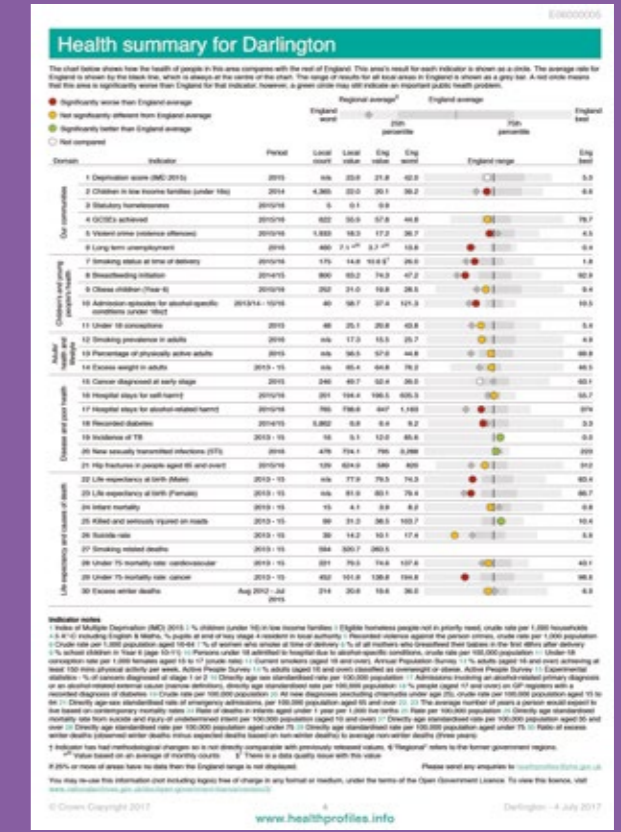
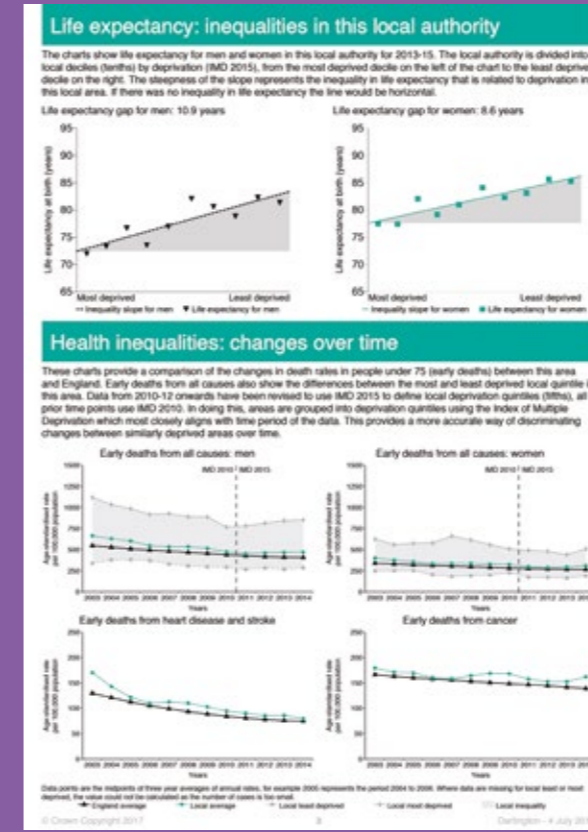
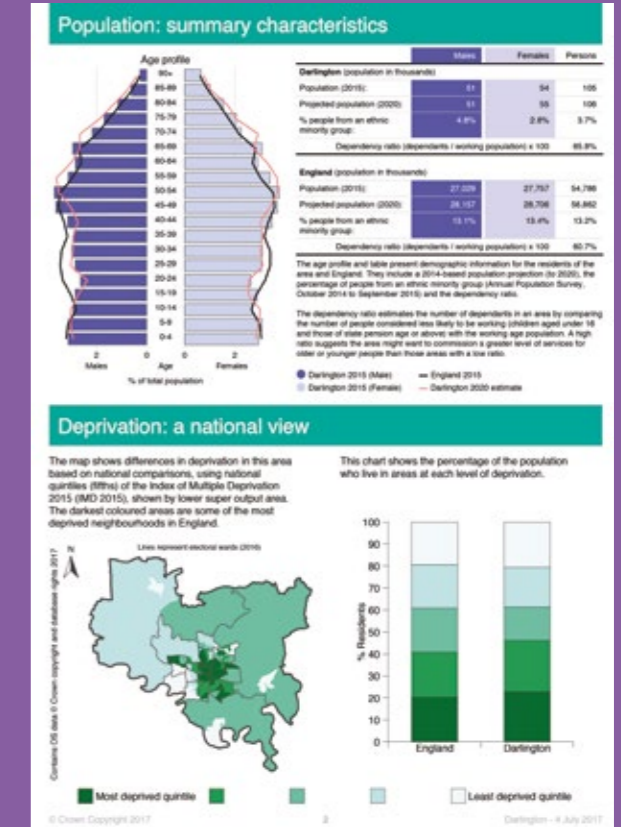
Figures and tables

- Figure 1. The North South health divide (PHE)
- Figure 2. Life expectancy by ward
- Figure 3. Under 18 conception rate is positively correlated with IMD (PHE)
- Figure 4. Under 18 conceptions in Darlington, 1998-2016 (PHE)
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- Figure 6. Cancer screening uptake, 2017 (PHE)
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- Table 1. Life expectancy and IMD 2015 by ward (localhealth.org.uk, PHE)
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- Table 3. Percentage of people who reported having a limiting long-term illness or disability in the 2011 census (localhealth.org.uk, PHE)
- Table 4. Percentage of the population aged 16+ with a BMI of 30+, percentage of the population aged 16+ that binge drink and percentage of the population aged 16+ that consume 5 or more portions of fruit and vegetables per day (all modelled estimates 2006-8, localhealth.org.uk, PHE)

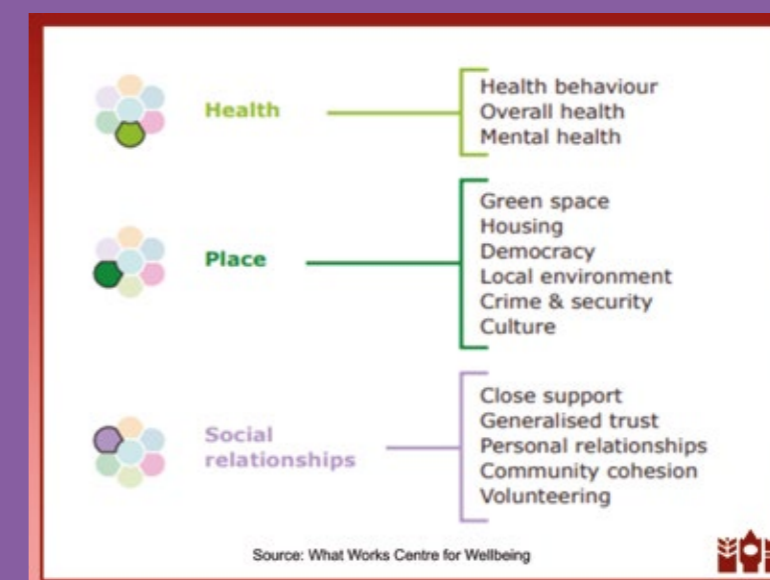
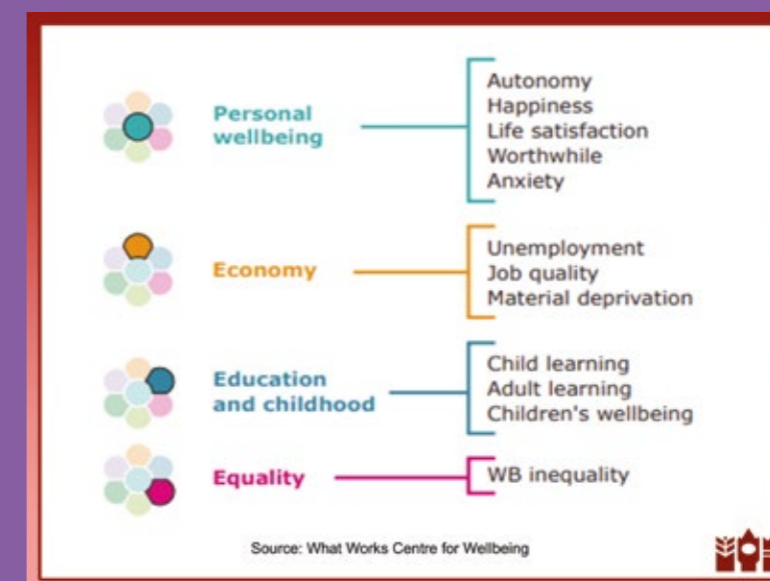
Appendix 3: Health Profile for Darlington 2017

Every year, Public Health England publishes health profiles for every Local Authority across the country. Below are the key headlines from the profile published in 2017.



<p>1. Deprivation Darlington has a similar proportion of the population in the most affluent national quintile and a higher proportion of population in the most deprived and second most deprived national quintiles. Life expectancy at birth : • 2013-2015 Men 77.9 years Women 81.9 years • 2014-2016 Men 78.2 years Women 82.1 years</p>	<p>2. Inequalities in life expectancy at birth The size of the gap in life expectancy within Darlington is: • 2013-2015 Men 10.9 years Women 8.6 years • 2014-2016 Men 11.7 years Women 8.5 years</p>		
<p>3. Inequalities in premature deaths (under age 75 years) Trend over time in premature death rate • The local rate is reducing but is still higher than England both for men and women. Inequalities in premature death rate • The gap is narrowing between Darlington and England both for men and women. • The gap is narrowing between the poorest and richest groups in Darlington for women but not for men.</p>	<p>4. Overview of routinely available annual indicators When compared with the other local authorities in Tees Valley in 2017, Darlington has: • The lowest number of red indicators (11). • The highest number of amber indicators (12) making it the most similar local district to England.</p>		
<p>5. Priorities to reduce inequalities in health and wellbeing</p> <table border="0"> <tr> <td data-bbox="92 930 744 1312"> <p>To continue to reduce inequalities in health between Darlington and England, attention needs to focus on indicators that reflect risks to health and wellbeing that are consistently significantly worse locally than in England:</p> <p>a) Employment and regeneration</p> <ul style="list-style-type: none"> • Deprivation • Long-term unemployment <p>b) Maternal and child health</p> <ul style="list-style-type: none"> • Smoking status of mothers during pregnancy • Breastfeeding initiation at birth </td> <td data-bbox="744 930 1394 1312"> <p>c) Adult nutrition and misuse of alcohol and drugs</p> <ul style="list-style-type: none"> • Poor adult nutrition (and the implications for higher rates of obesity, diabetes and blood pressure) • Hospitalisation for harm caused by excess alcohol consumption • Drug misuse <p>d) Mental health</p> <ul style="list-style-type: none"> • Hospitalisation for self-harm </td> </tr> </table>		<p>To continue to reduce inequalities in health between Darlington and England, attention needs to focus on indicators that reflect risks to health and wellbeing that are consistently significantly worse locally than in England:</p> <p>a) Employment and regeneration</p> <ul style="list-style-type: none"> • Deprivation • Long-term unemployment <p>b) Maternal and child health</p> <ul style="list-style-type: none"> • Smoking status of mothers during pregnancy • Breastfeeding initiation at birth 	<p>c) Adult nutrition and misuse of alcohol and drugs</p> <ul style="list-style-type: none"> • Poor adult nutrition (and the implications for higher rates of obesity, diabetes and blood pressure) • Hospitalisation for harm caused by excess alcohol consumption • Drug misuse <p>d) Mental health</p> <ul style="list-style-type: none"> • Hospitalisation for self-harm
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Appendix 4 : Measuring Inequality : Local Framework for Wellbeing



Appendix 5 : Emergency Hospital Admissions

	Emergency hospital admissions (all causes)	CHD	COPD	MI	CVA	IMD
Bank Top & Lascelles	155.9	146.6	192.7	168.5	130.3	38.1
Brinkburn & Faverdale	114.1	96	122.7	114	104.6	12
Cockerton	127.8	120.2	162.8	142.8	118.8	33
College	94.7	72.4	55.7	87.4	81.1	6.8
Eastbourne	139	137.2	193.7	163.7	115.4	28.6
Harrowgate Hill	108.1	105.6	97.1	129.5	100.1	12.6
Haughton & Springfield	132.5	109.9	95.4	130.2	126	26.3
Heighington & Coniscliffe	97.6	67.1	74.4	79.1	85.9	10.6
Hummersknott	82.5	85.8	52.6	110.6	80.4	5.2
Hurworth	92.5	81.6	44	104.5	72.1	12.1
Mowden	82.5	85.8	52.6	110.6	80.4	4.7
North Road	145.6	143.7	212.2	161.3	122.4	37
Northgate	160	170.8	168.9	215.1	129.1	39.4
Park East	139.8	104.3	156.8	115.4	137.2	47.6
Park West	97.1	80.2	69	97.4	89.2	13.4
Parremont	123.9	124.3	87.1	152.7	108.4	21.8
Red Hall & Lingfield	129.8	123.9	144.9	157.9	133.3	37
Ridberge & Middleton St George	93.6	78.7	50.1	99.5	74.7	11.5
Stephenson	132.9	126.4	150.1	159.1	133	32.5
Whinfield	104.6	72.9	70.5	77.8	96.9	17.5
Darlington	120.1	106.8	113.6	128.2	106.2	23.6
England	100	100	100	100	100	21.8

Appendix 6 : Wellbeing Indicators

Domain	Period	Darlington	North East	England
Children in low income families (all dependent children under 20)	2014	21.4 (3/12)	24.3	19.9
Children in low income families (under 16s)	2014	22.0 (3/12)	24.9	20.1
School readiness: the % of children achieving a good level of development at the end of reception	2016/17	72.2 (2/12)	70.7	70.7
School readiness: the % of children with free school meal status achieving a good level of development at the end of reception	2016/17	61.4 (1/12)	57.7	56.0
School readiness: the percentage of Year 1 pupils achieving the expected level in the phonics screening check	2016/17	85.0 (J1/12)	82.2	81.1
School readiness: the percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check	2016/17	79.0 (1/12)	70.1	68.4
Pupil absence (% of half days missed)	2015/16	4.91 (10/12)	4.73	4.57
GCSE achieved 5 A*-C incl. English and Maths	2015/16	55.9 (7/12)	56.5	57.8
GCSE achieved 5 A*-C incl. English and Maths with FSM status	2014/15	24.7 (12/12)	30.5	33.3
First time entrants to the youth justice system (10-17 year olds per 100,000 population)	2016	319.2 (4/12)	409.8	327.1
16-17 year olds NEET or whose activity is not known	2016	4.3 (2/12)	5.4	6.0
LBW of term babies	2016	3.4 (J10/12)	3.0	2.8
BF initiation	2016/17	?	59.0	74.5
BF prevalence at 6-8 weeks after birth	2016/17	34.3 (5/10)	31.4	44.4
Smoking status at time of delivery	2016/17	16.2 (7/12)	16.1	10.7
Under 18 conceptions (rate per 1000)	2015	25.1 (4/12)	28.0	20.8
Under 18 conceptions: conceptions in those aged under 16 (rate per 1000)	2015	5.8 (5/12)	6.2	3.7
Proportion of children aged 2-2.5 years offered ASQ-3 as part of the Healthy Child Programme or integrated review	2016/17	87.9 (10/12)	93.1	89.4
Child excess weight in 4-5 year olds	2016/17	25.0 (9/12)	24.5	22.6
Child excess weight in 10-11 year olds	2016/17	36.7 (4/12)	37.3	34.2
Proportion meeting the recommended 5-a-day at age 15	2014/15	44.6 (9/12)	46.8	52.4
Hospital admissions caused by unintentional and deliberate injuries in children (0-14 years rate per 10,000)	2016/17	166.5 (10/12)	146.4	101.5
Hospital admissions caused by unintentional and deliberate injuries in children (0-4 years rate per 10,000)	2016/17	233.1 (11/12)	182.4	126.3
Hospital admissions caused by unintentional and deliberate injuries in young people (15-24 years rate per 10,000)	2016/17	185.8 (12/12)	151.5	129.2
Average difficulties score for all looked after children aged 5-16 who have been in care for at least 12 months on 31st March	2015/16	14.3 (5/12)	14.5	14.0

% of children aged 5-16 who have been in care for at least 12 months on 31st March whose score in the SDQ indicates cause for concern	2015/16	37.8 (4/12)	40.3	37.8
Smoking prevalence at age 15 – current smokers	2014/15	9.0 (4/12)	10.1	8.2
Smoking prevalence at age 15 – regular smokers	2014/15	6.8 (5/12)	7.5	5.5
Smoking prevalence at age 15 – occasional smokers	2014/15	2.2 (3/12)	2.6	2.7
Infant mortality (rate of deaths in infants aged under 1 year per 1000 live births)	2014-16	3.3 (7/12)	3.7	3.9
Proportion of five year old children free from dental decay	2014/15	64.6 (9/12)	72.0	75.2

Appendix 7 : Data for Premature Mortality

Ward level data indicates that premature death is more common in less affluent areas.

	Older people in deprivation	Deaths from all causes, aged <75	Deaths from all cancer, aged <75	Deaths from all CVD, aged <75	Deaths from all CHD, aged <75
Bank Top & Lascelles	30.8	182.4	176.4	234	206.6
Brinkburn & Faverdale	12.4	90.6	107.3	99.2	91.5
Cockerton	27.6	144.7	151	155.1	137.8
College	9.3	99.3	78	109	92.8
Eastbourne	23.6	126.8	107.2	117.6	128.4
Harrowgate Hill	13.4	77.7	82.1	85.9	87.4
Houghton & Springfield	23.8	147.7	140.8	149.2	116.1
Heighington & Coniscliffe	7	79.1	79.2	79.8	83
Hummersknott	8.1	64	69	36.8	33.4
Hurworth	8.4	59	85.2	55.3	62.7
Mowden	6.3	56.5	77.1	29.6	43.3
North Road	30.9	157.4	144	141.1	133.8
Northgate	25.8	155.3	138.2	236.6	133.4
Park East	32.7	161.2	122	178.4	159.7
Park West	8.5	68.9	82.6	43	33.6
Pierremont	14.8	93.5	125.9	28.6	31.5
Red Hall & Lingfield	22.5	97.4	84.2	87.2	79.8
Sadberge & Middleton St George	10	95.8	112.2	67.4	81.5
Stephenson	22.5	160.6	105.4	179.9	206.3
Whinfield	13.3	99.3	128.9	88	90.5
Darlington	17.6	113.3	112.4	110.8	103.5
England	16.2	100	100	100	100

Bibliography

Chapter 2

Department of Health. (2017). Towards a Smokefree Generation: A Tobacco Control Plan for England. London: Department of Health.

Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNiesh, D., Grady, M., Geddes, I. (2010). Fair Society, Healthy Lives: The Marmot Review. Strategic Review of Health Inequalities in England post-2010. London: The Marmot Review.

Viner, R. (2017). State of Child Health Report 2017. London: The Royal College of Paediatrics and Child Health.

Chapter 3

Evans, H., Buck, D. (2018). Tackling multiple unhealthy risk factors: Emerging lessons from practice. London: The King's Fund.

Gordon-Dseagu, V. (2008). Cancer and health inequalities: An introduction to current evidence. London: Cancer Research UK.

Harker, L. (2006). Chance of a lifetime: The impact of bad housing on children's lives. London: Shelter.

Mental Health Foundation. (2018). Health Inequalities Manifesto 2018. London: Mental Health Foundation.

Samaritans. (2017). Dying from Inequality: Socioeconomic disadvantage and suicidal behaviour. London: Samaritans.

Waddell, G., Burton, A.K. (2006). Is work good for your health and wellbeing? London: The Stationary Office (UK Government).

Chapter 4

Royal National Institute for the Blind. (2014). Sight loss: A public health priority. London: RNIB.

[View the Darlington JSNA here](#)



DARLINGTON
BOROUGH COUNCIL



DARLINGTON



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VOLUNTARY AND COMMUNITY SECTOR FUNDING: PILOT COMMUNITY BASED INITIATIVES

Purpose of the Report

1. To provide an overview of the planned implementation of pilot community based initiatives utilising Future Fund and Voluntary Sector Development Fund monies.

Background

2. A number of funding opportunities have been made available to Community and Voluntary sector organisations following the implementation of the Medium Term Financial Plan in June 2016. These are the:
 - (a) Voluntary Sector Development Fund (£100,000, £50,000 of which is to be used specifically to support vulnerable children).
 - (b) Match Funds for bids to CDCF (£20,000).
 - (c) Fund to promote Public Sector Volunteering (£50,000).
3. Of the £170,000 available funding, £142,000 remains unallocated, and in early 2018, COE agreed that work be undertaken to identify ways in which this funding could be utilised to improve outcomes for local people. It must also be noted that this funding is non-recurring.

Process

4. A series of workshops were held with the aim of: strengthening collaborative working between local statutory and voluntary sector organisations, and developing community based initiatives which will be piloted, monitored and evaluated during 2018/19. The findings from this work will be used to inform future commissioning intentions.
5. The workshops were very well attended with representation from the Council, the Police, Health, Education, the Fire Brigade and a wide range of both small and large community and voluntary sector organisations.
6. Colleagues in attendance agreed to focus on two key issues notably: preventing social isolation in adults and older people (thereby preventing people requiring more intrusive health and social care interventions), and supporting vulnerable families with children and young people at the earliest opportunity (thereby preventing children and young people coming into the care of the Council).

7. The following community based initiatives have been proposed:

Preventing Social Isolation in Adults and Older People

Initiative 1: Small Sparks Fund - £25k

8. Funding will be made available to pay for one-off items which will support people who are at risk of isolation. This could either be for an individual or for a group of people who want to establish a small group such as those which have been developed successfully in other areas (for example, Pins and Needles, Knit and Natter, Whitley Warblers etc).
9. It has also been proposed that an approach such as that used in “Planning for Real” could also be adopted whereby the proposed initiatives are presented to the public who would vote on which one of them should be funded. This approach could also support the use of future crowd funding for the projects.

Initiative 2: Supporting the ongoing work being undertaken by the Police who have been working with Mutual Gain - £20k

10. The purpose of MutualGain is to: empower organisations and communities; to promote greater participation and active citizenship, and to increase social capital for the mutual benefit of the entire community. A coaching model of support is used as part of this work to uncover individual values, motivations and goals.
11. Community coaches (volunteers who live in the community) will be developed who will work with vulnerable families, children and young people, supporting them to identify their own solutions to issues which are affecting them. Funding will be made available to these coaches for one off items which will have the maximum impact in addressing the specific issues identified by people they are working with.

Initiative 3: Supporting the ongoing work being undertaken by new Care Coordinators who will be based within GP practices - £30k

12. A new Care Coordinator role is being developed within the Borough. The Coordinator will be based within GP practices and will:
 - (a) Support patients to have better control of their health and wellbeing.
 - (b) Improve social and community support mechanisms by: maximising the use of appropriate services and community assets; increasing signposting to and utilisation of the VSCE services, and identifying gaps in service provision.
 - (c) Reduce dependence on traditional social care support services and reduce reliance on urgent, emergency and out of hours services.
13. Funding will be made available to support the role of the Care Coordinator particularly in ensuring that once community based support is identified for individuals at risk of isolation, they are enabled to access these. This may be in the development of volunteer befrienders or volunteer car drivers.

Supporting Vulnerable Families with Children and Young People at the Earliest Opportunity

Initiative 4: Early Help Fund - £37k

14. This money will be available to strengthen the Early Help offer for children and young people living in Darlington.
15. Part of the fund will be managed by officers within the new Edge of Care service and will be made available to all of schools across the borough to pay for one-off items which will support children and young people who are from vulnerable families and are at risk of poor school attendance. The fund will be allocated based on the individual need of the child/family.
16. The fund will also be used to encourage third sector organisations who currently do not operate within Darlington to develop services which support vulnerable children and young people, particularly those who are “hard to reach”.

Initiative 5: Supporting the ongoing work being undertaken by the Police who have been working with Mutual Gain - £20k

17. The purpose of MutualGain is to: empower organisations and communities; to promote greater participation and active citizenship, and to increase social capital for the mutual benefit of the entire community. A coaching model of support is used as part of this work to uncover individual values, motivations and goals. Community coaches (volunteers who live in the community) are developed who will work with vulnerable families, children and young people supporting them to identify their own solutions to issues which are affecting them. Funding will be made available to these coaches for one off items which will make the maximum impact in addressing the specific issues identified by people they are working with.

Initiative 6: Working together - £10k

18. Children and young people should be supported to lead and influence both the development of community interventions and the design of local services.
19. Local community and voluntary sector agencies will be supported to employ young people, who have themselves been in the care system, to engage and work with other children and young people to inform the future commissioning of support services. These young people could also be involved in monitoring the quality of services being delivered to children and young people within the Borough.

Next Steps

20. Clear processes of application and administration of funding requests and allocations to be developed (Initiatives 1, 2, 3, 4, 5).
21. A process to monitor outcomes and impact for each of the initiatives outlined above to be designed.
22. Identify a local organisation who can support the work being proposed in Initiative 6.
23. Establish a steering group who will oversee the implementation of the agreed pilot initiatives.

Recommendation

24. It is recommended that Scrutiny:
 - (a) To note the pilot initiatives outlined in this report.
 - (b) Receive an update following the monitoring and evaluation phase of this work in 2019.

Suzanne Joyner
Director of Children and Adults Services

Christine Shields : Extension 5851

Health and Partnerships Scrutiny Committee

19 December 2018

ITEM NO.

PERFORMANCE INDICATORS Q2 2018/19

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2018/19 at Quarter 2.

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 Q2, data is available for 2 (two) Culture indicators and 3 (three) Public Health indicators. Additional indicators are referenced in the Highlight report (appendix 2) which provides more detailed information.

Culture

6. CUL 063 'Number of school pupils participating in the sports development programme' is showing performance better than at Q2 last year.
7. CUL 064 'Number of individuals participating in the community sports development programme' is showing performance worse than at Q2 last year.

Public Health

8. PHB 044 'Admissions episodes for alcohol related conditions' – shows data for 2016/17 which shows an increase from the previous year.

9. PBH 046 'Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the 5 year period' - shows data better than when last reported in 2016/17.
10. PBH 052 'Adjusted antibiotic prescribing in primary care by the NHS' – shows data worse than last reported for 2016.
11. 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.
12. 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.
13. 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

14. It is recommended:

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

Background papers

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

Paul Wildsmith Managing Director

Barbara Copson - Performance Manager ext 6054

S17 Crime and Disorder	This report supports the Councils 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 reports supports performance improvement across all Wards
Groups Affected	This report supports performance improvement which benefits all groups

Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	This report contributes to the Sustainable Community Strategy (SCS) by involving Members in the scrutiny of performance relating to the delivery of key outcomes
Efficiency	Scrutiny of performance is integral to optimising outcomes.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

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PLEASE NOTE: The date has to be set correctly in the PMF Master (Summary Table tab) for the Qtr being reported in order that the data for "Data at the same period last year" to be shown correctly, e.g. Qtr 1 01/08, Qtr 2 01/10, Qtr 3 01/01 and Qtr 4 01/04. If the date in the PMF has to change you must SAVE the doc after changing it and then refresh the PIVOT.

Date PMF Master set at: 01/10/18

Health & Partnerships

Performance Data

2018

2019

Scrutiny

- Adults & Housing
- Children & Young People
- Equality & Resources
- Health & Partnerships
- Other

Directorate

- Children and Adult Servi...
- Economic Growth & Nel...
- Chief Executive
- Children and Adults Services
- Economic Growth
- Neighbourhood Services &...
- Resources Group

Which AD / Head

- Community Services
- Public Health
- 11-19 Learning and Skills
- Adult Social Care
- Asset Management & Invest...
- Chief Executive
- Commissioning, Performance ...
- Darlington Partnership
- Early Years
- Economic Initiative

Key / Manager / ...

- Key
- Key - Q?
- Key - Q1
- Key - Q2
- Key - Q3
- Key - Q4
- Contract
- Corporate Governance
- Delete
- Key / Board

Reported

- Annual
- Monthly
- Annual - Sept
- Biennial
- Quarterly

30	Total	30
1	= Better than same period last year (↑)	7
0	= The same as same period last year (↔)	1
1	= Not as good as same period last year (↓)	18
28	Not comparable (blank)	4

30	Total
0	Better than target
0	Achieving target
0	Missing target
30	No Target

Indicator Num	Indicator Description	Reported	What is best	Measure of unit	Latest England Av	Latest North East Av	Latest other benchmark Av	2014/15	2015/16	2016/17	2017/18	Data at same period last year	Latest data performance from same period last year	June	Sept	Sept - Num	Sept - Den	Trend from when last reported	Sept Target	Qtr 2 - Sept compare to target	Year End Target	Comments
CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week	Annual	Smaller	%	26	28	-	-	-	25	27	25		-	-	-	-	↓	-	-	-	Qtr 2 Data available later this year/early next year.
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Annual	Bigger	%	62	60	-	-	-	63	59	63		-	-	-	-	↓	-	-	-	Qtr 2 Data available later this year/early next year.
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Annual	Bigger	%	77	75	-	-	-	76	75	76		-	-	-	-	↓	-	-	-	Qtr 2 Data available later this year/early next year.
CUL 063	Number of school pupils participating in the sports development programme	Monthly	Bigger	Num	-	-	-	-	-	12,546	20,052	8,251	↑	6,355	9,639	9,639					15,000	Qtr 2 Number of pupils participating higher than at the same period last year. Should meet end of year target.
CUL 064	Number of individuals participating in the community sports development programme	Monthly	Bigger	Num	-	-	-	-	-	7,864	7,900	4,149	↓	1,878	3,685	3,685					8,000	Qtr 2 Slightly lower level of attendances to sessions as last year.
PBH 009	(PHOF 2.01) Low birth weight of term babies	Annual	Smaller	%	2.8	3.0	-	2.8	2.1	3.4	-			-	-	-	-	↓	-	-	-	Qtr 2 .
PBH 013c	(PHOF 2.02ii) % of all infants due a 6-8 week check that are totally or partially breastfed	Annual	Bigger	%	44	31	31	34	34	34	-			-	-	-	-	↔	-	-	-	Qtr 2 .
PBH 014	(PHOF 2.03) % of women who smoke at time of delivery	Annual	Smaller	%	11	16	-	20	15	16	-			-	-	-	-	↓	-	-	-	Qtr 2 .
PBH 016	(PHOF 2.04) Rate of under-18 conceptions	Annual	Smaller	Num/Rate	19	25	27	27	25	24	-			-	-	-	-	↑	-	-	-	Qtr 2 .
PBH 018	(PHOF 2.05ii) Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	Annual	Bigger	%	89	93	85	-	32	88	-			-	-	-	-	↑	-	-	-	Qtr 2 .
PBH 020	(PHOF 2.06i) Excess weight among primary school age children in Reception year	Annual	Smaller	%	23	25	24	23	24	25	-			-	-	-	-	↓	-	-	-	Qtr 2 .
PBH 021	(PHOF 2.06ii) Excess weight among primary school age children in Year 6	Annual	Smaller	%	34	37	36	35	35	37	-			-	-	-	-	↓	-	-	-	Qtr 2 .
PBH 024	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years of age)	Annual	Smaller	Per 10,000 pop	126	182	-	225	208	233	-			-	-	-	-	↓	-	-	-	Qtr 2 .
PBH 026	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years of age)	Annual	Smaller	Per 10,000 pop	102	146	-	165	144	167	-			-	-	-	-	↓	-	-	-	Qtr 2 .
PBH 027	(PHOF 2.07ii) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years of age)	Annual	Smaller	Per 10,000 pop	129	152	-	174	149	186	-			-	-	-	-	↓	-	-	-	Qtr 2 .
PBH 029	(PHOF 2.09) Smoking prevalence – 15 year olds	Annual	Smaller	%	8.2	10	-	9.0	-	-	-			-	-	-	-		-	-	-	Qtr 2 .
PBH 031	(PHOF 2.10ii) Emergency Hospital Admissions for Intentional Self-Harm	Annual			197	231	-	230	194	-	-			-	-	-	-		-	-	-	Qtr 2 .
PBH 033	(PHOF 2.14) Prevalence of smoking among persons aged 18 years and over	Annual	Smaller	%	15	16	-	19	18	17	14	17		-	-	-	-	↑	-	-	-	Qtr 2 .

Indicator Num	Indicator Description	Reported	What is best	Measure of unit	Latest England Av	Latest North East Av	Latest other benchmark Av	2014/15	2015/16	2016/17	2017/18	Data at same period last year	Latest data performance from same period last year	June	Sept	Sept - Num	Sept - Den	Trend from when last reported	Sept Target	Qtr 2 - Sept compare to target	Year End Target	Comments
PBH 035i	(PHOF 2.15i) Successful completion of drug treatment - opiate users	Annual	Bigger	%	6.7	5.2	-	5.9	4.8	2.8	-			-	-	-	-	↓	-		-	Qtr 2 .
PBH 035ii	(PHOF 2.15ii) Successful completion of drug treatment - non-opiate users	Annual	Bigger	%	37	27	-	40	35	30	-			-	-	-	-	↓	-		-	Qtr 2 .
PBH 035iii	(PHOF 2.15iii) Successful completion of alcohol treatment	Annual	Bigger	%	39	31	-	41	40	37	-			-	-	-	-	↓	-		-	Qtr 2 .
PBH 044	(PHOF 2.18) Alcohol related admissions to hospital	Annual	Smaller	Per 100,000 pop	636	866	-	708	739	769	-			-	-	-	-	↓	-		-	Qtr 2 The latest data (2016/17) shows Darlington has a greater rate of admissions to hospital due to diseases caused by alcohol consumption than the England average. This is an increase from 2015/16 data which was 739.
PBH 046	(PHOF 2.22iv) Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period	Annual	Bigger	%	49	44	-	-	-	46	48	46		-	-	-	-	↑	-		-	Qtr 2 The latest data (2013/14 to 2017/18) shows Darlington is performing statistically similar to the England average and statistically better than the North East.
PBH 048	(PHOF 3.02) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Annual	Bigger	Per 100,000 pop	1,882	2,033	-	1,484	1,868	2,132	1,992	2,132		-	-	-	-	↓	-		-	Qtr 2 .
PBH 050	(PHOF 3.04) People presenting with HIV at a late stage of infection	Annual	Smaller	%	40	47	-	46	45	-	-			-	-	-	-	↑	-		-	Qtr 2 .
PBH 052	(PHOF 3.08) Adjusted antibiotic prescribing in primary care by the NHS	Annual	Smaller	Num/Rate	1.0	1.2	-	-	1.2	1.2	1.3	1		-	-	-	-	↓	-		-	Qtr 2 The latest data (2017) rate of reduction of antibiotic prescribing within the local NHS is worse than both England and the North East.
PBH 054	(PHOF 4.02) Proportion of five year old children free from dental decay** (NHSOF 3.7i)	Annual	Bigger	Num/Rate	75	72	-	65	-	74	-			-	-	-	-	↑	-		-	Qtr 2 .
PBH 056	(PHOF 4.04ii) Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease and stroke) in those aged <75 per 100,000 population	Annual	Smaller	Per 100,000 pop	47	55	-	57	51	57	-			-	-	-	-	↓	-		-	Qtr 2 .
PBH 058	(PHOF 4.05i) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population	Annual	Smaller	Per 100,000 pop	137	161	-	153	162	158	-			-	-	-	-	↑	-		-	Qtr 2 .
PBH 060	(PHOF 4.07i) Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population	Annual	Smaller	Per 100,000 pop	33	42	-	33	36	-	-			-	-	-	-	↓	-		-	Qtr 2 .



Darlington Borough Council
Public Health
July - September (Quarter 2)
Performance Highlight Report
2018-19

Public Health Performance Introduction

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

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

Contract Indicators feed into the Key indicators, are collected by our providers and monitored as part of the contract monitoring and performance meetings held regularly. The Contract indicators within the Public Health performance framework form a selection from the vast number of indicators we have across all of our Public Health contracts. The contract monitoring meetings are increasingly scheduled to meet deadlines to inform the performance clinic reports.

Timetable for "Key" Public Health Indicators

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

Q1 Indicators

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

Q3 Indicators

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

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

Q2 Indicators

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

Q4 Indicators

Indicator Num	Indicator description
PBH 020	(PHOF 2.06i) Excess weight among primary school age children in Reception year
PBH 021	(PHOF 2.06ii) Excess weight among primary school age children in Year 6
PBH 024	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate 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

INDEX			
Indicator Num	Indicator description	Indicator type	Pages
<i>PBH044</i>	(PHOF 2.18) Admission episodes for alcohol-related conditions - Persons (narrow definition)	Key	7
<i>PBH046</i>	(PHOF 2.22 iv) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Key	9
<i>PBH052</i>	(PHOF 3.08) Adjusted antibiotic prescribing in primary care by the NHS	Key	11
<i>PBH015a</i>	Number of smoking quit dates set	Contract	13
<i>PBH 015b</i>	% of successful smoking quitters at 4 weeks	Contract	14

Quarter 2 Performance Summary

Key Indicators

The key indicators reported this quarter concern alcohol related admissions, take-up of NHS Health Checks by those eligible and efforts to reduce prescribing in primary care settings to reduce antimicrobial resistance.

Performance among these three indicators at first glance looks mixed, however it is important to recognise that these indicators are overarching measures of key changes needed and are affected not only by local action, but by wider culture change and legislation.

PBH044 Admissions episodes for alcohol related conditions are now following the national trend yet remain statistically worse than the England benchmark and a mid-rank compared to our CIPFA neighbours.

PBH046 Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check are assessed cumulatively over a five year period. The aim is that within those five years 75% of the eligible population should be seen. Comparison to our CIPFA nearest neighbours is mid-rank, and similar to England average.

PBH052 Adjusted antibiotic prescribing in primary care by the NHS is a key public health issue globally. To tackle this, national targets to reduce antibiotic prescribing in primary care settings are set for each Clinical Commissioning Group (CCG). Locally it is difficult for the public health team to have an effect on this indicator. However, awareness campaigns around medicine use are promoted, and the re-refresh of the Pharmaceutical Needs Assessment (PNA) for the borough makes note of the role that pharmacies can play in advising correct medicine use and providing guidance on self-medication.

Contract Indicators

Overall, most of the 27 contract indicators are sitting within the expected thresholds for Q2 2018/19.

Two indicators have been highlighted as exceptions for Q2; pertaining to the Stop Smoking Service.

The two stop smoking indicators highlighted show positive performance overall, but the narrative highlights steps needed to be taken to ensure this improvement in performance continues.

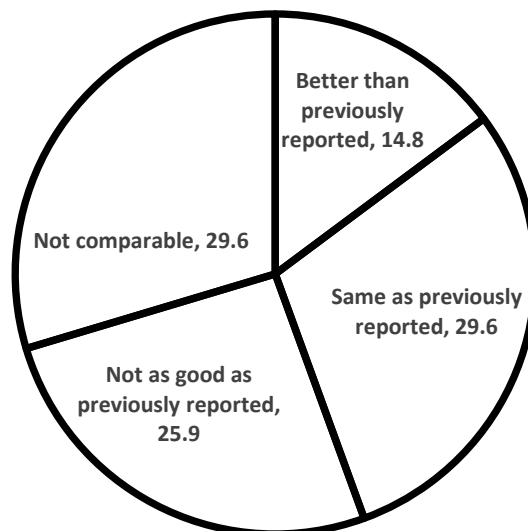
The new sexual health service was operational from 1st August 2018. The indicators in relation this Service (PBH 017, 037a and 037b) have remained separately reported for Q2. A discussion will be held with the Provider about future reporting arrangements, with regards to the merit of keeping these separate or combining the attendance figures.

Comparison to Quarter 1 Highlight Report

Progress on indicators that were highlighted as exceptions in Q1:

- PHB049: The percentage of those tested for chlamydia notified of their results within 10 working days continues to exceed the target of 90% reporting at 97% in Q2 2018/19.
- PHB012 and PHB013: Breastfeeding status recorded for infants at 10-14 days and 6-8 weeks continues to sit at 99% for both indicators against the 100% target. This equates to 277 of the 280 infants seen at 10-14 days having their feeding status recorded and 265 of 280 infants seen at 6-8 weeks having feeding status recorded.
- PHB012b and PBH013a: Q1 2018/19 showed increases in infants at 10-14 days who were partially breastfed and infants at 6-8 weeks who were totally breastfed. Both of these indicators have seen small decreases in Q2 2018/19, but remain within the expected thresholds.

The pie chart below shows the percentage of the performance of the 27 contract indicators in Q2 in comparison to Q1. It should be noted that almost a third of Public Health contract indicators are not comparable in this sense; that is, it is not simply a case of a figure representing whether something has performed “better” or “worse”.



PBH 044 - (PHOF 2.18) Admission episodes for alcohol-related conditions-Persons (narrow definition)

Definition: Hospital admissions for alcohol-related conditions (narrow definition), all ages, directly age standardised rate per 100,000 population European standard population.

Numerator- Admissions to hospital where the primary diagnosis is an alcohol-related condition or a secondary diagnosis is an alcohol-related external cause.

Denominator- ONS mid-year population estimates.

Latest data available: 769 per 100,000 (2016/17)

Target: No national target

Figure 1 - CIPFA Nearest neighbours comparison

2.18 - Admission episodes for alcohol-related conditions - narrow definition 2016/17 Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	337,113	636	634	639
Stockton-on-Tees	–	1	1,698	901	859	945
Derby	–	4	2,074	890	852	930
St. Helens	–	5	1,524	867	824	912
Doncaster	–	13	2,461	824	791	857
Warrington	–	14	1,586	778	740	818
Darlington	–	-	802	769	717	825
Dudley	–	3	2,384	765	734	796
Tameside	–	11	1,563	729	693	767
Plymouth	–	9	1,796	718	685	752
Rotherham	–	12	1,791	702	669	735
Wigan	–	15	2,187	693	664	723
Bolton	–	6	1,844	693	661	725
North East Lincolnshire	–	2	1,056	675	635	717
Telford and Wrekin	–	8	1,091	673	633	714
Calderdale	–	7	1,274	624	590	660
Bury	–	10	1,017	564	530	600

Source: Calculated by Public Health England: Risk Factors Intelligence (RFI) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

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

What is the data is telling us?

Since 2008, Darlington has had a greater rate of admissions to hospital due to diseases caused by alcohol consumption than England average. Compared to our geographical neighbours in the North East, Darlington has a lower rate of admissions to hospital due to diseases caused by alcohol consumption.

When compared to our CIPFA neighbours (Figure 1), a wider range of local authorities that are statistically most similar, Darlington’s rate is in the top third of the ranking for admissions.

Why is this important to inequalities?

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5billion per year and £2billion annually to wider society through lost working days, costs for social care, housing, police and the criminal justice services.

Alcohol-related admissions can be reduced through local interventions but requires action across partners. Reducing alcohol-related harm is one of Public Health England's seven priorities for the next five years (Reference: "Evidence into Action" report 2014).

What are we doing about it?

The Authority commissions NHS Health Checks via GP Practices. An "Audit C" alcohol screening tool is conducted as part of every NHS Health Check within Darlington which can help identify persons who are hazardous drinkers or have active alcohol related disorders. GP's can then provide individualised advice and guidance on risk.

The Council also supports national campaigns aimed at raising awareness and reducing consumption in the population. Examples include Dry January which was widely promoted by partners and via Council media channels. Wider partnership work with the CCG and other organisations support this wider awareness work.

For those with hazardous or harmful drinking that require support the Council commissions a Recovery and Wellbeing Service which provides evidence based interventions to stabilise and support individuals to make the changes in their behaviours that may reduce their harmful drinking and the associated risks.

PBH 046 - (PHOF 2.22iv) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check, who received an NHS Health Check.

Definition: The 5 year cumulative percent of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check.

Numerator: Number of people aged 40-74 eligible for an NHS Health Check who have received an NHS Health Check in the five year period.

Denominator: Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the five year period.

Latest data available: 48.4% crude rate (2013/14 to 2017/18)

Target: Offer to 75% of eligible persons over 5 year period

Figure 2 - CIPFA nearest neighbours' comparison

2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check 2013/14 - 17/18

Area	Recent Trend	Neighbour Rank	Count	Value	Crude rate - %	
					95% Lower CI	95% Upper CI
England	-	-	6,864,964	48.7	48.7	48.7
Rotherham	-	12	34,566	77.1	76.3	77.9
Bury	-	10	41,919	72.6	71.9	73.3
St. Helens	-	5	19,049	56.1	55.3	56.9
Dudley	-	3	54,632	55.1	54.6	55.6
Calderdale	-	7	33,775	54.6	54.1	55.2
Doncaster	-	13	38,615	53.2	52.7	53.7
Warrington	-	14	32,086	51.2	50.6	51.8
Tameside	-	11	25,507	49.3	48.7	49.9
Darlington	-	-	16,425	48.4	47.7	49.2
Derby	-	4	29,735	47.3	46.8	47.9
Bolton	-	6	68,241	45.9	45.5	46.2
Stockton-on-Tees	-	1	26,662	45.1	44.5	45.6
Telford and Wrekin	-	8	15,891	44.1	43.4	44.8
Plymouth	-	9	26,253	42.6	42.1	43.2
Wigan	-	15	43,992	40.2	39.8	40.5
North East Lincolnshire	-	2	12,088	39.8	39.1	40.5

Source: Public Health England

Compared with benchmark Better Similar Worse Not compared

What is the data telling us?

Figure 2 shows that compared to our statistical CIPFA neighbours, Darlington ranks 9th out of 16 authorities.

For this indicator Darlington is performing statistically similar to the England average and statistically better than the North East.

Why is this important to inequalities?

A high take up of NHS Health Checks is important to identify early signs of poor health leading to opportunities for early interventions.

The NHS Health Check programme is a mandated service. It aims to help prevent heart disease, stroke, and diabetes and kidney disease. All those aged between 40 and 74, who have not been diagnosed with one of these conditions are invited to have an NHS Health Check every five years.

The burden of heart disease is not equally shared in the population with a greater morbidity and mortality from heart disease in the more deprived communities.

A regular NHS Health Check enables an individual risk assessment of cardiovascular disease to be undertaken and provides an opportunity for early intervention and prevention strategies with individuals. Improvements in those who receive an NHS Health Check will eventually contribute to reducing the worst effects of cardiovascular disease in the population.

Providing NHS Health Checks for those communities who would benefit the most would help reduce health inequalities in the most deprived areas.

What are we doing about it?

Performance is monitored quarterly, with an annual target for each GP Practice to offer a health check to 20% of the eligible population (40-74 year olds) annually. This is incentivised to encourage the GP Practices to offer a health check to the maximum number eligible. Other data shows that the underlying quarterly rate of those taking up the NHS Health Check invite has been increasing faster compared to both England and regional neighbours, closing the gap between England and Darlington.

PBH 052 – (PHOF 3.08) Adjusted antibiotic prescribing in primary care by the NHS

Definition: Annual total number of prescribed antibiotic items per STAR-PU (Specific Therapeutic group Age-sex weightings Related Prescribing Unit)

Numerator: Total number of antibiotic items prescribed in practices located within the area. An item is an antibiotic (from British National Formulary Section 5.1) that is prescribed in a primary care setting.

Denominator: Total of STAR-PU* units for practices located within the area.

*STAR-PU are weighted units to allow comparisons adjusting for the age and sex of patient's distribution of each practice. These variables vary significantly and it is important to make necessary adjustments.

Latest data available: 1.27 per STAR-PU (2017)

Target: Darlington CCG 10% reduction target 2017/18

Figure 3 - CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	33,649,015	1.04	1.04	1.04
St. Helens	–	5	154,346	1.37	1.37	1.38
Tameside	–	11	161,382	1.29	1.28	1.29
Darlington	–	-	77,852	1.27	1.26	1.28
Rotherham	–	12	177,618	1.20	1.20	1.21
Bolton	–	6	201,951	1.20	1.20	1.21
Wigan	–	15	211,864	1.18	1.18	1.19
Calderdale	–	7	143,752	1.17	1.17	1.18
Doncaster	–	13	208,986	1.15	1.15	1.16
Bury	–	10	130,777	1.15	1.15	1.16
Stockton-on-Tees	–	1	126,749	1.13	1.13	1.14
Warrington	–	14	133,684	1.11	1.10	1.11
North East Lincolnshire	–	2	105,728	1.10	1.09	1.11
Dudley	–	3	207,433	1.10	1.09	1.10
Plymouth	–	9	171,855	1.06	1.06	1.07
Derby	–	4	160,564	1.03	1.03	1.04
Telford and Wrekin	–	8	96,116	0.95	0.94	0.95

Source: STAR-PU data is downloaded in report form from NHS Business Service Authority (NHS BSA). STAR-PU data is supplied from NHS Digital to NHS BSA as age & sex adjusted prescribing data. For more information please visit the [NHS Digital](#) website.

What is the data telling us?

The rate of reduction of antibiotic prescribing within the local NHS is worse than both England and the North East average and the rate of reduction is slower. In terms of performance against nearest neighbours, Darlington is 3rd highest in the ranking.

This indicator is part of a larger group of indicators and measures for the NHS which is part of the Antimicrobial Resistance (AMR) five year strategy to slow the growth of antimicrobial resistance in the population. This is only one indicator from a larger group of indicators that cover a complex topic area.

Why is this important to inequalities?

Antimicrobial resistance (AMR) is the ability of bacteria to become immune to antibiotics. Without effective antibiotics the success of routine treatments such as surgery and cancer chemotherapy will be reduced significantly.

Those with already compromised immune systems are more susceptible to infections. Very young children, older adults, those living with HIV or other chronic diseases or living with cancer would be most affected by increasing AMR. It is an increasingly serious threat to global public health that requires action across all government sectors and society.

Focusing on preventing infections, an essential component of public health, reduces the need for antimicrobials and therefore lowers the opportunity for antimicrobial resistance to develop.

What are we doing about it?

The Clinical Commissioning Group in Darlington (DCCG) has an action plan to help reduce antibiotic prescribing and is working with individual GP Practices to support them to reduce their prescribing of antibiotics. The CCG is also working with NHS England and other CCGs and hospitals in supporting information campaigns to reduce the demand and expectations for antibiotics from patients for relatively minor and self-limiting illnesses. This includes the regular winter pressures campaigns and plans.

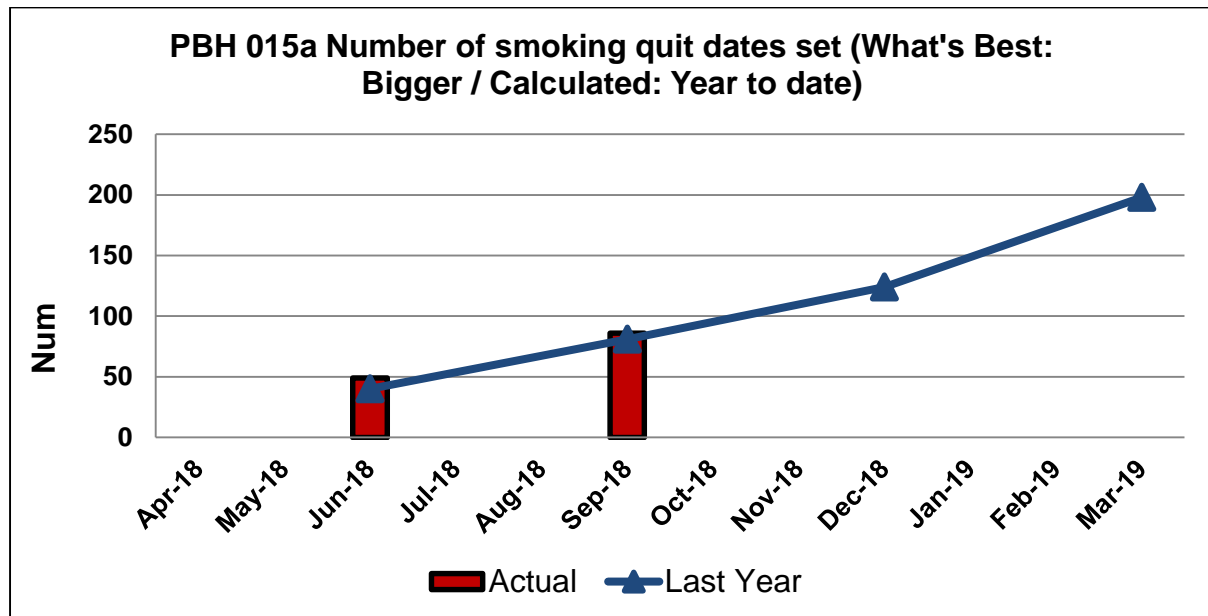
The public health team in Darlington supports the local CCG, NHS England and Public Health England in promoting the different awareness campaigns such as World Antibiotic Awareness Week and the seasonal influenza vaccination campaigns over the winter period. The Authority's role in providing animal health inspections also supports efforts to reduce AMR through ensuring animal welfare standards are applied locally.

The Pharmaceutical Needs Assessment for Darlington stresses that pharmacies have a key role in providing advice and guidance to the public on medicine use including antibiotics and can influence reduction in use.

The Director of Public Health Co-chairs the County Durham and Darlington Healthcare Associated Infections Steering Group.

Contract highlight report

PBH 15a Number of smoking quit dates set



Service Provider: NECA and County Durham and Darlington Foundation Trust

What is the story the data is telling us?

The data shows that the number of quit dates set in Q1 and Q2 2018/19 are marginally higher than the same time period 2017/18, which is a positive for the Service. However there were 12 fewer quit dates set in Q2 2018/19 compared to Q1 2018/19 and overall quit dates set are low.

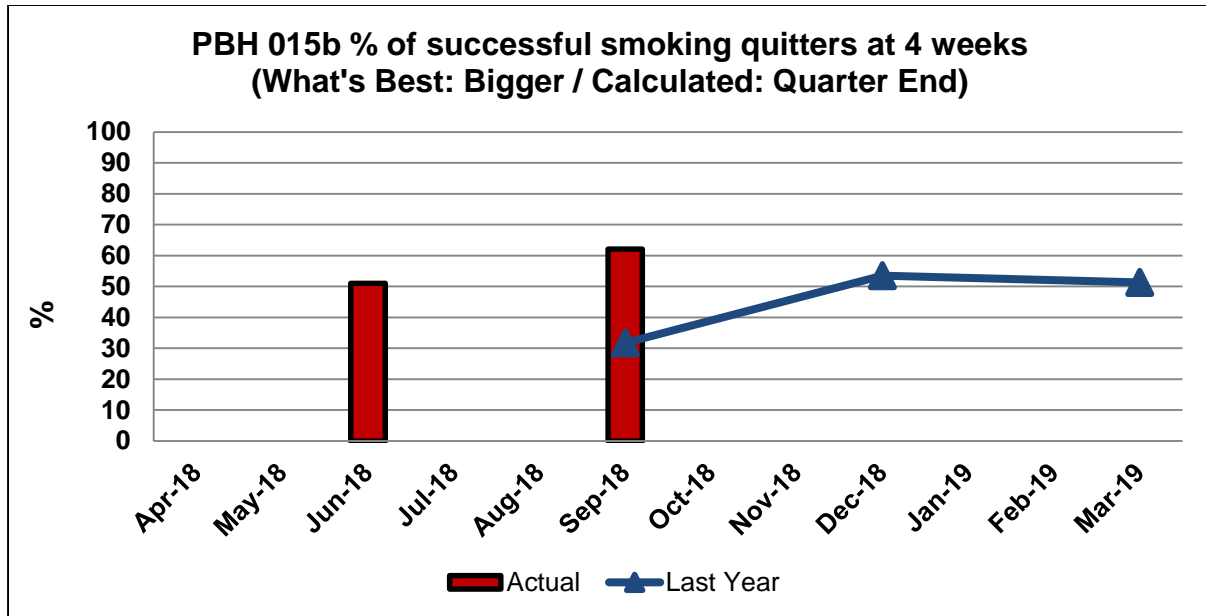
What more needs to happen?

Whilst the increase in number of quit dates being set as shown above is positive, internal quarterly contract monitoring of the Service shows that more needs to be done to generate referrals into the Service into actual quit dates being set by service users.

A discussion took place at the Q1 2018/19 quarterly contract monitoring meeting with the Service and it was highlighted that some service users did not realise that they had been referred to the Service, until the Service contacted them. Actions going forward were to liaise with clinical leads and to emphasise the importance of ensuring service users understand that a referral has been made to the Service. The Service will also raise awareness with community groups and parents with young children.

It is hoped that this will ensure more referrals attend the Service and set quit dates and this will be monitored throughout the contract monitoring meetings in 2018/19.

PBH 015b % of successful smoking quitters at 4 weeks



Service Provider: NECA and County Durham and Darlington Foundation Trust

What is the story the data is telling us?

The graph above shows that after a small decline in successful quits at 4 weeks towards the end of 2017/18 and into Q1 2018/19. The Service has improved quit rates to 62% successfully quit at 4 weeks in Q2 2018/19.

What more needs to happen?

The Service is continuing to promote the Service to boost referrals and increase the number of service users setting a quit date. Work is required to ensure that the higher number of quit dates set translates into higher numbers of successful quitters. This will be monitored over the coming year through quarterly contract meetings with the Service.

CABINET
11 DECEMBER 2018

MEDIUM TERM FINANCIAL PLAN

**Responsible Cabinet Member - Councillor Harker,
Leader and all Cabinet Members**

Responsible Director - Chief Officers Executive

SUMMARY REPORT

Purpose of the Report

1. To propose a Medium Term Financial Plan (MTFP) for 2019/20 to 2022/23 for consultation including setting a budget and council tax increase for 2019/20. To also propose a 2019/20 to 2022/23 Capital Programme for consultation.

Summary

2. Between the financial years 2010/11 to 2018/19 the Council has faced unprecedented financial challenges from reductions in public sector spending. In the case of Darlington Borough Council this has meant an overall real terms decrease in government funding of £47.5m anticipated to increase to £51m by 2022/23. This resulted in the Council agreeing reductions to planned expenditure of over £57m leading to a reduction to date of 747 in the Council's workforce. These income reductions have come at a time when demands for services in particular social care are increasing.
3. This report has been prepared before the Local Government Finance Settlement (LGFS) which is being announced on the 6 December so if there are any changes an update will be provided at the meeting. Members will recall however the Council submitted an Efficiency Statement in 2016 which gave certainty over the Revenue Support Grant (RSG) levels for four years, albeit this funding is now a small and decreasing element of the Councils revenue stream particularly as there is a further cut of £2.8m in 2019/20. Therefore amendments in regard to the LGFS are not expected to be significant.
4. In the 2018 Budget delivered on the 29 October the Chancellor made reference to a number of additional one off finance including funding for adult and children's social care and road maintenance. The additional income is welcomed but as it is one year short term funding, it does not assist with the future sustainability of services and which are facing major demand pressures particularly in Children and Adult social care.
5. The Council undertook a significant consultation exercise in 2016 following an in-depth and detailed review of all services which resulted in the agreement of a Core Offer budget which allowed for a small futures fund allocated to discretionary services. Furthermore in February 2018 when agreeing the 2018/19 MTFP Members following

consultation agreed to use unallocated balances of £4.1m to invest in five areas which hold great value to our community, they were;

- (a) Community Safety
 - (b) Maintain an attractive street scene environment
 - (c) Maintaining a vibrant town centre
 - (d) Developing an attractive visitor economy
 - (e) Neighbourhood renewal
6. The Core offer remains extremely challenging with some significant pressures arising in Children's social care. Nevertheless, through innovative financial investments, increased income from economic growth successes and release of redundant earmarked reserves, the Council can still deliver the agreed balanced plan, extend the MTFP, and have also identified a further £0.600m which can be used to bolster the Futures Fund themes.
7. In summary despite a further £2.8m reduction in RSG in 2019/20, with significant good progress on savings, strong cost management and innovative treasury management, the councils financial position is robust with a four year balanced MTFP and funds available for investment which will be delegated to Cabinet.

Recommendation

8. It is recommended that Cabinet approve for consultation;
- (a) the Revenue MTFP as set out in **Appendix 7** and the proposed Capital Programme summarised in **Appendix 8** including the following;
 - (i) Council tax increase of 2.99% for 2018/19.
 - (ii) Schedule of charges as set out in **Appendix 3**

Reasons

9. The recommendations are supported by the following reasons :-
- (a) The Council must set a budget for the next financial year.
 - (b) To enable the Council to continue to plan services and finances over the medium term.
 - (c) To ensure decisions can be made in a timely manner.

Chief Officers Executive

Background Papers

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

Elizabeth Davison: Extension 5830

S17 Crime and Disorder	The report contains proposals to continue to allocate resources in support of the Council's Crime and Disorder responsibilities
Health and Well Being	The report contains proposals to continue to allocate resources in support of the Council's Health and Well Being responsibilities
Carbon Impact	The proposals in the report seek to continue to support the Council's responsibilities and ambitions to reduce carbon impact in the Council and the Borough.
Diversity	There are no specific proposals that impact on diversity issues.
Wards Affected	All wards are affected
Groups Affected	All groups are affected by the Council Tax increase. Individual groups will be affected by specific proposals as they develop. In each case impacts will be considered before a decision is made to implement the proposal.
Budget and Policy Framework	The MTFP, Budget and Council Tax must all be decided by full Council
Key Decision	The MTFP, Budget and Council Tax must all be decided by full Council
Urgent Decision	The MTFP, Budget and Council Tax must all be decided by full Council
One Darlington: Perfectly Placed	Within the constraints of available resources it is necessary for the Council to make decisions involving prioritisation. The proposals contained in this report are designed to support delivery of the Sustainable Community Strategy, within those constraints.
Efficiency	Efficiency savings which do not affect service levels have been included in the MTFP.
Impact on Looked after Children and Care leavers.	Children's social care continues to be resourced to provide good outcomes for Looked after Children or Care Leavers.

MAIN REPORT

Background and Context

10. The Council for the period 2010/11 to 2018/19 has faced unprecedented financial challenges as the Government responded to the worldwide economic downturn by introducing significant public sector spending reductions. In the case of Darlington Borough Council this meant an overall real terms decrease in government funding of £47.5m anticipated to increase to £51m by 2022/23. This resulted in the Council agreeing reductions to planned expenditure of £57m leading to reduction to date of 747 in the Council's workforce. Higher expenditure reductions were required due to the significant pressures being faced which have been documented over the years but the most significant being the increased demand in both children and adult services.
11. Savings minimising service disruption to residents and service users were targeted initially and included efficiencies and reductions in back office services and management, however in 2016 it was clear this did not go far enough and expenditure needed to be reduced by a further £12m.
12. The Council undertook a significant consultation exercise with the public during 2016 following an in-depth and detailed review of all services. This resulted in the agreement of a Core Offer budget which reduced expenditure and services to a risk based minimum level with a small investment fund (The Futures Fund) of £2.5m per annum for services which the Council does not have to provide but which add great value to Darlington and its residents.
13. Subsequently in the 2018/19 MTFP following good progress made on achieving savings, strong cost management and innovative treasury initiatives the council was in a position to add to the futures fund and Members after listening to feedback agreed to use unallocated balances of £4.1m to invest in five areas which hold great value to our community.
14. In setting the criteria for the futures fund investments Cabinet first and foremost took the two key priorities held in the Community Strategy One Darlington Perfectly Placed.
15. One Darlington aims to make sure that all residents have opportunities for a good quality of life; that inequalities are tackled, the most vulnerable supported and the potential of every resident realised.
16. Perfectly Placed aims to make sure that Darlington's natural advantages, its transport links, good housing and attractive environment, are maximised to create wealth within the economy and to ensure that everyone is able to share in that wealth.
17. As a consequence of looking to these long term goals the following five themes which are wholly consistent with the Council's corporate plan priorities were agreed:-
 - (a) Community Safety
 - (b) Maintain an attractive street scene environment
 - (c) Maintaining a vibrant town centre
 - (d) Developing an attractive visitor economy
 - (e) Neighbourhood renewal

18. The funds are being utilised as expected to make positive change, the progress of which is detailed later in the report.
19. In terms of the financial context faced by the Council since approving the MTFP the situation remains similar with reductions in Local Government funding along the lines predicted. Following the submission and approval of the Council's Efficiency Statement, RSG is guaranteed at the published reducing level with a further £2.8m cut in 2019/20, however this is now only a small fraction of the Councils overall revenue stream. The Councils two main sources of funding are Council Tax and Business Rates, the former being relatively stable, the latter being more volatile.
20. The Chancellors budget on the 29th October 2018 highlighted a number of areas which should be of benefit to the Council details of which are discussed below.

Financial Analysis

Progress on Delivery of the Current MTFP

21. Good progress has been made on delivering the savings identified in the current MTFP although there has been a change in regard to the proposal to move Crown Street Library to the Dolphin Centre and the Cockerton Library proposal to be run by volunteers. At the 11 September 2018 Cabinet meeting Members revised their decision to relocate the Crown Street library, the context being the rapidly changing Town Centre environment and the better financial position of the council in comparison to when the original decision was made.
22. Members agreed to an alternative proposal which is currently subject to consultation and includes the refurbishment of the Crown Street building and to refresh the internal design and service standards. The cost of this alternative proposal is £0.220m per annum which includes the financing costs for the refurbishment and has been built into these initial estimates.
23. The original £0.038m saving proposal for the Cockerton library was for it to be volunteers led with assistance from the council. Unfortunately the group who agreed to operate the library have now withdrawn their support so the library will continue to be operated by the council.

Projected Expenditure

24. Estimates attached at **Appendix 1** have been prepared based on current service levels and include known pressures and efficiencies which are summarised below and detailed in **Appendix 2**. The most significant pressures and efficiencies are however discussed in the following paragraphs. Assumptions used when preparing the estimates are set out at **Appendix 4**.

<u>Summary of Pressures</u>	Estimate 19/20 £m	Estimate 20/21 £m	Estimate 21/22 £m	Estimate 22/23 £m
Efficiencies/Savings offsetting pressures	(2.092)	(1.947)	(1.147)	(0.124)
Service Demand	1.345	0.757	0.216	0.249
Price Inflation	0.212	0.223	0.427	0.637
Loss of grant and reduced Income	0.062	0.320	0.680	0.709
Other	0.455	0.473	0.485	0.531
Crown Street/Cockerton Library	0.275	0.285	0.295	0.305
Risk Contingencies	0.784	1.319	1.691	1.691
Total	1.041	1.430	2.647	3.998

25. **Efficiencies/Savings** - the transformation work in Adult Services to ensure people receive the right level of care and are able to stay in their homes longer has reduced the cost of residential care placements and exceeded the estimated target. The saving does however reduce in future years due to increasing inflationary costs. Further significant savings have been achieved in financing costs where increased activity in the Council's Joint Ventures in house building have been successful with returns to the Council higher than initially anticipated.
26. **Service demand** –The largest service demand pressures are the external residential placements and Independent Fostering placements in Children's Services with an anticipated pressure of £1.85m. The cost of children's care is being highlighted at a national level as local and national trends are showing an upward trajectory with cases becoming more complex with and the cost of external placements increasing. Work is on-going in the Children's transformation project to try and reduce the expenditure, however the likelihood of reducing this further in the short term is limited, with the more likely scenario being the establishment initiatives which will to stem demand and growth in this area. This pressure has been reduced over the MTFP life however there is a significant risk that this cannot be achieved. This is being taken into account in the risk contingency provision discussed below. Another linked demand pressure is the legal costs of associated with children entering care of £0.146m per annum.
27. These demand pressures are high and increasing and whilst the service is looking for innovative ways to reduce the cost and future demand these children are among the most vulnerable in society and need help and protection. The Council is fully committed to investing the resources needed in these children to ensure they are safeguarded and have a bright future.
28. **Reduced income** – the main area of income reduction is the loss of the troubled families grant from 2020/21. The Council receives £0.530m per annum which supports our core staffing in children's social care. To reduce the staffing to the level required to cover this pressure would render the service unsustainable. Further reductions relate to changes to DSG funding and the council's rechargeable element.
29. **Other** – there are a number of other pressures including increases in coroners pay following a national review, software upgrade pressures in particular Microsoft 365, this should however assist with future productivity, ICT anti-virus contract renewal where

prices are increasing due to the increased complexity and of cyber-attacks and partnership contributions. Furthermore government funding will cease this year for a trail blazing project which tackles vulnerable adult homelessness. As the project is successful and good outcomes are being achieved, gap funding is required for a further year whilst an alternative funding source is secured. This gap is being jointly funded in partnership with Police Crime and Victims Commissioner

30. **Crown Street and Cockerton Library** – as noted previously at the 11 September 2018 Cabinet meeting Members revised their decision to relocate the Crown Street library, the cost of this proposal is £0.220m and includes the financing of the refurbishment costs. There is also a financial implication following the withdrawal of support in regard to Cockerton Library which was proposed to be volunteer led.
31. **Risk Contingency** – as noted earlier there are a number of risks pressures which have been identified but at this point it is not certain when or if they will come to fruition. They do however differ from monies set aside in the risk reserve as they are known risks with a significant likelihood some will happen. The numbers in these noted risks are high and it is therefore prudent to recognise them in the budget but without allocating them to individual service budgets. Following a review of these risks it is recommended that a prudent level would be at 60% of the total risk and this has been included in the risk contingency line. The four risks identified are;
- (a) Learning Disability – rising cost of ordinary residency placements in Adult services and five high costs cases the services are alerted to.
 - (b) Adult care – Demand and complexity pressures – whilst the service has reduced demand for residential placements over the last few years the elderly population is growing along with increased complexities. The service are mindful that we are at base level and pressures are likely to materialise in the coming year/s.
 - (c) Children Services - Independent fostering placements and independent residential placements – As noted above the Children’s services transformation programme is looking at ways to reduce expenditure in this area, an example being the newly established Edge of Care team which looks to support children and families to stop the children having to come into care. There are targets set for a reduction over the next four years but given the increasing demand and the spiralling costs of external placements there is a significant risk they won’t all be achieved.
 - (d) School Transport. The service is overspending in the current year and this is anticipated to rise over the coming years. The Council is currently consulting on SEND Transport arrangements and pending the outcome of the consultation it is proposed that changes to the way transport is delivered will reduce the current projected overspend occurring for this service. Notwithstanding this as a significant area of overspend related to out of borough placements and savings rely on these children being brought back to Darlington provision where there is currently not enough provision.

32. Taking all of the above savings and pressures into account the projected expenditure is shown in the table below:-

	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m
Children and Adult Services	55.607	56.298	57.747	59.602
Economic Growth & Neighbourhood Services	20.173	20.689	21.772	22.355
Resources	10.062	10.194	10.402	10.636
Financing costs	0.997	1.231	1.358	1.650
Joint Venture – Investment Return	(1.212)	(1.028)	(0.812)	(0.517)
Council Wide Pressures/(savings)	(0.108)	(0.110)	(0.046)	0.181
Risk Contingencies	0.784	1.319	1.691	1.691
# Pensions backfunding provision	(2.453)	0.000	0.000	0.000
Apprentice levy	0.197	0.199	0.201	0.201
Total Expenditure	84.047	88.792	92.313	95.798

the pension backfunding provision relates to the upfront pension deficit payment made by the Council in 2017/18 saving £0.465m. The mechanism is to capitalise appropriate revenue expenditure which creates a credit in the revenue account.

Projected Income

Core Grant Funding to Local Government

33. As mentioned earlier, the Council submitted an Efficiency Statement which was approved and guaranteed our level of Revenue Support Grant (RSG) until 2019/20. Therefore the resource levels are as per the current MTFP. It must be noted however that this represents a further £2.8m reduction in RSG for 2019/20. This is a significant sum in particular in context of reduction that have already been made and also in the context of our current pressure which would be funded in their entirety for the next three years if this grant wasn't being cut.
34. In terms of New Homes Bonus (NHB) this is included in core Government funding as it is top sliced from RSG. However in the 2017/18 Local Government Finance Settlement changes to the formula were announced and there is now a national baseline of 0.4% with no NHB paid until the increase in numbers is above this limit, which for Darlington is 164. The NHB payment of 6 years was reduced to 4 years in 2018/19.
35. The national saving in NHB of £240m in 2017/18 was converted into an Adult Social Care Support Grant of which Darlington's element was £0.503m. This grant however was for one year only whereas the NHB reduction is on an annual basis putting further pressure on our finances.
36. As part of the Economic Growth Strategy, the Council is working towards increasing housing numbers to meet the needs of our population particularly as the economy is growing well and new jobs being created with a subsequent inward migration and increased demand for housing. There are a high number of planning applications being granted and whilst some of the developments are slow to come to fruition there has been a positive increase in properties being built. The current financial incentives in terms of NHB are £1,591 per band D equivalent property with an additional £350 for

affordable housing. In addition the Council also receives additional Council Tax for each property. Clearly housing growth is key to sustaining the Councils MTFP.

37. Members will recall that previous year changes to the NHB scheme along with the reduction in RSG funded the Additional Better Care Fund (BCF) which was separate to the funding stream allocated direct to the NHS. This was in recognition that Councils were under significant pressure in regards to social care funding, it was however only allocated until 2019/20. For estimate purposes it has been assumed this funding will continue given it is part of the core funding settlement.
38. Set out in the table below are the latest projections which show a further £2.934m reduction in cash terms, in real terms (which assumes inflation) this equates to £4.3m.

	2018/19	2019/20	2020/21	2021/22	2022/23
	£m	£m	£m	£m	£m
Revenue Support Grant	6.334	3.556	3.102	3.102	3.102
Top up Grant	7.019	7.175	7.318	7.465	7.614
New Homes Bonus	1.830	1.675	1.501	1.840	1.856
Better Care Fund	3.157	3.855	3.147	3.147	3.147
Adult Social Care Support Grant	0.313	0.000	0.000	0.000	0.000
TOTAL	18.653	16.261	15.068	15.554	15.719

39. What happens to Local Government funding beyond 2020 is unknown, the Government had announced that it would be reviewing the system and was proposing to allow Councils to keep 100% of NNDR subject to some equalisation of resources and safety nets. In return Local Government will receive no RSG and take on additional responsibilities and costs. Following the national election and the priority given to Brexit the full review of Local Government Finance has been delayed so any changes that happen will only take place where there is no need for legislative changes; this means a 100% business rate retention scheme cannot happen. The government is now aiming for 75% business rate retention by 2020/21, alongside system reset and implementation of the Fair Funding Review.
40. Progress on the Fair Funding Review remains slow, the initial timetable promised an outline of the system in Autumn/Winter 2018 for consultation with indicative numbers in early summer 2019, followed by final numbers that autumn and implementation in April 2020. Soundings now are that it will be very difficult to actually have it up and running for 2020/21. This change puts a level of uncertainty into the system and planning at this stage beyond 2020 is challenging.

Budget announcements

41. On the 29th October the Chancellor delivered his budget statement with some potentially beneficial one off funding streams. The allocations for both the Social care and Local Highways Maintenance monies have been received as below.
42. Social Care Funding – for adults £240m winter pressures money in 2018/19 and 2019/20 with a further £410m in 2019/20 for children and adult services. For Darlington the £240m winter pressures money equates to £0.501m and is welcomed, however this funding needs to be agreed in a plan with the NHS and it is anticipated this will come

with additional expenditure requirements so cannot be used as core funding in either year. The funding allocation for the remaining £410m is £856m for Darlington and can be used for Children and/or Adult Services. Again this is welcomed although it will only address some short term pressures and not the full extent of all immediate pressures. As members will have noted above the children’s services pressures are significant and anticipated at £4.8m over the MTFP. This funding will therefore be utilised to assist in this investment into our children.

43. Local Highways Maintenance Funding - £420m. To tackle potholes, repair damaged roads, and invest in keeping bridges open and safe. We have been notified of Darlington’s allocation which is £0.720m all of which is capital grant and must be spent by March 2019 so will not show in the new MTFP.
44. Future High Streets Fund - £675m – will support local areas to develop and fund plans to make their high streets and town centres fit for the future. At present there are no further details on this funding and how it will be allocated or bid for, however we are preparing a bit to meet anticipated criteria.
45. Given the above the only income taken into account in this MTFP is the one off estimated £0.856m for Children and Adult Social Care.

	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m
Adult and children’s one off funding	0.000	0.856	0.000	0.000	0.000

Council Tax Income

46. As a direct consequence of reductions in Government funding Council Tax is now by far the largest single funding stream and will increase further as a percentage over the coming years as it represents 58% of all income in 2018/19 increasing to 62% by 2022/23. The on-going increases reflect the Cabinet’s continued view that income from Council Tax must increase to protect key services. Members will recall that a 1% increase in Council Tax increases annual revenue by £0.480m and that Darlington has the second lowest Council Tax in the North East Region.
47. The 2018/19 LGFS gave Local Authorities more flexibility by increasing the Council Tax referendum limit to 2.99%. Although we haven’t been given the limits for 2019/20 it is safe to assume it will be at the same 2.99% level and therefore the level set out for consultation.
48. Planning estimates anticipate growth levels to be an average of 470 band D equivalent properties over the period of this plan which is a growth on the tax base of 1.50% and higher than anticipated in the current MTFP. These figures have been used to prepare the estimates; clearly should this be any different income levels will differ. The collection rate is anticipated to remain at 99% in 2019/20.

49. Taking the above into account Council Tax income over the period of this plan is estimated as follows :-

	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m
Total Council Tax anticipated	47.331	49.496	51.802	54.030	56.331

National Non Domestic Rates

50. The Council retains 49% of NNDR collected and can gain or lose depending on whether the net tax collected increases or decreases. The Government via the valuation office sets rateable values and the rate paid in the pound is increased each year in line with the Consumer Price Index (CPI). The business tax-base is far more volatile than the council tax base and requires very close monitoring. In addition to the potential to “lose” income due to business closures the Council also carries the risk of losing appeals by businesses against valuations.
51. Member will recall one of the three conditions identified to help the Council tackle the austerity measures and government grant cuts was to grow the economy. The Council’s Economic Strategy gives priority to increasing business within the borough and significant effort has been put into achieving growth. This has been rewarded with a positive net increase in projected NNDR collected over the coming MTFP, including the large development at Symmetry Park. Notwithstanding this major developments and attracting businesses into the Town by their very nature take time and upfront investment so this is an area which needs continued prioritisation pump prime funding so growth can continue. It needs to be remembered that net growth in NNDR collected relies on growth outstripping revaluations and reductions which can be challenging in the current economy.
52. The in-year collection rate target for NNDR is 98.0% and as at the end of October 2018 the actual collection figure is 64.8% with five months to go and so is on track to achieve the target.
53. Taking the above into account the projections of NNDR are shown below

	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m
NNDR	14.963	16.147	17.720	18.049	18.385

Collection Fund

54. The Collection Fund account reflects the statutory requirements for the Council to maintain a separate Fund in relation to the operation of Council Tax and Business Rates Retention Scheme (BRRS). The Fund records all of the transactions for billing in respect of Non Domestic Rates (NNDR) and Council Tax, exemptions and discounts granted, provision for bad debts and appeals and payments made to the Council’s General Fund, the Police and Fire and Rescue precept authorities and Central Government.

55. Due to the positive economic growth over the last few years a number of large schemes have now come to fruition such as the Feethams leisure development, with the corresponding increase in NNDR. This in turn has had a positive impact on the collection fund reserve of £3.600m which can now be released into reserves to help fund the MTFP.

Other Grants

56. Set out below are the estimated specific grants which are included in service estimates at Appendix 1.

	2019/20 £m
Public Health Grant	8.224
PFI	3.200
Troubled Families Grant	0.525
Discretionary Housing Payments	0.239
Youth Justice Board	0.222
Local Reform & Community Voices	0.057
Adult & Community Learning	0.968
Individual Electoral Registration	0.007
Staying Put	0.050
Bikeability	0.029
ACCESS	0.552
HLF	0.065
	14.138

Total Income

57. The table below summaries the Council's estimated income for the period of this plan which thanks to increased economic growth and house building activity, and the subsequent increases in council tax and NNDR, confirms a much needed increase in income despite the reductions in government grant, albeit not in relative terms when taking inflation into account.

Resources - Projected and assumed	2018/19 £m	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m
Council Tax	47.331	49.496	51.802	54.030	56.331
Business rates retained locally	14.963	16.147	17.720	18.049	18.385
Top Up Grant	7.019	7.175	7.318	7.465	7.614
RSG	6.334	3.556	3.102	3.102	3.102
New Homes Bonus	1.830	1.675	1.501	1.840	1.856
Better Care Fund	3.157	3.855	3.147	3.147	3.147
Adult Social Care Support Grant	0.313	0.000	0.000	0.000	0.000
Additional Social Care Grant	0.000	0.856	0.000	0.000	0.000
Total Resources	80.947	82.760	84.590	87.633	90.435

Projected MTFP

58. Set out in the table below is the projections based on the income and expenditure analysis discussed in the previous sections of this report along with the required use of balances.

	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m
Estimated Expenditure	83.006	87.362	89.666	91.800
Add Pressures	1.041	1.430	2.647	3.998
	84.047	88.792	92.313	95.798
Projected Total Resources	(82.760)	(84.590)	(87.633)	(90.435)
Projected budget deficit	1.287	4.202	4.680	5.363
Utilisation of balances	(1.287)	(4.202)	(4.680)	(5.363)
Total	0.000	0.000	0.000	0.000

Revenue Balances

59. The table below shows the anticipated revenue balances taking into account the projected revenue outturn for 2018/19 which is detailed at **Appendix 5** along with the assessment of required risk balances as set out in **Appendix 6** and the utilisation of revenue balances as set out above to fund the projected budget deficit. The reserves position has improved against the current MTFP and as can be seen there remains a closing balance of £0.595m by 2022/23:-

	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m
Revenue Balances				
Opening balance	16.606	12.876	9.674	5.994
2018/19 social care grant	0.307			
Risk Reserve	(4.350)	0.000	0.000	0.000
Contribution from Collection fund	1.600	1.000	1.000	0.000
Contribution to/(from) balances	(1.287)	(4.202)	(4.680)	(5.363)
Closing balance	12.876	9.674	5.994	0.631

60. The unallocated balances rely on building around 470 houses per year, no significant overspending, assumptions of additional income in the budget statement materialising and a Council Tax increase of 2.99%. We therefore need to be cautious but understand the need to invest into our services as much as possible to stimulate growth and tackle inequality.
61. Members will recall that the recent strategy for using unallocated balances has been to
- (a) To minimise on-going committed annual spending to assist and work towards eradicating future years funding gaps.
 - (b) Invest into the Futures Fund to stimulate growth over the four years of the MTFP.

Futures Fund

62. As noted earlier Council allocated £4.1m to the futures fund, £0.400m pa over the MTFP life for ongoing funding for Community Safety and Maintaining an Attractive Street Environment and this funding is being utilised for those purposes. The remaining £2.5m was split equally between the five themes and the current commitments along with remaining balances are shown below;

Theme	Budget £m	Committed £m	Balance £m
Theme 1 - Community Safety	0.500	0.476	0.024
Theme 2 - Maintaining an Attractive Street Scene Environment	0.500	0.000	0.500
Theme 3 - Maintaining a Vibrant Town Centre	0.500	0.486	0.014
Theme 4 - Developing an Attractive Visitor Economy	0.500	0.000	0.500
Theme 5 - Neighbourhood Renewal	0.500	0.101	0.399
Total	2.500	1.063	1.437

63. To date £1.063 has been committed to the futures fund themes with a balance of £1.437m remaining. A summary of commitments is noted below

Futures Fund - Theme 1 - Community Safety

64. £0.476m of the fund has been committed on staffing across the four years. This is to improve resilience and robustness in this newly formed team. The position will be reviewed when the team is fully resourced and functioning and resource altered and prioritised as necessary.

Futures Fund - Theme 2 – Maintaining an Attractive Street Scene Environment

65. The one off funding has not been committed yet. The core funding allocated of £0.300m per annum has already made a big impact on the street environment. Grass cutting returned to a 12-15 day cycle which improved the look of the borough over the summer period and more frequent cleanses and litter picks have made a noticeable difference. Floral displays helped in achieving the Northumbria in bloom awards accolades.

Futures Fund - Theme 3 – Maintaining a Vibrant Town Centre

66. The Town Centre faces a number of challenges as do many towns across the country due to the increase in on-line shopping and out of town retailing. £0.486m of the funding has been committed across a number of areas including a one of grant to the House of Fraser to facilitate the store remaining open following the financial difficulties they face and the announcement of store closures across the country. We have invested in a Town Centre partnership officer position and also committed to a full events programme to target more footfall.

Futures Fund - Theme 4 – Developing an Attractive Visitor Economy

67. No funds have been committed against this theme at present as it was to be mainly focused on the Experience Darlington Strategy or the 2025 200th Anniversary of the opening of the Stockton and Darlington Railway to pump prime investment and match fund initiatives on these and other culture opportunities.

Futures Fund - Theme 5 – Neighbourhood Renewal

68. Despite the significant work undertaken to reduce the inequality gap through the One Darlington Strategy the austerity measures have had a negative impact and poverty and inequality remain significant barriers to all of our communities enjoying a good quality of life. £0.101m has been committed against this theme with £0.050m to the Darlington Credit Union to enable them to continue work in addressing financial hardship and deprivation across households and neighbourhoods in Darlington. Also £0.015m to fund a holiday hunger scheme through the school holidays and £0.036m to support work to embed community wealth building across the Council and partners.

Use of balances

69. Given the pressure on budgets and the limited funds for discretionary services it is proposed the £0.600m of the unallocated balances is utilised for the futures fund and the allocation between funds is delegated to Cabinet depending on need throughout the period.

Capital Expenditure

70. Capital expenditure is significant, one off expenditure used to purchase or improve assets to enable the Council to deliver its priorities, for example purchasing land to enable road improvements or investing in modernising school buildings and housing. The Council continues to deliver a significant capital investment programme in the main funded from the Housing Revenue Account (HRA) and external funding which is targeted at specific schemes and programmes such as Transport and Schools.
71. The Council can also supplement Government Capital and funding from its own resources such as capital receipts which are scarce in these times of austerity and or prudential borrowing which has future revenue implications. The Capital programme set and agreed by Council last year laid out a four year plan, in addition there are some significant pressures on our own council assets which require attention over the next year, including the heating system at Harewood House, renewing the louvres in the Town Clock Tower and damp proofing at the Head of Steam Goods Shed. As capital receipts are limited and required for the previously agreed Economic Growth Investment Fund prudential borrowing of £1m is proposed to facilitate these requirements over the life of the MTFP. These schemes will be prioritised and a detailed report will come to Cabinet to release the funds before work commences.
72. Attached at **Appendix 8** is the latest capital programme which has regular updates as decisions are made and external funding becomes available. The following paragraphs describe the major elements of the programme. Specific scheme approvals will be subject to detailed reports to Cabinet.
73. Set out below are details of the levels of Government funding available for investment by the Council in 2019/20 and outline proposed use of such funds, the detailed use of the funds will be subject to detailed reports to Cabinet.

	2019/20 £m
Children's Services	
School Condition Allocation	0.110
Transport	
Local Transport Plan	2.575
Local Growth Fund	0.425
Pothole Action Fund	0.095
National Productivity Investment Fund	1.855
Other Capital Programme	
Disabled Facility Grant	869
Total Capital Grants Available	5.929

Children's Services

School Condition Allocations

74. The Local Authority now only receives school condition funding for Community Maintained Schools. Maintenance funding for Academies is available through other routes. This funding received by the Local Authority will be spent in line with key priorities identified with each maintained school through the locally agreed asset management planning (LAMP) process, carried out each January. There are no strict spend deadlines for these small scale condition related projects which are prioritised and completed as funding becomes available.

Transport and Highways

75. The following works are proposed for delivery in 2019/20;

76. The Department for Transport (DfT) releases capital funding to the Tees Valley Combined Authority (TVCA) under the devolution deal, to implement the Local Transport Plan (LTP) based on a needs formula. A new Local Transport Plan is currently in draft form as the Strategic Transport Plan for the Tees Valley which is due for consultation and publication early 2019. There will be a number of further documents under the Strategic Plan including a Local Implementation Plan for each local authority area, which will effectively replace the individual local authority's LTP's. Currently the TVCA has agreed to passport the LTP allocation of funding to the local authorities and it is assumed that this will continue in 2019/20. The allocation is made up of two blocks of funding; the Integrated Transport Block and Highways Capital.

77. In 2019/20 the indicative amounts are £0.886m allocated for the Integrated Block and £1.689m for the Highways Maintenance Block (comprising £1.398m maintenance and £0.291m incentive funding). These will fund an agreed priority of maintenance of highway assets, management of the highway network and improvement.

78. An Expression of Interest has been submitted to the TVCA for Local Growth Fund Sustainable Access to Employment programme funding for £0.425m. If successful this will fund works on Victoria Road to improve sustainable and public transport links with Darlington.

79. In 2017/18 a successful bid was made to the National Productivity Investment Fund (NPIF) to improve the route between the A66 and Darlington town centre. 2019/20 is the final year of this two year funding and Darlington will claim a further £1.855m. This will continue to fund the following schemes: -

- (a) McMullen Road roundabout scheme to increase capacity and traffic flow along Yarm Road and to facilitate access into Ingenium Parc.
- (b) To signalise Lingfield Way/Yarm Road junction to improve bus reliability and punctuality; improve access into the Business Park and Industrial Estate for all modes including by bike through the creation of an off road cycle route; and to improve traffic flow on Yarm Road.
- (c) To change the layout of the throughabout junction on Haughton Road and create more capacity to improve traffic flow, whilst retaining good walking and cycling crossing points and routes.

Disabled Facility Grants

80. These grants are available if you are disabled and need to make changes to your home with examples being:

- Widen doors and install ramps,
- Improve access to rooms and facilities – e.g. stairlifts or a downstairs bathroom,
- Provide a heating system suitable for your needs, and
- Adapt heating or lighting controls to make them easier to use.

Housing

81. All Housing Capital schemes are funded fully from the Housing Revenue Account. The priorities identified through the Housing Business Plan to be funded from the estimated capital resources for 2019/20 include:-

- (a) Adaptations and lifts – £0.150m budget is to deliver adaptations within the Council's housing stock to enable tenants with a disability to remain in their own home and live independently across the Borough and to complete any unplanned major works to passenger lifts within sheltered and extra care schemes.
- (b) Heating Replacement - £0.950m to fund new condensing boiler and central heating upgrades. This work will predominantly be completed in the following areas: Park Place and Dodds Street. There will also be some miscellaneous properties which will be included in the programme and we will be running a "just in time" programme of replacement for those boilers that fail before their due replacement date within the financial year.
- (c) Structural Repairs - £0.500m has been set aside to address any structural issues that may be identified within the year.
- (d) Lifeline Services - £0.050m is set aside to continue to provide upgrades to Lifeline equipment.
- (e) Repairs before Painting - £0.100m will be invested in joinery repair works in anticipation of the cyclical external painting programme. This will predominantly be in the Haughton, Springfield and Firthmoor areas of the Borough.
- (f) Roofing – £0.700m for the replacement of roofs, fascia's, soffits and rainwater goods alongside the top-up of loft insulation where appropriate. The programme will primarily be in the Geneva Road area.
- (g) Garages - £0.050m will be invested in improvements to the Council's garage blocks in areas to be determined, which will include Nightingale Road and demolition of poor condition garages in Lock street.
- (h) External Works - £0.300m will be used to provide new rear dividing fences and new footpaths to Council properties across areas including Tennyson Gardens and Hilda Street.
- (i) Smoke Detectors - £0.025m is required to replace existing hard wired smoke and heat detectors where systems are now 10 years old and reaching the end of their recommended lifespan.

- (j) Pavement Crossings - £0.032m has been identified to fund pavement crossings across the Borough.
- (k) Replacement Door Programme - £0.350m will be used to replace external doors in the Springfield area.
- (l) Window Replacement - £0.500m has been identified to replace windows across the Borough. These areas will be determined based on those in the poorest condition.
- (m) Internal planned maintenance – £1.980m for the replacement of kitchens and bathrooms, rewiring of electrical systems and heating system upgrades where required. This work will predominantly be completed in Branksome. There will also be some miscellaneous properties which will be included in the programme and we will incorporate additions to the programme when void properties which have been omitted from previous year’s programmes become available.
- (n) Communal Works - £0.100m is required to replace communal doors and screens in the North Road Estate.
- (o) New Build - £16.480m will be spent completing the current new build programme.

Consultation

The MTFP will be subject to consultation between the 11 December 2018 and the 25 January 2019

Conclusion

- 82. The MTFP as agreed by Council remains deliverable but as previously acknowledged it is not without risk and challenges. Some risks previously identified have occurred and the recommendations within this report address the associated financial implications. The proposed MTFP includes the retention of risk balances to offset further unforeseen risks and the provision of a risk contingency to cover significant value risks which are already known.
- 83. The Council still has the financial capacity to deliver a four year balanced MTFP which puts it in a much stronger position than many Councils, however this is at the cost of reductions in service levels. To mitigate some of these reductions the Council agreed to utilise available revenue balances to create five Future Fund Investments themes which will stimulate growth and assist in delivery of One Darlington Perfectly Placed outcomes to be utilised over the four years of the current MTFP. A further £0.500m has been identified and it is recommended this is used to supplement the futures fund themes. Despite further grant cuts and significant pressures faced in Children’s services, the proactive stance taken in growing the economy is working and assisting in minimising on-going committed annual spending to assist and work towards eradicating the unfunded budget gap in 2023/24 and.
- 84. Planning beyond the current MTFP is extremely difficult given the uncertainty around the new Local Government financial system planned for 2020 and such issues as the impact of BREXIT on the Country’s finances. The proposed plan will allow the new Council elected in 2019 to inherit a balanced MTFP to 2022/23 giving it time to assess the impacts of the changing landscape and make its decision on how it will address the

financial position it faces. Current planning suggests there will be a budget deficit of approximately £5.4m for the new Council to address however for the reason above, this will almost certainly change but at this stage it is not possible to know whether the change will be positive or negative.

85. In summary, the Council continues to face significant financial challenges however the MTFP remains deliverable on conditions – economic growth, house building, no further pressures, fair funding review, fair settlement
86. As the Council's Statutory Chief Financial Officer, the Assistant Director Resources, must advise the Council on the robustness of the budget and adequacy of reserves. The budget presented to Members in this report has been based on the most accurate information available therefore the Assistant Director is confident that they are an accurate reflection of the Council's financial position. General Reserves are adequate however the Council is carrying a significant risk in terms of the need to reduce expenditure, it is essential that growing pressures in children's services are addressed through transformation and implemented as the Council will be operating with minimum levels of balances to fund any future cost pressures.

APPENDICES

Appendix 1	Detailed Estimates
Appendix 2	Budget Pressures / Savings
Appendix 3	Fees and Income Proposals
Appendix 4	Assumptions used to prepare estimates
Appendix 5	Projected Revenue Outturn 2018/19
Appendix 6	Assessment of Risk Balances
Appendix 7	Proposed MTFP 2019 to 2023
Appendix 8	Capital Programme 2019 to 2023

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REVENUE ESTIMATES 2019/20 - Summary

APPENDIX 1

	2018/19	2019/20			
	Net Budget	Gross Budget	Income	Grants	Net Budget
	£000	£000	£000	£000	£000
Children and Adults	55,781	109,317	(15,217)	(38,493)	55,607
Economic Growth & Neighbourhood Services	20,002	103,625	(42,490)	(40,962)	20,173
Resources	9,749	12,418	(2,349)	(7)	10,062
Group Totals	85,532	225,360	(60,056)	(79,462)	85,842
Financing Costs	1,071	997	0	0	997
Joint Venture - Investment Return	(156)	(1,212)	0	0	(1,212)
Council Wide Pressures / Savings	84	(108)	0	0	(108)
Contingencies	325	(1,472)	0	0	(1,472)
Grand Total	86,856	223,565	(60,056)	(79,462)	84,047

Revenue Estimates 2019/20
CHILDREN & ADULT SERVICES

	2018/19	2019/20			
	Net Budget	Gross Budget	Income	Grants	Net Budget
	£000	£000	£000	£000	£000
Director of Adults & Children's Services	181	185	0	0	185
Children & Adult Services					
Transformation & Performance	511	671	(119)	(35)	517
Business Support	1,219	1,297	(38)	0	1,259
Children's Services					
Children's Services Management & Other Services	492	522	0	0	522
Assessment Care Planning & LAC	3,012	2,934	0	0	2,934
First Response & Early Help	2,110	2,740	0	(489)	2,251
Adoption & Placements	11,341	12,215	(92)	(50)	12,073
Youth Offending / ASB	251	610	(127)	(223)	260
Quality Assurance & Practice Improvement	454	554	(112)	0	442
Development & Commissioning					
Commissioning	2,083	2,232	(93)	0	2,139
Workforce Development	209	204	0	0	204
Voluntary Sector	424	339	0	(57)	282
Education					
Education	2,114	22,979	(1,157)	(19,549)	2,273
Schools	0	9,866	0	(9,866)	0
Transport Unit	0	0	0	0	0
Public Health & Community Safety					
Public Health	99	8,323	0	(8,224)	99
Healthy New Towns	243	0	0	0	0
Adult Social Care & Health					
External Purchase of Care	25,180	35,634	(11,570)	0	24,064
Intake & Enablement	644	1,951	(1,294)	0	658
On-going Long Term Care - Older People	1,346	1,499	(112)	0	1,387
On-going Long Term Care - Physical Disability	5	56	(52)	0	4
On-going Long Term Care - Learning Disability	1,618	1,680	(55)	0	1,625
On-going Long Term Care - Mental Health	934	1,391	(397)	0	994
On-going Long Term Care - Disabled Children's	447	454	0	0	454
Service Development & Integration	864	981	0	0	981
Total Adults & Children's Services	55,781	109,317	(15,217)	(38,493)	55,607

Economic Growth & Neighbourhood Services

	2018/19	2019/20			
	Net Budget	Gross Budget	Income	Grants	Net Budget
	£000	£000	£000	£000	£000
<u>Director of Economic Growth & Neighbourhood Services</u>	165	170	0	0	170
<u>Planning, Economic Initiatives & Asset Management</u>					
AD Economic Initiative	129	132	0	0	132
Building Control	147	299	(154)	0	145
Built & Natural Environment	166	153	0	0	153
Consolidated Budgets	128	146	0	0	146
Development Management	(87)	608	(686)	0	(78)
Economy	258	265	0	0	265
Environmental Health	283	312	(15)	0	298
Experience Darlington	40	40	0	0	40
Place Strategy	374	370	(26)	0	344
Property Management & Estates	(603)	485	(1,088)	0	(604)
<u>Capital Projects, Transport & Highways Planning</u>					
AD Transport & Capital Projects	122	126	0	0	126
Building Design Services	33	512	(475)	0	37
Capital Projects	206	287	(110)	0	178
Concessionary Fares	3,259	3,253	0	0	3,253
Flood & Water Act	82	84	0	0	84
Highways	2,618	3,123	(644)	(29)	2,450
Highways - DLO	(449)	6,989	(7,438)	0	(450)
Investment & Funding	399	178	(177)	0	2
Regeneration Projects	142	188	(47)	0	142
Sustainable Transport	197	785	(40)	(552)	193
<u>Community Services</u>					
AD - Community Services	122	126	0	0	126
Allotments	9	22	(11)	0	11
Building Cleaning - DLO	111	726	(580)	0	146
Cemeteries & Crematorium	(812)	635	(1,474)	0	(839)
Dolphin Centre	504	3,305	(2,773)	0	532
Eastbourne Complex	(19)	79	(128)	0	(49)
Emergency Planning	94	95	0	0	95
Head of Steam	232	300	(58)	0	242
Hippodrome	81	4,581	(4,425)	(65)	91
Indoor Bowling Centre	21	25	(12)	0	13
Libraries	848	752	(53)	0	699
Markets	2	0	0	0	0
Move More	0	116	(116)	0	0
Outdoor Events	227	358	(22)	0	336
School Meals - DLO	31	737	(692)	0	45
Heritage & Culture Fund	118	103	0	0	103
Street Scene	4,887	6,813	(1,797)	0	5,017
Transport Unit - Fleet Management	(18)	58	(77)	0	(18)
Waste Management	2,745	2,827	0	0	2,827
Winter Maintenance	417	424	(2)	0	422
<u>Community Safety</u>					
CCTV	233	599	(348)	0	252
Community Safety	95	154	(19)	0	136
Community Safety Enforcement	152	255	(17)	0	238
General Licensing	0	159	(159)	0	0
Parking	(1,227)	1,428	(2,562)	0	(1,134)
Private Sector Housing	40	58	(5)	0	53
Stray Dogs	48	44	(1)	0	43
Taxi Licensing	0	149	(149)	0	0
Trading Standards	223	237	(6)	0	231

Economic Growth & Neighbourhood Services (continued)

	2018/19	2019/20 APPENDIX 1			
	Net Budget	Gross Budget	Income	Grants	Net Budget
	£000	£000	£000	£000	£000
Building Services					
Construction - DLO	(417)	10,836	(11,233)	0	(397)
Maintenance - DLO	(379)	3,166	(3,538)	0	(372)
Other - DLO	55	0	0	0	0
Corporate Landlord	2,455	3,108	(393)	0	2,715
General Support Services					
Works Property & Other	105	107	0	0	107
Joint Levies & Boards					
Environment Agency Levy	105	109	0	0	109
Outside Contributions	51	53	0	0	53
Housing					
Local Taxation	435	775	(272)	(147)	356
Rent Rebates / Rent Allowances / Council Tax	(132)	39,539	(132)	(39,539)	(132)
Housing Benefits Administration	168	822	0	(631)	191
Customer Call Centre	351	757	(288)	0	469
Homelessness	301	397	(97)	0	300
Service, Strategy & Regulation and General Services	131	284	(154)	0	130
Total Economic Growth & Neighbourhood Services	20,002	103,625	(42,490)	(40,962)	20,173

Revenue Estimates 2019/20
Resources

	2018/19	2019/20			
	Net Budget	Gross Budget	Income	Grants	Net Budget
	£000	£000	£000	£000	£000
Managing Director	251	259	(64)	0	195
Darlington Partnership	17	101	(84)	0	17
AD Resources					
Financial Services & Governance	1,375	1,668	(331)	0	1,337
Financial Assessments & Protection	211	272	(40)	0	232
Communications & Engagement	900	996	(145)	0	851
Systems	729	758	(7)	0	751
Xentrall Services (D&S Partnership)	1,493	2,280	(659)	0	1,621
Human Resources	584	825	(241)	0	584
Health & Safety	126	189	(56)	0	133
AD Law & Governance					
Complaints & Freedom of Information	170	188	(4)	0	184
Democratic Support	1,251	1,350	(24)	(7)	1,319
Registrars of births, deaths and marriages	(35)	243	(254)	0	(11)
Administration	648	802	(98)	0	704
Legal & Procurement	1,079	1,503	(331)	0	1,172
Coroners	197	200	0	0	200
AD ICT	753	784	(11)	0	773
Total Resources	9,749	12,418	(2,349)	(7)	10,062

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Pressures/Savings	Estimate 19/20 £m	Estimate 20/21 £m	Estimate 21/22 £m	Estimate 22/23 £m
Savings				
Concessionary Fares - NESTI funding secured until 2020/21	(0.049)	(0.049)	0.000	0.000
Street Lighting energy savings from replacement columns	(0.130)	(0.130)	(0.130)	(0.130)
Richmond Council - increased legal services Income	(0.016)	(0.017)	(0.019)	(0.020)
Adults - Net reduction in packages after inflation	(1.122)	(1.019)	(0.505)	(0.068)
Additional Joint Venture (Interest + Profits) - due to increased activity	(0.540)	(0.583)	(0.353)	(0.090)
Financing Costs - lower than anticipated interest charges	(0.235)	(0.149)	(0.140)	0.184
	(2.092)	(1.947)	(1.147)	(0.124)
Increased Demand				
Childrens External Placements	1.165	0.577	0.038	0.072
Childrens Services legal costs and processes	0.146	0.146	0.146	0.146
Early Help - Missing from home and Child Sexual Exploitation contracts	0.015	0.015	0.015	0.015
LAC Education welfare call contract increase	0.019	0.019	0.017	0.016
	1.345	0.757	0.216	0.249
Price Inflation				
Inflation - Utilities/Waste Disposal/fuel etc increase	0.000	0.000	0.195	0.398
Increases in electricity (17%) and gas (18%) prices across the estate and street lighting	0.212	0.223	0.232	0.239
	0.212	0.223	0.427	0.637
Reduced Income				
Early Help -Trouble Families Grant ceasing	0.000	0.200	0.530	0.530
Decrease in DSG income affecting the LA overhead recovery	0.062	0.120	0.150	0.179
	0.062	0.320	0.680	0.709
Other				
Engineers - increased cost of moving software licences to cloud based system	0.011	0.011	0.026	0.026
Children Services staffing	0.154	0.256	0.282	0.311
Adults and children safeguarding board cost increases.	0.026	0.050	0.084	0.100
Vulnerable Adults homeless services,700 Club & CAB - 50% one year contribution	0.064	0.000	0.000	0.000
ICT - Microsoft 365 upgrade	0.108	0.063	0.000	0.000
ICT - Anti virus security	0.046	0.046	0.046	0.046
Coroners pay increase contribution	0.014	0.015	0.015	0.016
CACI insight system software	0.032	0.032	0.032	0.032
	0.455	0.473	0.485	0.531
Library changes				
Crown Street Library - ongoing costs of keeping library at Crown Steet	0.220	0.220	0.220	0.220
Cockerton Library budget reinstated	0.055	0.065	0.075	0.085
	0.275	0.285	0.295	0.305
Risk contingencies				
Learning Disability - provision for Ordinary Residency	0.162	0.323	0.323	0.323
Demand and complexity pressures - 15 beds included for future demand	0.188	0.188	0.188	0.188
Independent Fostering - placements - cost of not achieving a net reduction	0.154	0.325	0.496	0.495
Independent Residential - Placements - cost of not achieving a net reduction	0.154	0.325	0.495	0.496
Transport - School Transport - cost of not relocating children back in to Darlington	0.125	0.158	0.188	0.188
	0.784	1.319	1.691	1.691
Total net pressures	1.041	1.430	2.647	3.998

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SCHEDULE OF CHARGES 2019/20				
Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
LEARNING SKILLS - LEARNING FOR LIFE				
Standard Fee is £60 per course per term				
Full Fees (including enrolment and tuition fees) per hour	L	3.00	3.00	NIL
<p>Accredited Learning Full accreditation fee (if applicable) - if the course has a qualification there will be additional fees to pay for registration and certification.</p> <p>No fees will be charged for publicly subsidised courses where: Learners are aged 16-18 (on 31 August 2017) Learners are aged 19-24 (on 31 August 2017) with a learning difficulty and/or disability as evidenced through an Education, Health and Care (EHC) Plan or Learning Difficulty Assessment (LDA) Learners are aged 19 or older where the learning aim is up to and including level 2, and the learner is studying English or maths. Learners are aged 19-23 (on their first day of study) and are studying their first 'full' level 2 or first 'full' level 3, excludes English for speakers of Other Languages (ESOL). Learners are aged 19 or older where the learning aim is up to and including level 2 (including ESOL), the skills training will help them into work, and the learner is classed as unemployed and one or more of the following apply: · They receive Job Seeker's Allowance (JSA) - this includes those receiving National Insurance credits only, or They receive Employment and Support Allowance (ESA) and the learner is in the work-related activity group (WRAG), or They receive Universal Credit, earn less than 16 times the national minimum wage or £330 a month and are determined by Jobcentre Plus (JCP) as being in one of the following groups:</p> <ol style="list-style-type: none"> i. All Work Related Requirements Group ii. Work Preparation Group iii. Work Focused Interview Group <p>They are released on temporary licence (RoTL) and studying outside a prison environment and not funded through the Offender's Learning and Skills Service (OLASS).</p> <p><i>Evidence required: Letter of entitlement from Job Centre Plus indicating the date and claim or for copy of licence (RoTL) from Probation Service</i></p> <p>Learners aged 19-24 who are unemployed and on a Traineeship</p> <p>Courses with no public subsidy For learners aged 19 or above and where the learning aim is level 3 or above (except for exclusion above), learners will need to take out an Advanced Learning Loan, subject to funding availability. Further details can be found at: www.gov.uk/advanced-learning-loans</p> <p>Asylum Seekers – individuals will be assessed for eligibility in conjunction with SFA Special Fees – some courses have special fees, cost on application FE course – NVQ etc price on application</p> <p>The following courses are free: Family Learning, Functional Skills, Study Programmes and courses which are funded through external projects Additional Learning Support (ALS) is intended to enable disadvantaged learners to achieve their learning goal by providing funding, on top of programme funds, to help them overcome their barriers to learning. The funding is intended to be flexible and to help support learners who have a range of learning difficulties and/or disabilities.</p>				

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
REGISTRATION OF BIRTHS, DEATHS, MARRIAGES AND CIVIL				
The following fees do not incur VAT				
Marriages				
Entering a Notice of Marriage or Civil Partnership	N			
For a Registrar to attend a Marriage at the Register Office	N			
Civil Partnership Registration	N			
Incumbents for every Entry Contained in Quarterly Certified	N			
Copies of Entries of Marriage	N			
Registrars fee for attending a marriage at a registered building or for the housebound or detained	N			
Superintendents Registrar fee for attesting a notice of marriage away from his office for housebound or detained	N			
Superintendents Registrar fee for attending the marriage of the housebound or detained	N			These charges set nationally by Statute and will be charged at the advised rate for 2019/20
Certification for Worship and Registration for Marriages				
Place of Meeting for Religious Worship	N			
Registration of Building for Solemnisation of Marriage	N			
Certificates issued from Local Offices				
Standard Certificate (SR)	N			
Standard Certificate (RBD) (at time of Registration)	N			
Standard Certificate (RBD) (after Registration)	N			
Short Certificate of Birth (SR)	N			
Short Certificate of Birth (RBD)	N			
Certificates of Civil Partnership (at time of Ceremony)	N			
Certificates of Civil Partnership (at later date)	N			
General Search fee	N			
Each Verification	N			
Certificates				
Walk in Certificates	L	20.00	20.00	
European Passport return service checking	L	40.00	40.00	
All Ceremonies – Approved Premises				
Application Fee (3 years)	L	1,700.00	1,700.00	
Fee for Attendance Monday to Saturday	L	458.00	533.00	
Fee for Attendance Sunday	L	508.00	533.00	
Fee for Attendance Bank Holidays	L	508.00	533.00	
All Ceremonies – Town Hall				
Monday to Saturday	L	250.00	283.00	
REGISTER OF ELECTORS, OPEN REGISTER AND MONTHLY UPDATES - SALE				
The following fees do not incur VAT.				
Register – Printed Form	N	10.00	10.00	
Per 1,000 Names – Printed	N	5.00	5.00	
Register – Data Form	N	20.00	20.00	
Per 1,000 Names – Data	N	1.50	1.50	
LIST OF OVERSEAS ELECTORS – SALE				
The following fees do not incur VAT.				
List – Printed Form	N	10.00	10.00	
Per 1,000 Names – Printed	N	5.00	5.00	
List – Data Form	N	20.00	20.00	
Per 1,000 Names – Data	N	1.50	1.50	
MARKED COPY OF THE REGISTER OF ELECTORS AND MARKED ABSENT VOTERS LIST - SALE				
The following fees do not incur VAT				
Register – Printed Form	N	10.00	10.00	
Per 1,000 Names – Printed	N	2.00	2.00	
Register – Data Form	N	10.00	10.00	
Per 1,000 Names – Data	N	1.00	1.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
TOWN HALL				
Hire of Committee Rooms – all charges shown exclusive of VAT. Charges will be made plus the appropriate VAT rate. All rooms are to be charged by the hour, rather than by session Committee Rooms per hour				
	L	31.00	32.00	
				12,500.00
LAND CHARGES				
The following fees are inclusive of VAT				
Search Fees				
Standard Search - Residential Property (post or DX)	L	91.80	91.80	
Standard Search – Residential Property (electronic)	L	89.80	89.80	
Standard Search – Commercial Property (post or DX)	L	139.80	139.80	
Standard Search – Commercial Property (electronic)	L	137.80	137.80	
Con 29 Required				
Residential Property				
One Parcel of Land	L	76.80	76.80	
Several Parcels of Land – Each Additional Parcel	L	24.00	24.00	
Commercial Property				
One Parcel of Land	L	124.80	124.80	
Several Parcels of Land – Each Additional Parcel	L	24.00	24.00	
Con 29 Optional				
Each Printed Enquiry	L	6.00	6.00	
Own Questions	L	6.00	6.00	
Official Search – LLCI	L	15.00	15.00	
Official Search – NLIS (National Land Information Service) or email	L	13.00	13.00	
Expedited Search (Residential)	L	165.00	165.00	
Expedited search (Commercial)	L	225.00	225.00	
Personal Search	L	No charge	No charge	
				NIL

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
FINANCIAL PROTECTION SERVICES				
Category				
I. Work up to and including the date upon which the court makes an order appointing a deputy for property and affairs	N	745.00	745.00	
II. Annual management fee where the court appoints a local authority deputy for property and affairs, payable on the anniversary of the court order:				
- for the first year	N	775.00	775.00	
- for the second and subsequent years	N	650.00	650.00	
where the net assets are below £16,000, the local authority deputy for property and affairs will take an annual management fee not exceeding 3% of the net assets on the anniversary of the court order appointing the local authority as deputy				
Where the court appoints a local authority deputy for health and welfare, the local authority will take an annual management fee not exceeding 2.5% of the net assets on the anniversary of the court order appointing the local authority as deputy for health and welfare up to a maximum of £500.				
III. Annual property management fee to include work involved in preparing property for sale, instructing agents, conveyancers, etc or the ongoing maintenance of property including management and letting of a rental property	N	300.00	300.00	
IV. Preparation and lodgement of an annual report or account to the Public Guardian	N	216.00	216.00	
V. Conveyancing Costs				
Where a deputy or other person authorised by the court is selling or purchasing a property on behalf of P, the following fixed rates will apply except where the sale or purchase is by trustees in which case, the costs should be agreed with the trustees:	N	See Description	See Description	
A value element of 0.15% of the consideration with a minimum sum of £350 and a maximum sum of £1,500, plus disbursements				
Travel Rates are allowed at a fixed rate per hour for travel costs	N	40.00	40.00	
Please note that these rates are set by The Office of Public Guardian and are the rates as of 1st April 2017, these may be amended during 2019/20				
				NIL
DEFERRED PAYMENT FEES				
Administration cost for setting up a Deferred Payment Agreement		300.00	300.00	
plus cost of valuation (this will be dependant on property type)		200.00	Actual cost of valuation	
				NIL

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
LIBRARIES				
Fines On Overdue Items				
Adults – per day	L	0.15	0.15	
Maximum charge per book	L	5.10	5.10	
Senior Citizens – per day	L	0.10	0.10	
Maximum charge per book	L	3.10	3.10	
Children – per day	L	No charge	No charge	
Loan Charges for Audio Materials (1 week)				
CD's	L	1.00	1.00	
DVD's	L	1.50	1.50	
Reservation Fees for books and Audio Materials				
Adults	L	0.50	0.50	
Senior Citizens	L	0.25	0.25	
Children/Unemployed	L	0.25	0.25	
Reservation Fees for Books Obtained from Outside the Authority				
Single charge for all books obtained from other libraries	L	6.00	6.00	
Repeat Fee for Renewal of Books from Outside the Authority				
Single Charge for all books obtained from other local authorities	L	6.00	6.00	
Replacement Tickets				
Adults	L	1.20	1.20	
Senior Citizens	L	1.20	1.20	
Children/Unemployed	L	0.60	0.60	
Spoken Word				
Cassettes & CDs (3 Week Loan)	L			
Adults (who are not exempt) each	L	1.50	1.50	
Children each	L	No charge	No charge	
Language Courses (per element)				
Subscription for whole course to be paid in advance	L	1.35	1.35	
Local History Research				
Standard charge	L	5.00	5.00	
Specialist Research – per hour	L	30.00	30.00	
Photocopies				
A4 B&W	L	0.15	0.15	
A3 B&W	L	0.30	0.30	
Printing				
Text Printouts				
A4 B&W	L	0.15	0.15	
A3 B&W	L	0.30	0.30	
Image Printouts				
A4 B&W	L	0.80	0.80	
A4 colour	L	1.60	1.60	
Reproduction of Images from Stock				
Digital copies for Private/Study purposes – per photo	L	5.50	5.50	
Digital copies for small local commercial use – per photo	L	5.50 + 2 copies of publications	5.50 + 2 copies of publications	
Digital copies for local commercial use - per photo	L	10.50 + 2 copies of book	10.50 + 2 copies of book	
Digital copies for national/international commercial	L	110.00	110.00	
Scan and e-mail Service				
First sheet	L	1.00	1.00	
Each subsequent sheet	L	0.50	0.50	
Hire of Locker				
Internet Use				
Library members First 30 minutes FREE , Members & Non Members £1.00 per 30 minutes hereafter	L	1.00	1.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Lost & Damaged Items	L	Full current Replacement Cost (non-refundable)	Full current Replacement Cost (non-refundable)	
Fax				
Outgoing Transmission				
United Kingdom – per sheet	L	1.45	1.45	
Europe – per sheet	L	2.30	2.30	
USA/Canada – per sheet	L	2.80	2.80	
Rest of the World – per sheet	L	3.80	3.80	
Incoming Transmission – per sheet	L	0.45	0.45	
Fax by Satellite				
Atlantic Ocean/Indian Ocean/Pacific Ocean – per sheet	L	12.50	12.50	
Room Hire				
Not for profit organisations per hour	L	10.00	10.00	
Commercial organisations per hour	L	15.00	15.00	
				NIL
PLANNING FEES				
Planning fees are set nationally				
PLANNING – PRE APPLICATION ADVICE				
All charges include VAT at 20%				
Large Major Development (200+) for a written response, including up to 2 meetings	L	504.00	1,200.00	
Small Major Development (10-199) for a written response, including up to 2 meetings	L	504.00	600.00	
Minor Development for a written response to include a meeting if necessary	L	252.00	400.00	
Other Developments				
Minerals Processing	L	Based on areas above	Based on areas above	
Change of use for a written response to include a meeting if necessary	L	126.00	50.00	
Householder developments	L	24.00 to 36.00	36.00	
Advertisements	L	63.00	25.00	
Listed Building consents (to alter/extend/demolish)	L	Free	Free	
Conservation area consents	L	Free	Free	
Certificates of lawful development	L	Application advice not appropriate	Application advice not appropriate	
Telecommunications Notifications	L	126.00	126.00	
Other Charges				
Pre-Application meeting involving Planning Committee Members	L	630.00	1,000.00	
PLANNING – SUPPLEMENTARY ITEMS				
Items inclusive of VAT at 20%				
A4 Photocopy (ex plans) – first page	L	1.10	1.10	
Subsequent pages	L	0.10	0.10	
A3 Photocopy (ex plans) – first page	L	1.20	1.20	
Subsequent pages	L	0.20	0.20	
A2 Photocopy (ex plans) – first page	L	1.50	1.50	
A1 Photocopy (ex plans)	L	2.00	2.00	
A0 Photocopy (ex plans)	L	3.00	3.00	
Items outside the scope of VAT				
Local plan	L	18.00	18.00	
Local plan – postage	L	4.00	4.00	
Local plan – alterations	L	2.00	2.00	
Invoicing	L	9.00	9.00	
				7,000.00

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
LICENSING The following fees do not incur VAT				
Prosecution Costs				
Hourly rate for Preparation of Case Reports	L	45.00	46.00	
General Licensing				
Pavement Café Licence, per person				
1-10	L	200.00	200.00	
11-25	L	240.00	240.00	
26-40	L	280.00	280.00	
41-60	L	320.00	320.00	
61-80	L	360.00	360.00	
81-99	L	400.00	400.00	
100 or over	L	450.00	450.00	
Duplicate licence fee	L	50.00	50.00	
Transfer of licence	L	50.00	50.00	
Change of detail	L	30.00	30.00	
Variation of Covers	L	100.00	100.00	
Pavement Display Licence	L	155.00	155.00	
Pet Shops	L	120.00	130.00	
Animal Boarding	L	120.00	130.00	
Dangerous wild animals	L	120.00	120.00	
Performing animals registration	L	100.00	100.00	
Dog Breeding	L	120.00	130.00	
Riding Establishments	L	230.00	230.00	
Sex Shop Grant of application	L	1,200.00	1,200.00	
Sex Shop Renewal	L	1,200.00	1,200.00	
Sex Shop transfer	L	1,200.00	1,200.00	
Sexual Entertainment Venue (SEV) Grant	L	1,200.00	1,200.00	
SEV Variation	L	1,200.00	1,200.00	
SEV Renewal	L	1,200.00	1,200.00	
SEV Grant / Variation / Renewal – Club Premises Certificates	L	750.00	750.00	
Skin Piercing (Premises) Grant	L	280.00	280.00	
Skin Piercing (Personal) Grant/Variation	L	65.00	65.00	
Scrap Metal Dealers				
Collectors Licence (3 years) - application	L	150.00	150.00	
Collectors Licence (3 years) – renewal	L	150.00	150.00	
Major Variation	L	50.00	50.00	
Minor Variation	L	15.00	15.00	
Site Licence (3 years) Grant	L	350.00	350.00	
Additional Sites (per site per year of licence)	L	195.00	195.00	
Site licence (3 years) – renewal	L	270.00	270.00	
Additional sites (per site per year of licence)	L	195.00	195.00	
Minor Variation Site	L	15.00	15.00	
Major Variation Site	L	50.00 + 65.00 per additional site per year	50.00 + 65.00 per additional site per year	
Caravan Sites				
New Application for a permanent residential site licence;	L			
1-5 pitches	L	200.00	200.00	
6-20 pitches	L	225.00	225.00	
21-50 pitches	L	240.00	240.00	
Greater than 50 pitches	L	260.00	260.00	
Annual Fees associated with administration and monitoring of site licences;				
1-5 pitches	L	No charge	No charge	
6-50 pitches	L	220.00	220.00	
Greater than 50 pitches	L	260.00	260.00	
Cost of Laying Site Rules	L	25.00	25.00	
Cost of Variation/Transfer	L	100.00	100.00	
Zoo Licensing Act				
New Application (4 years) or renewal (6 years) for a Zoo Licence (excluding the inspection costs of appointed inspector)	L	450.00	450.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Street Trading				
November / December - Full Calendar Month	L	975.00	975.00	
- Week	L	385.00	385.00	
- Day	L	85.00	85.00	
January / October - Full Calendar Month	L	660.00	660.00	
- Week	L	270.00	270.00	
- Day	L	60.00	60.00	
Note- The above to apply to Itinerant traders. For regular all year round traders - fees as follows				
Annual Consent	L	7,000.00	7,000.00	
If Paying Monthly	L	620.00	620.00	
If Paying Weekly	L	170.00	170.00	
Buskers selling CD's – Half Day	L	25.00	25.00	
Full Day	L	45.00	45.00	
Mobile vehicles (moving or lay-by)	L	260.00	260.00	
New Vendor Permits	L	35.00	35.00	
Duplicate licenses	L	15.00	15.00	
Skip Hire Licence				
More than 3 days' notice	L	15.00	15.00	
Less than 3 days' notice	L	30.00	30.00	
Hoarding/Scaffold Licence	L	50.00	50.00	
Administration Charge (per hour or part thereof)	L	35.00	35.00	
Statutory Fees				
Petroleum Licences				
Less than 2,500 litres	L	41.00	41.00	
2,500 – 50,000 litres	L	57.00	57.00	
More than 50,000 litres	L	118.00	118.00	
Transfer/variation	L	8.00	8.00	
Gambling Act				
Statutory Fees- The following gambling fees are set within statutory bands and will be revised as changed nationally.				
Adult Gaming Centres – Annual Fee	N	600.00	600.00	
New Application	N	1,300.00	1,300.00	
Variation	N	1,300.00	1,300.00	
Transfer	N	1,200.00	1,200.00	
Provisional Statement	N	1,300.00	1,300.00	
Licence Reinstatement	N	1,200.00	1,200.00	
Betting Shops - Annual Fee	N	550.00	550.00	
New Application	N	1,300.00	1,300.00	
Variation	N	1,300.00	1,300.00	
Transfer	N	1,200.00	1,200.00	
Provisional Statement	N	1,300.00	1,300.00	
Licence Reinstatement	N	1,300.00	1,300.00	
Bingo Halls - Annual Fee	N	600.00	600.00	
New Application	N	1,300.00	1,300.00	
Variation	N	1,300.00	1,300.00	
Transfer	N	1,200.00	1,200.00	
Provisional Statement	N	1,300.00	1,300.00	
Licence Reinstatement	N	1,200.00	1,200.00	
Family Entertainment Centres – Annual Fee	N	550.00	550.00	
New Application	N	1,300.00	1,300.00	
Variation	N	1,300.00	1,300.00	
Transfer	N	950.00	950.00	
Provisional Statement	N	1,300.00	1,300.00	
Licence Reinstatement	N	950.00	950.00	
Betting (tracks) – Annual Fee	N	550.00	550.00	
New Application	N	1,300.00	1,300.00	
Variation	N	1,300.00	1,300.00	
Transfer	N	950.00	950.00	
Provisional Statement	N	1,300.00	1,300.00	
Licence Reinstatement	N	950.00	950.00	
<i>Permit Type – The following fees are set by statute and will be revised as changed nationally</i>				
Small Society Lottery Registration	N	40.00	40.00	
Small Society Annual Fee	N	20.00	20.00	
FEC gaming machine – Renewal fee	N	300.00	300.00	
FEC gaming machine – Change of name	N	25.00	25.00	
Prize gaming – Application fee	N	300.00	300.00	
Prize gaming – Renewal fee	N	300.00	300.00	
Prize gaming – Change of name	N	25.00	25.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Prize gaming – Copy permit	N	15.00	15.00	
Gaming machines (3 or more) - application Fee	N	100.00	100.00	
Gaming machines (3 or more) - variation Fee	N	100.00	100.00	
Gaming machines (3 or more) - transfer Fee	N	25.00	25.00	
Gaming machines (3 or more) - annual Fee	N	50.00	50.00	
Change of name	N	25.00	25.00	
Copy Permit	N	15.00	15.00	
Notice of intent 2 or less gaming machines available	N	50.00	50.00	
Club Premises cert (S 72f Licencing Act 2003) application fee	N	100.00	100.00	
Club Premises cert (S 72f Licencing Act 2003) renewal fee	N	100.00	100.00	
Other applicants - application fee	N	200.00	200.00	
Other applicants - renewal fee	N	200.00	200.00	
Variation fee	N	100.00	100.00	
Annual fee	N	50.00	50.00	
Copy permit	N	15.00	15.00	
Initial fee	N	40.00	40.00	
Annual fee	N	20.00	20.00	
Temporary use notice	N	500.00	500.00	
Copy/replacement/endorsed copy of notice	N	25.00	25.00	
Licensing Act Fees				
Statutory Fees- The following gambling fees are set within statutory bands and will be revised as changed nationally.				
Premises Licences				
Band A (RV £0 - £4,300) - Initial fee	N	100.00	100.00	
- Annual fee	N	70.00	70.00	
Band B (RV £4,301 - £33,000) - Initial fee	N	190.00	190.00	
- Annual fee	N	180.00	180.00	
Band C (RV £33,001 - £87,000) - Initial fee	N	315.00	315.00	
- Annual fee	N	295.00	295.00	
Band D (RV £87,001 - £125,000) - Initial fee	N	450.00	450.00	
- Annual fee	N	320.00	320.00	
Band E (RV > £125,001) - Initial fee	N	635.00	635.00	
- Annual fee	N	350.00	350.00	
Band D with Multiplier - Initial fee	N	900.00	900.00	
- Annual fee	N	640.00	640.00	
Band E with Multiplier - Initial fee	N	1,905.00	1,905.00	
- Annual fee	N	1,050.00	1,050.00	
Club Premises Certificates				
Band A (RV £0 - £4,300) - Initial fee	N	100.00	100.00	
- Annual fee	N	70.00	70.00	
Band B (RV £4,301 - £33,000) - Initial fee	N	190.00	190.00	
- Annual fee	N	180.00	180.00	
Band C (RV £33,001 - £87,000) - Initial fee	N	315.00	315.00	
- Annual fee	N	295.00	295.00	
Band D (RV £87,001 - £125,000) - Initial fee	N	450.00	450.00	
- Annual fee	N	320.00	320.00	
Band E (RV > £125,001) - Initial fee	N	635.00	635.00	
- Annual fee	N	350.00	350.00	
Large Scale Events				
5,000 to 9,999 - Initial fee	N	1,000.00	1,000.00	
- Annual fee	N	500.00	500.00	
10,000 to 14,999 - Initial fee	N	2,000.00	2,000.00	
- Annual fee	N	1,000.00	1,000.00	
15,000 to 19,999 - Initial fee	N	4,000.00	4,000.00	
- Annual fee	N	2,000.00	2,000.00	
20,000 to 29,999 - Initial fee	N	8,000.00	8,000.00	
- Annual fee	N	4,000.00	4,000.00	
30,000 to 39,999 - Initial fee	N	16,000.00	16,000.00	
- Annual fee	N	8,000.00	8,000.00	
40,000 to 49,999 - Initial fee	N	24,000.00	24,000.00	
- Annual fee	N	12,000.00	12,000.00	
50,000 to 59,999 - Initial fee	N	32,000.00	32,000.00	
- Annual fee	N	16,000.00	16,000.00	
60,000 to 69,999 - Initial fee	N	40,000.00	40,000.00	
- Annual fee	N	20,000.00	20,000.00	
70,000 to 79,999 - Initial fee	N	48,000.00	48,000.00	
- Annual fee	N	24,000.00	24,000.00	
80,000 to 89,999 - Initial fee	N	56,000.00	56,000.00	
- Annual fee	N	28,000.00	28,000.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
> 90,000 - Initial fee	N	64,000.00	64,000.00	
- Annual fee	N	32,000.00	32,000.00	
Other Licensing Act 2003 Fees & Charges				
Minor Variations	N	89.00	89.00	
Personal Licence	N	37.00	37.00	
Provisional Statement	N	315.00	315.00	
Temporary Event Notice (TEN)	N	21.00	21.00	
Theft / Loss of Licence / Notice	N	10.50	10.50	
Variation of DPS	N	23.00	23.00	
Transfer of Premises Licence	N	23.00	23.00	
Change of Name / Address	N	10.50	10.50	
Notification of Interest	N	21.00	21.00	
Notification of Alteration of Club Rules	N	10.50	10.50	
Interim Authority Notice	N	23.00	23.00	
Explosives Act/Fireworks Annual Registration	N	52.00	52.00	
				Minimal
HACKNEY CARRIAGES				
Taxi Licencing				
Taxi licencing fees are agreed annually by licensing committee normally in March and will be published separately as part of this process. Existing licence holders will be notified accordingly.				
ENVIRONMENTAL HEALTH				
Pest Treatment Charges – All charges shown exclusive of VAT. Charges will be made plus the appropriate VAT rate				
Insects – per Treatment	L	58.50	58.50	
Rodents in Private Premises	L	8.33	8.33	
Re-rating Food Hygiene Inspections	L	150.00	150.00	
Prosecution Costs				
Hourly Rate for preparation of case reports and carrying out works in default of legal notices	L	45.00	46.00	
Environmental Searches				
Environmental search 1 or 2 report includes environmental information held by the Council on a site (additional charges apply for sites larger than 10,000m2 and distance buffer greater than 250m radius)	L	65.00	65.00	
Additional photocopying for example copies of site investigation reports;				
A4 B&W	L	0.10	0.10	
A3 B&W	L	0.20	0.20	
A4 Colour	L	1.00	1.00	
A3 Colour	L	2.00	2.00	
Scanned Copy	L	Free	Free	
LAPPC and LAIPPC Permits				
Charges are annually set by Defra in March and are subject to change. Current charges as known are;				
LAPPC Charges				
Application Fee;				
Standard process (includes solvent emission activities)	N	1,650.00	1,650.00	
Additional fee for operating without a permit	N	1,188.00	1,188.00	
PVRI, SWOBs and Dry Cleaners	N	155.00	155.00	
PVR I & II combined	N	257.00	257.00	
VRs and other Reduced Fee Activities	N	362.00	362.00	
Reduced fee activities: additional fee for operating without a permit	N	71.00	71.00	
Mobile plant**	N	1,650.00	1,650.00	
for the third to seventh applications	N	985.00	985.00	
for the eighth and subsequent applications	N	498.00	498.00	
Where an application for any of the above is for a combined Part B and waste application add an extra to the above amounts	N	310.00	310.00	
Annual Subsistence Charge;				
Standard process Low*	N	772.00	772.00	
		(+104.00)	(+104.00)	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Standard process Medium*	N	1,161.00 (+156.00)	1,161.00 (+156.00)	
Standard process High*	N	1,747.00 (+207.00)	1,747.00 (+207.00)	
*the additional amounts must be charged where a permit is for a combined Part B and waste installation				
PVRI, SWOBs and Dry Cleaners Low	N	79.00	79.00	
PVRI, SWOBs and Dry Cleaners Medium	N	158.00	158.00	
PVRI, SWOBs and Dry Cleaners High	N	237.00	237.00	
PVR I & II combined Low	N	113.00	113.00	
PVR I & II combined Medium	N	226.00	226.00	
PVR I & II combined High	N	341.00	341.00	
VRs and other Reduced Fees Low	N	228.00	228.00	
VRs and other Reduced Fees Medium	N	365.00	365.00	
VRs and other Reduced Fees High	N	548.00	548.00	
Mobile plant, for the first and second permits Low**	N	626.00	626.00	
for the third to seventh permits Low	N	385.00	385.00	
eighth and subsequent permits Low	N	198.00	198.00	
Mobile plant, for the first and second permits Medium**	N	1,034.00	1,034.00	
for the third to seventh permits Medium	N	617.00	617.00	
eighth and subsequent permits Medium	N	316.00	316.00	
Mobile plant, for the first and second permits High**	N	1,551.00	1,551.00	
for the third to seventh permits High	N	924.00	924.00	
eighth and subsequent permits High	N	473.00	473.00	
Late payment fee	N	52.00	52.00	
Where a Part B installation is subject to reporting under the E-PRTR Regulation add an extra to the above amounts	N	104.00	104.00	
Transfer and Surrender;				
Standard process transfer	N	169.00	169.00	
Standard process partial transfer	N	497.00	497.00	
New operator at low risk reduced fee activity	N	78.00	78.00	
Surrender: all Part b activities	N	0.00	0.00	
Reduced fee activities: transfer	N	0.00	0.00	
Reduced fee activities: partial transfer	N	47.00	47.00	
Temporary transfer for mobiles;				
First transfer	N	53.00	53.00	
Repeat following enforcement or warning	N	53.00	53.00	
Substantial change;				
Standard process	N	1,050.00	1,050.00	
Standard process where the substantial change results in a new PPC activity	N	1,650.00	1,650.00	
Reduced fee activities	N	102.00	102.00	
**Not using simplified permits				
LAPPC mobile plant charges (not using simplified permits)				
Number of permits 1 to 2;				
Application fee	N	1,650.00	1,650.00	
Subsistence fee Low	N	646.00	646.00	
Subsistence fee Medium	N	1,034.00	1,034.00	
Subsistence fee High	N	1,506.00	1,506.00	
Number of permits 3 to 7;				
Application fee	N	985.00	985.00	
Subsistence fee Low	N	385.00	385.00	
Subsistence fee Medium	N	617.00	617.00	
Subsistence fee High	N	924.00	924.00	
Number of permits 8 and over;				
Application fee	N	498.00	498.00	
Subsistence fee Low	N	198.00	198.00	
Subsistence fee Medium	N	316.00	316.00	
Subsistence fee High	N	473.00	473.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
LA-IPPC charges				
Every subsistence charge below includes the additional £104 charge to cover LA extra costs in dealing with reporting under the E-PRTR Regulation				
Application	N	3,363.00	3,363.00	
Additional fee for operating without a permit	N	1,188.00	1,188.00	
Annual Subsistence Low	N	1,447.00	1,447.00	
Annual Subsistence Medium	N	1,611.00	1,611.00	
Annual Subsistence High	N	2,334.00	2,334.00	
Late Payment Fee	N	52.00	52.00	
Variation	N	1,368.00	1,368.00	
Transfer	N	235.00	235.00	
Partial Transfer	N	698.00	698.00	
Surrender	N	698.00	698.00	
Subsistence charges can be paid in four equal quarterly instalments paid on 1st April, 1st July, 1st October and 1st January. Where paid quarterly the total amount payable to the local authority will be increased by £38.00				
Newspaper adverts may be required under EPR at the discretion of the LA as part of the consultation process when considering an application. This will be undertaken and paid for by the LA and the charging scheme contains a provision for the LA to recoup its costs				
				Minimal
TRADING STANDARDS				
Please note that VAT may be added to some charges. Check with the service before the work is agreed.				
Prosecution Costs				
Hourly rate for Preparation of Case Reports	L	45.00	46.00	
Measures				
Linear measures not exceeding 3m each scale	L	13.50	14.00	
Not exceeding 15kg	L	38.00	39.00	
Exceeding 15kg but not exceeding 100kg	L	58.00	59.50	
Exceeding 100kg but not exceeding 250kg	L	80.00	82.00	
Exceeding 250kg but not exceeding 1 tonne	L	139.00	142.50	
Exceeding 1 tonne but not exceeding 10 tonnes	L	223.00	228.50	
Exceeding 10 tonnes but not exceeding 30 tonnes	L	468.00	479.00	
Exceeding 30 tonnes but not exceeding 60 tonnes	L	696.00	712.00	
Charge to cover any additional costs involved in testing incorporating remote display or printing facilities based on the above fee plus a charge per hour (minimum charge of 2 hours)	L	61.32 per hour	62.52 per hour	
Measuring Instruments for Intoxicating Liquor				
Not exceeding 150ml	L	22.00	22.50	
Other	L	25.00	26.00	
Measuring Instruments for Liquid Fuels and Lubricants				
Container Type (un-subdivided)				
Multi-grade (with price computing device):	L	96.00	98.50	
Single Outlets	L	132.00	135.50	
Solely Price Adjustment	L	241.50	247.50	
Otherwise				
Other Types – Single Outlets				
Solely Price Adjustment	L	106.00	108.50	
Otherwise	L	144.00	147.50	
Other Types – Multi Outlets:				
1 Meter Tested	L	154.00	158.00	
2 Meters Tested	L	253.00	259.00	
3 Meters Tested	L	345.50	353.50	
4 Meters Tested	L	440.00	450.50	
5 Meters Tested	L	532.50	545.00	
6 Meters Tested	L	625.00	639.50	
7 Meters Tested	L	706.00	722.50	
8 Meters Tested	L	816.50	835.50	
Charge to cover any additional costs involved in testing ancillary equipment such as payment acceptors based on the above fee plus a charge per hour (minimum of 2 hours)	L	61.32 per hour	62.52 per hour	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Special Weighing and Measuring Equipment For all specialist work undertaken by the service which is not included above a charge per hour on site (minimum charge of 2 hours) plus cost of provision of testing equipment applies	L	61.32 per hour	62.52 per hour	
Discounts Fees from Measures to Certification Calibration will be discounted as follows :- a) Where more than a single item is submitted on one occasion the second and subsequent fees will be reduced by 20% b) Where tests are undertaken using appropriately certified weights and equipment not supplied by the Borough Council the fees will be reduced by 20% c) Special rates can be negotiated for multiple submissions or where assistance with equipment or labour is provided NB – Where different fees are involved the highest fee will be charged in full and any discounts calculated from the remaining lesser fees				
Licensing – VAT not applicable				
Explosives and Fireworks Licences (Statutory Fee) Licence for the storage of explosives	N	**See Note	**See Note	
Licence for the sale of fireworks all year round	N	**See Note	**See Note	
**These are statutory rates that are set centrally in April				
				Minimal
PARKING – all off-street charges are inclusive of VAT at 20%				
Car Parks (Short Stay) – per hour				
Abbotts Yard	L	1.00	1.00	
Commercial Street East & West	L	1.00	1.00	
Feethams Multi Storey Car Park	L	1.00	1.00	
Winston Street North & South	L	1.00	1.00	
Car Parks – Mixed Charges Archer Street, Garden Street, Kendrew Street East & West, Hird Street, St Hilda's & Park Place East & West				
First 2 hours	L	Free	Free	
3 hours	L	1.00	1.00	
Per day	L	4.00	4.00	
Per week	L	16.00	16.00	
East Street				
Per hour	L	1.00	1.00	
Per day	L	2.00	2.00	
Car Parks – Long Stay Chestnut Street				
Cars first 2 hours	L	Free	Free	
Cars 3 hours	L	1.00	1.00	
Cars per day	L	2.00	2.00	
Cars per week	L	8.00	8.00	
HGV/coach per day	L	Free	Free	
HGV/coach per night (6pm-8am)	L	4.00	4.00	
Park Lane				
Per day	L	5.00	5.00	
Central House				
Saturday all day	L	4.00	4.00	
Bank Holiday all day	L	4.00	4.00	
All Car Parks Sunday all day	L	1.00	1.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
On Street Parking (up to 2 hours no return within 1 hour EXCEPT for Grange Road & Northumberland Street up to 3 hours no return within 1 hour and East Row 30 minutes maximum no return within 1 hour) Per 30 mins	L	0.50	0.50	
Car Parks – Contract Parking – all charges are inclusive of VAT at 20%				
Parking locations as determined by the Director of Neighbourhood Services and Resources.				
Per year one space	L	950.00	950.00	
Per year two spaces	L	900.00	900.00	
Per year three spaces	L	860.00	860.00	
Per year four spaces	L	830.00	830.00	
Per year five to nine spaces	L	800.00	800.00	
Per year ten or more spaces	L	700.00	700.00	
Four Riggs				
Per calendar month	L	64.00	64.00	
Winston Street West				
Per space per year	L	1,100.00	1,100.00	
Car Parks – Staff & Members per year	L	173.04	173.04	
Residents Parking Permits				
3 month temporary permit	L	12.00	12.00	
6 month permit	L	24.00	24.00	
12 month permit	L	40.00	40.00	
Tradesmen Parking Permits				
Daily Waiver	L	5.00	5.00	
3 month permit	L	50.00	50.00	
6 month permit	L	90.00	90.00	
12 month permit	L	150.00	150.00	
				NIL
BUILDING CONTROL				
Items inclusive of VAT at 20%				
Letter confirming exemption	L	Free	Free	
Letter confirming enforcement action will not be taken	L	Free	Free	
Decision/Approval Notice (Building Control)				
Responding to request for historical information from electronic databases (email response)	L	Free	Free	
Responding to request for historical information from electronic databases (letter response)	L	1.00	1.00	
Responding to request for historical information from manually recorded data (email response)	L	Free	Free	
Personal searches (email response)	L	Free	Free	
The Building (Local Authority Charges) Regulations 2010 Plus VAT at 20%				
Work charged on individual job basis	L	As agreed with client	As agreed with client	
				NIL

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
DOLPHIN CENTRE				
Pricing based on the introduction of a leisure card.				
Swimming				
Adult swim				
Card holder	L	3.65	3.75	
Non card holder	L	4.20	4.30	
Concession	L	2.75	2.85	
Junior Swim	L	2.45	2.55	
Concession	L	1.85	1.90	
Family swim junior rate discount (up to 4 children accompanying 1 adult)				
Per card holder	L	1.85	1.90	
Per non card holder	L	2.15	2.20	
Under 5 years	L	1.05	1.10	
Under 12 months	L	Free	Free	
Lessons	L	45.00	46.50	
Fitness Areas				
The Gym				
Card holder	L	4.35	4.55	
Non card holder	L	5.00	5.25	
Concession	L	3.25	3.40	
Junior Gym	L	3.50	3.70	
Concession	L	2.65	2.80	
Health & Fitness Classes				
Health & Fitness Classes				
Card holder	L	3.90	3.95	
Non card holder	L	4.50	4.55	
Concession	L	2.95	2.95	
Multi Activity Sessions				
Badminton Daytime Session				
Card holder	L	2.40	2.60	
Non card holder	L	2.75	3.00	
Half Main Hall				
Adult				
Card holder	L	43.50	43.50	
Non card holder	L	50.00	50.00	
Junior (1 hour courts only)	L	30.00	30.00	
Weekday lunchtime				
Card holder	L	38.00	38.00	
Non card holder	L	42.00	42.00	
Badminton				
Adult				
Card holder	L	7.65	7.90	
Non card holder	L	8.80	9.10	
Concession	L	5.75	5.95	
Junior (1 hour courts only)	L	4.05	4.25	
Concession (1 hour courts only)	L	3.05	3.20	
Squash Courts				
Adult				
Card holder	L	6.90	6.90	
Non card holder	L	7.95	7.95	
Concession	L	5.20	5.20	
Junior (up to 5pm on weekdays only)	L	3.55	3.55	
Concession (up to 5pm on weekdays only)	L	2.65	2.65	
Equipment Hire				
Footballs	L	Free	Free	
Footballs – Deposit (FOC for card holders)	L	5.00	5.00	
Badminton	L	2.00	2.00	
Badminton – Deposit (FOC for card holders)	L	5.00	5.00	
Squash Racquets	L	2.00	2.00	
Squash Racquets – Deposit (FOC for card holders)	L	5.00	5.00	
Table Tennis Bats	L	1.40	1.40	
Table Tennis Bats – Deposit (FOC for card holders)	L	5.00	5.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Pram Lock	L	Free	Free	
Pram Lock – Deposit (FOC for card holders)	L	5.00	5.00	
Children's Activities				
Crèche	L	3.30	3.40	
Soft play admissions	L	3.60	3.70	
Sensory Room	L	3.60	3.70	
Parent/toddler (Soft play)	L	3.60	3.70	
Other Activities				
Showers				
Card holders	L	1.75	1.85	
Non card holders	L	2.00	2.10	
Fit 4 Life Packages				
12 month Full Membership	L	299.40	299.40	
12 month Seniors	L	228.00	228.00	
12 month Student	L	180.00	180.00	
6 Month Full	L	195.00	195.00	
12 Month Upfront	L	275.00	275.00	
Swimming Pools				
Main Pool - per hour	L	86.40	89.00	
Diving Pool - per hour	L	48.60	50.00	
Teaching Pool - per hour	L	48.60	50.00	
Gala - per hour				
Swimming Galas - whole complex				
Normal opening hours - per hour	L	275.40	284.00	
Outside normal opening hours - per hour	L	145.80	150.00	
Swimming Galas - Schools, Junior Clubs and Organisations				
Main Pool - Peak	L	194.40	200.00	
Main Pool - Off Peak	L	135.00	139.00	
Main Pool and Teaching Pool - Peak	L	162.00	167.00	
Main Pool and Teaching Pool - Off Peak	L	167.40	172.00	
Electronic Timing	L	81.00	83.00	
Dry Sports Hall				
Main Sports Hall - per hour	L	91.70	94.00	
Special Events - per hour Weekends	L	289.90	309.00	
Preparation - per hour Weekends	L	156.20	161.00	
Special Events - Schools - per hour off peak	L	43.00	44.00	
Meeting Room	L	31.00	32.00	
Seminar Room/Stephenson Suite	L	31.00	32.00	
Central Hall				
All Events (except commercial, exhibitions and local societies)	L	95.00	98.00	
Exhibitions - commercial - per hour	L	124.00	128.00	
Local Societies event - per hour	L	65.00	67.00	
				23,500.00
PARKS				
Bowls Season Ticket	L	37.00	37.00	
Concession	L	28.00	28.00	
Football - Hire of Hundens Park Pitch Seniors' Match	L	36.00	36.00	
Juniors Match	L	20.00	20.00	
				NIL

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
EASTBOURNE SPORTS COMPLEX				
3G Pitch				
Non Charter Standard Pay and Play (No VAT)				
3G 1/3 per hour – Adult	L	45.00	46.00	
3G 1/3 per hour – Junior	L	28.00	29.00	
3G Full pitch per hour – Adult	L	75.00	77.00	
3G Full pitch per hour – Junior	L	48.00	50.00	
Charter Standard and Partner Clubs (No VAT)				
3G 1/3 hour	L	35.00	36.00	
3G Full pitch hour	L	50.00	52.00	
Partner Club Rate Fridays 3G Full pitch hour	L	30.00	31.00	
Off Peak Summer Prices (May to August) Charter Standard and Partner Clubs Only				
3G 1/3 hour	L	15.00	15.50	
3G Full pitch hour	L	25.00	26.00	
Grass Pitch				
Adult per match	L	35.80	37.00	
Junior per match	L	18.00	19.00	
Athletics Track				
Non club rate				
Adult	L	3.50	3.60	
Junior	L	2.10	3.20	
Full track per hour	L	31.00	32.00	
Club rate				
Adult	L	2.25	3.00	
Junior	L	1.45	3.00	
Gym				
Adult	L	4.00	4.20	
Cardiac Concession	L	2.20	2.20	
Junior	L	2.00	2.00	
Adult induction	L	10.30	10.50	
Junior Induction	L	7.75	8.00	
Personal training per hour	L	20.00	20.00	
3 months membership	L	60.00	60.00	
12 month full upfront membership	L	150.00	150.00	
12 month direct debit membership per month	L	15.00	15.00	
Other				
Shower	L	1.70	1.80	
Function room and pavilion hire per hour	L	19.00	20.00	
				2,500.00
HIPPODROME & HULLABALOO				
Hire & Conferencing (all pricing exclusive of VAT)				
John Wade Group Lounge - max capacity 40 (theatre style) - per hour	L	40.00	40.00	
John Wade Group Lounge - max capacity 40 (theatre style) - day hire**	L	240.00	240.00	
Living Water Tower Room - max capacity 18 - per hour	L	30.00	30.00	
Living Water Tower Room - max capacity 18 - day hire**	L	200.00	200.00	
Hippo Lounge - max capacity 70 - per hour	L	40.00	40.00	
Hippo Lounge - max capacity 70 - day hire**	L	240.00	240.00	
Hippo Education Space - max capacity 40 (workshop of approx. 25) - per hour	L	40.00	40.00	
Hippo Education Space - max capacity 40 (workshop of approx. 25) - day hire**	L	240.00	240.00	
Hullabaloo Rehearsal Space - max capacity 35 - per hour	L	40.00	40.00	
Hullabaloo Rehearsal Space - max capacity 35 - day hire**	L	240.00	240.00	
Hullabaloo Café - max capacity 70 - per hour	L	40.00	40.00	
Hullabaloo Café - max capacity 70 - day hire**	L	240.00	240.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Hippodrome Theatre Hire - max capacity 1,000 - w/end full day	L	1,500.00	1,500.00	
Hippodrome Theatre Hire - max capacity 1,000 - w/end half day	L	750.00	750.00	
Hippodrome Theatre Hire - max capacity 1,000 - w/day full day	L	1,250.00	1,250.00	
Hippodrome Theatre Hire - max capacity 1,000 - w/day half day	L	650.00	650.00	
Hullabaloo Theatre Hire - max capacity 150 - per hour	L	60.00	60.00	
Hullabaloo Theatre Hire - max capacity 150 - day hire**	L	360.00	360.00	
**day hire - 9am to 6pm				NIL
CATTLE MARKET				
Tolls				
Cattle	L	13.30	13.30	
Sheep, pigs, calves	L	4.35	4.35	
Levies				
Cattle	L	10.64	10.64	
Sheep, pigs, calves	L	3.48	3.48	
Rent	L	4,000.00	4,000.00	
				NIL
HEAD OF STEAM				
Admission				
Adult	L	4.95	4.95	
Concession	L	3.75	3.75	
Children (6-16 years old)	L	3.00	3.00	
Children (under 6)	L	No charge	No charge	
Single annual pass	L	10.00	10.00	
Family day pass (2 adults & 4 children)	L	10.00	10.00	
Family annual pass (2 adults & 4 children)	L	15.00	15.00	
School Visit	L	No charge	No charge	
Research				
Research	L	£30.00 (min 1 hour & max 3 hours)	£30.00 (min 1 hour & max 3 hours)	
Research by Curator	L	£30.00 (min 1 hour & max 3 hours)	£30.00 (min 1 hour & max 3 hours)	
Short research (up to 10 mins)	L	Free except for £5.00 minimum handling fee for scans, photocopies and postage	Free except for £5.00 minimum handling fee for scans, photocopies and postage	
Photocopying				
A4 (B&W)	L	0.20	0.20	
A3 (B&W)	L	0.40	0.40	
A4 (B&W)	L	0.50	0.50	
A3 (Colour)	L	1.00	1.00	
A0 plan copies (B&W)	L	6.50	6.50	
Digital Copies (personal) per image				
Scan of document (max A3)	L	Free except for £5.00 minimum handling fee for scans	Free except for £5.00 minimum handling fee for scans	
Scan of photograph (max A3)	L	6.50	6.50	
Day photo pass	L	10.00	10.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Digital Copies (commercial) per image				
Small local charitable, educational including websites	L	6.50	6.50	
Local commercial including websites	L	15.00	15.00	
Books, specialist magazines, journals & newspapers including websites	L	30.00	30.00	
Regional TV/Video/Film/DVD	L	50.00	50.00	
National/international TV/Video/Film/DVD	L	100.00	100.00	
Discount for 10 images or more	L	0.10	0.10	
Postage and Packing				
Up to A4 (in UK only)	L	Free except for 5.00 minimum handling fee	Free except for 5.00 minimum handling fee	
'Package' size and/or outside UK delivery	L	Dependant on size and weight	Dependant on size and weight	
Filming Fees				
Student Production (during opening hours)	L	Free but donation welcome	Free but donation welcome	
Small Productions (per day)	L	350.00	350.00	
Large Productions (per day)	L	700.00	700.00	
Conference Facilities				
During opening hours (per hour)	L	25.00	25.00	
Outside opening hours (per hour)	L	32.50	32.50	
Use by Museum partners (during opening hours)	L	Free	Free	
Hire of Museum Field				
Educational Use	L	No charge	No charge	
Corporate Events	L	Negotiated on an individual basis	Negotiated on an individual basis	
				NIL
REFUSE COLLECTION AND DISPOSAL				
Refuse sacks (per 25) (Exclusive of VAT)	L	96.45	99.35	
Bulky Household Collection up to 6 items	L	17.17	17.70	
Garden waste sacks (Non-Vatable)	L	10.30	10.60	
Cost of replacement (inclusive of 20% VAT)				
360L Wheeled Bin	L	50.30	50.30	
240L Wheeled Bin	L	19.80	19.80	
Caddie	L	5.10	5.10	
Glass Box	L	3.25	3.25	
55L Box	L	1.60	1.60	
Lid for recycling box	L	1.35	1.35	
Lid for 240 bin	L	4.95	4.95	
				2,400.00
CEMETERIES				
Burial fees without exclusive right of burial (these fees will be tripled where the deceased is a non-resident of Darlington at time of death)				
Individual foetal remains	N	No Charge	No Charge	
Stillborn or child not exceeding 12 months	N	No Charge	No Charge	
Person over 12 months up to 18 years	N	300.00	No Charge	
Person over 18 years	L	800.00	825.00	
Burial fees with exclusive right of burial (these fees will be doubled where the deceased is a non-resident of Darlington at time of death)				
Individual foetal remains	N	No Charge	No Charge	
Child not exceeding 12 months	N	No Charge	No Charge	
Person over 12 months up to 18 years	N	300.00	No Charge	
Person over 18 years	L	800.00	825.00	
Cremated remains	L	200.00	200.00	
Exclusive rights of burial (these fees will be doubled if the purchaser is a non-resident of Darlington if not purchased at time of first interment).				
Exclusive burial rights (50 years)	L	850.00	900.00	
Exclusive burial rights for a bricked grave	L	1,700.00	1,800.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Other charges				
Scattering of cremated remains	L	45.00	45.00	
Indemnity form (to produce duplicate grant)	L	45.00	45.00	
Use of Cemetery Chapel	L	100.00	100.00	
After post mortem remains	L	200.00	200.00	
Evergreens (including grass mats)	L	65.00	65.00	
Exhumation of a body (excl. re-interment)	L	2,000.00	2,000.00	
Exhumation of cremated remains (excl. re-interment)	L	500.00	500.00	
Grave Maintenance (inclusive of 20% VAT)				
Initial payment	L	50.00	50.00	
Annual Maintenance	L	36.00	36.00	
Memorials (fees will be doubled where the deceased to whom the memorial/inscription refers was non-resident of Darlington at time of death)				
Memorial rights including first inscription (30 years)	L	220.00	220.00	
Provision of kerbs – traditional sites only)	L	100.00	100.00	
Vases not exceeding 300mm	L	80.00	80.00	
Additional inscription	L	80.00	80.00	
Total financial effect for Cemeteries				7,000.00
CREMATORIUM				
Crematorium fees (inclusive of certificate of cremation, use of organ and scattering of remains in Gardens of Remembrance at an unreserved time)				
Individual foetal remains	N	No charge	No charge	
Hospital arrangement – foetal remains	L	200.00	200.00	
Stillborn or child not exceeding 12 months	N	No charge	No charge	
Person over 12 months up to 18 years	N	300.00	No charge	
Person over 18 years	L	773.00	800.00	
After post mortem remains	L	200.00	200.00	
Other charges				
Medical Referee Fee	N	20.00	20.00	
Environmental Surcharge (set by CAMEO)	N	55.00	55.00	
Postal Carton	L	15.00	20.00	
Metal Urn	L	40.00	40.00	
Wooden Casket	L	50.00	50.00	
Baby Urn	L	10.00	10.00	
Crematorium Chapel	L	100.00	100.00	
Scattering of remains at reserved time	L	45.00	45.00	
Book of Remembrance (inclusive of 20% VAT)				
Single Entry (2 lines)	L	70.00	70.00	
Double Entry (3 or 4 lines)	L	110.00	110.00	
Additional lines	L	25.00	25.00	
Crest or floral emblem	L	115.00	115.00	
Memorial Cards (inclusive of 20% VAT)				
Single entry card (2 lines)	L	20.00	25.00	
Double entry card (3 or 4 lines)	L	27.00	30.00	
Additional lines	L	5.00	5.00	
Crest of floral emblem	L	60.00	70.00	
Personal photographs – set up	L	40.00	50.00	
Additional photographs – after set up	L	10.00	10.00	
Memorial Books (inclusive of 20% VAT)				
Single entry book (2 lines)	L	70.00	80.00	
Double entry card (3 or 4 lines)	L	77.00	85.00	
Additional lines	L	5.00	5.00	
Crest of floral emblem	L	60.00	70.00	
Personal photographs – set up	L	40.00	50.00	
Additional photographs – after set up	L	10.00	10.00	
Triptych (inclusive of 20% VAT)				
Single entry card (2 lines)	L	65.00	67.00	
Double entry (3 or 4 lines)	L	72.00	72.00	
Additional lines	L	5.00	5.00	
Crest or floral emblem	L	60.00	70.00	
Personal Photographs – set up	L	40.00	50.00	
Additional Photographs – after set up	L	10.00	10.00	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Other Memorial Schemes				
Replacement kerb vase plaque	L	300.00	300.00	
Replacement flower holder	L	5.00	5.00	
Wall plaques	L	245.00	245.00	
Planter plaques	L	365.00	365.00	
Lease of space for memorial plaques (per annum)	L	25.00	25.00	
Total financial effect for Crematorium				35,000.00
ALLOTMENTS				
Rent per year	L	145.00	170.00	
				1,400.00
SOUTH PARK RESOURCE CENTRE				
Educational Events (£/child for a full day)	L	4.00	4.10	
Educational Events (£/child for half day)	L	2.50	2.60	
				Minimal
HIGHWAYS				
Private apparatus in the Highway (new installations)	L	350.00	350.00	
Private Road Openings (repair existing)	L	125.00	125.00	
Vehicle Crossings – estimate fee (taken as part of payment if go ahead with the works)	L	25.00	25.00	
Vehicle Crossings (plus actual construction costs)	L	100.00	100.00	
Vehicle Crossings if planning permission required on a classified road (plus actual construction costs)	L	150.00	150.00	
Temporary Road Closure Notices	L	125.00	130.00	
Temporary Road Closure Orders (plus advertising)	L	250.00	275.00	
Emergency Road Closures	L	125.00	125.00	
Street Naming Royal Mail Income (per address, Nationally agreed price LGIH)	L	1.00	1.00	
Street Naming & Numbering of Properties:				
- Per road name (developer suggests)	L	160.00	165.00	
- Per road name (council names)	L	160.00	200.00	
- Per plot	L	15.00	15.00	
Street Naming & Numbering of Properties:				
- Per plot or renaming of a property	L	30.00	35.00	
Rechargeable Works	L	Actual cost + 10%	Actual cost + 10%	
Temporary Traffic Light Applications	L	No Charge	No Charge	
Section 50 Licence	L	300.00	300.00	
Section 50 Licence associated bond costs	L	Individually priced based on requirements	Individually priced based on requirements	
Access protection markings	L	No charge	No charge	
Tourist Sign (plus actual cost of sign)	L	£75.00 + VAT	£75.00 + VAT	
Accident Data Requests	L	£75.00 + VAT	£75.00 + VAT	
Traffic Count Data	L	75.00	75.00	
Street Lighting Design Service	L	Individually priced based on charge out rate	Individually priced based on charge out rate	
Oversailing Licence	L	No charge	No charge	
Banner Licence	L	No charge	No charge	
Placing Goods on the Highway	L	155.00	155.00	
Deposits upon the Highway	L	No charge	No charge	
Temporary Development Signs – Admin Fee	L	200.00	200.00	
Temporary Development Signs – DBC undertake work on behalf of developer	L	Actual costs	Actual costs	
Switch off / on traffic signal / pelican crossings – per visit	L	150.00	150.00	
Unauthorised marks or affixing of signs to street furniture	L	No charge	No charge	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Section 278 Highway works agreement	N	6% of works + legal if delivered by developer	6% of works + legal if delivered by developer	
Section 116 Stopping Up of the Highway	N	Actual Costs	Actual Costs	
Section 38 Road Adoption agreement	N	6% of works + legal if delivered by developer	6% of works + legal if delivered by developer	
NRSA Defect Charges	N	Nationally set scale of charges	Nationally set scale of charges	
NRSA Road Opening Inspection Charges (sample)	N	Nationally set scale of charges	Nationally set scale of charges	
Section 74 – charges for overstay	N	Nationally set scale of charges	Nationally set scale of charges	
				Minimal
PUBLIC RIGHTS OF WAY				
Public Path Orders (HA 80 S 118 and 119, TCPA 90 s247, 257) Actual cost based on charge out rate plus advertising and legal costs				
PROW Temporary Closures – as Highways fees and charges				
Landowner Rights of Way Statement and Declaration s31.6				
One parcel of land, includes 2 notices	L	250.00	250.00	
Additional parcel	L	50.00	50.00	
Additional notice	L	50.00	50.00	
Authorisation for installing a new gate or stile (HA 80 s147)	L	100.00	100.00	
Path Orders under Deregulation Act Actual cost based on charge out rate plus advertising and legal costs, to include but not restricted to pre-application advice, processing the application, resolving objections, making the order, confirmation of the order, and any subsequent Public Inquiry or Hearing				
				NIL
SUSTAINABLE TRANSPORT				
Charges for Concessionary Travel (ENCTS); Replacement pass for lost/stolen without a CRN				
	L	10.00	10.00	
Learn to Ride per session (child)	L	3.00	3.00	
Production, placement and retrieval of notices when bus stops are temporarily per bus stop	L	60.00	60.00	
Production and placement of bus timetable information when bus services have to be re-registered due to road closures – up to 6 timetables	L	84.00	84.00	
				NIL
TRANSPORT SERVICES				
Charges for Taxi Licensing;				
Taxi Vehicle Test	L	50.00	50.00	
Taxi Vehicle Test and MOT	L	60.00	60.00	
Failure to attend (less than 48 hours' notice)	L	50.00	50.00	
Re-test	L	25.00	25.00	
Re-test including emissions	L	35.00	35.00	
Re-test emissions only	L	10.00	10.00	
Charges for General Public;				
MOT for Motorbike Class I & II	L	25.00	25.00	
MOT for Standard Car Class IV	L	35.00	35.00	
MOT for Class V Vehicles	L	40.00	40.00	
MOT for Class VII Vehicles	L	40.00	40.00	
				NIL

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
PRIVATE SECTOR HOUSING				
Works in default & statutory activities per hour	L	45.00	46.00	
Housing inspections & consultancy per hour (inclusive of VAT)	L	54.00	55.00	
Charge for the service relevant Housing Act 2004 legal notice	L	405.00	413.00	
Securing empty homes (addition of VAT by agreement)	L	270.00	275.00	
Houses in Multiple Occupation Activities;				
HMO licence fee per letting/let/tenancy	L	178.50	183.00	
Other relevant HMO activities per hour	L	45.00	46.00	
Housing Immigration Inspections;				
Within 10 working days (including VAT)	L	135.00	138.00	
Fast Track within 5 working days (including VAT)	L	180.00	184.00	
General Enforcement Activities:				
Hourly rate for preparation of case reports/prosecutions	L	45.00	46.00	
Additional copies of legal notices via post	L	10.00	10.00	
Smoke and Carbon Monoxide Alarms (England) Regulation 2015;				
Fines for failing to provide a working smoke or carbon monoxide alarm. Offence by the same individual or organisation;				
First	N	500.00	500.00	
Second	N	1,000.00	1,000.00	
Third	N	2,000.00	2,000.00	
Fourth	N	3,000.00	3,000.00	
Fifth or more	N	5,000.00	5,000.00	
The Redress Schemes for Letting Agency Work and Property Management Work (England) Order 2014;				
Fines for failing to join an approved letting and management redress scheme;				
Businesses that have been served with a notice of intent and failed to join an approved scheme	N	5,000.00	5,000.00	
Businesses that have joined an approved scheme following the service of the notice of intent	N	4,000.00	4,000.00	
Businesses that have joined an approved scheme prior to enforcement action being taken, after the 1st October 2014	N	3,000.00	3,000.00	
Energy Efficiency (Private Rented Property) (England and Wales) Regulations				
Penalty (less than 3 months in breach) renting a non-compliant property	N	Up to 2,000.00 and/or publication penalty	Up to 2,000.00 and/or publication penalty	
Penalty (3 months or more in breach) renting out a non-compliant property	N	Up to 4,000.00 and/or publication penalty	Up to 4,000.00 and/or publication penalty	
Providing false or misleading information on the PRS Exemptions Register	N	Up to 1,000.00 and/or publication penalty	Up to 1,000.00 and/or publication penalty	
Failing to comply with a compliance notice	N	Up to 2,000.00 and/or publication penalty	Up to 2,000.00 and/or publication penalty	

Description	Type**	Existing Charge £	New Charge £	Financial Effect £
**KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Housing and Planning Act 2016				
Failure to comply with an Improvement Notice (under section 30 of the Housing Act 2004)	N	Civil penalties of up to 30,000 per offence as an alternative to prosecution	Civil penalties of up to 30,000 per offence as an alternative to prosecution	
Failure to comply with a Prohibition Order (under section 32 of the Housing Act 2016 (due to be enacted in November 2017);				
Breach of a banning order made under section 21 of the Housing and Planning Act 2016 (due to be enacted in November 2017);				
Using violence to secure entry to a property (under section 6 of the Criminal Law Act 1977)				
Illegal eviction or harassment of the occupiers of a property (under section 1 of the Protection from Eviction Act 1977)				
COST OF REVENUE COLLECTION				Minimal
Council Tax – All Charges do not incur VAT				
Issue of Summons for Liability Order	L	33.00	35.50	
Issue of Liability Order	L	44.00	44.00	
Issue of Summons for Committal Hearing	L	90.00	90.00	
Issue of Statutory Demand	L	157.50	157.50	
Business Rates (NNDR) – All Charges do not incur VAT				Minimal
Issue of Summons for Liability Order	L	37.00	35.50	
Issue of Liability Order	L	50.00	44.00	
Issue of Summons for Committal Hearing	L	90.00	90.00	
Issue of Statutory Demand	L	157.50	157.50	
				Minimal

APPENDIX 4

**KEY ASSUMPTIONS USED IN PROJECTED
RESOURCES, EXPENDITURE AND INCOME 2019-23**

Factor	Assumption
Resources	
Council Tax base	Variable depending on projected additional properties.
Council Tax	2.99% increase in 2019/20 year and then a 2.99% increase in 2020/21, 2021/22 & 2022/23.
Council Tax collection	99% collected
Government Grants	Government grants for 2019-20 as indicated in settlement and indicative figures for 2020/21 – 2022/23.
	Increase in Business Rates Scheme and Top Up Grant of 2.2% 2019/20 and 2% thereafter (projected CPI).
	Reduction in Revenue Support Grant of 44% in 2019/20 & 13% in 2020/21.
Expenditure	
Pay inflation	2019-20 2% and assimilation to national scheme and thereafter 2%.
Price inflation	Only contractual inflation on running costs
Local Government Pension Scheme	Stepped Employers contributions of 16.8% in 2019/20 and thereafter plus a lump sum payment to pension fund for Past Service Deficit in 2019/20.
Financing Costs	
Interest rates payable	Average rate on existing debt 2019-20, 3.60%; 2020-21, 3.63%; 2021-22, 3.68%; 2022-23, 3.71%.
Interest rates payable on new debt – 10 year rate	2019/20, 2.70%; 2020/21, 2.98%; 2021/22, 3.18%; 2022/23, 3.20%.
Interest rates receivable	2019/20, 1.00%; 2020/21, 1.25%; 2021/22, 1.50%; 2022/23, 1.75%.
Income	
Inflationary increases	Various based on individual service considerations

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REVENUE BUDGET MANAGEMENT 2018/19

<u>Projected General Fund Reserve at 31st March 2019</u>	
	2018-22 MTFP (Feb 2018)
Medium Term Financial Plan (MTFP) :-	£000
MTFP Planned Opening Balance 01/04/2018	20,233
Approved net contribution from balances	(4,743)
Planned Closing Balance 31/03/2019	15,490
Increase in opening balance from 2017-18 results	530
Projected corporate underspends / (overspends) :-	
Adult Social Care & Health based savings	400
Resources based savings	25
Council Wide	29
Financing Costs	591
Projected General Fund Reserve (excluding Departmental) at 31st March 2019	17,065
Planned Balance at 31st March 2019 Improvement	15,490 <u>1,575</u>

<u>Departmental projected year-end balances</u>	
	Improvement / (decline) compared with 2018-22 MTFP
	£000
Children & Adults Services	(432)
Economic Growth & Neighbourhood Services	17
Resources	(44)
TOTAL	<u>(459)</u>

<u>Summary Comparison with :-</u>	
	2018-22 MTFP £000
Corporate Resources - increase in opening balance from 17/18 results	530
Corporate Resources - additional in-year Improvement/(Decline)	620
Quarter 1 budget claw back	425
Departmental - Improvement / (Decline)	(459)
Improvement / (Decline) compared with MTFP	<u>1,116</u>
Projected General Fund Reserve at 31st March 2019	<u>16,606</u>

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RISK RESERVE

	Risk	Consequence	Scale	Financial Loss £m	Likelihood %	Annual Risk £m	Period (Years)	Reserve Required £m
ECONOMIC	Economic Downturn	Reduced Revenue Income – Leisure, Parking, Planning, Property	£12m @ £0.120m per 1% - assess risk of further 5%	0.600	25%	0.150	2	0.300
		Failure of significant service provider contractors	£36m pa corporately – assess risk of 10% cost increase	3.600	10%	0.360	2	0.720
	Energy Costs Significant Increases	Higher Annual Revenue Costs		0.200	20%	0.040	2	0.080
	General Price Inflation	Higher Annual Revenue Costs	£40m – assess risk of 3%	1.200	20%	0.240	2	0.480
	Slow down in housing growth	Not achieving house growth as anticipated	100 Band D equivalents @ £0.003m (CT + NHB)	0.300	20%	0.060	2	0.120
	Adverse Changes in Interest Rates	Higher Financing costs	Net Debt £120m @ 1% = £1.2m	1.200	10%	0.120	1	0.120
	Brexit	Increased demand and reduced income	£80m net revenue budget @1%	0.800	25%	0.200	2	0.400
	Pandemic or Similar Event	Increased employee absence requiring cover at extra cost	£0.5M per 1% of employee costs	0.500	10%	0.050	1	0.050
SERVICES	New Children’s Care Packages	Higher Costs	Average £0.200m per Case – 5 cases	1.000	30%	0.300	4	1.200
			Average £0.040m per case – 10 cases	0.400	30%	0.120	4	0.480
	Social Care Increasing Demand	Higher annual Revenue Costs		0.500	20%	0.100	2	0.200
	Capital Overspends	Fund from Revenue (no Capital Resources available)	One-off £5M funded over 10 years	0.500	10%	0.050	2	0.100
GENERAL	Corporate Manslaughter	Unlimited Fine	Assess risk of £10M fine	10.000	1%	0.100	1	0.100
TOTAL GENERAL FUND RESERVE REQUIREMENT								4.350

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MEDIUM TERM FINANCIAL TERM 2019 TO 2023

	2019/20	2020/21	2021/22	2022/23
	£m	£m	£m	£m
Children and Adults Services	55.607	56.298	57.747	59.602
Economic Growth & Neighbourhood Services	20.173	20.689	21.772	22.355
Resources	10.062	10.194	10.402	10.636
Financing costs	0.997	1.231	1.358	1.650
Joint Venture - Investment Return	(1.212)	(1.028)	(0.812)	(0.517)
Council Wide savings/pressures	(0.108)	(0.110)	(0.046)	0.181
Contingencies	(1.472)	1.518	1.892	1.892
Contribution to/(from) revenue balances	(1.287)	(4.202)	(4.680)	(5.363)
Total Net Expenditure	82.760	84.590	87.633	90.435
<u>Resources - Projected and assumed</u>				
Council Tax	49.496	51.802	54.030	56.331
Business rates retained locally	16.147	17.720	18.049	18.385
Top Up	7.175	7.318	7.465	7.614
Revenue Support Grant (RSG)	3.556	3.102	3.102	3.102
New Homes Bonus (NHB)	1.675	1.501	1.840	1.856
Better Care Fund (BCF)	3.855	3.147	3.147	3.147
Additonal Social Care funding	0.856	0.000	0.000	0.000
Total Resources	82.760	84.590	87.633	90.435
<u>Balances</u>				
Opening balance	16.913	12.876	9.674	5.994
Risk Reserve	(4.350)	0.000	0.000	0.000
Contribution to GF from Collection Fund	1.600	1.000	1.000	0.000
Contribution to/(from) balances	(1.287)	(4.202)	(4.680)	(5.363)
Closing balance	12.876	9.674	5.994	0.631

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Capital Medium Term Financial Plan 2019/20 - 2022/23					
	2019/20	2020/21	2021/22	2022/23	Total
	£'000	£'000	£'000	£'000	£'000
Resources					
Capital Grants	5,929	3,649	3,649	3,649	16,876
HRA Revenue Contributions	5,854	5,632	5,620	5,620	22,726
HRA Investment Fund	4,780	3,780	3,280	1,500	13,340
HRA Capital Receipts	200	222	234	234	890
Borrowing	11,700	-	-	-	11,700
Corporate Resources	1,736	1,913	400	400	4,449
Total Resources	30,199	15,196	13,183	11,403	69,981
Commitments - see below	30,199	15,196	13,183	11,403	69,981
Resources Available for Investment	-	-	-	-	-
Children, Families & Learning					
School Condition Allocations	110	110	110	110	440
	110	110	110	110	440
Housing					
Adaptations / Lifts	150	150	150	150	600
Heating replacement programme	950	950	950	950	3,800
Structural works	500	300	300	300	1,400
Lifeline Services	50	50	50	50	200
Repairs before painting	100	100	100	100	400
Roofing	700	700	700	700	2,800
Garages	50	50	50	50	200
External Works (footpaths, fencing, etc.)	300	300	300	300	1,200
Smoke detection	25	25	25	25	100
Pavement Crossing	32	32	32	32	128
Replacement Door Programme	350	350	350	350	1,400
Window Replacement	500	500	500	500	2,000
IPM works	1,980	1,980	1,980	1,980	7,920
Comunal Works	100	100	100	100	400
New build (net of HCA grant)	16,480	3,780	3,280	1,500	25,040
Fees	267	267	267	267	1,068
	22,534	9,634	9,134	7,354	48,656
Transport					
Highway Maintenance	1,689	1,689	1,689	1,689	6,756
Integrated Transport	886	886	886	886	3,544
Local Growth Fund	425	<i>tbc</i>	<i>tbc</i>	<i>tbc</i>	425
Pothole Action fund	95	95	95	95	380
National Productivity Investment Fund	1,855	-	-	-	1,855
	4,950	2,670	2,670	2,670	12,960
Other Capital Programmes					
Disabled Facility Grants	869	869	869	869	3,476
	869	869	869	869	3,476
Council funded Schemes					
Economic Growth Investment Fund	336	513			849
Highways Maintenance - Unclassified roads	500	500			1,000
Highways Maintenance - Bridge Maintenance	500	500			1,000
Council owned property Capitalised Repairs	250	250	250	250	1,000
Advanced Design Fees	150	150	150	150	600
Total Council Funded Schemes	1,736	1,913	400	400	4,449
Total Spending Plans	30,199	15,196	13,183	11,403	69,981

Figures shown in italics are estimates, awaiting confirmation of funding streams.

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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.

**Paul Wildsmith
Managing Director**

Background Papers

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

Author: Allison Hill : Extension 5997

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>CUL 009a</p> <p>End of Year Performance (including Compliments Comments and Complaints)</p>	<p>Quarter 2 -19 Dec 2018 (on the agenda for this meeting)</p> <p>Quarter 3 - March 2019</p> <p>Year End/Q4 -July 2019</p> <p>19 December 2018 (on the agenda for this meeting)</p> <p>July 2019</p>	<p>Barbara Copson/ Relevant AD</p> <p>Vicky Grant, Health Referral Co-ordinator. Healthy Darlington</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>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>To scrutinise availability of activities following a Survey undertaken at the GOLD Tea Dance</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<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 areas within the Council as a result of:-</p> <p>Special Fund Arrangements</p> <p>Voluntary Sector Funding</p> <p>Healthwatch Darlington - Streamlined Service offered by HWD since April 2017</p>	<p>Last considered by Scrutiny 1 Mar and 1 Nov 2017</p> <p>19 December 2018 (on the agenda for this meeting) Last considered 4 July 2018</p> <p>The Annual Report of HWD was circulated to</p>	<p>Miriam Davidson/ Christine Shields</p> <p>Neeraj Sharmah, CAB</p> <p>Christine Shields</p> <p>Michelle Thompson, HWD</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 monitoring reports and undertake any further detailed work into particular outcomes if necessary</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
	Members on 6 July 2018.					
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

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>Integrated Care System (ICS) (Formerly Sustainability and Transformation Plan (STP) including the Better Health Programme (BHP))</p> <p>To incorporate -</p> <p>Discharge to Assess and Discharge Management</p> <p>126</p>	<p>13 March 2018 Verbal Update</p> <p>Last considered 6 Jan 2017</p>	<p>Andrea Jones CCG</p> <p>NHS England/ NHS Trusts</p> <p>DBC/CCG/ CDDFT</p>	<p>More people healthy and independent</p> <p>More people healthy and independent</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p> <p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>	<p>To be determined</p> <p>To be determined</p>	<p>To scrutinise and challenge progress of the principles underpinning the STP and BHP and timelines for progress</p> <p>To scrutinise the processes around discharge</p>
<p>Maternity Services (including External Review of the Service)</p>	<p>Last considered 20 December 2017</p>	<p>Sue Jacques CDDFT</p>	<p>A safe and caring community</p> <p>Children with the best start in life</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>	<p>To be determined</p>	<p>To scrutinise the service and monitor care for the residents of Darlington</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Pain Management	Last Considered 31 October 2018 Considered 6 Sep 2017 as part of the Regional Back Pain Pathway Programme	Karen Hawkins CCG	More people healthy and independent More people active and involved	Spending Every Pound Wisely Build Strong Communities	To be determined	To scrutinise and challenge the pain management pathway
CCG Stroke Services	Last Considered 31 October 2018 Further updates to be received on the Review	Karen Hawkins Darlington CCG/CDDFT	More people healthy and independent	Spending Every Pound Wisely	To be determined	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. Review concerns about transport to access services.

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Director of Public Health Annual Report 2017 and Health Profile	19 December 2018 (on the agenda for this meeting)	Miriam Davidson	More people healthy and independent			Annual Report
Darlington Partnerships Overview and Local Strategic Partners	13 March 2019	Seth Pearson				

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 129</p>	<p>Last considered 14 February 2018</p> <p>19 December 2018 (on the agenda for this meeting)</p> <p>Last considered by Review Group 16 Nov 2016 – Updates to be provided</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 130</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>Christine Shields/Pat Simpson DBC</p>	<p>More people healthy and independent</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>
	<p>Last considered 12 Sep 2018</p> <p>Progress report on new model to be provided in 6 months' time</p>	<p>Pat Simpson DBC</p>	<p>More people healthy and independent</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>		
	<p>Last considered 14 Feb 2018</p>	<p>Karen Hawkins Darlington CCG/Miriam Davidson</p>	<p>More people healthy and independent</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</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>Governance Arrangements</p> <p>Page 131</p> <p>To include</p> <p>Clinical Assessment and Peer Review System (CASPeR)</p>	<p>Last considered 4 July 2018</p> <p>Updates to be provided when available</p> <p>Last considered 31 October 2018</p> <p>Further updates to be received</p> <p>19 December 2018 (on the agenda for this meeting)</p>	<p>Graeme Niven, NHS Darlington CCG</p> <p>Karen Hawkins/ Nicola Bailey NHS Darlington CCG</p> <p>Karen Hawkins CCG</p>	<p>More people healthy and independent</p> <p>More people healthy and independent</p> <p>More people healthy and independent</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 and monitor the CCG in light of changes to the governance arrangements</p> <p>To scrutinise the role of CASPeR.</p> <p>To scrutinise the evaluation of CASPeR</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
<p>End of Life and Palliative Care – To include the Dementia End of Life Pathway</p> <p>Health and Partnerships to lead</p> <p>Page 132</p>	<p>Date to be advised</p> <p>Scoping Meeting held 25Apr17.</p> <p>The Chair met with St Teresa's Hospice which wishes to be involved in this Review. Work is progressing with Dr Malcolm Moffatt of Public Health. Chair and Vice met with Malcolm on 5 November to discuss terms of reference</p>	<p>CDDFT/CCG</p>	<p>A safe and caring community</p> <p>Enough support for people when needed.</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>	<p>To be determined</p>	<p>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</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
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

