

Health and Partnerships Scrutiny Committee Agenda



9.30 am Wednesday, 13 March 2019
Committee Room No 2, Town Hall,
Darlington. DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introductions/Attendance at Meeting
2. Declarations of Interest
3. To approve the Minutes of the meetings of this Scrutiny Committee held on :-
 - (a) 12 December 2018 (Pages 1 - 6)
 - (b) 19 December 2018 (Pages 7 - 12)
4. Matters Arising
5. Additional Funding for Councils to Alleviate Winter Pressures –
Report of the Assistant Director Adult Services
(Pages 13 - 18)
6. Performance Indicators Quarter 3 2018/19 –
Report of the Head of Strategy, Performance and Communications
(Pages 19 - 64)
7. Integrated Care Systems (ICS) –
Verbal report of Nicola Bailey, Chief Officer, Darlington Clinical Commissioning
Group

8. Update on Stroke Rehabilitation Service Review –
Presentation by Karen Hawkins NHS Darlington Clinical Commissioning Group
(Pages 65 - 72)
9. Darlington Partnership Update –
Report of the Director Darlington Partnership
(Pages 73 - 78)
10. End of Life Care for People with Dementia Review Group Progress Report –
Review Group Members of the Health and Partnerships and the Adults and
Housing Scrutiny Committees.
(Pages 79 - 82)
11. Work Programme –
Report of the Managing Director.
(Pages 83 - 100)
12. Health and Well Being Board –
The Board met on 17 January 2019. The next meeting is scheduled for 14 March
2019.
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, 5 March 2019

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

Wednesday, 12 December 2018

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

APOLOGIES – Councillors J Taylor, Mrs H Scott and Tostevin,

ABSENT – Councillors Grundy, Nutt and E A Richmond

ALSO IN ATTENDANCE – Councillors Todd (County Durham and Darlington NHS Foundation Trust), Dr Chris Lanigan (Tees, Esk and Wear Valleys NHS Foundation Trust), Leanne McCardle (Tees, Esk and Wear Valleys NHS Foundation Trust) and Diane Lax (Healthwatch Darlington)

OFFICERS IN ATTENDANCE –

HP32 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HP33 COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - QUALITY ACCOUNTS 2018/19

The Associate Director of Nursing (Patient Safety and Governance) submitted a report (previously circulated) to update Members on the progress of improvements against the agreed priorities for 2018/19 during the period April 2018 to September 2018 outlined in the Quality Accounts briefing (previously circulated).

Members were advised that the Quality Accounts for County Durham and Darlington NHS Foundation Trusts include indicators set by the Department for Health and local priorities agreed through consultation with staff, governors, local improvement networks, commissioners, health Scrutiny Committees and other key stakeholders.

Patient Safety

Patient Falls

Members were pleased to note that target work continues to reduce falls across the organisations with the introduction of the Trust Falls Strategy and the multi agency action plan has been mapped out and agreed.

Members discussed the non-slip red sock scheme on each ward to avoid patient falls and the sensory training to enhance staff perception of risk of falls.

Care of Patients with Dementia

Members welcomed the continued development and roll out of the dementia pathway alongside monitoring of patients with dementia and that all work streams were in place and being delivered.

Healthcare Associated Infections

MRSA - Members noted that there had been two cases reported since April 2018 and although within the national average, Members confirmed the threshold of zero tolerance.

Clostridium Difficile (C-Diff) – the target for C-Diff is 18 and the trust had reported 13 cases since April 2018. Members questioned the role of the Infectious Disease Control Team within the community and their work in Care Homes and with the General Practitioners.

Members also noted that the Trust were fully compliant with maintenance of Venous thromboembolism risk assessment.

Pressure Ulcers

Members noted that the Trust was striving for zero tolerance and that there had been one avoidance grade 3/4 pressure ulcers reported in acute service and three cases reported in community services. Members also noted that there was good reporting of skin damage.

Discharge Summaries

Members noted that the Trust target was 95 per cent completion within 24 hours and were making good progress towards this target with a task and finish group now reviewing quality of discharge summaries and a deep dive audit had been undertaken regarding quality of discharge summaries.

Rate of Patient Safety Incidents Resulting in Severe Injury or Death

National Reporting and Learning System (NRLS) shows the Trust remains within the 50 percentile of reporters of incidents however it was the aim of the Trust to reach 75th percentile.

Members discussed Near Miss reporting in place within the Trust.

Improve Management of Patients Identified with Sepsis

Members were pleased to note the roll out of the sepsis screening tool via electronic system and the implementation of the sepsis care bundle across the Trust. Screening was compliant however Members were disappointed to learn that the time to administer antibiotics required further improvement.

Local Safety Standards for Invasive Procedures (LoCSSIPS)

The Trust had formed a LoCSSIP Implementation and Governance Group bringing together Members of the Corporate Governance body with Care Group representatives and the Trust was on track and recognised as good practice by NHS Improvement.

Experience

Nutrition and Hydration in Hospital

Members welcomed the aim to promote optimal nutrition for all patients with the introduction of a finger food menu and following the pilot to move the nutritional assessment tool to Nervecentre to improve quality metrics for nutrition for all patients, this was now ready to roll out.

The Associate Director of Nursing offered Members an invitation to see the Nervecentre in operation.

End of Life and Palliative Care

Members noted that the Trust now had an effective strategy and measures for palliative care and that there were no concerns and the End of Life Steering Group was now embedded to ensure the agenda moves forward.

The Chair referred to a Review Group established by this Committee to look at End of Life Care for those with Dementia.

Responsiveness to Patients Personal Needs

Members noted that the results were not yet available.

Percentage of Staff who would recommend the trust to family and friends needing care

Members noted staff survey results were not yet available.

Percentage of staff experience harassment, bullying or abuse from staff in the last 12 months

Members noted staff survey results were not yet available.

Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

Members noted staff survey results were not yet available.

Friends and Family Test

Members noted an increase in the number of staff recommending the Trust to friends and family from 62 per cent to 66 per cent although there had been a slight increase in those not recommending from 11 per to 13 per cent.

Clinical Effectiveness

Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital Mortality Index (SHMi)

Members were advised that this priority was as expected. Weekly mortality reviews were held led by the Medical Director and any actions highlighted were monitored

through Care Group Integrated Governance Reports. The Trust continues to benchmark both locally and nationally with organisations of a similar size and type.

Reduction in 28 day readmissions to hospital

Members noted that the goal was set at 7 per cent but the Trust were now at around 12 per cent readmission with a realisation that the goal had been set too low. Information will be submitted to the national database so that national benchmarking can continue and results will be monitored via Trust Board using the performance scorecard and any remedial actions measured and monitored through the performance framework.

Reduce the Length of Time to Assess and Treat Patients in Accident and Emergency Department

Members were informed that at Quarter 1 performance was 91.2 per cent compared to Quarter 2 at 89.1 per cent. Members were advised that there were a number of projects in operation to improve current performance including a change to shift patterns at times of surge and Ambulatory Rapid Access Teams.

Patient Reported Outcome Measures

Members noted that the results were not yet available.

Maternity Standards

Members were pleased to note that compliance with key indicators was on track and priorities of 'Each Baby Counts' policy was in place.

The Trust continue to monitor for maintenance and improvement in relation to breastfeeding, smoking in pregnancy and 12 week booking; and to monitor actions taken from gap analysis regarding 'Saving Babies Lives' report.

Paediatric Care

Members noted that the Trust continue to develop more direct and personal relationships with individuals within Primary and Secondary care by building on the work already undertaken.

Excellent Reporting

Members were advised of this new indicator to ensure that CDDFT continues to embed learning from excellence into standard culture and practice through excellence reporting.

Members also discussed the four Never Events that had been reported since April 2018 and the actions taken.

RESOLVED – (a) That the report be noted.

(b) That the Associate Director of Nursing (Patient Safety and Governance) be

thanked for her informative report.

HP34 TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST - QUALITY ACCOUNTS QUARTER 2 UPDATE AND 2019/20 IMPROVEMENT PRIORITIES

The Head of Planning and Business Development and the Planning and Business Development Manager submitted a report (previously circulated) to provide Members with an update against each of the four key quality improvement priorities for 2018/2019 identified in the current Tees, Esk and Wear Valleys (TEWV) Quality Account including performance against the agreed quality metrics up to 30 September 2018.

The submitted report also set out the priorities for next year's Quality Account approved by the TEWV Board of Directors on 30 October 2018.

Members were advised that the four quality improvement priorities for 2018/19 were supported by 46 actions to assist delivery of those priorities, 40 of which were Green at 30 September 2018. The actions that were reporting Red at 30 September 2018 were outlined in the submitted report.

The submitted report also detailed the performance against the 9 Quality Metrics at Quarter 2 using RAG ratings and Members were advised that 33 per cent (3 metrics) were reporting green and 66 per cent (6 metrics) were reporting red.

Representatives from the Trust provided further information in relation to those six red Quality Metrics which were Metric 1 – percentage of patients who report 'yes always' to the question 'do you feel safe on the ward?'; Metric 3 – number of incidents of physical intervention/restraint per 1000 occupied bed days; Metric 6 – average length of stay for patients in Adult Mental Health Services and Mental Health Services for Older People Assessment and Treatment Wards; Metric 7 – percentage of patients who reported their overall experience as 'excellent' or 'good'; Metric 8 - percentage of patients that report that staff treated them with dignity and respect; and Metric 9 percentage of patients that would recommend the Trusts service to friends and family if they needed similar care or treatment,

In relation to Metric 1 which was 28.33 per cent below the Trust target of 82 per cent it was reported that the main reason or patients feeling unsafe was due to other patients and patient's vulnerability.

In relation to Metric 3 it was reported that the Trust's position for Quarter 2 was 15.18 per cent above the Trust target of 19.25 almost identical to Quarter 1.

With regard to Metric 6 it was reported that the target was not being met in relation to older people having to remain on the Ward for longer and the Trust were engaging with some local authorities on locality specific schemes to reduce delayed discharge. It was reported however that the median length of stay within Mental Health Services for Older People was 49 days which was within the target threshold of less than 52 days which demonstrates that the small number of patients that had very long lengths of stay had a significant impact on the mean figures reported.

In relation to Metric 7 Members were advised that there had been an improvement

from Quarter 1 and a number of initiatives were taking place to improve patient experience. The Trust were currently at 91.34 per cent for Quarter 2, just below the target of 94 per cent.

With regard to Metric 8 Members were advised that the Trust position for Quarter 2 was 86.08 per cent, which was 7.92 per cent below the Trust target of 94 per cent. An Autism Awareness Training Programme was being delivered so staff can better understand how best to interact with, and take account of the needs of this particular service user group so adjustments to services can be made.

In relation to Metric 9 it was stated that the Trust position for Quarter 2 was 87.76 per cent, 6.24 per cent below the target of 94 per cent. However this was an improvement on Quarter 1.

Member were advised that the Trust were working hard to try and ensure that the targets in relation to Patient Experience were met in future and that action plans are put into place to address any issues.

With regard to the improvement priorities for 2019/20 Members were advised of the introduction of a fifth priority – Review of urgent care services and identify a future model for delivery.

Members noted that the Trust's Draft Quality Accounts would be presented to TEWV's Quality Account Stakeholder event at Scotch Corner on 5 February 2019; and TEWV's Quality Assurance Committee on 7 February prior to the completion of the draft Quality Account document and formal consultation with stakeholders in April and May 2019.

RESOLVED – (a) That the report be noted.

(b) That the Head of Planning and Business Development and the Planning and Business Development Manager be thanked for their informative presentation.

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

Wednesday, 19 December 2018

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

APOLOGIES – Councillors Haszeldine and E A Richmond,

ABSENT – Councillors Grundy and Nutt

ALSO IN ATTENDANCE – Councillors Karen Hawkins (NHS Darlington Clinical Commissioning Group), Katie McLeod (NHS Darlington Clinical Commissioning Group), Jill Foggin (Communications Officer, County Durham and Darlington Foundation Trust) and Catherine McShane (CDDFT)

OFFICERS IN ATTENDANCE – Allison Hill (Democratic Officer), Ken Ross (Public Health Principal), Christine Shields (Assistant Director Commissioning, Performance and Transformation), Elizabeth Davison (Assistant Director Resources) and Dr M Moffat (Speciality Registrar Public Health)

HP35 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HP36 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE HELD ON 31 OCTOBER 2018

Minutes - Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 31 October 2018.

With regard to Minute HP26/Oct/18 the Director of Commissioning and Transformation, NHS Darlington CCG advised Members that the public engagement on the Stroke Service had been extended to the end of January 2019.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 31 October 2018 be approved as a correct record.

HP37 TELEHEALTH

Catherine McShane, Project Manager, County Durham and Darlington NHS Foundation Trust gave a presentation on Telehealth and Darlington Healthy New Towns and the use of technology to improve health outcomes.

The presentation highlighted the single platform of services designed to integrate with local care systems so they are substitutive, not additive; the benefits of digital enablement and the development of services in Darlington to digitally improve self-management.

The Project Manager also advised Members of the up and coming work including linking with Care Connect and Electronic Patient Records, mapping out

MiHealthCoach for smoking cessation in pregnancy and various patient monitoring services; outlined the challenges faced with the Healthy New Towns programme; and advised Members of the lessons that had been learnt to date.

Members were also advised about the regional development of Health Call, a platform that allows physicians, health systems, hospitals and ancillary providers to collaborate and deliver truly patient centric care.

Discussion ensued on the presentation and Members expressed their concerns at the lack of progress to date and the challenges faced with the GP services. The Project Manager acknowledged the Members concerns and the issues that have caused some delays but confirmed that progress was being made and a good response had been received from the practices in Darlington as part of Healthy New Towns.

The Director of Commissioning, NHS Darlington CCG confirmed the local authority and the health services were working together on Healthy New Towns and community procurement and the introduction of digital technology without taking away face to face contact.

The Public Health Principal also acknowledged the work to date on digital personalised health care and confirmed that it will take time and the pressures on primary care is difficult and digital health will now work for everyone.

RESOLVED – (a) That the Project Manager be thanked for her presentation.

(b) That Members continue to receive updates on the progress of Telehealth and Healthy New Towns.

HP38 CLINICAL ASSESSMENT AND PEER REVIEW SYSTEM (CASPER)

Katie McLeod, the Head of Strategy and Commissioning, NHS Darlington CCG gave a presentation on the Clinical Assessment and Peer Review System (CASPeR).

The presentation highlighted the challenges facing NHS services; NHS England's Demand Management 'good practice guide'; what was the aim of CASPeR; outlined the speciality services; CASPeR usage and the initial effectiveness; and the next steps.

The presentation outlined the three programmes from the 'good practice guide' that CASPeR were focusing on which were the Peer Review of Referrals, alternatives to Outpatient appointments and the management and monitoring of outpatient follow up appointments.

It was also noted that best practice pathways had been developed with other local authorities to reduce inappropriate first outpatient referrals to secondary care; and all practices, bar one had agreed to implement the Peer Review as part of their triage process.

The Director of Commissioning, NHS Darlington CCG confirmed that there has been a reduction in first outpatient referrals and an overall evaluation of the Referral Management System will be made in 2020.

Members of this Scrutiny Committee confirmed that they would like to receive an update on the final evaluation.

RESOLVED – That the Head of Strategy and Commissioning be thanked for interesting and informative presentation.

HP39 EXERCISE AND ACTIVITY UNDERTAKEN AT GOLD TEA DANCE

Scrutiny Member received and update from Vicky Grant, Health Referral Co-ordinator on the exercise and activity survey undertaken at GOLD Tea Dance.

RESOLVED – That the results of the survey be noted.

HP40 HEALTH INEQUALITIES IN DARLINGTON : NARROWING THE GAP

The Director of Public Health submitted a report (previously circulated) to share with Members the 2017 statutory annual report of the Director of Public Health (also previously circulated).

The Annual Report of the Director of Public Health Darlington 2017 was the fourth annual report following the transfer of public health responsibilities from the NHS to local government and highlighted that the life expectancy gap between the richest and poorest wards in Darlington was almost twelve years. The annual report also explores the breadth and extent of those 'health gaps' and proposed measures to narrow that gap.

The recommendations contained in the report were 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.

Dr Moffatt, Public Health Registrar gave a presentation on the Director of Public Health's 2017 report which highlighted the life expectancy for men and women by Ward; and the recommendations of the report within Darlington to address the inequalities across the life course being the Best Start in Life, Living and Working Well and Health ageing and there link to wider determinants such as housing, income, education, employment and environment.

Dr Moffatt also referred to the Health and Wellbeing Plan for Darlington 2017-2022 which 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 following the Starting Well, Living Well, Ageing Well life course approach.

RESOLVED – (a) That the 2017 Annual Report of the Director of Public Health be noted.

(b) That Dr Moffatt be thanked for his interesting and informative presentation.

HP41 VOLUNTARY AND COMMUNITY SECTOR FUNDING: PILOT COMMUNITY BASED INITIATIVES

The Director of Children and Adults Services submitted a report (previously circulated) to provide Members with an overview of the planned implementation of pilot community based initiatives utilising Future Fund and Voluntary Sector Development Fund monies.

The submitted report outlined the funding opportunities that had been made available to Community and Voluntary Sector organisations following the implementation of the Medium Term Financial Plan in June 2016 and the process that had been undertaken to identify ways in which the funding could be utilised to improve outcomes for local people.

Following a series of workshops attended by local statutory and voluntary sector organisations it was agreed to focus on two key issues: preventing social isolation in adults and older people and supporting vulnerable families with children and young people at the earliest opportunity.

The submitted report gave details of the community based initiatives proposed for funding and the Steering Group that had been established to monitor the outcomes and impact of the agreed pilot initiatives.

Discussion ensued on the six community based initiatives that had been proposed.

RESOLVED – (a) That the pilot initiatives outlined in the submitted report be noted.

(b) That this Scrutiny Committee receive an update following the monitoring and evaluation phase of this work in 2019.

HP42 PERFORMANCE INDICATORS QUARTER 2 2018/19

The Managing Director submitted a report (previously circulated) to provide Members with performance data against key performance indicators for Quarter 2 2018/19.

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

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

At Quarter 2, data was available for two Culture indicators and three Public Health Indicators.

Particular reference was made to CUL 063 – Number of school pupils participating in the sports development programme which was showing performance better than Quarter 2 last year; and CUL 064 – Number of individuals participating in the community sports development programme which was showing performance worse than at Quarter 2 last year.

In relation to Public Health Indicators it was reported that PHB 044 – Admissions episodes for alcohol related conditions which shows data for 2016/17 had increase from the previous year; PBH 046 – Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period showed data better than when last reported in 2016/17; and PBH 052 – Adjusted antibiotic prescribing in primary care by the NHS showed data worse than last reported for 2016.

RESOLVED – That the performance data reported for Quarter 2 2018/19 be noted.

HP43 MEDIUM TERM FINANCIAL PLAN (MTFP) 2019/20

Submitted – A report (previously circulated) of the Chief Officers Executive which had been considered by Cabinet at its meeting held on 11 December 2018, in relation to the Medium-Term Financial Plan (MTFP) 2019-20 to 2022-23 and proposing a 2019/20 to 2022/23 capital programme for consultation.

It was reported that the delivery of the core offer which was agreed in 2016 remained extremely challenging with some significant pressures arising in children's social care, however, through innovative financial investments and increased income from economic growth, the Council could still deliver the agreed balanced plan and extend the MTFP. A further £0.600 million had also been identified which could be used to bolster the Futures Fund themes or be returned to reserves.

It was noted that the Council had allocated £4.1 million to the futures fund in 2018/19, £2.5 million of which was allocated between the five community themes. To date £1.063 million had been committed to the futures fund themes with a balance of £1.437 million remaining.

Discussion ensued on the significant work which had been undertaken to achieve economic growth within the Borough, particularly in relation to Symmetry Park, which had been rewarded with a positive net increase in the projected National Non-Domestic Rates (NNDR) collected over the coming MTFP.

It was reported that there were no proposed reductions in service levels within the 2019/20 MTFP and there were some only minor changes to the proposed schedule of fees and charges.

Members noted the additional monies identified for winter pressures amounting to £501,000 this year and for next year to be divided between residential and domiciliary care and requested an update to this Scrutiny on the spend in due course.

RESOLVED - That this Scrutiny Committee has no comment to make on the proposed schedule of fees and charges for those services within its remit and supports Cabinet's proposal in relation to those fees and charges and the proposed Council Tax increase of 2.99 per cent for the next financial year.

HP44 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 the 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 this Scrutiny Committee.

HP45 WORK PROGRAMME

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

Members 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 – That the current status of the Work Programme be noted.

ADDITIONAL FUNDING FOR COUNCILS TO ALLEVIATE WINTER PRESSURES

SUMMARY REPORT

Purpose of the Report

1. This report outlines how the additional funding is being allocated on adult social care services in order to support the expectations that are attached to it.

Background

2. In October 2018, the Secretary of State for Health and Social Care announced £240m of additional funding for councils to spend on adult social care services to help councils alleviate winter pressures on the NHS. The Allocation for Darlington Borough Council amounted to £501, 172.
3. It is clear that the funding has to be spent in a way that supports the expectations that apply to it. These are referenced within the letter from Matt Hancock (Secretary of State for Health and Social Care) and can be summarised as follows:

Spend is expected to focus on:

- a) Reducing Delayed Transfers of Care (DTC)
- b) Helping to reduce extended lengths of stay in hospital
- c) Weekend discharge arrangements, so that patients are assessed and discharged earlier
- d) Speeding up the process of assessing and agreeing what social care is needed for patients in hospitals.

It is expected that the totality of the grant will be spent on providing adult social care services, in addition to funding already planned.

Recommendation

4. That Scrutiny Committee members note the contents of this report.

James Stroyan
Assistant Director Adult Services

James Stroyan: Extension 5900

S17 Crime and Disorder	No impact
Health and Well Being	The allocation of Winter funding supports the health and well-being of Darlington residents who need care and support during the Winter period.
Carbon Impact	No impact
Diversity	No impact
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	This is government grant funding to be used to alleviate Winter pressures on the social care and health system.
Key Decision	None
Urgent Decision	None
One Darlington: Perfectly Placed	Use of funding is compatible with One Darlington
Efficiency	No impact

MAIN REPORT

Allocation of funding in Darlington

1. Given the expectations attached to the funding, it is clear that it should be used to support people to remain at home, wherever this is possible. A 'Home First' approach supports both timely discharge and admission avoidance and is central to achieving good outcomes for individuals.
2. Supporting those social care services that enable people to maintain or re-gain their independence is consistent with a strength-based approach to providing support. It is important that funding is used to maximise independence and is not spent in ways that create premature dependence on long term care.
3. To support these objective, it has been agreed that the funding will be used to provide additional capability within the areas identified in table 1 below. Allocated funding is indicative only and may need to be adjusted across the identified areas in response to actual demand.

Table 1

Additional Winter Monies		Value £501,172	
Scheme	Indicative Funding Allocation	Description	Expectation/condition supported
Rapid Response Domiciliary care	£20,000	A 'Home First' service that ensures there are no delays due to care packages. This service can also support admission avoidance.	Reducing DTOC, Helping to reduce extended length of stay, Weekend discharge arrangements
Reablement capacity	£110,000	Supporting additional capacity to ensure assessments and packages are in place to target discharges and admission avoidance.	Reducing DTOC, Helping to reduce extended length of stay, Weekend discharge arrangements, Speeding up the process of assessing what social care is needed for patients in hospital
Domiciliary Care Packages	£100,000	To provide ongoing support at home following hospital discharge or admission avoidance intervention.	Reducing DTOC, Helping to reduce extended length of stay, Weekend discharge arrangements
Spot purchase Step Down/Step Up reablement beds	£100,000	To provide additional capability to provide time limited support for those ready for discharge, but who cannot return home immediately and for those who need a	Reducing DTOC, Helping to reduce extended length of stay, Weekend discharge arrangements

		period of residential reablement to avoid admission	
7 Day Social Work Assessment	£51,172	To fund additional social work capacity at weekends during the winter period. This capacity will support weekend discharge and admission avoidance.	Reducing DTOC, helping to reduce extended length of stay, Weekend discharge arrangements, Speeding up the process of assessing what social care is needed for patients in hospital
Residential placements	£120,000	To fund additional permanent residential placements that are anticipated as a result of winter demand associated with hospital discharge and admission avoidance	Reducing DTOC, Helping to reduce extended length of stay, Weekend discharge arrangements
Total	£501,172		

Activity supported by the funding in December/January 2018/19

4. The funding has been made available to Adult Social Care Teams to ensure that they are able to respond timely to operational demands associated with admission avoidance and transfers of care from hospital to the community. The following are examples of activity which has been supported over the winter period:
 - During December/January 57 Rapid Response care packages have been provided to support hospital discharges. This has equated to 323 hours of support.
 - An additional 22 spot purchased residential beds have been used to support hospital discharges, 9 of these admissions were made directly by NHS colleagues on a Trusted Assessor basis.
 - Social Workers and Occupational Therapist have provided support into hospitals on critical weekends and Bank Holidays providing a 7 day week response. They have completed 15 assessments and facilitated 5 weekend discharges.
 - 68 people received a Reablement support package in December. This represents a 28% increase in support compared to December 2018.

December 2018 Delayed Transfer of Care Performance

5. There were at total of 44 delayed days in December 2018. This is a significant performance improvement, when compared to December 2017 when there were a total of 128 delayed days.
6. For December 2018 Darlington, when compared to all Single Tier and County Councils in England, is ranked 5 on the overall rate of delayed beds. A rank of 151 is given to the area with the highest rate of delays.

Governance

7. The monitoring of the impact and performance benefits of this additional funding will take place alongside the arrangements already established for the management of BCF and iBCF. Management sits with the Directorate Leadership Team (DBC) and reports to enable partner oversight will be submitted to the Integration Board and shared with the Local Accident and Emergency Board (LADB) for information. Activity reports will also be made to the Department of Health and Social Care as required.

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Health and Partnerships Scrutiny Committee

13 March 2019

PERFORMANCE INDICATORS Q3 2018/19

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2018/19 at Quarter 3.

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 Q3, data is available for 2 (two) Culture indicators and 9 (nine) 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 Q3 last year.
7. CUL 064 'Number of individuals participating in the community sports development programme' is showing performance worse than at Q3 last year.

Public Health

8. **PBH 013c** (PHOF 2.02(ii)) *% of all infants due a 6 – 8 weeks check that are totally or partially breastfed* – In 2017/18 in Darlington 32% of infants are totally or partially breastfed at 6 -8 weeks after birth. This has remained similar and was at 34% in 2016/17.

9. **PBH 014** (PHOF 2.03) *% of women who smoke at the time of delivery* – In 2017/18 in Darlington 16% of mothers are recorded as smoking at time of delivery. This has improved, showing a decrease from 22% in 2010/11.
10. **PBH 018** (PHOF 2.05ii) *Child development - Proportion of children aged 2-2.5years offered ASQ3 as part of the Healthy Child Programme or integrated review* – In Darlington in 2015/16 32% of eligible children were offered ASQ3 as part of their health review. This has significantly improved to 98% in 2017/18.
11. **PBH035i** (PHOF 2.15i) *Successful completion of drug treatment - opiate users* – In Darlington in 2017 3.7% of those taking opiates, who were receiving structured treatment for their drug use, were abstinent or free from drugs at the end of their treatment and did not re-present to treatment within 6 months. This has increased from 2.8% in 2016.
12. **PBH035ii** (PHOF 2.15ii) *Successful completion of drug treatment - non-opiate users* – In Darlington in 2017 20% of those taking drugs other than opiates, who were receiving structured treatment for their drug use, were abstinent or free from drugs at the end of their treatment and did not re-present to treatment within 6 months. This has reduced from 30% in 2016.
13. **PBH035iii** (PHOF 2.15iii) *Successful completion of alcohol treatment* – In Darlington in 2017 25% of those who received structured treatment for their alcohol consumption were abstinent at the end of their treatment and did not re-present to treatment within 6 months.
14. **PBH050** (PHOF 3.04) *People presenting with HIV at a late stage of infection* – In the period 2015 – 2017 17% of those who were diagnosed with HIV presented late. This is statistically significantly better than the national and regional averages.
15. **PBH056** (PHOF 4.04ii) *Age standardised rate of mortality considered preventable from all cardiovascular diseases (inc. heart disease and stroke) in those aged less than 75 years per 100,000 population* – In Darlington the rate of reduction has slowed and is now similar to regional and national averages (2015-17 data).
16. **PBH 060** (PHOF 4.07i) *Age standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population* – Darlington is now statistically similar to England and national averages (2015-17 data).
17. 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.

18. 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.

19. This Scrutiny Committee performance report was compiled by Neil Bowerbank. All queries regarding the performance measures within this report should be addressed to the appropriate assistant director.

Recommendations

20. It is recommended:

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

Neil Bowerbank - Head of Strategy, Performance and Communications

Background papers

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

S17 Crime and Disorder	This report supports the 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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Health & Partnerships

Performance Data

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30	Total	30	30
1	= Better than same period last year (↑) =	9	0
0	Better from when last reported (↑) =	1	0
0	= The same as same period last year (↔) =	1	0
1	The same from when last reported (↔) =	16	5
1	= Not as good as same period last year (↓) =	16	5
1	Not as good from when last reported (↓) =	16	5
28	Not comparable (blank)	4	25

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	Latest data same period previous year	Latest data performance from same period last year	June	Sept	Dec	Dec - Num	Dec - Den	Trend from when last reported	Performance against target	Dec Target	Qtr 3 - Dec 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 3 .
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Annual	Bigger	%	62	60	-	-	-	63	59	63		-	-	-	-	-	↓	↓	-	-	-	Qtr 3 .
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Annual	Bigger	%	77	75	-	-	-	76	75	76		-	-	-	-	-	↓	↓	-	-	-	Qtr 3 .
CUL 063	Number of school pupils participating in the sports development programme	Monthly	Bigger	Num	-	-	-	-	-	12,546	20,052	13,276	↑	6,355	9,639	15,783	15,783	-	-	-	-	-	15,000	Qtr 3 Continuing to deliver a strong schools sports development programme, which is evident in usage.
CUL 064	Number of individuals participating in the community sports development programme	Monthly	Bigger	Num	-	-	-	-	-	7,864	7,900	6,231	↓	1,878	3,685	5,331	5,331	-	-	-	-	-	8,000	Qtr 3 Reduced attendance to community sports development programme as a result of reduced external funding and therefore available sessions.
PBH 009	(PHOF 2.01) Low birth weight of term babies	Annual	Smaller	%	2.8	3.0	-	2.8	2.1	3.4	-			-	-	-	-	-	↓	-	-	-	-	Qtr 3 .
PBH 010	(PHOF 2.02ii) % of all infants due a 6-8 week check that are totally or partially breastfed	Annual	Bigger	%	43	32	31	34	34	34	32	34		-	-	-	-	-	↓	-	-	-	-	Qtr 3 The latest data is from 2017/18. Darlington has seen a small decrease in proportion in this indicator which has also been mirrored in the national data. Darlington is ranked 6th in our statistical neighbours.
PBH 011	(PHOF 2.03) % of women who smoke at time of delivery	Annual	Smaller	%	11	16	-	20	15	16	16	16		-	-	-	-	-	↔	-	-	-	-	Qtr 3 The latest data is from 2017/18. There has been no percentage change between 2016/17 and 2017/18.
PBH 016	(PHOF 2.04) Rate of under-18 conceptions	Annual	Smaller	Num/Rate	19	25	27	27	25	24	-			-	-	-	-	-	↑	-	-	-	-	Qtr 3 .
PBH 018	(PHOF 2.05ii) Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	Annual	Bigger	%	90	95	85	-	32	88	98	88		-	-	-	-	-	↑	-	-	-	-	Qtr 3 The latest data is for 2017/18. Darlington has significantly improved on this indicator and is now ranked 5th best in comparison to our nearest neighbours.
PBH 020	(PHOF 2.06i) Excess weight among primary school age children in Reception year	Annual	Smaller	%	23	25	24	23	24	25	-			-	-	-	-	-	↓	-	-	-	-	Qtr 3 .
PBH 021	(PHOF 2.06ii) Excess weight among primary school age children in Year 6	Annual	Smaller	%	34	37	36	35	35	37	-			-	-	-	-	-	↓	-	-	-	-	Qtr 3 .
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 3 .
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 3 .
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 3 .
PBH 029	(PHOF 2.09i) Smoking prevalence – 15 year olds	Annual	Smaller	%	8.2	10	-	9.0	-	-	-			-	-	-	-	-	↑	-	-	-	-	Qtr 3 .
PBH 031	(PHOF 2.10ii) Emergency Hospital Admissions for Intentional Self-Harm	Annual			197	231	-	230	194	-	-			-	-	-	-	-	↑	-	-	-	-	Qtr 3 .
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 3 .
PBH 035i	(PHOF 2.15i) Successful completion of drug treatment - opiate users	Annual	Bigger	%	6.5	4.9	-	5.9	4.8	2.8	3.7	2.8		-	-	-	-	-	↑	-	-	-	-	Qtr 3 The latest data is 2017/18. Darlington has seen a small improvement since 2016/17 but remains ranked 15th against our 16 nearest neighbours.
PBH 035ii	(PHOF 2.15ii) Successful completion of drug treatment - non-opiate users	Annual	Bigger	%	37	26	-	40	35	30	20	30		-	-	-	-	-	↓	-	-	-	-	Qtr 3 The latest data is 2017/18. Darlington is now performing statistically significantly lower than the England average and is ranked 15th against our 16 nearest neighbours.

Indicator Num	Indicator Description	Reported	What is best	Measure of unit	Latest England Av	Latest North East Av	Latest other benchmark Av	2014/15	2015/16	2016/17	2017/18	Latest data same period previous year	Latest data performance from same period last year	June	Sept	Dec	Dec - Num	Dec - Den	Trend from when last reported	Performance against target	Dec Target	Qtr 3 - Dec compare to target	Year End Target	Comments
PBH 035iii	(PHOF 2.15iii) Successful completion of alcohol treatment	Annual	Bigger	%	39	31	-	41	40	37	25	37		-	-	-	-	-	↓		-		-	Qtr 3 The latest data is 2017/18. There has been a decreasing trend in the proportion of those successfully completing alcohol treatment since 2014 nationally, and Darlington figures also reflect this.
PBH 044	(PHOF 2.18) Alcohol related admissions to hospital	Annual	Smaller	Per 100,000 pop	636	866	-	708	739	769	-			-	-	-	-	-	↓		-		-	Qtr 3 .
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 3 .
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 3 .
PBH 050	(PHOF 3.04) People presenting with HIV at a late stage of infection	Annual	Smaller	%	41	40	-	46	45	17	-			-	-	-	-	-	↑		-		-	Qtr 3 The latest data available is 2015-17. Compared to our nearest neighbours Darlington is ranked first and performing statistically better than national and regional averages. It is important to note that Darlington figures for this indicator are small. The arrow shows we are performing better than last data, the last data (2014-16) was suppressed due to low figures.
PBH 052	(PHOF 3.08) Adjusted antibiotic prescribing in primary care by the NHS	Annual	Smaller	Num/Rate	1.0	1.2	-	-	1.2	1.2	1.3	1.2		-	-	-	-	-	↓	↓	-		-	Qtr 3 .
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 3 .
PBH 056	(PHOF 4.04ii) Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease and stroke) in those aged less than 75 per 100,000 population	Annual	Smaller	Per 100,000 pop	46	53	-	57	51	57	51	57		-	-	-	-	-	↑		-		-	Qtr 3 The latest available data is 2015-17. The rate of reduction for Darlington has slowed, and now similar to England and regional averages. As the rate has reduced since last reported the arrow is pointing up, showing better than previously reported.
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 3 .
PBH 060	(PHOF 4.07i) Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population	Annual	Smaller	Per 100,000 pop	34	44	-	33	36	40	41	40		-	-	-	-	-	↓		-		-	Qtr 3 The latest available data is 2015-17. There has been a recent increase in rate from 2012-14, and Darlington is now statistically similar to England and regional averages. The recent increase is reflected in the arrow pointing down, showing the most recent data is worse than previously reported.



Darlington Borough Council
Public Health
October to December 2018
(Quarter 3) 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 schedule on page 5 sets out when the data will be available for the Key indicators and when they will be reported.

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

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

Timetable of reporting of Key Public Health Indicators

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

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>PBH 013c</i>	(PHOF 2.02ii) % of all infants due a 6-8 weeks check that are totally or partially breastfed	Key	10
<i>PBH 013</i>	% of all infants for whom feeding status is recorded at 6-8 week check	Contract	12
<i>PBH 013a</i>	% of all infants for whom feeding status is recorded at 6-8 week check totally breastfed at 6-8 weeks	Contract	13
<i>PBH 013b</i>	% of all infants for whom feeding status is recorded at 6-8 week check partially breastfed at 6-8 weeks	Contract	15
<i>PBH 014</i>	(PHOF 2.03) % of women who smoke at the time of delivery	Key	16
<i>PBH 015</i>	Number of adults identified as smoking in the antenatal period	Contract	18
<i>PBH 015a</i>	Number of smoking quit dates set	Contract	19
<i>PBH 015b</i>	% of successful smoking quitters at 4 weeks	Contract	20
<i>PBH 018</i>	(PHOF 2.05ii) Child Development – Proportion of children aged 2-2.5years offered ASQ as part of the Healthy Child programme or integrated review	Key	21
<i>PBH 002</i>	% of children who received a 2-2.5 year health review (quarterly)	Contract	23
<i>PBH 035i</i>	(PHOF 2.15i) Successful completion of drug treatment – opiate users	Key	24
<i>PBH 035ii</i>	(PHOF 2.15ii) Successful completion of drug treatment – non-opiate users	Key	26
<i>PBH 035iii</i>	(PHOF 2.15iii) Successful completion of alcohol treatment	Key	28
<i>PBH 045</i>	Number of adults in alcohol treatment	Contract	30
<i>PBH 050</i>	(PHOF 3.04) People presenting with HIV at a late stage of infection	Key	31
<i>PBH 051</i>	% uptake of HIV testing	Contract	33
<i>PBH 049</i>	% of those tested for chlamydia are notified within 10 days	Contract	34
<i>PBH 056</i>	(PHOF 4.04ii) Age standardised rate of mortality considered preventable from all cardiovascular diseases (inc heart disease	Key	35

	and stroke) in those aged less than 75 years per 100,000 population		
<i>PBH 047</i>	Total number of NHS Health Checks completed	Contract	37
<i>PBH 057</i>	Number of NHS Health Checks offered	Contract	38
<i>PBH 060</i>	(PHOF 4.07i) Age standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population	Key	39

Quarter 3 Performance Summary

Key Indicators

Nine key indicators are reported this quarter; the majority demonstrate stable or improving trends largely in keeping with local/national rates and statistically similar rates to regional and CIPFA nearest neighbours. The indicators are:-

- **PBH 013c** (PHOF 2.02(ii)) *% of all infants due a 6 – 8 weeks check that are totally or partially breastfed* – In 2017/18 in Darlington 32% of infants are totally or partially breastfed at 6 -8 weeks after birth. This has remained similar and was at 34% in 2016/17.
- **PBH 014** (PHOF 2.03) *% of women who smoke at the time of delivery* – In 2017/18 in Darlington 16% of mothers are recorded as smoking at time of delivery. This has improved, showing a decrease from 22% in 2010/11.
- **PBH 018** (PHOF 2.05ii) *Child development - Proportion of children aged 2-2.5years offered ASQ3 as part of the Healthy Child Programme or integrated review* – In Darlington in 2015/16 32% of eligible children were offered ASQ3 as part of their health review. This has significantly improved to 98% in 2017/18.
- **PBH035i** (PHOF 2.15i) *Successful completion of drug treatment - opiate users* – In Darlington in 2017 3.7% of those taking opiates, who were receiving structured treatment for their drug use, were abstinent or free from drugs at the end of their treatment and did not re-present to treatment within 6 months. This has increased from 2.8% in 2016.
- **PBH035ii** (PHOF 2.15ii) *Successful completion of drug treatment - non-opiate users* – In Darlington in 2017 20% of those taking drugs other than opiates, who were receiving structured treatment for their drug use, were abstinent or free from drugs at the end of their treatment and did not re-present to treatment within 6 months. This has reduced from 30% in 2016.
- **PBH035iii** (PHOF 2.15iii) *Successful completion of alcohol treatment* – In Darlington in 2017 25% of those who received structured treatment for their alcohol consumption were abstinent at the end of their treatment and did not re-present to treatment within 6 months.
- **PBH050** (PHOF 3.04) *People presenting with HIV at a late stage of infection* – In the period 2015 – 2017 17% of those who were diagnosed with HIV presented late. This is statistically significantly better than the national and regional averages.
- **PBH056** (PHOF 4.04ii) *Age standardised rate of mortality considered preventable from all cardiovascular diseases (inc. heart disease and stroke) in those aged less than 75 years per 100,000 population* – In Darlington the rate of reduction has slowed and is now similar to regional and national averages (2015-17 data).
- **PBH 060** (PHOF 4.07i) *Age standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population* – Darlington is now statistically similar to England and national averages (2015-17 data).

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

Contract Indicators

The contract indicators included in this highlight report are selected where a narrative is useful to understand performance described in the Key indicators to give an insight into the contribution that those directly commissioned services provided by the Public Health Grant have on the high level population Key indicators. There a total of 12 contract indicators which support the nine key indicators. Of these 12 indicators, **11** have maintained or exceeded targets or thresholds with only **1** (PBH013b) showing a reduction to below threshold. These are as follows:-

1. **PBH013 % of all infants for whom feeding status is recorded at 6-8 week check** – this shows continued high performance above the 95% target for this indicator.
2. **PBH013a % of all infants for whom feeding status is recorded at 6-8 week check totally breastfed at 6-8 weeks** – this shows that the rate of breastfeeding in infants in Darlington remains consistent over time. Those recorded as totally breastfed at 22% is consistent with the average of 22% from last year.
3. **PBH013b % of all infants for whom feeding status is recorded at 6-8 week check partially breastfed at 6-8 weeks** – this shows that the rate of breastfeeding in Darlington remains consistent over time. Those recorded as partially breastfed at 7.7% is lower than the average of 9.5% from last year and a reduction from 10.4% last quarter. This reduction is largely accounted for with an increase in those recorded as bottle fed from Q2.
4. **PBH015 Number of adults identified as smoking in the antenatal period** – This shows us the number of women who smoke in the antenatal period has reduced from Q2. There is still a significant number (41) known to be smokers in early pregnancy.
5. **PBH015a Number of smoking quit dates set** – This data shows us that there are increasing numbers of individuals who have made a positive step in quitting smoking in setting a quit date as part of a supported quit attempt.
6. **PBH015b % of successful smoking quitters at 4 weeks** – This data shows us that the Service has consistently achieved or surpassed the target of having 50% of those who set a quit date successful stop smoking for at least 4 weeks.
7. **PBH002 % of children who received a 2-2.5 year health review** – This data shows that almost all children in Darlington consistently receive this important review and developmental check before the age of 2.5 years.
8. **PBH045 Number of adults in alcohol treatment** – Compared to last year numbers have improved with a higher average number in treatment compared to last year.
9. **PBH051 % uptake of HIV testing** – The data shows that the uptake of HIV testing remains consistently high at around 80%.

10. **PBH049 % of those tested for chlamydia are notified within 10 days** – The data shows that performance has improved from the previous year and consistently achieved the target of >90%.
11. **PBH047 Total number of NHS Health Checks completed** – A greater number of individuals received a Health Check compared to the same period last year.
12. **PBH057 Total number of NHS Health Checks offered** – A greater number of individuals offered a Health Check compared to the same period last year

Comparison to Quarter 2 2018/19 Highlight Report

Those contract indicators that were highlighted in the Quarter 2 report are updated with the current position below:

PBH015a: This indicator was highlighted in the Q2 report due to 12 fewer quit dates being set in comparison to Q1. In Q3 37 clients set a quit date with the Service which is an improvement. This indicator continues to be monitored closely within quarterly contract meetings.

PBH015b: This indicator was highlighted in the Q2 report for the improvement in quit rate from 51% in Q1 to 62% in Q2. The quit rate has decreased in Q3 to 52%. This remains above the 50% target for successful quitters. Analysis indicates that the high quit rate in Q2 was likely the result of relatively lower numbers setting a quit date in that quarter (PBH015a). The quit rate is a key performance indicator and is discussed in quarterly contract meeting.

KEY PBH 013c – (PHOF 2.02(ii)) % of all infants due a 6 – 8 weeks check that are totally or partially breastfed

Definition: Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food.

Numerator: Number of infants at the 6-8 week check who are totally or partially breastfed.

Denominator: Number of infants due for 6-8 weeks.

Latest update: 2017/18

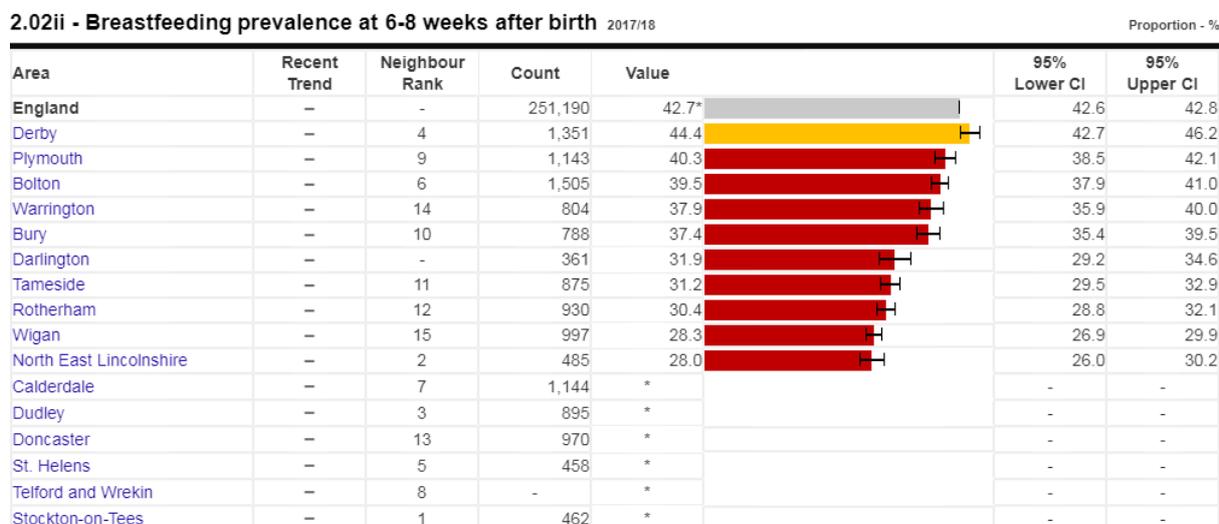
Current performance: 31.9%

Target: 35%

Contributory contract indicators:

- **PBH13** % of all infants whom feeding status is recorded at 6-8 week check
- **PBH 13a** % of all infants for whom feeding status is recorded at 6-8 week check totally breastfed at 6-8 weeks
- **PBH13b** % of all infants for whom feeding status is recorded at 6-8 week check partially breastfed at 6-8 weeks

Figure 1 CIPFA Nearest neighbours comparison



Source: Public Health England National Child and Maternal Health Intelligence Network

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

What is the data telling us?

This data (from 2017/18), shows that 31.9% of infants are totally or partially breastfed at 6 -8 weeks after birth. When compared to England the proportion of mothers who breastfeed their infants in Darlington is statistically significantly lower. However the proportion of mothers who breastfeed their infants in Darlington is statistically similar to the NE regional average.

Compared to our 16 statistical neighbours Darlington is ranked 6th. Six of our statistical nearest neighbours on Figure One show an asterisk in place of data; this means that Public Health England have not published these authorities' data for data quality reasons.

Why is this important to inequalities?

The evidence base shows that there are significant health benefits for the mother and child including reduced infections as an infant and lower probability of obesity later in life. For the mother breastfeeding lowers the risk of developing breast and ovarian cancers.

Breastfeeding is less prevalent in lower socioeconomic communities resulting in mothers and infants missing out on the known health benefits. This is a contributing factor in poorer health outcomes for both children and adults.

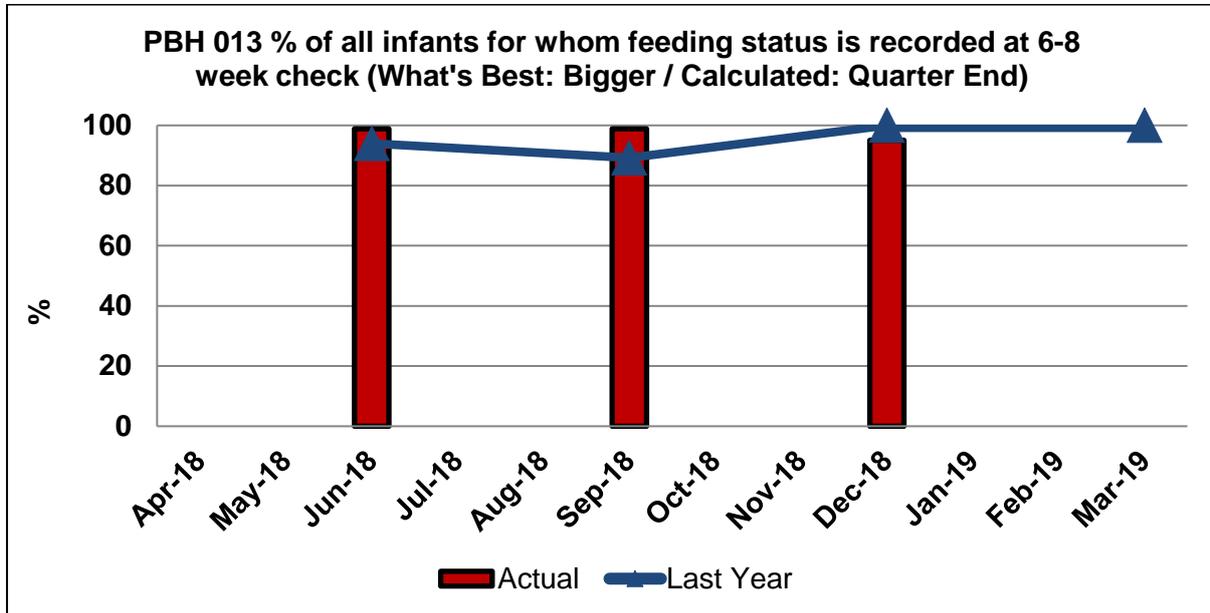
What are we doing about it?

Increasing the rates of breastfeeding is a key performance indicator within the 0-19 contract provided by Harrogate and District NHS Foundation Trust.

The Health Visiting team provides a proactive offer of structured breastfeeding help for new mothers during their first visit 10-14 days following the birth. The Health Visiting team also provide a range of extra support, including extra visits and calls, to new mothers who are identified as experiencing difficulties with breastfeeding.

Contract Indicator:

PBH013 % of all infants for whom feeding status is recorded at 6-8 week check



Service Provider: Harrogate and District NHS Foundation Trust

What is the story the data is telling us?

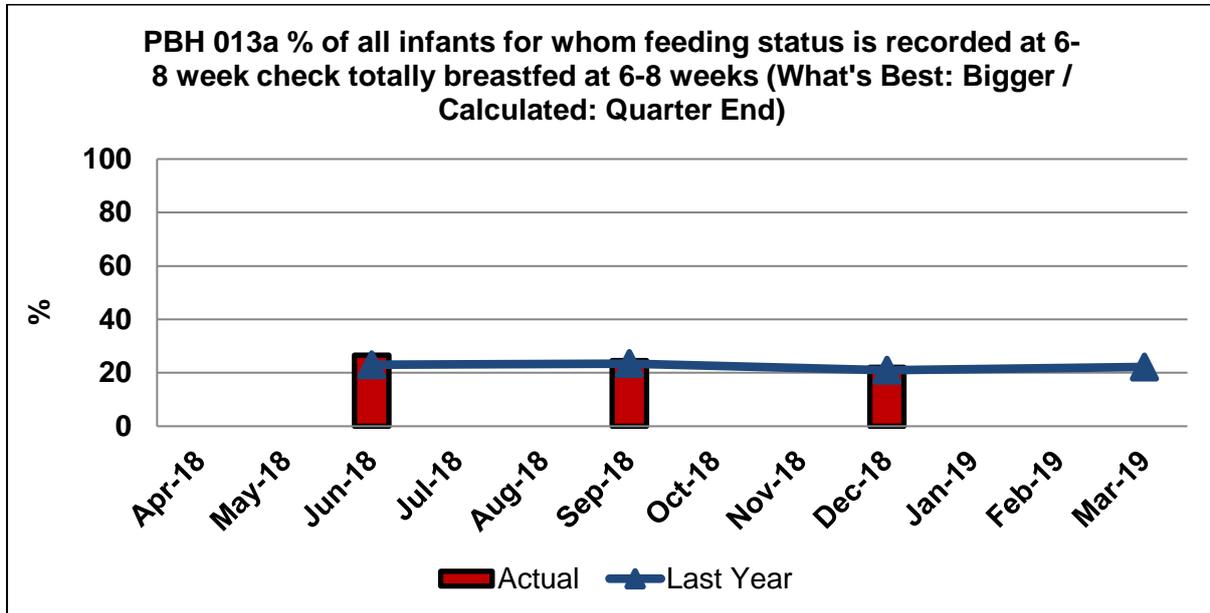
This data is telling us that the Health Visiting Service is achieving their target in seeing over 95% of new mothers at 6 – 8 weeks and proactively checking the feeding status during this visit. It also shows us that the overwhelming majority of mothers are receiving the visit by their Health Visitor within the mandated period and mothers and infants are receiving the appropriate advice and support for feeding, maternal mental health and infant development and are able to intervene in a timely fashion where there are problems.

What more needs to happen?

The Provider continues to maintain this performance in ensuring that the majority of mothers and infants receive a visit within this period and receive the support in relation to breastfeeding and other aspects of parenting.

Contract Indicator:

PBH013a % of all infants for whom feeding status is recorded at 6-8 week check totally breastfed at 6-8 weeks



Service Provider: Harrogate and District NHS Foundation Trust

What is the story the data is telling us?

The data shows that about 1 in 5 infants in Darlington are totally breastfed when their feeding status was checked by their Health Visitor. The graph shows that this is consistently been the ratio of infants totally breastfed in Darlington when they are between 6 – 8 weeks.

What more needs to happen?

Breastfeeding needs to be more widely promoted as a viable and achievable option for expectant mothers. The numbers of those breastfed at birth needs to be maintained into the first days and weeks of life. The variation in breastfeeding between different communities needs to be narrowed. The stigma of breastfeeding needs to be tackled in local communities, particularly those communities suffering the most deprivation.

This is being achieved by:-

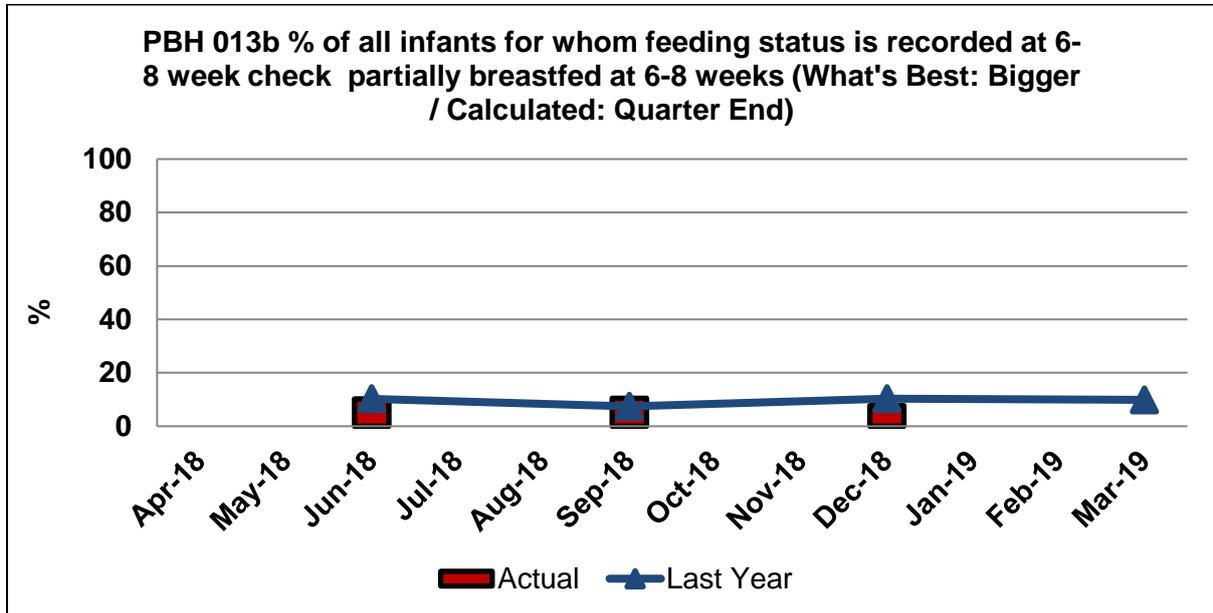
- Improving the number of ante-natal notifications to the HV service by the midwifery service to ensure an intervention by 24 weeks of conception.
- Improving the information and advice provided to expectant mothers, their partners and families to promote breastfeeding as a feeding option and support them in that decision.
- Improving the promotion and support provided to new mothers by the Midwifery team to breastfeed at delivery and maintain this within the first 10 days from birth
- Health Visiting Service continues to work to support new mothers to maintain and consolidate breastfeeding following handover from midwifery at 10-14 days, providing

assessment and rapid access to support to identify problems and provide timely support to the parent.

- 0-19 service achieve and maintain GOLD accreditation from UNICEF for Breastfeeding support for Darlington including leading work on promotion of breastfeeding in the wider community.

Contract Indicator:

PBH013b % of all infants for whom feeding status is recorded at 6-8 week check partially breastfed at 6-8 weeks



Service Provider: Harrogate and District NHS Foundation Trust

What is the story the data is telling us?

This data shows us that less than 1 in 10 infants are partially breastfed when they are 6 – 8 weeks. There has been a reduction from 10.4% in Q2 to 7.7% in Q3. This means that the infant is getting some of the benefits from breastfeeding but this is now supplemented by other artificial methods. Those partially breastfed do contribute to the overall numbers counted as 'breastfed' generally. This reduction can be largely accounted by an increase in those infants recorded as totally bottle-fed compared to Q2.

What more needs to happen?

Similar to PBH013a in ensuring more children are breastfed by this date and supporting new mothers and families to breastfeed.

KEY PBH 014 – (PHOF 2.03) % of women who smoke at the time of delivery

Definition: The number of mothers known to be smokers at the time of delivery as a percentage of all maternities.

Numerator: Number of women known to smoke at time of delivery.

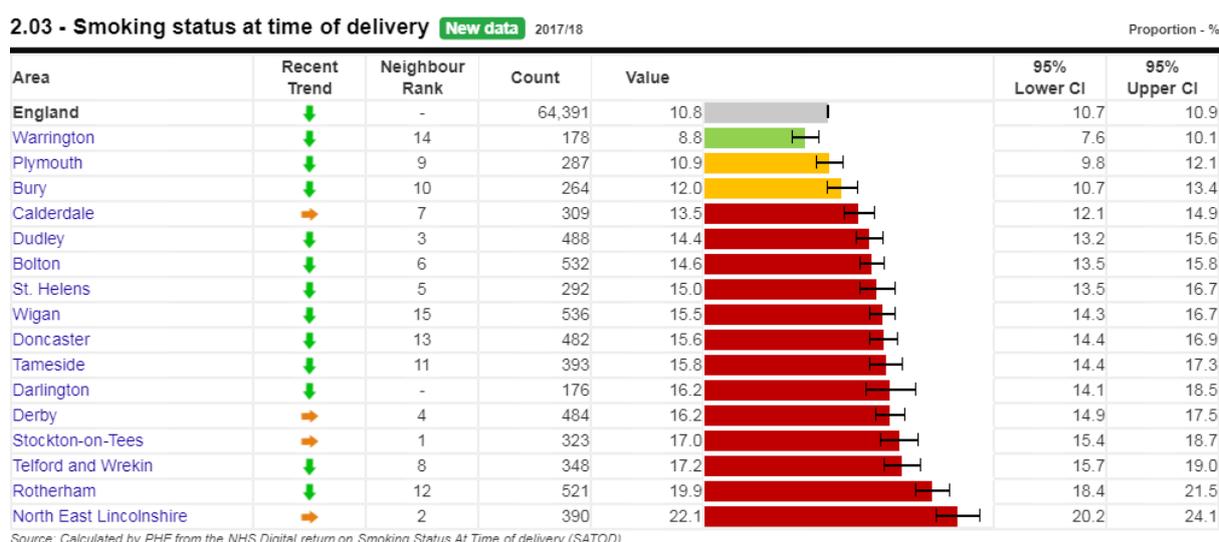
Denominator: Number of maternities where smoking status is known.

Contributory contract indicators:

- **PBH015** Number of adults identified as smoking in the antenatal period
- **PBH015a** Number of smoking quit dates set
- **PBH015b** % of successful smoking quitters at 4 weeks

Latest update: 2017/18 Current performance: 16.2% Target: less than 11%

Figure 2-CIPFA nearest neighbours comparison



What is the data telling us?

The data shows that there continues to be an overall downward trend for women who smoke at time of delivery but 1 in 6 infants will be born to a mother who smokes. In comparison to our 16 statistically similar neighbours Darlington is ranked 11th.

Why is this important to inequalities?

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother both in the short term and longer term. Being smoke free in pregnancy is a significant contribution to the best start in life. Smoking prevalence, including in pregnancy, is higher in more deprived areas. This means that infants born to

mothers who are smoking at pregnancy are more likely to be exposed to the effects of tobacco in the womb and at home when they are born. This can affect the health outcomes of the baby and increase the likelihood of specific diseases throughout their life and into adulthood.

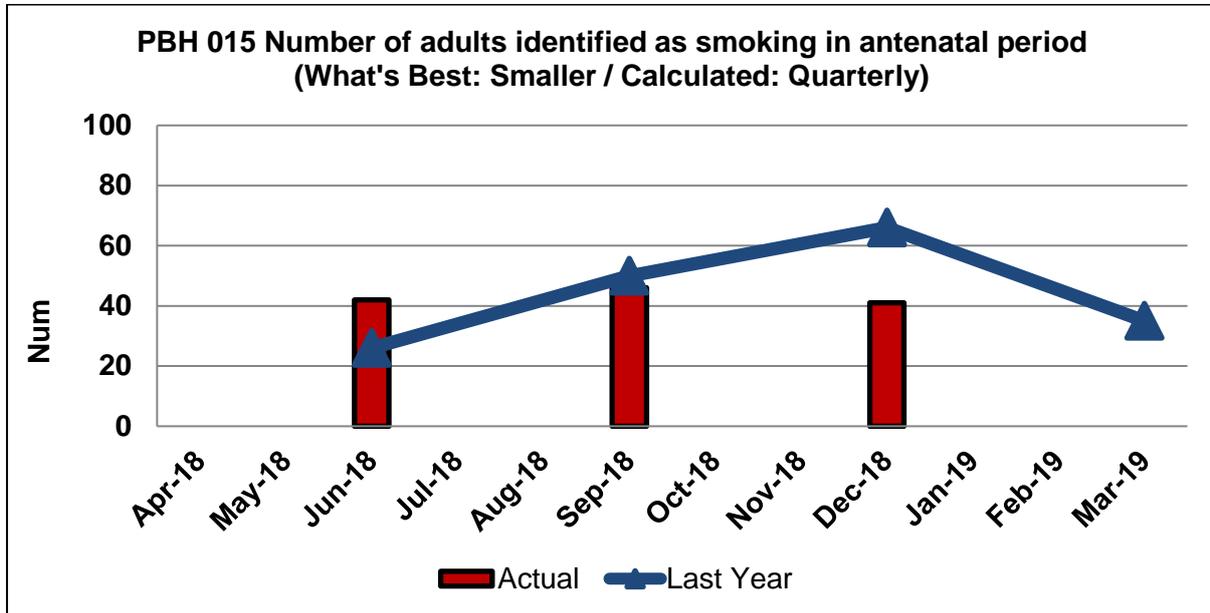
Increasing the proportion of mothers who do not smoke during pregnancy will provide communities with the benefits of reduced harm from smoking, improve outcomes and reduce health inequalities.

What are we doing about it?

The Stop Smoking Service has a contractual focus on reducing smoking at time of delivery. There are contractual incentives to support the service in improving the percentage of pregnant women who access the Specialist Service and who successfully quit from the most deprived wards. This includes training of midwives and other professionals in identifying women who smoke and particularly pregnant women and then to provide an evidence based intervention to help them address their smoking. The Service and the Public Health team are also working with partners to support the implementation of smoke free policies in workplaces and public spaces, including local public services.

Contract Indicator:

PBH015 Number of adults identified as smoking in the antenatal period



Service Provider: Harrogate and District NHS Foundation Trust

What is the story the data is telling us?

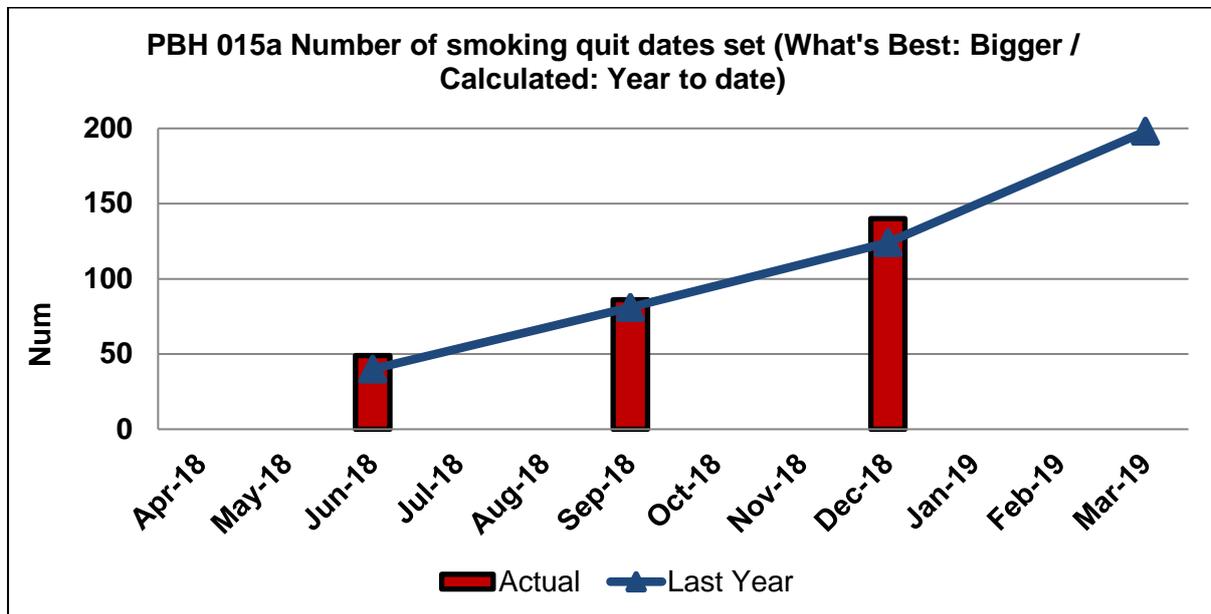
This data is showing us the number of women who smoke in the antenatal period are identified by Health Visitors during their antenatal visit at 24 weeks. It has reduced from Q2, showing that there is still a significant minority of women in Darlington who are smoking when they are pregnant.

What more needs to happen?

The numbers of notifications of pregnancy to Health Visiting from Midwifery needs to improve. The Health Visiting team is working with Midwifery to improve the timeliness of this notification so that they can schedule a visit with the expectant mother before 24 weeks and provide an intervention around smoking. The Specialist Stop Smoking Service is being more heavily promoted to midwifery teams and primary care teams to increase the offer of specialist support and increase the numbers of referrals to this service. More work needs to be done by all teams involved in the pregnancy pathway to identify those women who quit without support to provide them with access to resources and information to support them quitting.

Contract Indicator:

PBH015a 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?

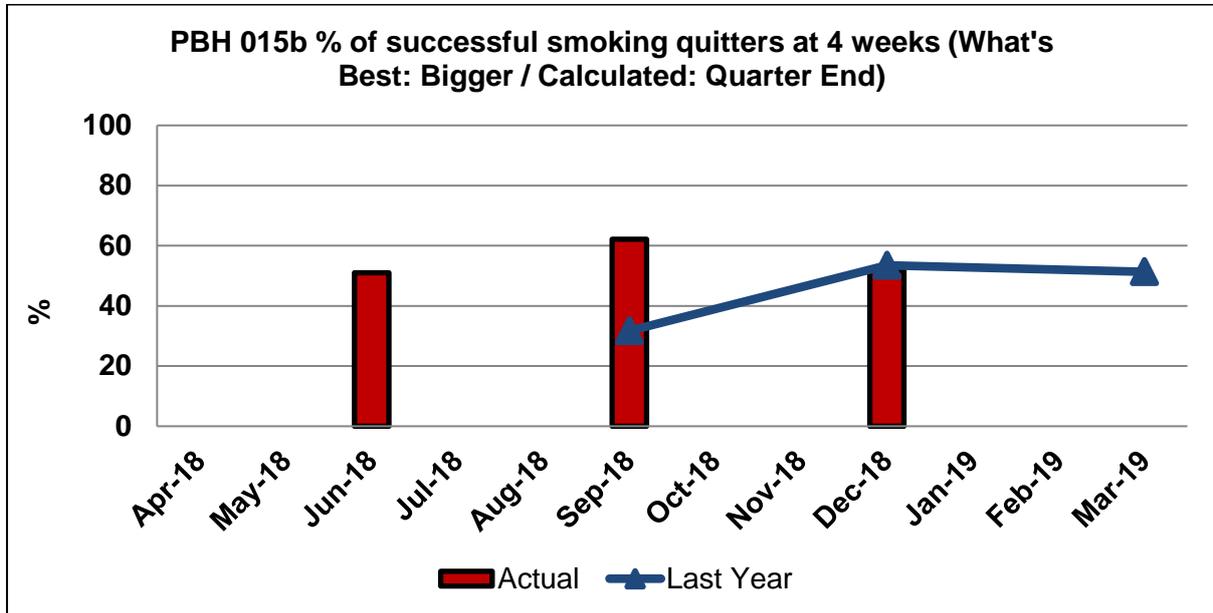
This data shows us that the increasing numbers who have made a positive step in setting a quit date. This has improved since last year with the cumulative increase showing the same trajectory. The numbers actively planning to stop is increasing at a similar rate year on year. The improvement in numbers at the same point last year shows that the Specialist Stop Smoking service is recruiting more individuals who are actively planning to stop smoking.

What more needs to happen?

The Service is working to promote the offer of support and improve access. This includes working with those who see smokers regularly, such as nurses, GPs and social care staff to encourage them to refer more of those who smoke into the specialist service.

Contract Indicator:

PBH015b % 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?

This data shows us that the Service has consistently achieved or surpassed the target of having 50% of those who set a quit date successful stop smoking for at least 4 weeks. Compared to the same period last year the proportion of those successfully quit at 4 weeks is similar. This data also shows the effectiveness of the specialist model in maximising success in quit attempts compared to non-specialist models, with quit rates exceeding the target of 50%.

What more needs to happen?

The Service needs to maintain the focus on providing access to the specialist service to more quitters so that they can benefit from the high quit rates. This includes wider promotion and awareness of the effectiveness of the Service to encourage smokers to use this Service in their attempt to quit. The Service will continue to train individuals and professionals in the community in brief interventions to support behaviour change in smokers so that they are more motivated to quit when they do use the specialist service ensuring a continuation of these high quit rates.

KEY PBH 018 – (PHOF 2.05ii) Child development – Proportion of children aged 2-2.5years offered ASQ-3 as part of the Healthy Child Programme or integrated review

Definition: Percentage of children who received a 2-2.5 year review in the period for whom the ASQ3 is completed as part of their 2-2.5 year review

Numerator: Total number of children for which the ASQ-3 is completed as part of their 2-2.5 year reviews.

Denominator: Total number of children who received a 2-2.5 year review by the end of the period.

Contributory contract indicators:

- **PBH002** % of children who received a 2-2.5 year health review (quarterly)

Latest Update: 2017/18

Current performance: 97.6% Target: 95%

Figure 3-comparison to CIPFA nearest neighbours

2.05ii - Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review 2017/18

Area	Recent Trend	Neighbour Rank	Count	Value	Proportion - %	
					95% Lower CI	95% Upper CI
England	–	-	454,992	90.2	90.1	90.3
St. Helens	–	5	1,630	100	99.8	100
Dudley	–	3	3,307	100	99.9	100
Plymouth	–	9	2,124	98.4	97.8	98.9
Bolton	–	6	3,632	98.3	97.9	98.7
Darlington	–	-	1,111	97.6	96.6	98.4
Tameside	–	11	2,618	95.6	94.7	96.3
Calderdale	–	7	1,844	93.1	91.9	94.2
North East Lincolnshire	–	2	611	92.7	90.5	94.5
Telford and Wrekin	–	8	1,684	91.8	90.5	93.0
Derby	–	4	2,781	91.6	90.6	92.6
Doncaster	–	13	3,011	90.5	89.5	91.5
Rotherham	–	12	2,431	88.6	87.3	89.7
Bury	–	10	1,498	68.2	66.2	70.1
Stockton-on-Tees	–	1	1,930	*	-	-
Warrington	–	14	1,694	*	-	-
Wigan	–	15	2,033	*	-	-

Source: National Child and Maternal Health Intelligence Network; Public Health England

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

The latest data for 2017/18 at 97.6% is statistically significantly better than the England and Regional figures. In comparison to CIPFA nearest neighbours, Darlington is ranked 5th. This has demonstrated a significant improvement from 2015/16.

Why is this important to inequalities?

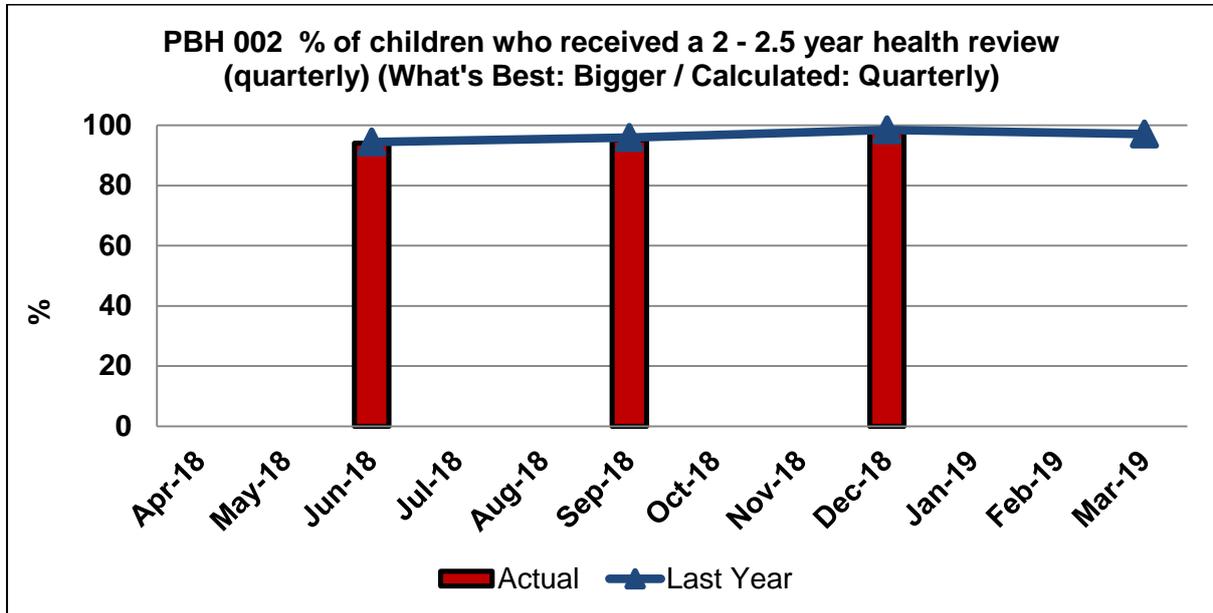
Children from the most disadvantaged communities have a poorer experience in the first years of life and experience the most inequalities throughout childhood and adulthood. The Ages and Stages Questionnaire (ASQ3) provides a comprehensive assessment of child development including motor, problem solving and personal development. This provides an indication of the effectiveness and impact of services for 0-2 year olds but can also provide information for the planning for the provision of services for children over 2 years. The universal provision of ASQ3 assessments ensure that those from deprived communities who may have accumulated developmental deficits are identified at an early stage before they enter primary education at age 5.

What are we doing about it?

The current provider of 0-19 services (Harrogate and District NHS Foundation Trust) has worked to improve the timely completion of the 2-2.5 year check, its application and recording of the ASQ3 and its outcomes. This has shown consistent improvement from 87.9% of children receiving an ASQ3 for 2016/17 to 97.6% of children in 2017/18. The Service has surpassed the set target of 95%. The Service has also continued to ensure that the assessment is of high quality through training and development of their staff. The Provider is working with Education and Early Years settings to ensure that individuals with poor scores are identified and with parental consent, are referred to specialist services for further more focused assessment and early intervention.

Contract Indicator:

PBH002 % of children who received a 2-2.5 year health review (quarterly)



Service Provider: Harrogate and District NHS Foundation Trust

What is the story the data is telling us?

This data shows that 98% of all children in Darlington receive this important review and developmental check before the age of 2.5 years.

What more needs to happen?

The Provider continues to work to ensure this level of provision and universal access to this review and continues to maximise the effectiveness of this intervention for children.

KEY PBH035i (PHOF 2.15i) – Successful completion of drug treatment –opiate users

Definition: Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a percentage of the total number of opiate users in treatment.

Numerator: The number of adults that successfully complete treatment for opiates in a year and who do not re-present to treatment within 6 months.

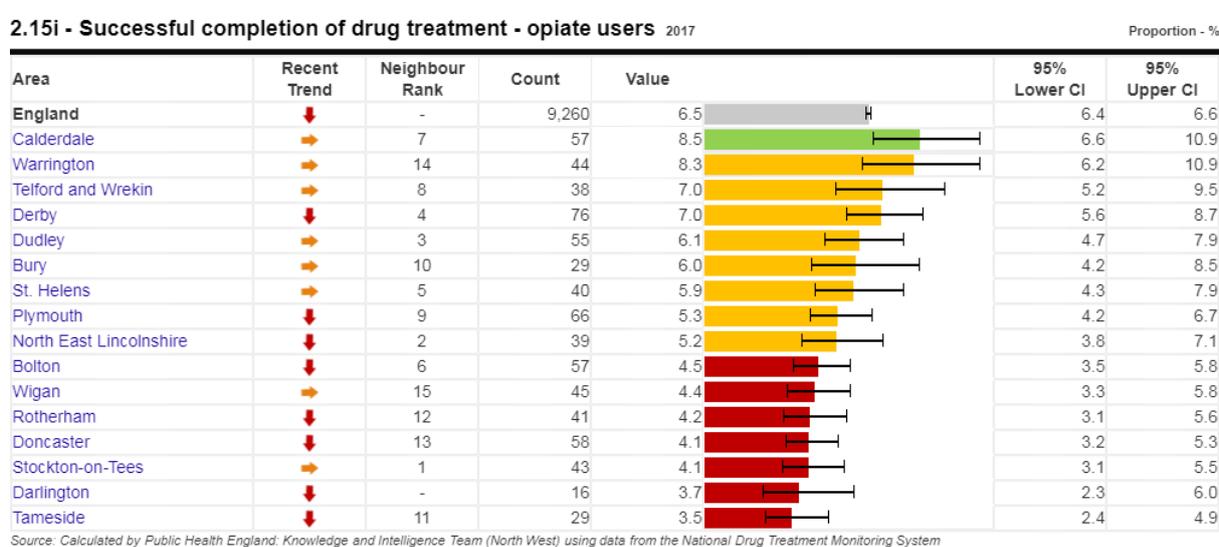
Denominator: The total number of adults in treatment for opiate use in a year.

Latest Update: 2017

Current performance: 3.7%

Target: 5%

Figure 4- Comparison CIPFA nearest neighbours



Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

The data shows a downward trend for Darlington in the number of successful completion of drug treatment for opiate users since 2013. This reflects a similar downward trend for both England the NE Region over the same period however the rate of reduction has been faster in Darlington but remained statistically similar to England until 2016. There has been an improvement from 2.8% in 2016 to 3.7% in 2017 with Darlington now statistically similar to England and the NE Region.

Why is this important to inequalities?

There is a strong correlation between deprivation and rates of substance misuse, including opiates. The most deprived communities suffer the most impact from substance misuse including poverty, family breakdown, homelessness, anti-social behaviour and crime and disorder. National data shows that there are lower rates of successful completions for drug treatment for opiate users in the most deprived communities.

What are we doing about this?

This is a key performance indicator within the Recovery and Wellbeing Service contract and is monitored within the contract monitoring. The Provider has been working with the Public Health team to understand the underlying causes of this reduction in successful completions. This has included reviewing the categorisation and recording of successful completions as well reviewing the offer of interventions available including opiate substitution prescribing. Local data indicates that there has been an improvement in the numbers of successful completions in the local service. In Q2 in 2018/19 data indicates that there have been 29 successful completions for adult opiate clients, in comparison to 14 at the same time period in 2017/18. This indicator will continue to be monitored closely.

The Public Health team worked with NECA and Public Health England to understand if there are any unique characteristics of the local drug using population or changes in the wider system, including changes to benefits and other local services that might have contributed to the faster decrease in completions in Darlington compared to other areas.

KEY PBH035ii (PHOF 2.15ii) – Successful completion of drug treatment - non-opiate users

Definition: Number of users of non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within six months as a percentage of the total number of non-opiate users in treatment.

Numerator: The number of adults that successfully complete treatment for non-opiates in a year and who do not re-present to treatment within 6 months.

Denominator: The total number of adults in treatment for non-opiate use in a year.

Latest Update: 2017

Current performance: 20.2%

Target: 30%

Figure 5- Comparison CIPFA nearest neighbours

2.15ii - Successful completion of drug treatment - non-opiate users 2017

Proportion - %

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	19,106	36.9	36.5	37.3
Doncaster	↑	13	61	45.9	37.6	54.3
Dudley	↑	3	142	42.5	37.3	47.9
Wigan	↑	15	257	41.6	37.8	45.5
Calderdale	→	7	77	39.7	33.1	46.7
Telford and Wrekin	↑	8	91	39.1	33.0	45.4
Bury	→	10	87	38.5	32.4	45.0
Derby	↑	4	91	37.0	31.2	43.2
St. Helens	↑	5	91	35.8	30.2	41.9
Warrington	→	14	57	35.4	28.4	43.1
Stockton-on-Tees	→	1	74	35.1	29.0	41.7
Bolton	→	6	142	32.9	28.6	37.4
Rotherham	→	12	46	31.5	24.5	39.4
North East Lincolnshire	→	2	50	27.2	21.3	34.0
Plymouth	→	9	55	26.3	20.8	32.7
Darlington	↓	-	22	20.2	13.7	28.7
Tameside	↓	11	50	19.7	15.3	25.0

Source: Calculated by Public Health England: Knowledge and Intelligence Team (North West) using data from the National Drug Treatment Monitoring System

Compared with benchmark: Better (green), Similar (yellow), Worse (red), Lower (blue), Higher (light blue), Not compared (grey)

What is the data telling us?

The data shows a declining trend in successful completion of drug treatment for non-opiate users in Darlington. As of 2017, Darlington is now statistically significantly lower than the England average (but remains similar to regional average).

Why is this important to inequalities?

National data shows lower rates of successful completion for drug treatment for non-opiate users in some of the most deprived sections of the population and the impact of substance misuse is greater in deprived communities.

What are we doing about this?

This indicator is monitored as a key performance indicator as part of the contract monitoring processes.

The provider has been working with the Public Health team to understand the underlying causes of this reduction in successful completions. This has included reviewing the categorisation and recording of successful completions as well reviewing the offer of interventions available but also the patterns of drug use in the community in Darlington to ensure that treatment options match consumption patterns.

Local information for Q2 in 2017/18 showed that 4 service users had successfully completed treatment for non- opiate use in Darlington. For the same period (Q2) in 2018/19 there were 16 successful completions. This indicates that there is likely to be an improvement in this indicator when official data is published later in 2019. This indicator will continue to be monitored closely in quarterly performance meetings.

KEY PBH035iii – (PHOF 2.15iii) Successful completion of alcohol treatment

Definition: Number of alcohol users that left structured treatment successfully (free of alcohol dependence) who do not then re-present to treatment within six months as a percentage of the total number of alcohol users in structured treatment.

Numerator: The number of adults that successfully complete structured treatment for alcohol dependence in a year and who do not re-present to treatment within 6 months.

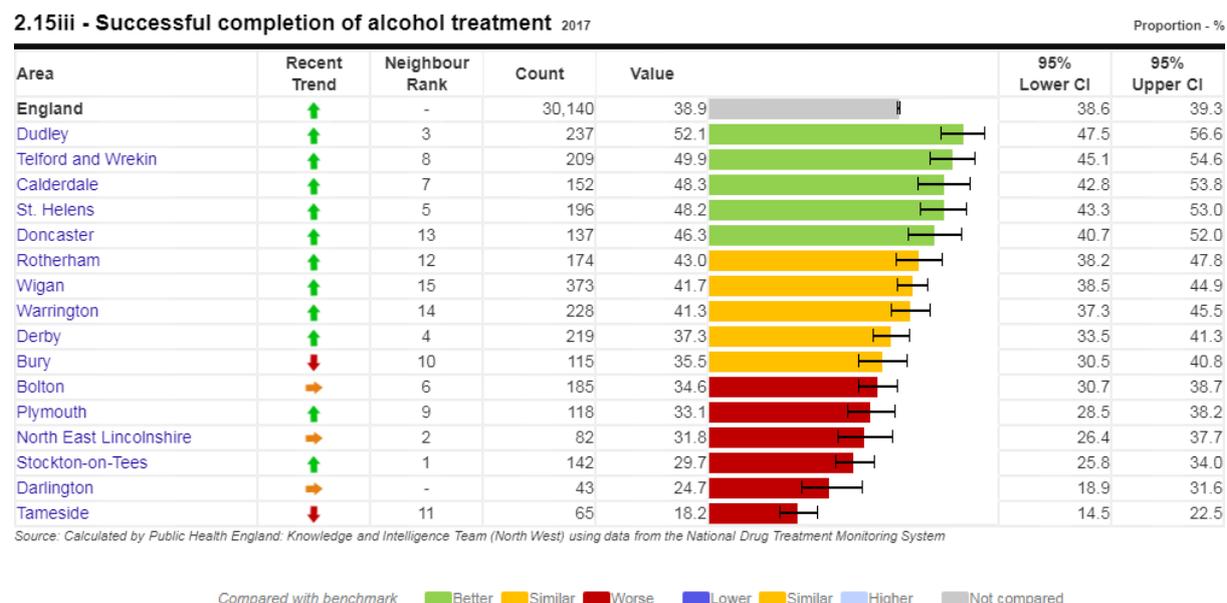
Denominator: The total number of adults in structured treatment for alcohol dependence in a year.

Contributory contract indicator:

- **PBH045** Number of adults in alcohol treatment

Latest Update: 2017 **Current performance: 24.7%** **Target: 38%**

Figure 6- Comparison CIPFA nearest neighbours



What is the data telling us?

The data shows that in Darlington there has been a decreasing trend in the proportion of those successfully completing alcohol treatment since 2014, this trend accelerated from 2016 with Darlington now statistically lower than England although statistically similar to the NE Region.

Why is this important to inequalities?

National data suggests that those living in the most deprived communities are less likely to complete treatment for alcohol than those living in the least deprived communities. National data and the evidence suggest that although overall consumption of alcohol between the more affluent and deprived communities is similar the patterns of consumption including the

strength of alcohol, is different. More deprived communities tend to show patterns of binge drinking with high strength alcohol. The evidence shows that the impact of alcohol harm is greater in the more deprived communities with worse health outcomes including early deaths and diseases related to alcohol, and worse social and economic outcomes including crime and disorder and anti-social behaviour.

Improving the access to effective treatment for alcohol addiction for those in the most deprived communities is essential in reducing the inequalities in outcomes such as healthy life expectancy for these communities.

What are we doing about this?

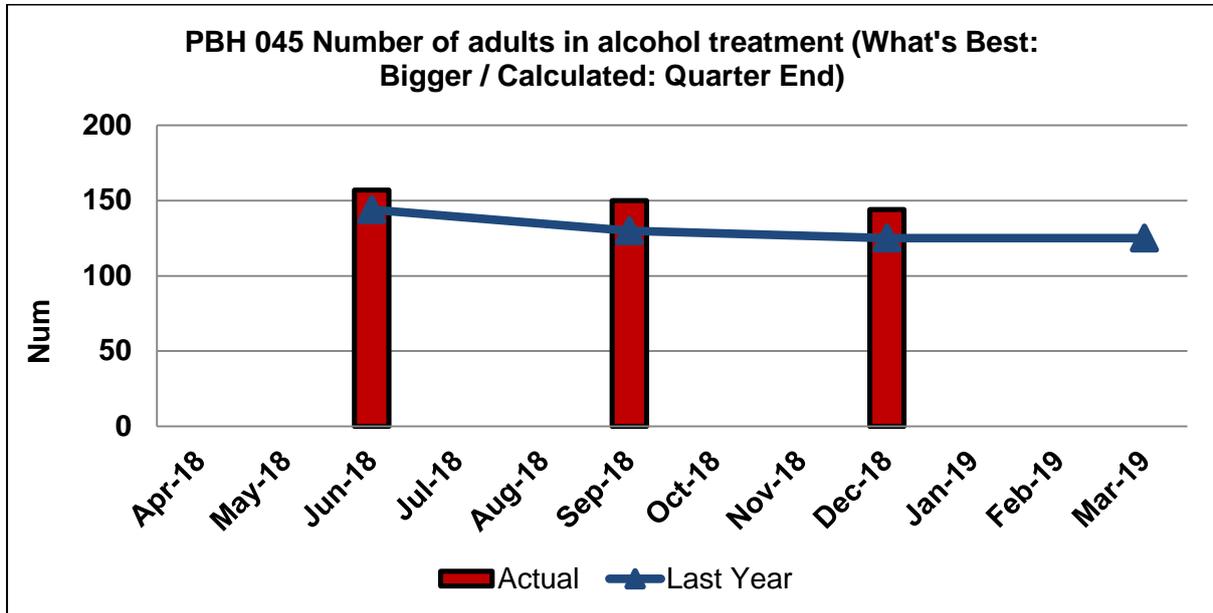
This indicator is monitored locally as part of the contract monitoring for the integrated recovery and wellbeing service. The Public Health team has been working with the provider and Public Health England nationally to identify underlying causes for this reduction. This included Darlington treatment services taking part in a national study to examine common factors that contribute to the reduction in those accessing and completing treatment for alcohol. The provider has adopted recommendations and findings and is using best practice to improve numbers accessing services as well as examining patterns of consumption. The work identified that it is likely that the levels of dependence and complexity in Darlington are higher than expected.

There is also evidence to suggest that there is low levels of awareness and understanding of the local alcohol service provision in potential clients and professionals. The provider is working to improve awareness of the local service and tailor the treatment offer towards the more dependant clients as well as working with other services to develop pathways to better manage the complexity.

Local data for Q2 2018/19 shows 48 service users have successfully completed treatment for alcohol use in Darlington compared to 38 clients in the same period in 2017/18. This indicates that it is likely that performance will improve for 2018/19.

Contract Indicator:

PBH045 Number of adults in alcohol treatment



Service Provider: NECA

What is the story the data is telling us?

The data shows that compared to last year the numbers have increased, with an average of 150 individuals in treatment for this year compared to an average of 131 for last year. Overall there is a steady decline in the numbers accessing treatment over the year.

What more needs to happen?

The Provider is working to improve the profile and awareness of the alcohol treatment service. This includes developing more effective referral pathways with health and social care professionals. The provider is working with voluntary sector partners in engaging with 'mutual aid' organisations such as Alcohol Anonymous and the 12 Steps programme, to provide a broad range of treatment and recovery options for those with alcohol dependence that are sustainable and more convenient for clients.

KEY PBH050 – (PHOF 3.04) People presenting with HIV at a late stage of infection

Definition: Percentage of adults (aged 15 years or more) diagnosed with a CD4 cell count less than 350 cells per mm³ among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis and with known residence-based information.

Numerator: Number of adults (aged 15 years or more) newly diagnosed with HIV infection with a CD4 count less than 350 cells per mm³ within 91 days and who are resident in England. Three-year combined data.

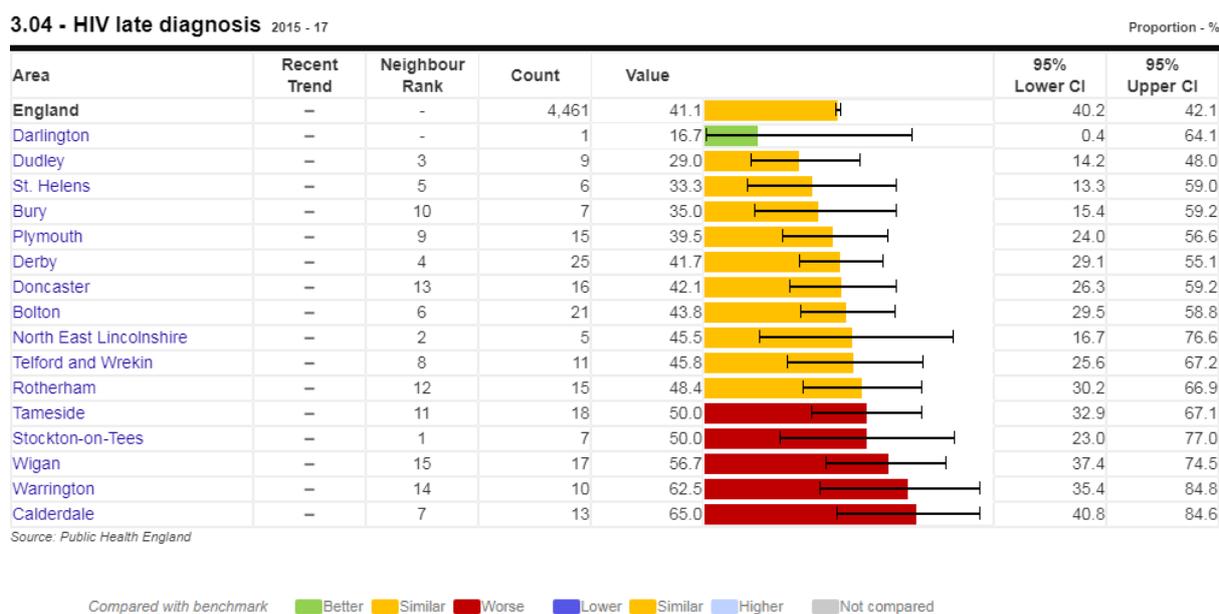
Denominator: Number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 counts available within 91 days and who are resident in England. Three-year combined data.

Contributory contract indicator:

- **PBH051** % of uptake of HIV testing

Latest Update: 2015-17 **Current performance: 16.7%** **Target: 50%**

Figure 7- Comparison CIPFA nearest neighbours



What is the data telling us?

The data shows that less than 1 in 6 (16.7%) of those diagnosed with HIV in Darlington over two years (2015 and 2017), were at a late stage of infection. This is statistically significantly better to both England and the NE regional average. Compared to our 16 statistical neighbours Darlington is ranked 1st. This shows that services provided for those who have increased risk of exposure to HIV are accessible and effective with most receiving a diagnosis at an earlier stage. The numbers of those presenting an HIV diagnosis in Darlington are relatively small.

Why is this important to inequalities?

Late diagnosis is the most important predictor of morbidity and mortality among those with HIV infection. Those diagnosed late have a ten-fold risk of death compared to those diagnosed promptly and is essential to evaluate the success of expanded HIV testing. The evidence from local and national epidemiology and surveillance indicates that specific vulnerable groups are at greater likelihood of presenting late for HIV diagnosis.

What are we doing about this?

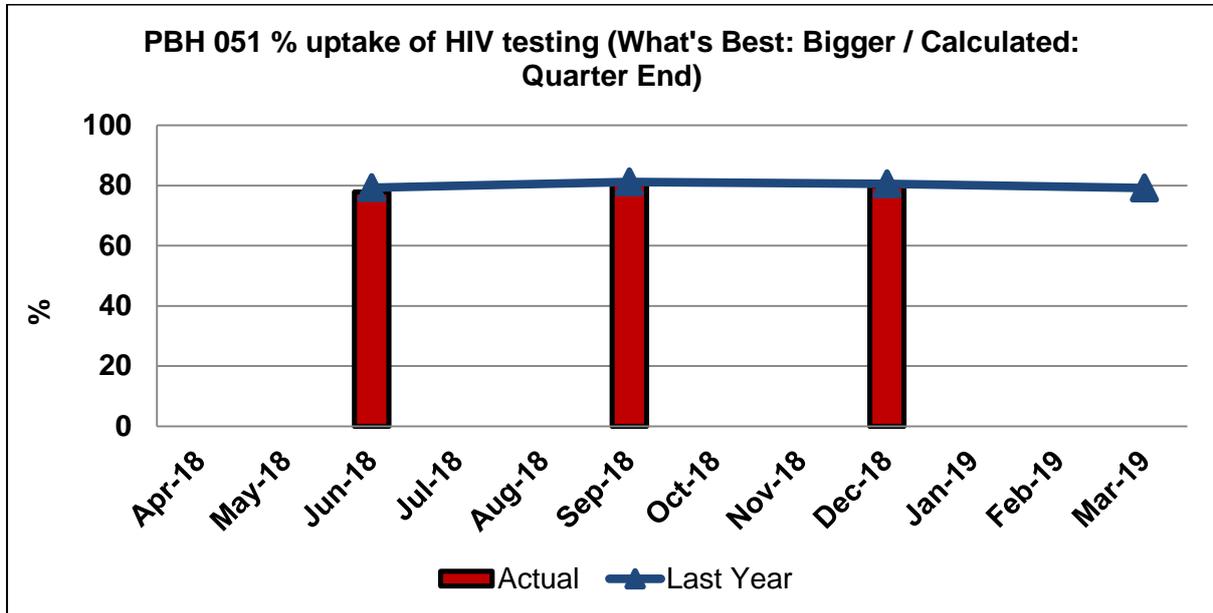
The Sexual Health Service provided by County Durham and Darlington NHS Foundation Trust includes Genito Urinary Medicine (GUM) Service. The Service has increased the proportion of new patients receiving a comprehensive sexual health screen including an HIV risk assessment. This identifies those who are most risk of exposure to HIV and provides the opportunity to provide them with targeted information, advice and support is provided to reduce the risk of exposure and reduce the risk of any future infection. There are also more routes to access HIV testing through the use of postal testing.

Groups that are identified as being at greater risk of HIV infection are targeted through the provision of a Blood Borne Virus (BBV) service, through our Recovery and Well-being Service contract. This includes a well-established and well used needle exchange to reduce the exposure HIV in those who inject drugs.

The Sexual Health Service also delivers a condom distribution programme (C-Card) in Darlington for those under 25 years to reduce the potential for exposure to HIV through unprotected intercourse.

Contract Indicator:

PBH051 % uptake of HIV testing



Service Provider: County Durham and Darlington Foundation Trust

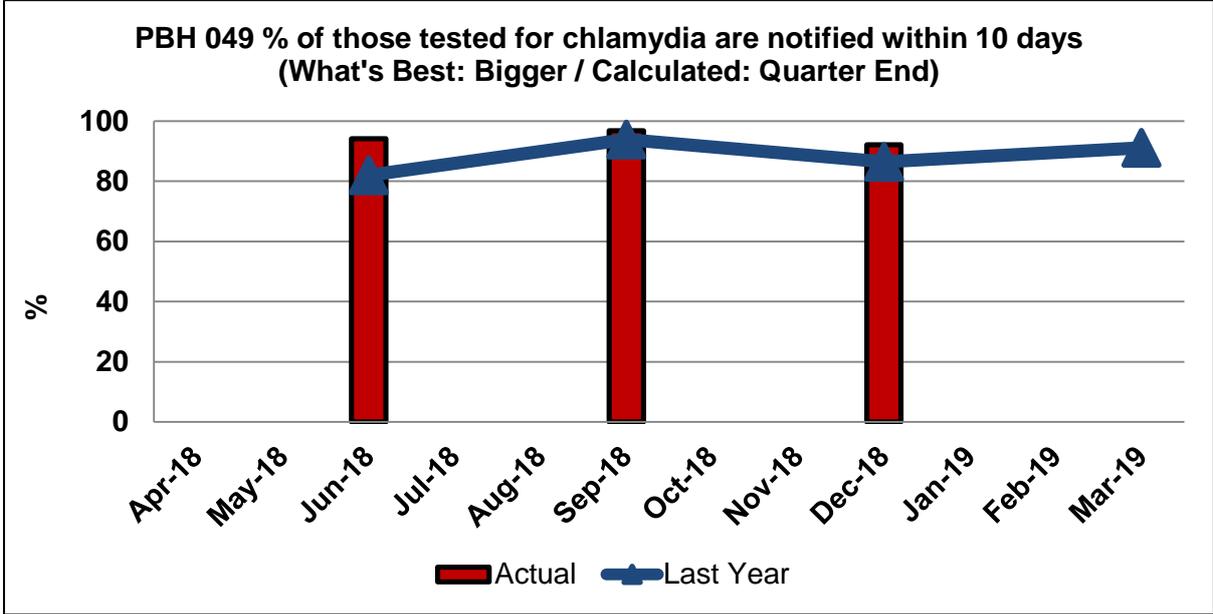
What is the story the data is telling us?

The data shows that the uptake of HIV testing by patients accessing our Sexual Health Services remains consistently high at around 80% of all those being provided with a Sexual Health screen. The uptake is consistent with the same period last year.

What more needs to happen?

This indicator is a key performance indicator and is monitored and reviewed at every quarterly contract meeting by the Public Health team. The Provider is consistently offering HIV testing, with associated counselling and support, as part of the routine Sexual Health screen provided to new patients to maintain this high level of uptake. For those who do not access the Sexual Health Services directly there is an offer of a postal testing kit which directs the individual to the Sexual Health services to receive any results, both negative and positive, for an intervention and counselling and potentially for referral to treatment.

PBH049 % of those tested for chlamydia are notified within 10 days



Service Provider: County Durham and Darlington Foundation Trust

What is the story the data is telling us?

The data shows that the proportion of those tested for Chlamydia who are notified within 10 days of a negative or positive result, remains above the target of 90%. This period is higher (92%) than the same period last year (86%). The data also shows that performance has improved from the previous year.

What more needs to happen?

The Provider continues to ensure that the systems that are in place for timely notification remain robust. They continue to investigate individual breaches and apply the learning to the processes to improve performance.

KEY PBH056 – (PHOF 4.04ii) Age standardised rate of mortality considered preventable from all cardiovascular diseases (inc. heart disease and stroke) in those aged less than 75 years per 100,000 population

Definition: Age-standardised rate of mortality that is considered preventable from all cardiovascular diseases (including heart disease and stroke) in persons less than 75 years per 100,000 population.

Numerator: Number of deaths that are considered preventable from all cardiovascular diseases (classified by underlying cause of death recorded as ICD codes I20-I26, I42.6, I71, I80.1-I80.3, I80.9, I82.9) registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands (0-4, 5-9, ..., 70-74).

Denominator: Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands (0-4, 5-9, ..., 70-74).

Contributory contract indicators:

- **PBH047**-Total number of NHS Health Checks completed
- **PBH057**-Total number of NHS Health Checks offered

Latest Update: 2015-17 Current performance: 50.7 per 100,000 population

Target: 54 per 100,000

Figure 8- Comparison CIPFA nearest neighbours

4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable 2015 - 17 Directly standardised rate - per 100,000

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	64,127	45.9	45.6	46.3
Dudley	-	3	380	43.9	39.6	48.6
Stockton-on-Tees	-	1	232	46.4	40.6	52.8
Warrington	-	14	271	49.2	43.5	55.5
Derby	-	4	286	49.5	43.9	55.6
Telford and Wrekin	-	8	221	49.9	43.5	56.9
Darlington	-	-	146	50.7	42.8	59.6
Rotherham	-	12	379	52.6	47.5	58.2
Plymouth	-	9	348	53.5	48.0	59.4
Wigan	-	15	502	55.8	51.0	60.9
Doncaster	-	13	470	57.6	52.5	63.1
North East Lincolnshire	-	2	253	58.3	51.3	66.0
St. Helens	-	5	301	59.3	52.7	66.4
Calderdale	-	7	334	59.8	53.5	66.6
Bury	-	10	307	62.6	55.8	70.1
Tameside	-	11	392	67.6	61.1	74.7
Bolton	-	6	483	67.9	62.0	74.3

Source: Public Health England (based on ONS source data)

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

The data shows that after a long period of reduction in the under 75 years mortality rate from cardiovascular diseases considered preventable in Darlington, the NE region and England the rate of reduction for Darlington has slowed. The table shows that Darlington is

statistically similar than England with a rate of 50.7 per 100,000 and is statistically similar to the NE regional average. The table shows that compared to our 16 statistical neighbours Darlington is ranked 6th.

Why is this important to inequalities?

The most deprived communities have the highest rates of modifiable or preventable CVD risk factors compared to the wider population. This results in the prevalence in these communities being greater with access to and take up of preventative and early diagnosis poorer. This results in those in the most deprived communities experiencing worse outcomes including disability and earlier deaths. Inequalities also exist between men and women, with men experiencing significantly worse rates and outcomes in relation to CVD than women. Therefore, men living in the most deprived communities in Darlington are more likely to experience the worst outcomes.

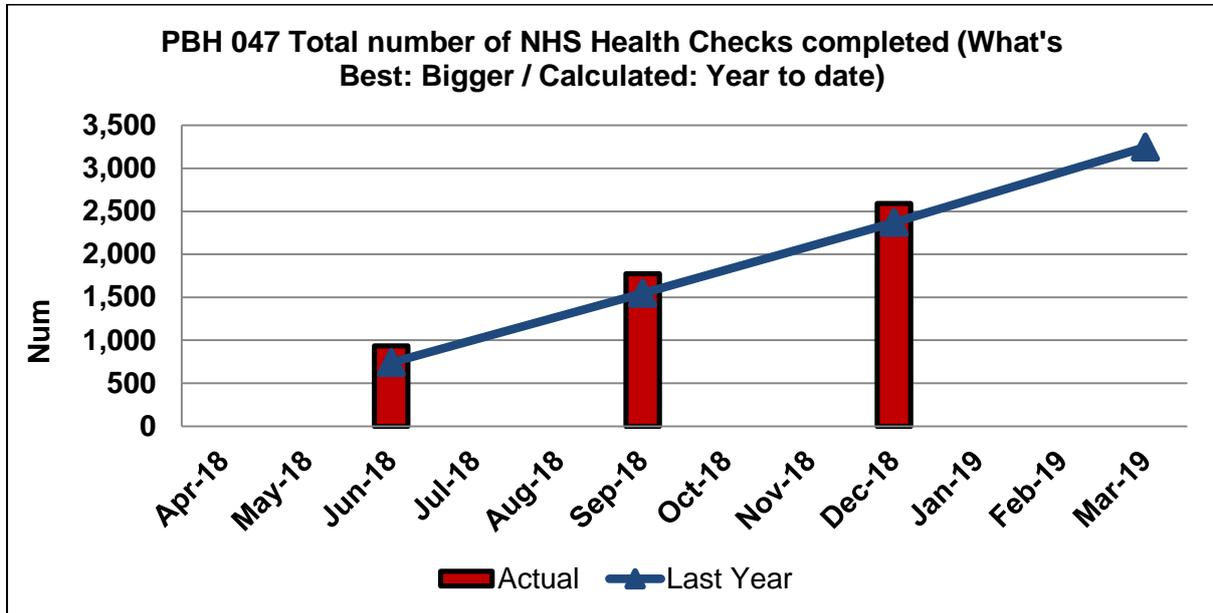
What are we doing about this?

The Authority, NHS England, Public Health England and the clinical commissioning group is working to improve access to and take up of opportunities for the early identification and treatment of CVD in the population, particularly in those high risk communities.

The local authority has commissioned a NHS Health Checks Service, which has been successful in providing a CVD screen to a significant proportion of those aged between 40 and 74 years to identify any risk factors and provide them with information and support to reduce their risks. This service has recently been re-procured with an emphasis on improving access and uptake in those in the highest risk groups in the most deprived communities. This contract commences 1st April 2019.

Contract Indicator:

PBH047 Total number of NHS Health Checks completed



Service Provider: Darlington GP Practices

What is the story the data is telling us?

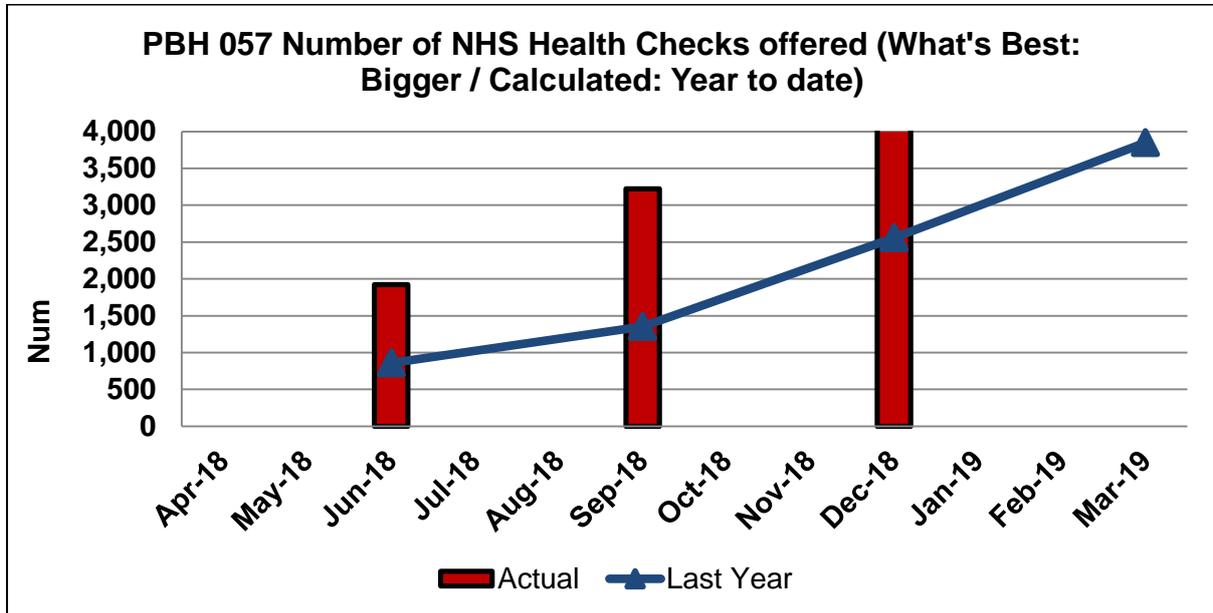
The table shows that to date that a total of 2,500 eligible individuals in Darlington have received a Health Check this year. This is a greater number compared to the same period last year.

What more needs to happen?

The current Providers continue to provide enough capacity to meet the demand for Health Checks in the population.

Contract indicator:

PBH057 Number of NHS Health Checks offered



Service Provider: Darlington GP Practices

What is the story the data is telling us?

The data shows that to date a total of 4,756 eligible individuals have been offered a Health Check in Darlington since the beginning of the year. This is a greater number than at the same period last year.

What more needs to happen?

Providers continue to consistently identify their eligible population and provide timely invitations to individuals for their Health Checks which highlight the benefits of the check.

KEY PBH 060 – (PHOF 4.07i) Age standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population.

Definition: Age-standardised rate of mortality from respiratory disease in persons less than 75 years per 100,000 population.

Numerator: Number of deaths from respiratory diseases (classified by underlying cause of death recorded as ICD codes J00-J99) registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands (0-4, 5-9, ..., 70-74).

Denominator: Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands (0-4, 5-9, ..., 70-74).

Contributory contract indicators:

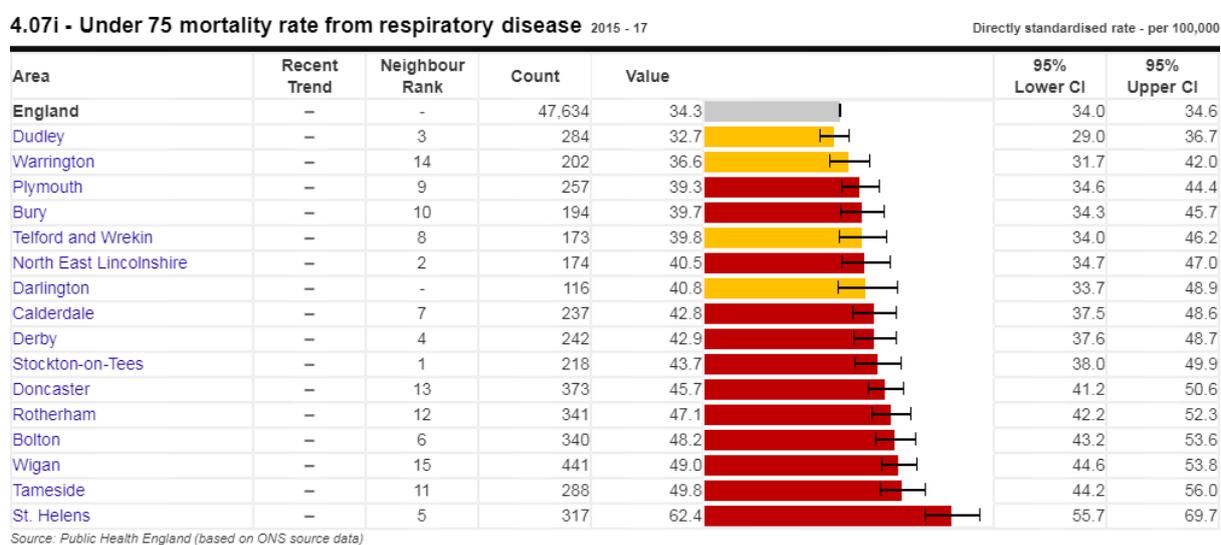
- **PBH015a** Number of smoking quit dates set
- **PBH015b** % of successful smoking quitters at 4 weeks
- **PBH047** Total number of NHS Health Checks completed
- **PBH057** Total number of NHS Health Checks offered

Latest Update: 2015-17

Current performance: 40.8 per 100,000 population

Target: 43 per 100,000

Figure 9- Comparison CIPFA nearest neighbours



Compared with benchmark: Better (green), Similar (yellow), Worse (red), Lower (blue), Higher (light blue), Not compared (grey)

What is the data telling us?

The data shows that under 75 years mortality rate from respiratory disease in Darlington is now statistically similar to both England and the North East with a rate of 40.8 per 100,000. Compared to our 16 statistical neighbours Darlington is ranked 7th.

Why is this important to inequalities?

National data shows that the under 75 years mortality rate for respiratory disease is not equally distributed across the population with those in the most deprived parts of the population having the worst rates of mortality. There are also inequalities between males and females, with males having the worst rates of mortality. This results in men from our most deprived communities statistically more likely to experience the greatest inequalities in premature mortality from respiratory disease.

What are we doing about it?

The Authority is proactive in a number of areas which can contribute to the reduction of this rate. Smoking tobacco is identified as the greatest single modifiable risk factor. The Authority takes action to enforce smoke free legislation to reduce exposure to second hand tobacco smoke as well as monitoring and enforcing point of sale regulations for the sale of tobacco products.

Air pollution is identified as a significant risk factor in the development of lung disease and the Authority is active in action to monitor and reduce air pollution produced by homes, industry and transport. This includes considerations of the impact of pollution in local economic development plans.

The Public Health team commissions a range of primary prevention interventions supported by the School Nurse team through the PHSE curriculum which highlights the harms from tobacco. This is underpinned by the Healthy Lifestyles Survey which provides valuable opportunity for intervention in relation to smoking in young people. The survey also provides intelligence in relation to the attitudes and smoking behaviours of young people in Darlington.

The Public Health team also commission a Stop Smoking Services which identifies those with established respiratory disease as a priority group for specialist stop smoking support.

Update on Stroke Rehabilitation Service Review - *Patient, Public and Carer Engagement Phase*

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Darlington Health and Partnerships
Scrutiny Committee
Match 2019

Agenda Item 8

Scope of Review

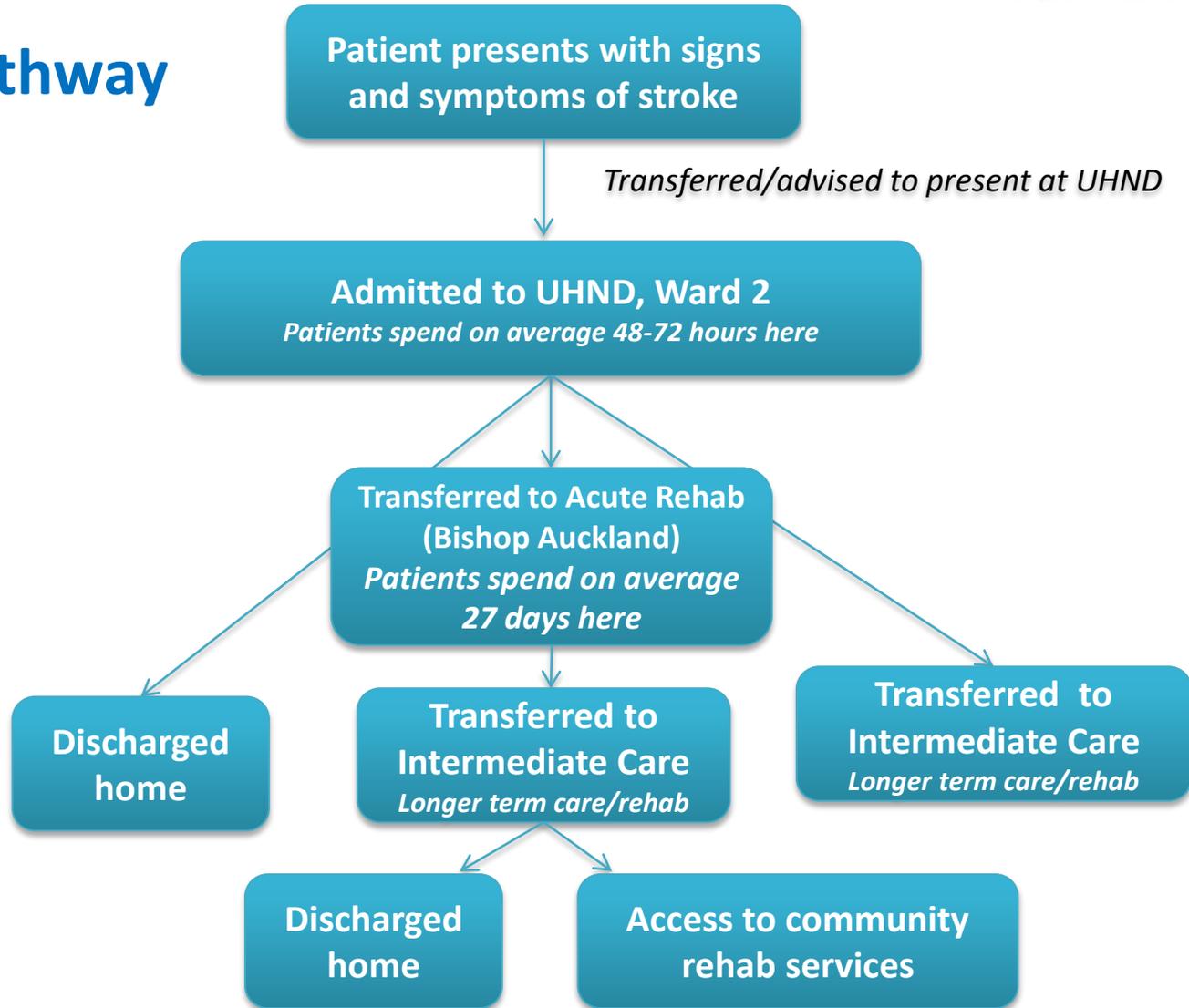
- The scope of this service review relates to the rehabilitation elements of the pathway following an acute episode due to stroke – including services based at Bishop Auckland Hospital (BAH) and in the community.

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It is important to ensure that the hospital and community based rehabilitation elements of the pathway are reviewed to ensure high quality, effective service delivery. The procurement of the new community contract enables us to include any developments as part of the wider transformation agenda.

- Darlington CCG are working with primary care to increase detection rates and recording of Atrial Fibrillation to reduce the risk of stroke for our local population – this forms part of the preventative elements of the stroke pathway.

Current Pathway



Summary of Initial Engagement

- During October - January 2018, a period engagement was undertaken with past and current service users and local stakeholders to gather views about stroke rehabilitation services.
- The engagement process was communicated via a number of routes including through local community networks, stakeholder lists and social media.
- The main mechanisms used for engagement were a survey and qualitative discussions with individuals within already established patient group. Telephone and email details were included if participants of the survey had any further questions.

Common Themes

- Communication challenges at various points in the patient pathway
- Emotional wellbeing and support, particularly post discharge
- Inconsistency of community rehabilitation provision
- People would appreciate a longer period of therapy once discharged from a hospital setting

Working with Partners

- We now need to use this feedback to help inform our thinking.
- A group has been set up to support the development of a pathway review.

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The working group includes the Stroke Association, the Clinical Network, CDDFT, CCGs and LAs as well as primary care.

- We are looking at best practice vs our current services to understand gaps and how we might improve our model of care
- We are linking in with work already underway regarding supported discharge from acute services

Engagement – Phase two

- We carried out an initial period of engagement to understand people's experience of stroke services we now want to test out some of our initial thinking with our local communities
We have asked the Stroke Association to lead this work on our behalf.
- We would like to use scenarios to engage with the public and ask their views on this
- We want to start engaging in April for a period of 8 weeks using a variety of mechanisms

Timeline

Action	Timescale
Engagement plan to be developed with CCGs, Trust and Stroke Association	By week ending 8 th March 2019
Stroke Association to undertake engagement (8 week period)	Week commencing 8 th April – week commencing 3 rd June 2019
Consolidation of feedback	June 2019
Publish engagement report	End of June 2019
Business case development (using feedback from engagement to inform) to include scenarios for future model of care for stroke rehabilitation	April – June 2019
Feedback to OSC on findings from engagement and proposed next steps	End of June 2019

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DARLINGTON PARTNERSHIP UPDATE

SUMMARY REPORT

Purpose of the Report

1. To update on the progress of Darlington Partnership.

Summary

2. Darlington Partnership continues to champion the sustainable community strategy One Darlington: Perfectly Placed. In furthering the strategies objectives it has ensured that the projects it has established have continued to deliver effectively.
3. The Partnership delivers a range of initiatives which contribute to building stronger communities in Darlington

Recommendation

4. It is recommended that Members receive this report for information.

Seth Pearson
Partnership Director

Author : Partnership Director Seth Pearson
Extension 6090

S17 Crime and Disorder	This report is for information and will have neither a positive or negative impact on Crime and Disorder
Health and Well Being	This report is for information and will have neither a positive or negative impact on Health and Well Being
Carbon Impact	This report is for information and will have neither a positive or negative impact on Caron Impact
Diversity	This report is for information and will have neither a positive or negative impact on Diversity
Wards Affected	This report is for information and will have neither a positive or negative impact on specific Wards
Groups Affected	This report is for information and will have neither a positive or negative impact on Groups
Budget and Policy Framework	This report outlines how the Council discharges the core function outlined in its Corporate Plan to “Support strong partnerships to set a vision and direction for the Borough”
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
One Darlington: Perfectly Placed	This report outlines the primary means by which the Council engages with partners to deliver One Darlington : Perfectly Placed
Efficiency	The report highlights how other public agencies and other sectors are engaged to support the Council in addressing the needs of the residents of Darlington through agreed priorities.

MAIN REPORT

One Darlington: Perfectly Placed. - 'Fairer, Richer, Darlington'

1. Darlington Partnership continues to champion the sustainable community strategy One Darlington: Perfectly Placed. It agreed a charter, 'Fairer, Richer, Darlington' which aims to narrow the gap between those families who are struggling financially and the rest.
2. The approach is multifaceted, and has three, simultaneous work-streams be undertaken to improve residents' wellbeing over the short-, medium- and long-term:

a. Interventions to Ensure Families have the BASICS

Although raising incomes through sustainable employment (see c.) remains the best route out of poverty, there are a number of challenges facing families currently living in poverty in Darlington that need to be addressed in the short-term, such as the ongoing impacts of welfare reforms, the poverty premium and costs of necessities such as food and fuel.

b. Interventions to Boost Families' RESILIENCE

Where basic needs cannot be met, families need to be supported to become more resilient. It is recognised that boosting resilience in children and their parents is more likely to lead to positive outcomes in relating to education, employment and their ability to cope with future challenges, however, it is also important for professionals and organisations to change the way they work to allow them to better recognise the strengths of a child or their family.

c. Interventions to Tackle the CAUSES of Poverty

Well-paid and sustainable work remains the best way of increasing household incomes and moving families out of poverty. Darlington's economy needs to be one which can provide opportunities for local people to benefit from the growth across the borough. This very much aligns with recent national work on inclusive growth, defined by the Organisation for Economic Co-operation and Development (OECD) as 'economic growth that creates opportunities for all segments of the population and distributes the dividends of increased prosperity, both in monetary and non-monetary terms, fairly across society'¹.

3. The aim of the approach is to add value to existing work by partners by identifying a small number of priorities which will make a significant impact on families and are not already being delivered.

4. Steering groups are being established to take forward each work stream. The Centre for Local Economic Strategies has been appointed by the Council to take forward the Community Wealth Building element of the programme aimed at increasing the value of local public sector spend in Darlington

Initiatives:

Darlington Cares

5. Darlington Cares is an initiative established through Darlington Partnership which provides a means for Darlington's businesses to support the local community predominantly through employer supported volunteering.
6. It was launched in October 2012, by 5 local employers and now has a membership of 26. The initiative is self-funding with members contributing to its costs.
7. It focuses on the following objectives:
 - (a) Children with the best start in life.
 - (b) More people caring for our environment.
 - (c) Enough support for people when needed.
8. The initiative delivers range of programmes from a 'busy readers' scheme supporting school children with their literacy skills, supporting the food bank and a wide range of environmental works.
9. In October 2017 with the support of CDCF, Darlington Cares reformed as it made plans for growth. The Partnership Director has also taken on responsibility of Director of Darlington Cares, a Programme Officer was appointed and PR consultants have been appointed under contract.
10. These arrangements which were trialled for 6 months in 2017 were continued during 2018.

New projects were developed to add to the existing programmes:

- a) Pick Pie and a Pint – has proved extremely popular. Every month a litter pick is held in the town centre followed by a pie and a pint (or soft drink and something healthy) in a local pub paid for by private sector sponsors. The events regularly attract over 50 participants whilst August's encouraged participants to bring their children and attracted 80 participants.
- b) The Great Parks Auction – Darlington Cares member companies bid thousands of hours of volunteering to secure their support for four of Darlington's parks. They then worked with the respective 'friends of' group to develop a schedule of

work. At the end of the summer the parks were then judged by Northumbria in Bloom.

Cummins pledged 465 hours to Eastbourne Park, EE donated 750 hours to The Denes, Darlington Building Society offered 500 hours to North Lodge Park and Capita volunteered 420 hours to Green Park.

Working with Darlington Borough Council, its parks rangers and the respective parks' Friends groups, the volunteers worked over the summer to improve the parks.

In all 921 volunteers donated 3,376 hours of their time – way in excess of the hours bid. The benefits of the initiative have been far wider than just the horticultural improvements, with far more local residents now able to enjoy the parks. I was delighted to be invited to pass on my congratulations to the participating companies.

The initiative has now been shortlisted as a finalist in the Community Engagement Award category of the Keep Britain Tidy Network Awards, with the winners to be announced at a special ceremony in Manchester on Wednesday 6 February 2019.

- c) The Big Community Challenge – Darlington Cares took on a major project renovating the overgrown pond and nature garden of St Mary's school Cockerton. Over a week in April dozens of volunteers brought the nature garden back into use for children many of whom are from deprived backgrounds.
- d) Homework Clubs – Is an initiative we are piloting in Longfield Secondary school. Volunteers are supporting around 25 yr.7 and yr. 8 students with their homework in a session directly after the school day. The feedback from the school is that benefit to the participants are multiple. Along with academic support and nutrition, because of the relaxed atmosphere the children are able to socialise with each other better. They are engaging well with the adults volunteers and engaging better with the school staff. Darlington Building Society is now sponsoring the scheme so it can not only continue through 2019 but homework clubs can be established in two addition schools.
- e) Period Poverty: with a growing understanding that some girls are missing school because they are unable to afford sanitary products, a campaign was launched which collected donated products which were then distributed through schools. The pilot scheme was successful and learning from this will inform the scheme as it goes forward.

Impact

11. In total Darlington Carers members delivered over 11,000 hours of volunteering during 2018. But more important to that achieved the following:

Education:

Busy Readers – over 4000 children got help with their reading

Homework Club – 90 children, fed and helped with their homework

Social Justice:

Food Parcels – helped deliver over 600 food parcels

Christmas appeal – Helping over 1000 families

Community centres & sheltered accommodation supported in numerous was
Period Poverty – helped over 1000 girls

Environment:

Bags of litter – over 600 bags collected

Kids in Cockerton – over 200 children given access to wildlife facility

Festival of Ingenuity

12. The Festival of Ingenuity in 2018 attracted an estimated an audience of 10,000 and over 600 school pupils took part in activities on Friday's school focused event. This year will be held on 12th & 13th July. The format will be similar to previous years with activities accessible to schools on the Friday whilst the Saturday includes activities and entertainment for families.

13. There will be a marquee on the town square showcasing Darlington's ingenious businesses and a family fun area on the Feetham's Podium level. The riverside park next to Bishopsgate House will have live music which will go on into early evening.

Best of Darlington

14. This year's Best of Darlington Awards ceremony will be held on June 14th..

Volunteer Fair

15. Following success of the previous Volunteer Fairs a further Fair was held on Thursday 7th February.

16. CDCF kindly sponsored the event which was held in the Dolphin Centre Sports Hall

17. The event was run in collaboration with Darlington Cares providing opportunity for joint promotion and to raise awareness and engagement with Voluntary Organisations. Over 60 voluntary sector organisations participated.

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE 13 MARCH 2019

END OF LIFE CARE FOR PEOPLE WITH DEMENTIA – PROGRESS REPORT

SUMMARY REPORT

Purpose of the Report

1. To provide a progress report on the Joint Review Group, established by this Scrutiny Committee and the Adults and Housing Scrutiny Committee to examine end of Life Care for people with Dementia.

Summary

2. Members of this Scrutiny along with Members of the Adults and Housing Scrutiny Committee have commenced the joint review to look at the end of life pathway for those people with dementia and a scoping meeting was held on 25 April 2017 and further meetings have been held on 10 December 2018 and 20 February 2019.
3. Good progress has been made to date however, Members acknowledge that further work needs to be done before a final report can be presented to this Scrutiny and the Adults and Housing Scrutiny Committee with their findings and recommendations.

Recommendation

4. That the progress be noted to date and that Members of the Health and Partnerships Scrutiny Committee and the Adults and Housing Scrutiny Committee continue their joint work on the end of life care for people with dementia during the 2019/20 Municipal Year.

Review Group Members of the Health and Partnerships and Adults and Housing Scrutiny Committees

Background Papers

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

Author: Allison Hill Ext 5997

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

MAIN REPORT

Information and Analysis

5. Members will be aware that, following a recommendation in the final report of the Adults and Housing Scrutiny Committee 'Living Well with Dementia' a Joint piece of work is being undertaken to look at the end of life pathway for those living with dementia.
6. A scoping meeting was held on 25 April 2017 and further meetings held on 10 December 2018 and 20 February 2019.
7. Members have undertaken this Review giving consideration to National Strategies and published literature regarding End of Life care for people with dementia and NICE guidance published in June 2018 for the assessment, management and support for people living with dementia and their carers.
8. Members have also independently visited or made contact with various organisations to ascertain responses to a set of questions provided by the Centre for Public Scrutiny on scrutinising services for people with dementia and to assure us that patients with dementia were receiving the best care at the end of their life.
9. Dr Malcolm Moffat, Speciality Registrar in Public Health has been assisting Members with the Review and has met separately with Dr. Nicholson, Consultant on End of Life Care at the Darlington Memorial Hospital and Alison Marshall, Nurse Consultant and Senior Care Staff at St. Teresa's Hospice.
10. Members of the Review Group plan to invite to a future meeting Dr Nicholson and a representative from the County Durham and Darlington NHS Foundation Trust to discuss end of life care policy in place for people living with dementia at Darlington Memorial Hospital and any preventative measures.
11. They also wish to continue their contact with other organisations including the Alzheimers Society and other Independent Care Homes so it is recommended that their work continues into the 2019/20 Municipal Year.

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**.

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>Age 80 Voluntary Sector Funding</p> <p>Healthwatch Darlington - Streamlined Service offered by HWD since April 2017</p>	<p>Update report 3 July 2019</p> <p>Last considered 19 December 2018 and 4 July 2018</p> <p>The Annual Report of Healthwatch Darlington 3 July 2019.</p>	<p>Miriam Davidson/ Christine Shields</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 update Members following the monitoring and evaluation phase</p> <p>To scrutinise and monitor the service provided by Healthwatch - Annual</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>CCG Stroke Services</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 90</p>	<p>On the agenda for this meeting</p>	<p>Karen Hawkins Darlington CCG/CDDFT</p>	<p>More people healthy and independent</p>	<p>Spending Every Pound Wisely</p>	<p>To be determined</p>	<p>To scrutinise and challenge the pathway for Stroke Services following discharge from Bishop Auckland Hospital including Care in the Community, use of thrombolysis and the effect of journey times to UHND on patients.</p> <p>Review concerns about transport to access services.</p>
<p>Director of Public Health Annual Report 2019/20 and Health Profile</p>	<p>18 December 2019</p>	<p>Miriam Davidson</p>	<p>More people healthy and independent</p>			<p>Annual report</p>
<p>Darlington Partnerships Overview and Local Strategic Partners</p>	<p>On the agenda of this meeting</p>	<p>Seth Pearson</p>				

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

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>Social Prescribing and NHS Long Term View</p> <p style="text-align: center;">Page 92</p>	<p>Last considered 12 Sep 2018</p> <p>Progress report on new model to be provided in 6 months' time</p> <p>Last considered 14 Feb 2018</p>	<p>Karen Hawkins CCG</p>	<p>More people healthy and independent</p> <p>More people healthy and independent</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p> <p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>	<p>To be determined</p>	

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
NHS Clinical Commissioning Group Financial Challenges and Impact on Services	Last considered 4 July 2018 Updates to be provided when available	Graeme Niven, NHS Darlington CCG	More people healthy and independent	Build Strong Communities Spending Every Pound Wisely		To scrutinise and monitor the CCG to ensure delivery of the necessary QIPP required in order to achieve its financial duties in 2017 to 18
Winter Pressures (MTFP 2019/20)	On the agenda of this meeting	James Stroyan		Spending Every Pound Wisely		To scrutinise the additional spend on winter pressures

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 94</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

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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

