

Health and Housing Scrutiny Committee Agenda



9.30 am Thursday, 30
January 2020
Committee Room No 2,
Town Hall, Darlington,
DL1 5QT

Members and Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting
2. Declarations of Interest
3. To approve the Minutes of the meeting of this Scrutiny held on :-
 - (a) 5 December 2019 (Pages 1 - 6)
 - (b) 11 December 2019 and (Pages 7 - 8)
 - (c) 10 January 2020 (Pages 9 - 12)
4. Community Eye Care Service - Briefing –
Report of Director of Commissioning Strategy and Delivery, NHS Durham Dales,
Easington and Sedgefield Clinical Commissioning Group (CCG) and North
Durham CCG
(Pages 13 - 14)
5. Darlington Childhood Healthy Weight Plan –
Report of Director of Public Health
(Pages 15 - 20)

6. Performance Indicators - Quarter 2 2019/20 –
Report of Director of Economic Growth and Neighbourhood Services and Director
of Children and Adult Services
(Pages 21 - 46)
7. Work Programme –
Report of Managing Director
(Pages 47 - 100)

(a) Quad of Aims (Pages 101 - 104)
8. Health and Well Being Board –
The Board met on 28 November 2019. The next meeting is scheduled for 12
March 2020.
9. 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 the meeting
10. Questions



Luke Swinhoe
Assistant Director Law and Governance

Wednesday, 22 January 2020

Town Hall
Darlington.

Membership

Councillors Bell, Dr. Chou, Clarke, Donoghue, Heslop, Layton, Lee, McEwan, Newall
and Wright

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

HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

Thursday, 5 December 2019

PRESENT – Councillors Clarke, Donoghue, Layton, Lee, McEwan and Newall

APOLOGIES – Councillors Bell, Heslop and K Nicholson,

ALSO IN ATTENDANCE – Councillors Renton and Mrs Culley

OFFICERS IN ATTENDANCE – Miriam Davidson (Director of Public Health), Christine Shields (Assistant Director Commissioning, Performance and Transformation), Ken Ross (Public Health Principal), Mark Pickering (Chief Finance Officer), Michelle Thompson (Chief Executive Officer) and Hannah Fay (Democratic Officer)

HP26 DECLARATIONS OF INTEREST

Councillor McEwan declared an interest in Minute HP31/Dec/19 below as the Lay Member for Darlington Primary Care Network.

HP27 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE HELD ON 31 OCTOBER 2019

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 31 October 2019.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 31 October 2019 be approved as a correct record.

HP28 END OF LIFE CARE FOR PEOPLE WITH DEMENTIA REVIEW GROUP - FINAL REPORT

The Chair of the Health and Partnerships Scrutiny Committee submitted a report (previously circulated) together with the Final Report (also previously circulated) of the End of Life Care for People with Dementia Review Group.

The submitted report outlined the background to the establishment of the joint Review Group to look at end of life care for people with dementia in Darlington; the review group had met on a number of occasions to discuss a range of issues; and that following the Local Government Election on 2 May 2019 a number of Members involved in the review were no longer in post.

The Director of Public Health confirmed that the recommendations of the joint review group required consideration by the NHS Clinical Commissioning Group; and details were provided of the findings from the recent CQC inspection of County Durham and Darlington NHS Foundation Trust which found End of life care services to be outstanding.

Discussion ensued in respect of the recommendations within the final report, in particular the importance of ensuring people with dementia were included in any

discussions in respect of their care whilst still they were still competent as this would achieve the best outcome for the individual, and as such, initial discussions in respect of advanced care planning should be initiated whilst the person with dementia was competent; and that a bespoke pathway would improve communication between organisations.

RESOLVED – (a) That the report be received with the following amendments:-

- (i) That Recommendation a) be amended to ‘That following diagnosis, advanced care planning be built into discussions as early as possible, ensuring that families and carers are involved.’
- (ii) That Recommendation c) be amended to ‘That a bespoke pathway be developed in conjunction with NHS Providers, St Teresa’s Hospice and care/nursing homes as this would improve communication.’

(b) That an update on the recommendations be provided by the Darlington NHS Clinical Commissioning Group to Members of this Scrutiny Committee in six months’ time.

HP29 VOLUNTARY AND COMMUNITY SECTOR FUNDING: UPDATE ON PILOT COMMUNITY BASED INITIATIVES

The Assistant Director, Commissioning, Performance and Transformation submitted a report (previously circulated) updating Members on the community based initiatives, funded from Voluntary Sector Development Fund monies and being piloted during 2019/20.

The report stated that approval had been given in 2018 for the implementation of seven pilot community based initiatives; that £142,000 had initially been allocated, with an additional £21,000 made available from the Community Facilities Fund; and a multi-agency steering group was in place to manage the funding.

The submitted report outlined the seven initiatives, including aims and amount of allocated funding for each initiative.

Particular reference was made to the success of Initiatives 2 and 3 – Mutual Gain; the local community group involved in these projects, TEAM (Together Everyone Achieves More) was nominated as a finalist for Durham Constabulary POP awards; and the need to utilise existing services and resources in place was highlighted.

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

(b) That this Scrutiny Committee receive an end of year update.

HP30 DARLINGTON CCG FINANCIAL CHALLENGES AND IMPACT ON SERVICES 2019/20 AND BEYOND

The Chief Finance Officer, Clinical Commissioning Group (CCG) gave a PowerPoint presentation which provided an update on Darlington CCG financial challenges and Impact on Services 2019/20 and beyond, outlining the utilisation of resources in 2018/19; expected outturn in 2019/20; the finance position as of October 2019; and the 2019/20 efficiency programme.

The breakdown of funding for services was outlined, the majority of spend for 2018/19 in the area of acute care; expected outturn for 2019/20 was comparable to the previous year but with a one per cent reduction in acute care; and the CCG was on track to deliver an in-year break-even position.

Details were provided on the 2019/20 Efficiency Programme, which had been developed to identify opportunities for efficiency; key areas for 2019/20 were in acute spend, GP prescribing in primary care, Estates utilisation and Continuing Healthcare; and the overall target saving was £2.33m. The efficiency target for 2020/21 was 1.1 per cent.

It was reported that the merger of Darlington CCG with Hartlepool and Stockton on Tees CCG and South Tees CCG would take effect from 1 April 2020; and a plan would be produced to combine the commissioned services of these three CCG's.

Following a question, it was confirmed that the Tees Valley CCG would have an estimated budget over one billion pounds; commissioning staff would work across various bases; and the merger would allow for commissioning processes to be standardised across the Tees Valley region.

Discussion ensued regarding investment for mental health services and increased expenditure on GP prescribing. The Chief Finance Officer advised that mental health was an area identified for investment and that repeat prescribing would be reviewed to ensure their appropriateness.

RESOLVED – That the Chief Financial Officer be thanked for his interesting and informative presentation.

HP31 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2018/19 HEALTHY NEW TOWNS: DARLINGTON

The Director of Public Health submitted a report (previously circulated) to share with Members the Annual Report of the Director of Public Health 2018/19 (also previously circulated)

The submitted report stated that the Annual Report had been produced as a requirement of the Health and Social Care Act 2012; the subject for discussion was Healthy New Towns with a focus on legacy; the report was structured around five chapters reflecting the key strands of the programme; Darlington was selected as a pilot Healthy New Town in 2016; and was funded by NHS England with collaboration from a number of partners.

RESOLVED – (a) That the 2018/19 Annual Report of the Director of Public Health, which had a focus on legacy of the programme, be noted.

HP32 LOCAL AUTHORITY HEALTH PROFILE 2019 - BRIEFING REPORT

The Director of Public Health submitted a report (previously circulated) outlining the key messages in the Local Authority Health Profile for Darlington in 2019 which

provided a snap shot of child and adult health in Darlington and enabled benchmarking against region and the rest of England.

Particular reference was made to the life expectancy for men and women in Darlington which remained significantly lower than the England average, with a variation of 12.4 years for men and 9.7 years for women between the most and least deprived areas of Darlington.

Reference was also made to smoking at the time of delivery which was statistically worse than the England average; that more than two out of ten Year 6 children were classified as obese; nearly four out of ten adults were estimated to be physically inactive; one in three adults were classified as overweight or obese; and that physical activity and obesity were associated with a range of preventable health conditions including diabetes, cancer, heart disease and stroke.

Details were provided on the work being undertaken to address the key emerging issues from the Health Profile. A Childhood Healthy Weight Plan had been developed as part of a multi-agency approach to tackle obesity; CDDFT which has 'smoke free' status have improved signage, moved smoking bins and offer support to patients and family members that smoke.

Following a question regarding education of parents in respect of food choices, Members were advised that the Childhood Healthy Weight Plan included work with parents and food outlets to improve the availability of healthy choices; and Members were advised of Hummersknott Academy Trust who had implemented a healthy food policy across the whole school including a points based system for earning treats, which was compulsory for children and all adults in the school including teachers.

Discussion ensued in respect of smoking in young people; the annual Healthy Lifestyle Survey identified that a small decreasing minority of young people still smoked; and multi-agency work was ongoing with 0-19 services, police and trading standards to address sale of illicit tobacco.

Concerns were raised in respect of an increasing number of vaping related deaths in the USA; advice from Public Health England confirmed that vaping was a safer alternative to smoking for those that already smoking and was a useful aid to stop smoking; that the sale of vaping liquids in the USA was not as closely regulated as the UK; and the deaths in the USA were as a result of people home brewing vaping liquids often involving cannabis.

RESOLVED – That the Local Authority Health Profile and actions to address the key issues, be noted.

HP33 HEALTH AND WELL BEING BOARD

Members were advised that the Health and Well Being Board held on 28 November 2019 focussed on 'Living and Ageing Well', with a presentation on 'Winter Planning' and updates provided on Mental Health, Darlington Suicide Prevention Plan and the Public Health England Annual Health Protection Report 2018/19.

It was confirmed that the next meeting of the Health and Well Being Board was

scheduled for 12 March 2020 and would focus on an assessment of priorities and a stocktake of current plans.

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.

HP34 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 2019/20.

In light of the changes to the Portfolios and Scrutiny Committees, Members were advised that the current work programme would be reviewed.

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

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HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE

Wednesday, 11 December 2019

PRESENT – Councillors Bell (Chair), Clarke, Newall and Wright

APOLOGIES – Councillors Donoghue, Heslop, Layton and Lee

ALSO IN ATTENDANCE – Jennifer Illingworth (Tees, Esk and Wear Valley NHS Foundation Trust) and Laura Kirkbride (Tees, Esk and Wear Valleys NHS Foundation Trusts)

OFFICERS IN ATTENDANCE – Hannah Fay (Democratic Officer)

HP35 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HP36 COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - QUALITY ACCOUNTS 2019/20

The Associate Director of Nursing (Patient Safety and Governance) submitted a report (previously circulated) to update Members on the progress against the agreed priorities for 2019/20 during the period of April 2019 to September 2019.

RESOLVED – That the Special Meeting of this Scrutiny Committee be adjourned, and discussion on this item be deferred.

HP37 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT UPDATE QUARTER 2

The Head of Planning and Business Development submitted a report (previously circulated) to provide Members with an update against the each of five quality improvement priorities for 2019/20 including performance against the agreed quality metrics up to 30 September 2019. The submitted report also set out the priorities for next year's Quality Account approved by the Tees, Esk and Wear Valley (TEWV) Board of Directors.

RESOLVED – That the Special Meeting of this Scrutiny Committee be adjourned, and discussion on this item be deferred.

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HEALTH AND HOUSING SCRUTINY COMMITTEE

Friday, 10 January 2020

PRESENT – Councillors Clarke, Donoghue, Heslop, McEwan, Newall and Wright

APOLOGIES – Councillors Bell, Layton and Lee

OFFICERS IN ATTENDANCE – Paul Wildsmith (Managing Director), Elizabeth Davison (Assistant Director Resources), Pauline Mitchell (Assistant Director Housing and Building Services) and Hannah Fay (Democratic Officer)

HH38 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH39 MEDIUM TERM FINANCIAL PLAN (MTFP)

Submitted – A report (previously circulated) of the Chief Officers Executive which had been considered by Cabinet at its meeting held on 7 January, 2020 in relation to the Medium Term Financial Plan (MTFP) 2020/21 to 2023/24, including setting a budget and council tax increase for 2020/21.

The submitted report outlined details of the core offer budget, which had been agreed following a significant consultation exercise in 2016 and allowed reduced expenditure and services to a risk based minimum level with a small investment fund (The Futures Fund) of £2.5 million per year. It was noted that in subsequent MTFP's unallocated balances of £4.7m was invested in five areas, namely Community Safety, maintaining an attractive street scene, maintaining a vibrant town centre, developing an attractive visitor economy and neighbourhood renewal.

The submitted report highlighted areas of saving within the plan and areas of pressure; and Members noted the projected expenditure for 2020/21 of just under £90 million.

Reference was made to projected income, including core grant funding to Local Government, additional funding announced in the Spending Review and increase in the Council Tax and National Non-Domestic Rates (NNDR), all of which would provide an increase in income over the period of the MTFP. Members noted the projected income of £90 million for 2020/21.

The Assistant Director Resources highlighted that by 2023/24 the projected general fund balance was £6.075 million however this relied on building 433 houses per year, no significant overspending, assumptions of additional income in the spending review materialising, a Council Tax increase of 2.00% and an adult social care precept of 2.00% giving an overall increased to Council tax of 4.00%.

Reference was made to the Future Funds allocation, with £4.7 million allocated in 2018/19; to date £2.081 million had been committed to the futures fund themes with a balance of £1.019 million remaining; and Members noted that in order to stimulate growth and invest in our communities over the period of the plan, Cabinet had agreed

that the Futures Fund themes be bolstered by £1.8 million.

Members raised concern in respect of the Public Health funding and proposals to realign Public Health budgets which could result in a loss of funding to the Tees Valley.

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 the Council Tax increase of 2.00 per cent plus the 2.00 per cent adult social care precept for the next financial year and Futures Fund investment of £1.8 million.

HH40 HOUSING REVENUE ACCOUNT

Submitted – A report (previously circulated) of the Director of Economic Growth and Neighbourhood Services which had been considered by Cabinet at its meeting on 7 January 2020, to propose the revenue budget, rent levels and service charges for the Council's Housing Revenue Account (HRA) for the financial year 2020/21 in the context of the HRA Medium Term Financial Plan to 2023/24 and the 30-year Business Plan.

It was reported that for the first time since 2016/17 the Council had been given the discretion to inflate rents by CPI plus one per cent which equated to an average weekly rent increase of 2.7% for 2020/21, with average social rent of £71.30 and affordable rent of £82.55. Members were advised that 68% of tenants would have their rent and most services charges covered by Housing Benefit or Universal Credit.

The Assistant Director Housing and Building Services reported that the Government had also lifted the borrowing cap on the HRA, enabling the Council to borrow an extra £9million to fund the housing capital programme; and that this could be supplemented with the Homes England to provide 100 affordable homes per annum for the next ten years. It was also reported that over 220 households had already benefitted from the Council's current new build programme which had taken place at various locations around town and demand for these houses continued to be exceptionally high.

Details were provided on the priorities identified within the Housing Business Plan and particular reference was made to the investment in housing stock, with Northgate ward identified as a key area for investment.

A discussion ensued in respect of the feasibility of purchasing properties which had been subjected to recent drug raids in the town. It was reported that the Council would work with landlords to raise the standards of properties in the borough; had considered work undertaken to improve housing standards in other areas in the North East; and Members noted that two properties on Skinnergate had been purchased to be developed into a mixture of houses and apartments, helping to improve the general amenity of the Skinnergate area whilst increasing residential occupation.

RESOLVED – That this Scrutiny Committee supports the average weekly rent increase of 2.7 per cent for 2020/21, increases to the garage and rent services charges, the budget and Housing Business Plan, as appended to the submitted report.

HH41 COUNCIL PLAN 2020/23

Submitted – A report (previously circulated) of the Chief Officers Executive which had been considered by Cabinet at its meeting held on 7 January, 2020 in relation to the Council Plan 2020-2023.

It was reported that the Council Plan set out a proposed vision for the Council and key actions the Council would take to achieve that vision; supported the key aims of the Community Strategy – One Darlington Perfectly Placed, building on the work undertaken in previous years; and progress against the plan would be reported to Cabinet and Scrutiny Committees on a 6 monthly basis.

Discussion ensued on the Darlington Oral Health Plan 2017-2022 and Members requested an update in respect of fluoridisation.

Following a question Members were advised that the Council commissioned a range of housing support services in order to prevent homelessness and a briefing session on homelessness had been arranged for Members.

RESOLVED – (a) That this Scrutiny Committee has no comment to make on the Council Plan 2020-2023.

(b) That Members receive an update on fluoridisation.

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Objective

This briefing paper has been prepared for Health and Housing Scrutiny Committee, Darlington Borough Council on behalf of Sarah Burns, Director of Commissioning Strategy and Delivery for NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group (CCG) and North Durham CCG; working in collaboration with NHS Darlington CCG.

Aim

The briefing paper aims to inform Darlington Borough Council of Darlington Clinical Commissioning Group (DCCG) intention to commission a high quality, safe and sustainable Community Eye Care Service to deliver virtual glaucoma monitoring and post-op cataract care in the community from April 2020.

Background and introduction

Nationally, ophthalmology is recognised as a high volume specialty; hospital eye services are overstretched, due to a combination of an ageing population, new treatment availability and guidelines, and a shortage of sub-specialty Consultants. Changes in vision and sight-threatening eye conditions such as glaucoma become more common as people age, so Britain's ageing population means demand for eye services will continue to increase.

The Royal National Institute for Blind People (RNIB) sight loss tool estimates 1,010 people in Darlington are living with glaucoma; which includes patients with early stages of the condition and have not yet experienced any reduction in vision. This number is expected to increase by 6% for Darlington by 2030.¹

County Durham and Darlington CCGs have been working collaboratively with County Durham and Darlington NHS Foundation Trust (CDDFT) for a number of years to reduce activity to their overstretched ophthalmology department, which attracts high numbers of review out-patient appointments.

The community services will improve the patient pathway for those patients with stable ocular hypertension (OHT), chronic open angle glaucoma (COAG) and cataract surgery, reducing the number of review attendances at local hospital eye services. This will create capacity at overstretched outpatient clinics to allow the Consultant Ophthalmologist and the team to manage the newly diagnosed and more complex patients. The Consultant Ophthalmologist will transfer suitable patients to the community services and will remain clinically responsible for the patients' individual management plans.

Pathway change

There are approximately 2,000 suitable patients that could be transferred to a community virtual glaucoma monitoring service and 2,300 patients suitable to transfer to a post-op cataract service.

Patient engagement has taken place at CDDFT with patients attending review appointments for post-op cataract and glaucoma. Commissioning Team Members have attended clinics at University Hospital of North Durham (UHND) 26th September 2019, Bishop Auckland Hospital (BAH) 1st October, 12th November, 26th November 2019 and Darlington Memorial Hospital (DMH) 22nd October, 28th November 2019 to speak with patients and carer's to gather their views of the proposal. Feedback from the engagement exercise has been collated and the majority of patients said they would find it easier to attend a community service in the high street for their

¹ The Royal National Institute for Blind People
www.rnib.org.uk

care monitoring and monitoring.

The change to the pathway means

The services will be delivered in a community setting, for example health centre or high street optician, close to patients' homes without the need to travel to regional hospitals. Patient's will receive their care and monitoring by qualified practitioners with specialist training, competence and experience as specified by NICE Guidelines, working under the supervision of a Consultant Ophthalmologist.

The services will be available across multiple sites, close to patient's homes, reducing the reliance upon ambulance transport to travel to regional hospitals.

The proposed change will support the Quality, Innovation, Productivity and Prevention (QIPP) agenda, NHS Five Year Forward View (October 2014),² NHS Long Term Plan (2019)³ and relieve pressures on already stretched local hospital eye services, enabling the Ophthalmologist and the team to manage those patients with more complex conditions, efficiently and effectively.

Jackie Storey
Commissioning Support Officer
18th December 2019

Darlington Clinical Commissioning Group
North of England Commissioning Support Unit

² NHS Five Year Forward View
www.england.nhs.uk

³ NHS Long Term Plan
www.england.nhs.uk

HEALTH AND HOUSING SCRUTINY COMMITTEE 30 JANUARY 2020

DARLINGTON CHILDHOOD HEALTHY WEIGHT PLAN

SUMMARY REPORT

Purpose of the Report

1. To provide Members and partners with an overview of the Darlington Childhood Healthy Weight Plan, the partnership launch event and the next steps in relation to taking this work forward.

Summary

2. The ambition of the Childhood Healthy Weight Plan is to ensure that more children leave primary school a healthy weight. It sets out a whole system approach to tackling obesity. A multi-agency session was held in September 2019 to launch the plan and to develop an action plan to take the work forward.

Recommendations

3. It is recommended that Members :-
 - a. Accept the update on the Darlington Childhood Healthy Weight Plan
 - b. Support the actions set out in the report to implement a whole systems approach to tackling obesity.

Miriam Davidson
Director of Public Health

Background Papers

No background papers were used in the preparation of this report
Author: Becky James, Public Health Portfolio Lead Extension 6728

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	The report has recommendations to improve the health and wellbeing of children, young people and families in the borough.
Carbon Impact and Climate Change	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	This impacts on all children
Budget and Policy Framework	There are no implications arising from this report.
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	The report contributes to the delivery of the objectives of the One Darlington: Perfectly Placed Sustainable Community Strategy in a number of ways through the contribution to the outcome 'better start in life'.
Efficiency	There are no implications arising from this report.
Impact on Looked After Children and Care Leavers	This report impacts on all children across the borough.

MAIN REPORT

Darlington Childhood Healthy Weight Plan Feedback from Partnership Event and Next Steps

Background

1. The scope and vision of the Darlington Childhood Healthy Weight Plan is to ensure that more children leave primary school aged 10-11 years with a healthy weight. It sets out a whole system approach recognising the complex relationship between the social, economic and physical environment coupled with individual factors that underpin the development of obesity.
2. In Darlington childhood obesity in Darlington is above the national average at both reception and year 6 age groups. The percentage of children at year 6 who are categorised as obese in Darlington is 21.2%.
3. Childhood obesity and excess weight are significant health issues for children. There can be serious implications for the physical and mental health of a child continuing into adulthood, as obese children are more likely to become obese adults and have a higher risk of morbidity and premature mortality. Obesity and overweight are linked to a range of diseases including type 2 diabetes, asthma, hypertension, cancer, heart disease and stroke.

Darlington Childhood Healthy Weight Plan

4. The overall objectives of the Healthy Weight Plan are to:
 - a) Transform the environment so that it supports healthy lifestyles by increasing and maintaining use of green space for play and recreation;
 - b) Transform the environment so that healthier choices are available in the provision of food consumed out of the home;
 - c) Transform the environment by supporting the public sector to lead by example with healthier options;
 - d) Make healthier choices easier by providing information and support on active travel
 - e) Deliver consistent messages to increase awareness around healthy lifestyles and maximise the use of Making Every Contact Count (MECC)
 - f) Support services needed to tackle excess weight by increasing breastfeeding rates

Partnership Event

5. A multi-agency session was held on 24 September 2019 to officially launch the Darlington Childhood Healthy Weight Plan and to gain partner ownership and support to develop an action plan. 48 people attended the session from a range of organisations including schools, NHS, internal local authority departments and the voluntary and community sector. Presentations to set the context and a series of participatory workshops were held.

6. Attendees were asked to contribute to the following discussion questions:
- We want children to leave primary school a healthy weight
 - How do we work better to achieve this?
 - What are the challenges?
 - What does success look like and how do we measure it?
 - Themed workshop (physical activity, business engagement, schools, maternal health and early years)
 - What is happening already to contribute to this agenda?
 - How can we work better together?
 - Where is the added value – what can we do more of?
 - What are the challenges?
7. A wealth of feedback was gathered from these discussions and captured to inform an action plan going forward. Three themes across the discussions included:
- a) **Consistent messaging across the system and with families is required**
 - b) **Engagement of parents and families is key**
 - c) **The link to poverty is apparent – obesity cannot be seen or tackled as a single issue**
8. Attendees were asked what will make the biggest difference to tackling childhood obesity in Darlington. The word cloud below summarises the responses given:



Headline Actions and Next Steps

9. Based on the feedback from the partnership event, the following actions have been proposed to align with the priorities of the plan and to achieve a population approach to tackling the issue.

Cross Cutting Actions:

- 9.1 Develop and implement the 'Darlington Standard', engaging businesses to look at their children's food offer as the first step. This will include:
- No meal on the menu to go over the Recommended Daily Allowance for Children (calories, fat, sugar, salt)
 - Reducing portion sizes
 - Sugar content in drinks
 - Vending machine offer

This standard would be applied to private sector businesses, schools, local authority buildings and any premises serving food.

- 9.2 Implement a settings-based approach with commitment from all partners to take forward the actions of the Darlington Childhood Healthy Weight Plan:
- LEADERSHIP – commitment to the vision of the Plan
 - AWARENESS – consistency and promotion of key messages
 - MAKING EVERY CONTACT COUNT – across all services and key access points
 - ACTIVITIES – that support the promotion of positive health and wellbeing
- 9.3 Development of a strong and robust communications plan to deliver public facing consistent messages across organisations to support the objectives of the Darlington Childhood Healthy Weight Plan

Intelligence Gathering:

- 9.4 Map out contact points in Darlington from pre-birth throughout childhood to show opportunities for MECC, which partners need to be involved and current provision and gaps

Utilising the NCMP data to interrogate trends, map school location to demonstrate local picture and to better inform schools in their plans to tackle obesity

Food mapping – availability of hot food takeaways, food deserts and food swamps

Schools:

- 9.5 Work with schools to champion and develop a consistent approach with an ambition to embed the following across all schools:
- Daily Mile

- Healthy Catering – roll out of Healthy Point system and adoption of Darlington Standard as set out above
- Active Travel – adopt standard approach to promoting active travel to and from school

Partnership Working

- 9.6 Work with partners in regulatory services to explore options around takeaway restrictions, advertising, promoting active travel etc
10. An Engagement Group has been established with the first meeting held in December 2019. A core group of partners have agreed to take forward this work. The initial meeting reviewed the proposed actions and formally agreed next steps.

Recommendations

11. It is recommended that the Health and Housing Scrutiny Committee:
- a. Note the update on the Darlington Childhood Healthy Weight Plan
 - b. Support the actions set out in the report to implement a whole systems approach to tackling obesity

Becky James
Public Health Portfolio Lead
Tel Extension: 6728
Date: 30.01.20

**HEALTH AND HOUSING SCRUTINY COMMITTEE
30 JANUARY 2020**

PERFORMANCE INDICATORS QUARTER 2 - 2019/20

SUMMARY REPORT

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2019/20 at Quarter 2.

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. Following agreement at Council on 5 December 2019 to align Scrutiny Committees to the updated Cabinet Portfolios, the indicator set has been re-aligned accordingly.
3. The indicators included in this report are aligned with key priorities. Other indicators may be referenced when appropriate in narrative provided by the relevant assistant directors, when providing the committee with performance updates.
4. Thirty-six indicators are reported to the committee, nine of them on a six-monthly basis and twenty-seven annually.
5. Six indicators are reported by both services Housing or Culture and twenty-four by Public Health.

Housing and Culture

6. Nine of the twelve indicators are reported six-monthly and have current year data.
 - (a) Of the nine indicators reported quarterly two have a target to be compared against.
 - (b) Both of the indicators are showing performance not as good as their target.

HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd

- (c) Of the nine indicators reported quarterly all can be compared against their data at Qtr 2 2018/19.
- (d) Three indicators are showing performance better than at this time last year.

HBS 025	Number of days spent in Bed and Breakfast
HBS 034	Average number of days to re-let dwellings
HBS 072	% of dwellings not with a gas service within 12 months of last service date

(e) Six indicators are showing performance not as good as at this time last year:

CUL 030	Total number of visits to the Dolphin Centre (all areas)
CUL 063	Number of school pupils participating in the sports development programme
CUL 064	Number of individuals participating in the community sports development programme
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd
HBS 027i	Number of positive outcomes where homelessness has been prevented

(f) Of the nine indicators reported quarterly two can be compared against their previous quarter data.

(g) Both of the indicators are showing performance not as good than at Qtr 1.

HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd
HBS 034	Average number of days to re-let dwellings

7. A detailed performance scorecard is attached at Appendix 1.

Public Health

8. Indicators are mostly reported annually with the data being released in different months throughout the year.

9. Three of the twenty-four indicators have had new data released since last reported.

(a) All three indicators reported are showing better performance than there previous year.

PBH 044	(PHOF 2.18) Alcohol related admissions to hospital
PBH 046	(PHOF 2.22iv) Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period
PBH 052	(PHOF 3.08) Adjusted antibiotic prescribing in primary care by the NHS

10. A Public Health Performance Highlight report and two scorecards are attached as Appendix 2, 2a and 2b providing more detailed information about the Public Health indicators (ref PBH).

Recommendation

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

Ian Williams
Director of Economic Growth and
Neighbourhood Services

Suzanne Joyner
Director of Children and
Adult Services

Background Papers

Background papers were not 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
Carbon Impact and Climate Change	There is no impact on carbon and climate change as a result of this report
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

MAIN REPORT

Information and Analysis

12. HBS013 & HBS016 – The rent collection and rent arrears targets were set at the beginning of the year, based on the arrears balance at that time (3.08%). The introduction of Universal credit has had a significant impact on rent collection, as it is paid 4-weekly in arrears (as opposed to Housing Benefit, which is paid weekly in advance). Therefore, performance was expected to be worse than 2018/19.
13. However, performance has been much better than expected and arrears have now started to reduce, despite the number of Council tenants receiving Universal Credit increasing. Rent collection is well managed and benchmarking data will be available to report in quarter 3.
14. HBS025 – The number of days spent in bed and breakfast has improved on this time last year. This can primarily be attributed to the number of clients requiring temporary accommodation being referred into emergency supported accommodation, as opposed to bed and breakfast.
15. HBS027i – The requirements of the Homeless Reduction Act has meant that the number of people requiring homeless prevention has increased. Whilst the numbers of clients presenting is well managed and outcomes have been positive, performance has been lower than 2018/19, but this is only because the new requirements were introduced in April 2018 and the numbers presenting in the first 2 quarters was relatively low.
16. HBS034 – The number of days for re-let has improved on last year due to improved turnaround times and less properties requiring major works. The performance has only marginally dropped from quarter 1, but performance remains exceptionally good and on target for 2019/20.
17. HBS072 – The percentage of dwellings without a gas service within 12 months of the last service date is less than 0.2% and therefore is currently achieving almost 100% compliance. The service is achieving improved access to properties, including those that have been historically difficult to access, which is subsequently reflected in performance.
18. CUL030 – During the previous year, problems were experienced with the recording system for overall visits to the Dolphin Centre, which was reviewed, and a new more accurate recording system put in place from April this year. Whilst visitor numbers are down on information from the previous year, overall income and usage remains positive.
19. CUL063 – Numbers have reduced as a result of external funding coming to an end and therefore a reduced number of activities taking place at schools. However, there is still an extensive programme offering a range of options and opportunities for young people.
20. CUL064 – Numbers have reduced as a result of external funding coming to an end and therefore a reduced number of activities taking place in the community. However, a broad range of activities is still delivered.



Scrutiny - Health and Housing (Qtr 2) - 2019/4 to 2019/9

Indicator	Title	Reported	What is best	2019 - Q1	2019 - Q2	Last Qtr Vs Prev Qtr	Data from last year	12 Month Comp	Sep - Target	Perf v Tgt
CUL 030	Total number of visits to the Dolphin Centre (all areas)	Monthly	Higher	205,944	417,235		442,217	↓		
CUL 063	Number of school pupils participating in the sports development programme	Monthly	Higher	5,900	7,873		9,639	↓		
CUL 064	Number of individuals participating in the community sports development programme	Monthly	Higher	1,418	2,901		3,685	↓		
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)	Quarterly	Lower	3.32%	3.46%		2.66%	↓	3.08%	↓
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd	Quarterly	Higher	107.66%	96.76%	↓	98.48%	↓	100.00%	↓
HBS 025	Number of days spent in Bed and Breakfast	Monthly	Lower	232	883		1,947	↑		
HBS 027i	Number of positive outcomes where homelessness has been prevented	Monthly	Higher	138	331		419	↓		
HBS 034	Average number of days to re-let dwellings	Monthly	Lower	20.89	21.65	↓	25.36	↑		
HBS 072	% of dwellings not with a gas service within 12 months of last service date	Monthly	Lower	0.16%	0.14%		1.66%	↑		

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Darlington Borough Council
Public Health
July - September (Quarter 2)
Performance Highlight Report
2019-20

Public Health Performance Introduction

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

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

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

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

Timetable for "Key" Public Health Indicators

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

Q1 Indicators

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

Q3 Indicators

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

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

Q2 Indicators

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

Q4 Indicators

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

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

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

INDEX			
Indicator Num	Indicator description	Indicator type	Pages
PBH044	(PHOF 2.18) Admission episodes for alcohol-related conditions - Persons (narrow definition)	Key	6
PBH 045	Number of adults in alcohol treatment	Contract	8
PBH046	(PHOF 2.22 iv) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Key	9
PBH 047	Total numbers of NHS Health Checks completed	Contract	11
PBH 057	Number of NHS Health Checks Offered	Contract	12
PBH052	(PHOF 3.08) Adjusted antibiotic prescribing in primary care by the NHS	Key	13

Quarter 2 Performance Summary

Key Indicators

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

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

PBH044 Admissions episodes for alcohol related conditions have remained statistically similar to last year and are now following the national trend. Darlington remains statistically worse than the England benchmark and when compared to neighbours Darlington is mid-rank compared to our CIPFA statistical neighbours but better than the NE Regional average for our geographical neighbours.

PBH046 Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check are assessed cumulatively over a five year period. The aim is that within those five years 75% of the eligible population should be seen. Darlington is statistically better when compared to England, CIPFA nearest neighbours and the North East Regional averages.

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

Contract Indicators

PBH 045 Number of adults in alcohol treatment

This indicator has improved and there has been a consistent increase in the number of adults in alcohol treatment since Q4 last year. This shows that the Service has responded to the needs of those with problematic alcohol consumption and is more accessible resulting in more people coming forward for treatment and support. This will help reduce the numbers of hazardous drinkers in the population and reduce some of the worst alcohol harm.

PBH 047 Total numbers of NHS Health Checks completed

This indicator has improved and there are cumulatively more Health Checks being completed when compared to the same period last year. This shows the impact of the changes of how the Health Check programme is delivered with the introduction of the new contract from 1st April 2019. This means that more people are aware of their heart disease risk and have information and support of how to reduce their risk.

PBH 057 Number of NHS Health Checks Offered

This indicator has improved and there are cumulatively more Health Checks being offered to those who are eligible in Darlington when compared to the same period last year. This shows the impact of the changes introduced with the new contract which was in place from 1st April 2019. This means that more people are being made aware of the risks from heart disease to them. It also means that more people are being offered an opportunity to make a positive choice to understand and reduce these risks.

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

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

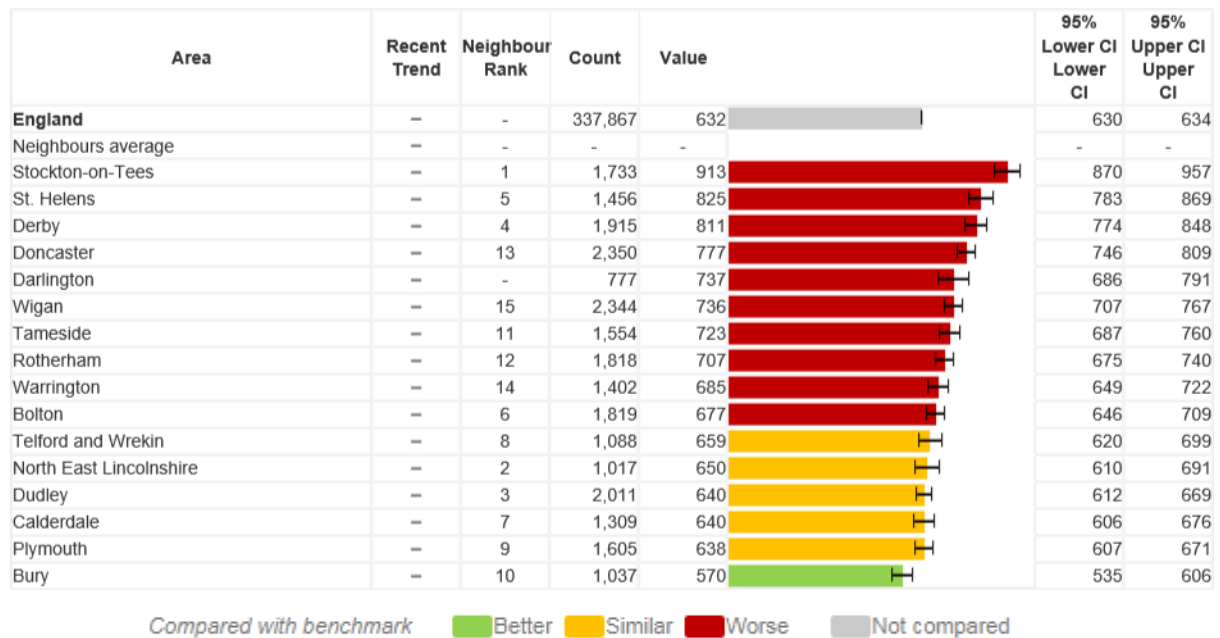
Numerator- Admissions to hospital where the primary diagnosis is an alcohol-related condition or a secondary diagnosis is an alcohol-related external cause.

Denominator- ONS mid-year population estimates.

Latest data available: 737 per 100,000 (2017/18)

Target: No national target

Figure 1 - CIPFA Nearest neighbours comparison



What is the data is telling us?

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

When compared to our CIPFA neighbours (Figure 1), a wider range of local authorities that are statistically most similar, Darlington's rate is ranked fifth for admissions.

Why is this important to inequalities?

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

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

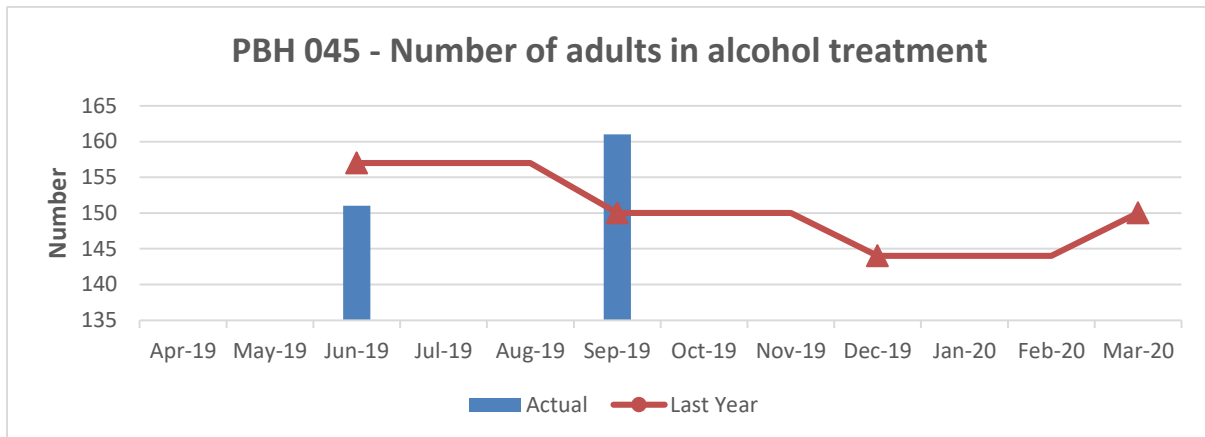
What are we doing about it?

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

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

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

Contract: PBH045 Number of adults in alcohol treatment



Service Provider: NECA

What is the data is telling us?

The data shows that in quarter 2 there are 161 adults in treatment for alcohol, this has shown a sustained increase from Q1 as well as showing an increase of 11 more individuals in treatment compared to the same time last 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. This choice will help reduce the barriers to accessing the Service for those seeking help with their drinking including providing more access to support in different formats and help reduce barriers associated with the stigma of accessing services provided from a treatment centre.

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

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

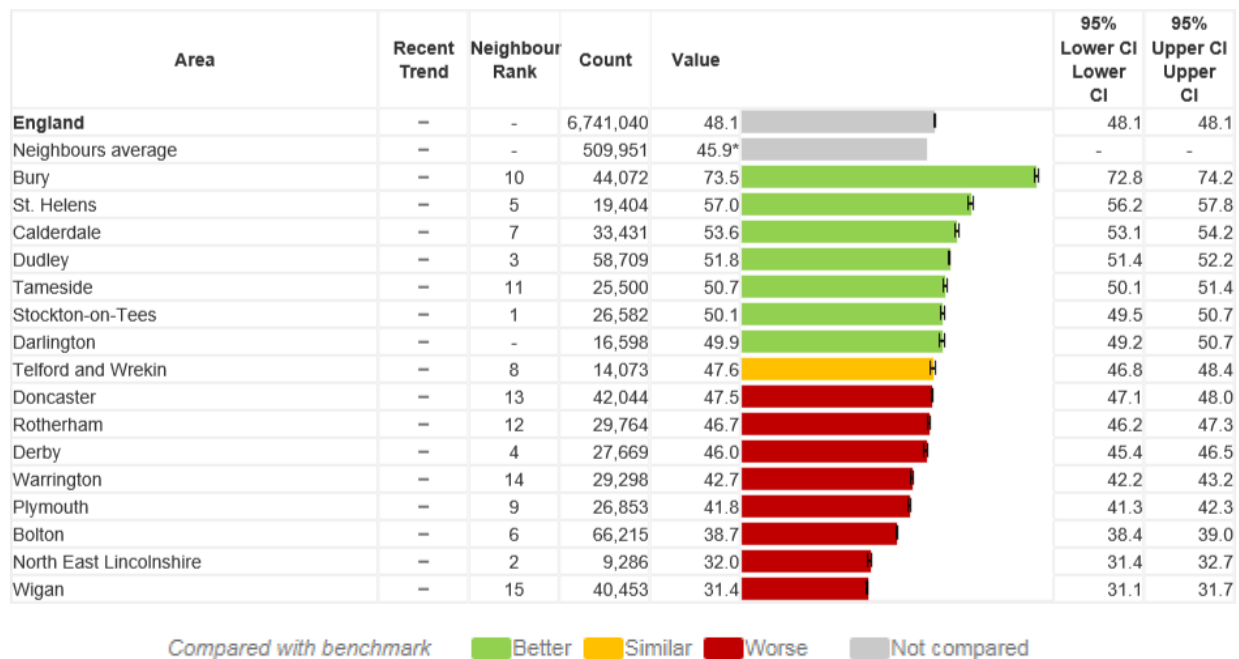
Numerator: Number of people aged 40-74 eligible for an NHS Health Check who have received an NHS Health Check in the five year period.

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

Latest data available: 49.9% crude rate (2013/14 to 2018/19)

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

Figure 2 - CIPFA nearest neighbours' comparison



What is the data telling us?

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

For this indicator Darlington is performing statistically better to the England average, better than our CIPFA statistical neighbours and better than the NE Regional averages.

Why is this important to inequalities?

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

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

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

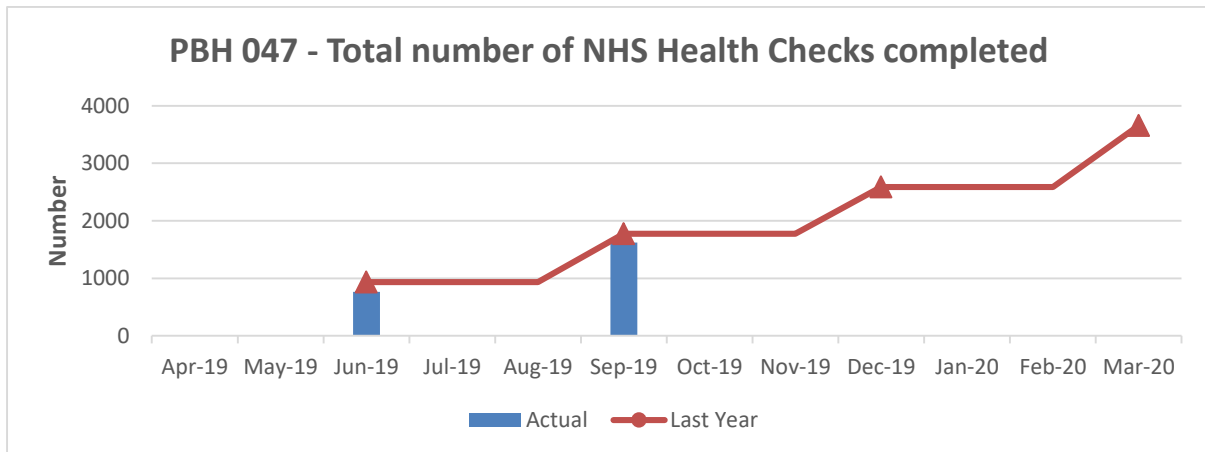
A regular NHS Health Check enables an individual risk assessment of cardiovascular disease to be undertaken and provides an opportunity for early intervention and prevention strategies with individuals. Improvements in those who receive an NHS Health Check will eventually contribute to reducing the worst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

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

What are we doing about it?

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

Contract: PBH047 Total number of NHS Health Checks completed



Service Provider: Primary Healthcare Darlington

What is the story the data is telling us?

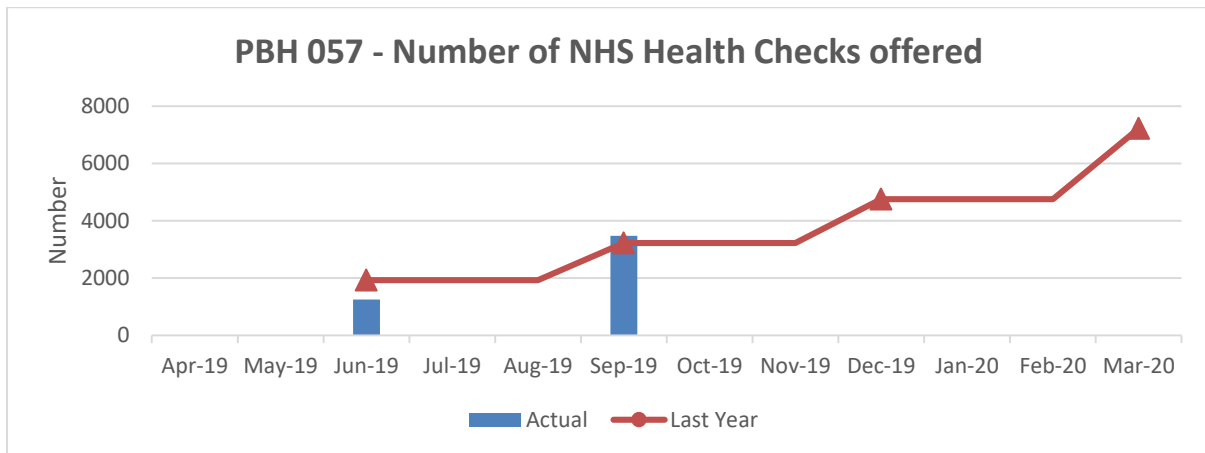
The table shows that to date that a total of 1622 eligible individuals in Darlington have received a Health Check this year. This is a lower number compared to the same period last year. (1774)

What more needs to happen?

A new provider took over management of this contract in April 2019. They have developed a quality assured and standardised approach to delivery of NHS Health Checks across all 11 GP practices. This includes standardising the training for staff, a standard clinical template and a standardised letter of results for patients. This will improve the efficiency of the NHS Health Checks processes as well as providing an improvement in the quality of the check and the experience of those who are having checks. The improvements in efficiency will enable the number of completed NHS Health Checks to increase throughout the contract term.

In Year 1 the Provider has created a standardised SystemOne template to ensure that all Health Checks are completed in the same way, with the same data recorded. The results letter is now standardised across the borough and contains information about the results and information to signpost to healthy interventions as required.

Contract: PBH057 Number of NHS Health Checks offered



Service Provider: Primary Healthcare Darlington

What is the data is telling us?

The data shows that to date a total of 3470 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. (3221)

What more needs to happen?

A new provider took over management of this contract in April 2019. They have developed a quality assured and standardised approach to delivery of NHS Health Checks across all 11 practices. This includes implementing a consistent approach to identifying the eligible population with standard definitions and searches now being used by every GP practice. This standard approach is also being extended to invitations and scheduling of NHS Health Checks to ensure a more even distribution of appointments across the year which will ensure that invitations are more timely and there is more choice with appointments. These measures will improve the efficiency of the NHS Health Checks processes as well as providing an improvement in the quality of the check and the experience of those who are having checks.

The new Provider is now working on developing and agreeing a standardised invitation template to be used by all GP practices to ensure that individuals have the information that they require about the NHS Health Check including the benefits of attending an NHS Health Check. This will be aimed at reducing barriers to participation and improving the 'conversion rate' of invitations to checks which will improve coverage in Darlington.

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

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

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

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

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

Latest data available: 1.24 per STAR-PU (2018)

Target: Darlington CCG 10% reduction target 2017/18

Figure 3 - CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	-	32,361,055	0.99	0.99	0.99
Neighbours average	-	-	2,376,568	1.10*	-	-
St. Helens	-	5	144,729	1.28	1.28	1.29
Tameside	-	11	157,342	1.25	1.24	1.26
Darlington	-	-	76,514	1.24	1.23	1.25
Wigan	-	15	212,559	1.18	1.17	1.18
Bury	-	10	131,133	1.15	1.14	1.16
Bolton	-	6	191,086	1.13	1.12	1.13
Calderdale	-	7	135,804	1.11	1.10	1.11
Doncaster	-	13	200,742	1.10	1.10	1.11
North East Lincolnshire	-	2	104,426	1.08	1.07	1.09
Rotherham	-	12	158,431	1.06	1.06	1.07
Warrington	-	14	129,304	1.06	1.06	1.07
Dudley	-	3	201,235	1.06	1.06	1.06
Stockton-on-Tees	-	1	116,851	1.04	1.04	1.05
Plymouth	-	9	164,987	1.01	1.01	1.02
Derby	-	4	158,518	1.01	1.00	1.01
Telford and Wrekin	-	8	92,907	0.90	0.90	0.91

What is the data telling us?

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

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

Why is this important to inequalities?

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

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

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

What are we doing about it?

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

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

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

The Director of Public Health Co-chairs the County Durham and Darlington Healthcare Associated Infections Steering Group. This is a multiagency group that includes membership from Public Health England, CCGs and NHS Trusts that reviews risks, actions and policy in relation to health protection across County Durham and Darlington, including AMR.

This document was classified as OFFICIAL



Public Health

Performance Data-Key

2019

2020

25/10/2019

14:15:20

Which AD ...	Key / Man...
Public Health	Contract
	Key - Q?
	Key - Q1
	Key - Q2
	Key - Q3
	Key - Q4

Total	3
Better than previously reported (↑)	3
The same as previously reported (↔)	0
Not as good as previously reported (↓)	0
Not comparable (blank)	0

Indicator Num	Indicator Description	Lead Officer	Collected	What is best	Measure of unit	Latest England Av	Latest North East Av	Latest Stat Neighbour benchmark	2016/17	2017/18	2018/19	Data at same period last year	Trend from when last reported
PBH 044	(PHOF 2.18) Alcohol related admissions to hospital	Ken Ross	Calendar Year	Smaller	Per 100,000 pop	632	862	-	765	737	-		↑
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	Ken Ross	Financial Year	Bigger	%	48	41	-	-	48	50	48	↑
PBH 052	(PHOF 3.08) Adjusted antibiotic prescribing in primary care by the NHS	Ken Ross	Financial Year	Smaller	Num/Rate	1.0	1.2	-	1.2	1.3	1.2	1.3	↑

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Public Health

Performance Data-
Contract

2019

2020

Which AD / ...
Public Health

Key / Manag...
Contract
Key - Q?
Key - Q1
Key - Q2
Key - Q3
Key - Q4

Total	27	Total	27
Better than previously reported (↑)	9	Better than target	0
The same as previously reported (↔)	6	Achieving target	0
Not as good as previously reported (↓)	4	Missing target	0
Not comparable (blank)	8	No Target	0

Indicator Num	Indicator Description	Lead Officer	Collected	What is best	Measure of unit	Data at same period last year	2017/18	2018/19	June	June - Num	June - Den	Sept	Sept - Num	Sept - Den	Trend from when last reported
PB002	(PBH 2.05ii) % of children who received a 2 - 2.5 year health review (quarterly)	Ken Ross	Quarterly	Bigger	%	95	97	97	96.0	229	239	98.0	242	247	↑
PB010	Number of antenatal referrals received in the locality	Ken Ross	Year to date	None	Num	236	725	717	243.0	243		214.0	214		
PB012	% of infants for whom feeding status is recorded at 10-14 days	Ken Ross	Quarter End	Bigger	%	99	100	100	100.0	215	216	100.0	207	207	↔
PB012a	% of infants for whom feeding status is recorded at 10-14 days who are being totally breastfed	Ken Ross	Quarter End	Bigger	%	34	32	35	37.0	80	216	46.0	96	207	↑
PB012b	% of infants for whom feeding status is recorded at 10-14 days who are partially breastfed	Ken Ross	Quarter End	Bigger	%	11	11	11	9.7	21	216	14.0	29	207	↑
PB013	% of all infants for whom feeding status is recorded at 6-8 week check	Ken Ross	Quarter End	Bigger	%	99	100	100	100.0	240	240	100.0	241	241	↔
PB013a	% of all infants for whom feeding status is recorded at 6-8 week check totally breastfed at 6-8 weeks	Ken Ross	Quarter End	Bigger	%	25	22	25	24.0	57	240	25.0	61	241	↑
PB013b	% of all infants for whom feeding status is recorded at 6-8 week check partially breastfed at 6-8 weeks	Ken Ross	Quarter End	Bigger	%	10.0	9.8	11	10.0	24	240	11.0	26	241	↑
PB015	Number of adults identified as smoking in antenatal period	Ken Ross	Quarterly	Smaller	Num	46	35	33	28.0	28		34.0	34		↓
PB015a	Number of smoking quit dates set	Ken Ross	Year to date	Bigger	Num	86	198	191	39.0	39		74.0	74		
PB015b	% of successful smoking quitters at 4 weeks	Ken Ross	Quarter End	Bigger	%	62	51	53	46.0	18	39	42.0	31	74	↓
PB017	Number of young people (<19years) given emergency contraception	Ken Ross	Quarterly	Smaller	Num	40	44	45	71.0	71		60.0	60		↑



Public Health

Performance Data-
Contract

2019

2020

Which AD / ...

Public Health

Key / Manag...

Contract

Key - Q?

Key - Q1

Key - Q2

Key - Q3

Key - Q4

Total

27

Total

27

Better than previously reported (↑)

9

Better
than target

0

The same as previously reported (↔)

6

Achieving
target

0

Not as good as previously reported (↓)

4

Missing
target

0

Not comparable (blank)

8

No Target

0

Indicator Num	Indicator Description	Lead Officer	Collected	What is best	Measure of unit	Data at same period last year	2017/18	2018/19	June	June - Num	June - Den	Sept	Sept - Num	Sept - Den	Trend from when last reported
PBH 025	The number of A&E notifications received by the 0-5 service that required follow up	Ken Ross	Quarterly	None	Num	6.0	2	5	0.0	0		1.0	1		
PBH 028	Number of children / young people identified as requiring a follow by the 5-19 service	Ken Ross	Quarterly	None	Num	5.0	3	3	1.0	1		1.0	1		
PBH 036	Waiting times - young people (<18 yrs) drug	Ken Ross	Quarter End	Smaller	Num	0.0	0	0	0.0	0		0.0	0		↔
PBH 037	Waiting times - young people (<18 yrs) alcohol	Ken Ross	Quarter End	Smaller	Num	0.0	0	0	0.0	0		0.0	0		↔
PBH 037a	No of young people (<19 yrs) seen by contraception and sexual health (CASH) service	Ken Ross	Quarterly	Bigger	Num	63	80	116	106.0	106		110.0	110		↑
PBH 037b	No of young people (<19 yrs) seen by genitourinary medicine (GUM) service	Ken Ross	Year to date	Bigger	Num	471	1,048	825	179.0	179		193.0	193		
PBH 038	Waiting times - Number of adult opiate clients waiting over 3 weeks to start first intervention	Ken Ross	Quarter End	Smaller	Num	0.0	0	0	2.0	2		0.0	0		↑
PBH 039	Waiting times - Number of adult non opiate clients waiting over 3 weeks to start first intervention	Ken Ross	Quarter End	Smaller	Num	0.0	0	0	0.0	0		0.0	0		↔
PBH 040	Waiting times - Number of adult alcohol & non opiate clients waiting over 3 weeks to start first intervention	Ken Ross	Quarterly	Smaller	Num	0.0	0	1	2.0	2		0.0	0		
PBH 041	Waiting times - Number of adult alcohol only clients waiting over 3 weeks to start first intervention	Ken Ross	Quarter End	Smaller	Num	0.0	0	4	4.0	4		8.0	8		↓
PBH 045	Number of adults in alcohol treatment	Ken Ross	Quarter End	Bigger	Num	150	125	150	151.0	151		161.0	161		↑
PBH 047	Total number of NHS Health Checks completed	Ken Ross	Year to date	Bigger	Num	1,774	3,247	3,658	761.0	761		1,622.0	1,622		

This document was classified as: OFFICIAL



Public Health

**Performance Data-
Contract**

2019

2020

25/10/2019

14:18:29

Which AD / ...	Key / Manag...
Public Health	Contract
	Key - Q?
	Key - Q1
	Key - Q2
	Key - Q3
	Key - Q4

Total	27	Total	27
Better than previously reported (↑)	9	Better than target	0
The same as previously reported (↔)	6	Achieving target	0
Not as good as previously reported (↓)	4	Missing target	0
Not comparable (blank)	8	No Target	0

Indicator Num	Indicator Description	Lead Officer	Collected	What is best	Measure of unit	Data at same period last year	2017/18	2018/19	June	June - Num	June - Den	Sept	Sept - Num	Sept - Den	Trend from when last reported
PBH 049	% of those tested for chlamydia are notified within 10 days	Ken Ross	Quarter End	Bigger	%	97	91	95	88.0	256	291	87.0	244	281	↓
PBH 051	% uptake of HIV testing	Ken Ross	Quarter End	Bigger	%	81	79	79	82.0	648	788	82.0	603	738	↔
PBH 057	Number of NHS Health Checks offered	Ken Ross	Year to date	Bigger	Num	3,221	3,847	7,232	1,253.0	1,253		3,470.0	3,470		

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HEALTH AND HOUSING SCRUTINY COMMITTEE 30 JANUARY 2019

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

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

Summary

2. Members are requested to consider the attached draft work programme (**Appendix 1**) for the remainder of the 2019/20 Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Scrutiny Committee in the last Municipal Year.
3. Any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

Recommendations

4. It is recommended that Members note the current status of the Work Programme and consider any additional areas of work they would like to include.
5. Members' views are requested.

Paul Wildsmith
Managing Director

Background Papers

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

Author: Hannah Fay

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

MAIN REPORT

Information and Analysis

6. The format of the proposed work programme, attached at **Appendix 1** has been reviewed to enable Members of this Scrutiny Committee to provide a rigorous and informed challenge to the areas for discussion.
7. Each topic links to the outcomes and the conditions in the Sustainable Community Strategy – One Darlington Perfectly Placed:-

SCS Outcomes:

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

Three Conditions:

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

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

Forward Plan and Additional Items

9. Once the Work Programme has been agreed by this Scrutiny Committee, any Member seeking to add a new item to the work programme will need to complete a quad of aims, attached at **Appendix 2**.
10. A copy of the Forward Plan has been attached at **Appendix 3** for information.

HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

No.	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
1	<p>Performance Management and Regulation/ Management of Change</p> <p>Regular Performance Reports to be Programmed</p>	Quarter 2 - 30 January 2020	Relevant AD	<p>A safe and caring community</p> <p>Children with the best start in life</p> <p>More people healthy and independent</p> <p>More people healthy and independent</p>	<p>Build strong communities.</p> <p>Spend every pound wisely</p>	Full PMF suite of indicators	To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
2	<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>		Miriam Davidson/ Christine Shields	<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>	Full PMF suite of indicators	To receive monitoring reports and undertake any further detailed work into particular outcomes if necessary

No.	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
(a)	Voluntary Sector Funding	Last considered 5 December 2019	Christine Shields				To update Members following the monitoring and evaluation of this funded projects
(b)	Healthwatch Darlington - Streamlined Service offered by HWD since April 2017	The Annual Report of Healthwatch Darlington Last considered 29 August 2019	Michelle Thompson, HWD				To scrutinise and monitor the service provided by Healthwatch – Annual
(a)	Integrated Care System (ICS) (Formerly Sustainability and Transformation Plan (STP) including the Better Health Programme (BHP))	Engagement and Communication Strategy – To be confirmed Last reported 13 March 2019	Simon Clayton, NECS	More people healthy and independent	Spend every pound wisely Build Strong Communities		To scrutinise and challenge progress of the principles underpinning the ICS and BHP and timelines for progress
(b)	NHS Clinical Commissioning Group Financial Challenges and Impact on Services	Last considered 5 December 2019	Mark Pickering, NHS Darlington CCG	More people healthy and independent	Build Strong Communities Spend Every Pound Wisely		To scrutinise and monitor the CCG to ensure delivery of the necessary QIPP required in order to

No.	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
							achieve its financial duties and service delivery 2018/19
4	CCG Stroke Services/Review of Stroke Rehabilitation Services	Last considered 29 August 2019	Katie McLeod CCG	More people healthy and independent	Spend Every Pound Wisely	To be determined	To scrutinise and challenge the CCG's and review of Stroke Rehabilitation Services in the community following discharge from Bishop Auckland Hospital
Page 53	Director of Public Health Annual Report 2018/19 and 2019 Health Profile	Last considered 5 December 2019	Miriam Davidson	More people healthy and independent			Annual report

No.	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
9	Customer Engagement in Housing Services	July 2020	Pauline Mitchell	More people active and involved	Build strong communities		To look at work being done within communities and how the Customer Panel engage with new communities.
10	Homelessness Strategy and the Homelessness Reduction Act	July 2020	Pauline Mitchell	A safe and caring community Enough support for people when needed	Build strong communities		To look at the impact following the introduction of the Act. Update on current position within Darlington
11	Review of the Housing Allocations Plan	July 2020	Pauline Mitchell/ Janette McMain	Enough support for people when needed	Spend every pound wisely Build strong communities		To update Members on the implementation of the Housing Allocation Policy

JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

	Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
12	Loneliness and Connected Communities Adults and Housing to Lead						
13	CQC Ratings in the Borough of Darlington Health and Housing to lead	Scoping Meeting held 18 November 2019					

JOINT COMMITTEE WORKING – CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE

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

ARCHIVED ITEMS

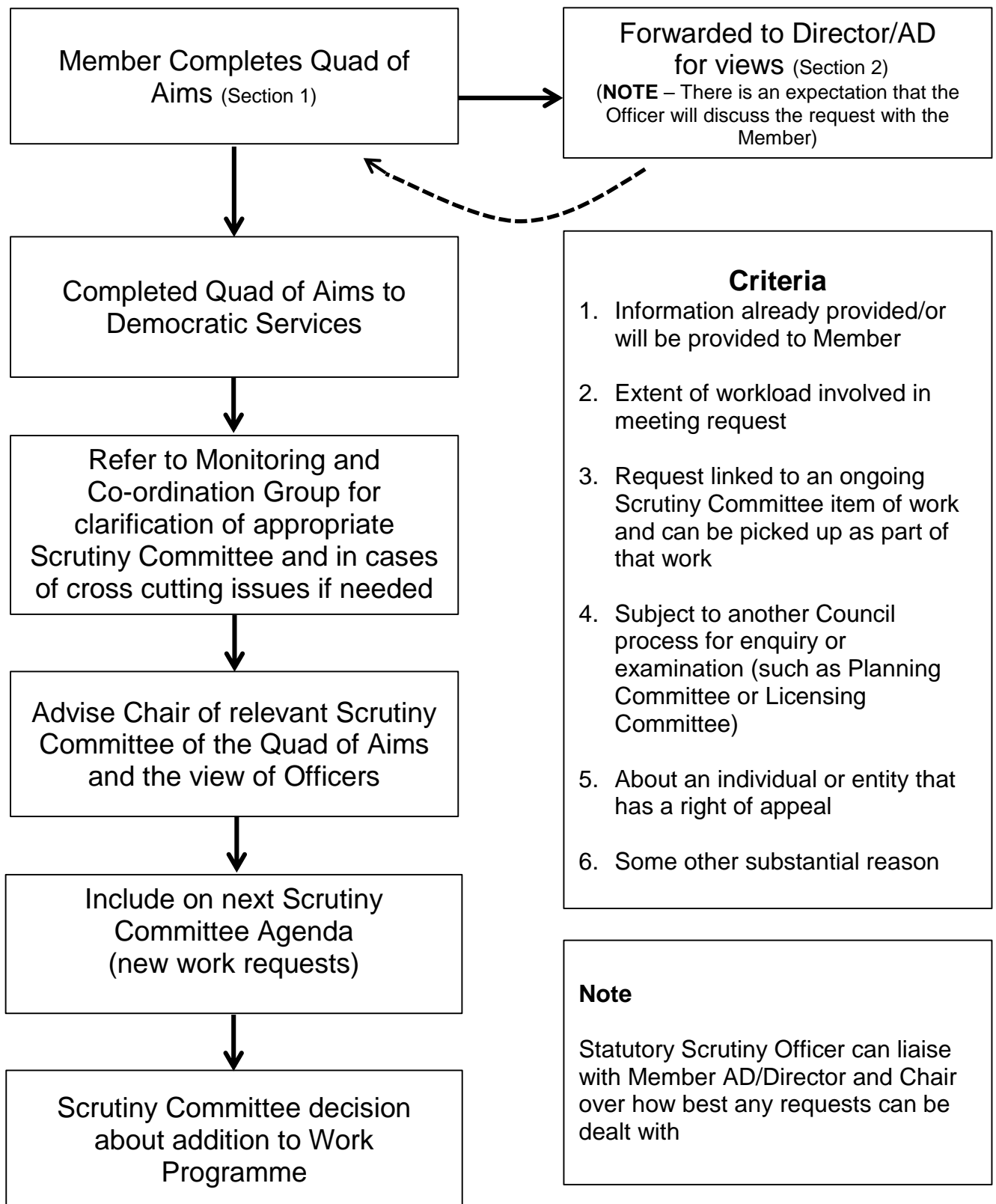
Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>End of Life and Palliative Care – To include the Dementia End of Life Pathway</p> <p>Health and Housing to lead</p>	<p>Update June/July 2020</p> <p>Final Report received on 5 December 2019</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 the provision of end of life care for people suffering from dementia across all agencies and service providers</p>
<p>Medium Term Financial Plan</p>	<p>Special 10 January 2020</p>	<p>Elizabeth Davison</p>	<p>A place designed to thrive</p> <p>A safe and caring community</p> <p>More people healthy and independent</p> <p>Enough support for people when needed</p>	<p>Build strong communities</p> <p>Spend every pound wisely.</p> <p>Grow the Economy</p>		<p>To enable the Committee to give consideration to those areas of the MTFP within the Committee's remit</p>

P
88
0
58

Council Plan	Special 10 January 2020	Neil Bowerbank	A place designed to thrive A safe and caring community More people healthy and independent Enough support for people when needed	Build strong communities Spend every pound wisely. Grow the Economy		
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PROCESS FOR ADDING AN ITEM TO SCRUTINY COMMITTEE'S PREVIOUSLY APPROVED WORK PROGRAMME



PLEASE RETURN TO DEMOCRATIC SERVICES

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

SECTION 1 TO BE COMPLETED BY MEMBERS

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

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

Page 62

Signed Councillor

Date

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS

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

Page 63

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

Signed **Position** **Date**

PLEASE RETURN TO DEMOCRATIC SERVICES

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**FORWARD PLAN
FOR THE PERIOD: 1 JANUARY 2020 - 31 MAY 2020**



What is a Forward Plan?

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

What is a Key Decision?

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

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

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

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

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

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

DARLINGTON BOROUGH COUNCIL FORWARD PLAN

- (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Who takes Key Decisions?

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

Are only Key Decisions listed in the Forward Plan?

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

What does the Forward Plan tell me?

The Plan gives information about:

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

How to make representations

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

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

How and who do I contact?

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

For general information about the decision-making process and for copies of any documents outlined in the Forward Plan please contact Lynne Wood, Elections Manager,

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Democratic Services, Resources Group, Town Hall, Feethams, Darlington, DL1 5QT. Tel: 01325 405803. Email: lynne.wood@darlington.gov.uk.

Title	Decision Maker and Date	Page
Rail Heritage Quarter	Cabinet 7 Jan 2020	5
Capital Works required at Crown Street Library	Cabinet 7 Jan 2020	6
Capital Strategy and Capital Programme	Council 20 Feb 2020 Cabinet 7 Jan 2020	7
Medium Term Financial Plan	Council 20 Feb 2020 Cabinet 7 Jan 2020	8
Housing Revenue Account	Cabinet 7 Jan 2020	9
Council Plan 2020/23	Council 20 Feb 2020 Cabinet 7 Jan 2020	10
Permit System to Manage and Co-ordinate Roadworks	Cabinet 7 Jan 2020	12
Schedule of Transactions	Cabinet 7 Jan 2020	13
Darlington Crematorium Refurbishment - Update	Cabinet 7 Jan 2020	14
Objection to Waiting Restrictions in Banks Road	Cabinet 4 Feb 2020	15
Calendar of Council and Committee Meetings 2020/21	Cabinet 4 Feb 2020	16
Project Position Statement and Capital Programme Monitoring - Quarter 3	Cabinet 4 Feb 2020	17
Revenue Budget Monitoring - Quarter 3	Cabinet 4 Feb 2020	18
Schools Admissions 2021/22	Cabinet 4 Feb 2020	19
Climate Change Cross Party Working Group	Cabinet 4 Feb 2020	20

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Darlington Station Improvements and Growth Zone	Cabinet 4 Feb 2020	21
Darlington Borough Local Plan 2016/36 - Publication Draft	Council 26 Mar 2020 Cabinet 4 Feb 2020	23
Medium Term Financial Plan	Council 20 Feb 2020 Cabinet 11 Feb 2020	25
Housing Revenue Account	Council 20 Feb 2020 Cabinet 11 Feb 2020	26
Capital Strategy and Capital Programme	Council 20 Feb 2020 Cabinet 11 Feb 2020	27
Treasury Management Strategy and Prudential Indicators	Council 20 Feb 2020 Cabinet 11 Feb 2020	28
Council Plan 2020/23	Council 26 Mar 2020 Cabinet 3 Mar 2020	29
Local Transport Plan	Cabinet 3 Mar 2020	31
Education Services Capital Programme	Cabinet 3 Mar 2020	32
Regulation of Investigatory Powers Act (RIPA) 2000	Cabinet 3 Mar 2020	33
Agreed Syllabus for Religious Education	Cabinet 28 Apr 2020	34

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Rail Heritage Quarter

Brief Description

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

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

7 Jan 2020

Relevant Scrutiny Committee

Communities and Local Services Scrutiny Committee

Relevant Cabinet Member(s)

Local Services Portfolio

Contact Officer/Report Author

Ian Thompson, Assistant Director Community Services

Ian.Thompson@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

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

Document to be submitted

Report and Master Planning Documents.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Capital Works required at Crown Street Library

Brief Description

Proposals for the refurbishment/restoration of Crown Street Library building

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

7 Jan 2020

Relevant Scrutiny Committee

Communities and Local Services Scrutiny Committee

Relevant Cabinet Member(s)

Local Services Portfolio

Contact Officer/Report Author

Charleen Dods

Charleen.Dods@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

Park East

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Capital Strategy and Capital Programme

Brief Description

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

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

7 Jan 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Resources Portfolio

Contact Officer/Report Author

Tracy Blowers

Tracy.Blowers@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report, Capital Strategy and Capital Programme.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Medium Term Financial Plan

Brief Description

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

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

7 Jan 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Resources Portfolio

Contact Officer/Report Author

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

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

Full Consultation with Residents, staff, partners and Scrutiny Committees

Document to be submitted

Report and Medium Term Financial Plan.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Housing Revenue Account

Brief Description

To propose a Housing Revenue Account for consultation.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

7 Jan 2020

Relevant Scrutiny Committee

Health and Housing Scrutiny Committee

Relevant Cabinet Member(s)

Health and Housing Portfolio

Contact Officer/Report Author

Pauline Mitchell, Assistant Director Housing and Building Services

pauline.mitchell@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

Meetings with Tenants Board.

Document to be submitted

Report and draft Housing Revenue Account.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Council Plan 2020/23

Brief Description

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

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

7 Jan 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Leader

Contact Officer/Report Author

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

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

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

Members, Residents, Staff, Partners and Local Businesses.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Document to be submitted
Report and Draft Corporate Plan.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Permit System to Manage and Co-ordinate Roadworks

Brief Description

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

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

7 Jan 2020

Relevant Scrutiny Committee

Communities and Local Services Scrutiny Committee

Relevant Cabinet Member(s)

Local Services Portfolio

Contact Officer/Report Author

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

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

Meetings and correspondence with Statutory undertakers.

Document to be submitted

Cabinet Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Schedule of Transactions

Brief Description

To consider the terms negotiated by the Director, on behalf of the Council, to enable contractually binding contracts to be completed.

(NOTE - this report is included on the agenda for each meeting of Cabinet but there are not always transactions to consider)

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

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

Decision Maker

Cabinet

Date of Decision

7 Jan 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Resources Portfolio

Contact Officer/Report Author

Guy Metcalfe, Head of Service for Asset Management and Investment
Guy.Metcalfe@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report and Schedule of Transactions.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Darlington Crematorium Refurbishment - Update

Brief Description

To update Cabinet on the pre-planning consultation feedback for the Crematorium proposal.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

7 Jan 2020

Relevant Scrutiny Committee

Communities and Leisure Services Scrutiny Committee

Relevant Cabinet Member(s)

Local Services Portfolio

Contact Officer/Report Author

Charleen Dods

Charleen.Dods@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

N/A

Document to be submitted

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Objection to Waiting Restrictions in Banks Road

Brief Description

Objections received to the above proposal. Request to set aside objections.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Communities and Local Services Scrutiny Committee

Relevant Cabinet Member(s)

Local Services Portfolio

Contact Officer/Report Author

Barbara Strickland, PA Manager
Barbara.Strickland@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

Red Hall and Lingfield

Consultation Process and Consultees

Letter
Businesses on Banks Road.

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Calendar of Council and Committee Meetings 2020/21

Brief Description

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

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Leader

Contact Officer/Report Author

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

Department

Resources

Wards Affected

Consultation Process and Consultees

E-mail.
Internal consultees.

Document to be submitted

Report and Calendar of Council and Committee Meetings.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Project Position Statement and Capital Programme Monitoring - Quarter 3

Brief Description

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

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Resources Portfolio

Contact Officer/Report Author

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

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Revenue Budget Monitoring - Quarter 3

Brief Description

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

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Resources Portfolio

Contact Officer/Report Author

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

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Schools Admissions 2021/22

Brief Description

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

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Children and Young People Scrutiny Committee

Relevant Cabinet Member(s)

Children and Young People Portfolio

Contact Officer/Report Author

Melanie Dickinson

Department

Childrens and Adults

Wards Affected

All Wards

Consultation Process and Consultees

Meetings and e-mail.

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

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Climate Change Cross Party Working Group

Brief Description

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

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Economy Portfolio

Contact Officer/Report Author

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

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Darlington Station Improvements and Growth Zone

Brief Description

To present Members with the proposed Darlington Station Improvements Project and the wider economic growth opportunities in the surrounding area, including Central Park, Cattle Market and Victoria Road

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

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

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Relevant Scrutiny Committee

Communities and Local Services Scrutiny Committee

Relevant Cabinet Member(s)

Local Services Portfolio

Contact Officer/Report Author

Barbara Strickland, PA Manager
Barbara.Strickland@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

E-mail to Ward Councillors, briefing to all Members on 15 March 2017, press release and letter drop to local residents and businesses advising of public consultation event in Dolphin Centre.

The Masterplan for Station Improvement was presented for public consultation in March 2017 including Councillors.

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Darlington Borough Local Plan 2016/36 - Publication Draft

Brief Description

To agree the final draft of the Local Plan to advertise for representations and ultimately submit for examination.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

4 Feb 2020

Council

26 Mar 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Economy and Regeneration Portfolio

Contact Officer/Report Author

David Hand, Head of Service for Planning Policy, Economic Strategy and Environment

David.Hand@darlington.gov.uk

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

Legal duty to seek representations prior to submission to Government for examination. Email and Letter and use of the Council's consultation portal.

All parties who were consulted at Regulation 18 stage and any party who made a representation at that stage.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Document to be submitted
Report and draft Local Plan

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Medium Term Financial Plan

Brief Description

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

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

11 Feb 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Resources Portfolio

Contact Officer/Report Author

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

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

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

Document to be submitted

Report and Medium Term Financial Plan

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Housing Revenue Account

Brief Description

To recommend the Housing Revenue Account to Council.

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

11 Feb 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Health and Housing Scrutiny Committee

Relevant Cabinet Member(s)

Health and Housing Portfolio

Contact Officer/Report Author

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

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

Meetings with Tenants Board.

Document to be submitted

Report and Housing Revenue Account

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Capital Strategy and Capital Programme

Brief Description

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

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

11 Feb 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Resources Portfolio

Contact Officer/Report Author

Tracy Blowers

Tracy.Blowers@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report, Capital Strategy and Capital Programme.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Treasury Management Strategy and Prudential Indicators

Brief Description

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

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

11 Feb 2020

Council

20 Feb 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Resources Portfolio

Contact Officer/Report Author

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

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Reprot and Treasury Management Strategy.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Council Plan 2020/23

Brief Description

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

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Mar 2020

Council

26 Mar 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Leader of the Council

Contact Officer/Report Author

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

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

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

Members, Residents, Staff, Partners and Local Businesses.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Document to be submitted
Report and Corporate Plan.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Local Transport Plan

Brief Description

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

Decision Type

Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Mar 2020

Relevant Scrutiny Committee

Communities and Local Services Scrutiny Committee

Relevant Cabinet Member(s)

Local Services Portfolio

Contact Officer/Report Author

Sue Dobson

Department

Economic Growth and Neighbourhood Services

Wards Affected

All Wards

Consultation Process and Consultees

None

N/A

Document to be submitted

Report and Local Transport Plan.

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Education Services Capital Programme

Brief Description

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

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Mar 2020

Relevant Scrutiny Committee

Children and Young People Scrutiny Committee

Relevant Cabinet Member(s)

Children and Young People Portfolio

Contact Officer/Report Author

Sarah Foster

sarah.foster@darlington.gov.uk

Department

Childrens and Adults

Wards Affected

All Wards

Consultation Process and Consultees

Consultation will be undertaken as part of the MTPF
Schools

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Regulation of Investigatory Powers Act (RIPA) 2000

Brief Description

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

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

3 Mar 2020

Relevant Scrutiny Committee

Economy and Resources Scrutiny Committee

Relevant Cabinet Member(s)

Resources Portfolio

Contact Officer/Report Author

Gail Banyard, PA Manager

Gail.Banyard@darlington.gov.uk

Department

Resources

Wards Affected

All Wards

Consultation Process and Consultees

None

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Title

Agreed Syllabus for Religious Education

Brief Description

To consider the Agreed Syllabus for Religious Education in Darlington.

Decision Type

Non-Key

Decision Status

For Determination

Urgent Decision

No

Anticipated Restriction

Open

Decision Maker

Cabinet

Date of Decision

28 Apr 2020

Relevant Scrutiny Committee

Children and Young People Scrutiny Committee

Relevant Cabinet Member(s)

Children and Young People Portfolio

Contact Officer/Report Author

Richard Adamson, Estates Officer
Richard.Adamson@darlington.gov.uk

Department

Childrens and Adults

Wards Affected

All Wards

Consultation Process and Consultees

Meetings
Consultation with Primary and Secondary Schools in Darlington.

Document to be submitted

Report

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

FIELD_CONSULTATION
FIELD_CONSULTEES
FIELD_CONSULTATION
FIELD_CONSULTEES

JOINT REVIEW GROUP TO EXAMINE AUTISM PROVISION WITHIN DARLINGTON BOROUGH COUNCIL

REASON FOR REQUEST?	RESOURCE (WHAT OFFICER SUPPORT WOULD YOU REQUIRE?)
<p>To review and understand the provisions and services and contractual arrangements between this Council and our providers who provide the Autism provisions, diagnoses and support services for Darlington.</p> <p>To ascertain that the best services possible are provided for the benefit of individuals on the autistic spectrum to enable them to thrive. To hold ourselves and our partner organisations accountable for the services provided.</p>	<ul style="list-style-type: none"> • Representatives from relevant partner organisations, for example (and not limited to) Durham Constabulary, DDFS, TEWV, NHS, CCG, CQC, NEAS etc. • Relevant Council Officers where necessary • Independent advisor(s) where necessary.
PROCESS (HOW CAN SCRUTINY ACHIEVE THE ANTICIPATED OUTCOME?)	HOW WILL THE OUTCOME MAKE A DIFFERENCE?
<ol style="list-style-type: none"> 1. Examine organisations, partners and the services they provide. 2. Make an evaluation of the benefits to individuals on the Autism Spectrum and their carers of the services provided and investigate their effectiveness and value to the service users. 	<ol style="list-style-type: none"> 1. Ongoing accountability via scrutiny of partners who provide services and provision. Ongoing scrutiny of any arrangements between partners, and partners and service users to provide assurance that they are in the best interest of the service users. 2. Any reasonable recommendations for improvements outlined by ongoing investigation and scrutiny to be given reasonable consideration.

<p>3. Discuss possible improvements to the services and provisions that may be highlighted by Scrutiny and/or service users, thereby enabling meaningful inclusion of those on the Autism Spectrum and their parents/carers within the Scrutiny process in line with best practice as defined by the current Autism Strategy.</p>	<p>3. To gain a better understanding of the needs of individuals with autism and their carers and the services provided to them by this Council.</p> <p>4. That this Council leads with and is an active proponent of good services for individuals with Autism, champions best practice within Darlington and plays an active role in keeping themselves and partners accountable.</p> <p>5. Darlington be recognised as an Autism Friendly Town.</p>
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Signed Councillor Rachel Mills

(Member of Children and Young People Scrutiny Committee)

Date

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS

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

Page 103

	No	Criteria
<p>1. (a) Is the information available elsewhere? If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services)</p> <p>.....</p> <p>(b) Have you already provided the information to the Member or will you shortly be doing so?</p> <p>No, however previous work has been undertaken by the Adults Scrutiny Committee.</p>	No	<p>1. Information already provided/or will be provided to Member</p> <p>2. Extent of workload involved in meeting request</p> <p>3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work</p> <p>4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)</p> <p>5. About an individual or entity that has a right of appeal</p> <p>6. Some other substantial reason</p>
<p>2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff?</p> <p>Head of Service, however Members would be expected to undertake research/fact finding work themselves</p>		
<p>3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that?</p> <p>No</p>		
<p>4. Is there another Council process for enquiry or examination about the matter currently underway?</p> <p>No</p>		
<p>5. Has the individual or entity some other right of appeal?</p> <p>No</p>		

<p>6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme?</p> <p>No, this is a topic of great interest across the committees so it is work that will be welcomed.</p>	
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Signed Position Date