

Health and Housing Scrutiny Committee Agenda



10.00 am Wednesday, 2
September 2020
Microsoft Teams

In accordance with Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, this meeting will be held on a virtual basis. Members of the Public can view a live stream of the meeting at: <https://www.darlington.gov.uk/livemeetings> Members of the public wanting to raise issues/make representations at the meeting can do so by emailing hannah.fay@darlington.gov.uk 24 hours before the meeting begins

1. Introduction/Attendance at Meeting
2. Declarations of Interest
3. To approve the Minutes of the meeting of this Scrutiny held on :-
 - (a) 2 July 2020 (Pages 1 - 4)
 - (b) 15 July 2020 (Pages 5 - 8)
4. Darlington Outbreak Control Plan –
Verbal Update by the Director of Public Health
5. Darlington Better Care Fund –
Report of Director of Children and Adult Services
(Pages 9 - 14)
6. Performance Indicators - Quarter 4 2019/2020 –
Report of Director of Economic Growth and Neighbourhood Services and Director
of Children and Adult Services

(Pages 15 - 40)

7. Annual Report of Healthwatch Darlington 2019/2020 –
Report of Chief Executive Officer, Healthwatch Darlington
(Pages 41 - 82)
8. Work Programme –
Report of Managing Director
(Pages 83 - 102)
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

Monday, 24 August 2020

Town Hall
Darlington.

Membership

Councillors Bell, Donoghue, Dr. Chou, Heslop, Layton, Lee, McEwan, Newall, Tostevin 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 HOUSING SCRUTINY COMMITTEE

Thursday, 2 July 2020

PRESENT – Councillors Bell (Chair), Dr. Chou, Donoghue, Heslop, Layton, Lee, McEwan, Newall, Tostevin and Wright

APOLOGIES – Councillors ,

ABSENT – Councillors

ALSO IN ATTENDANCE – Councillors K Nicholson

OFFICERS IN ATTENDANCE – Miriam Davidson (Director of Public Health), Pauline Mitchell (Assistant Director Housing and Building Services), Jennifer Illingworth (Director of Operations, Durham and Darlington), Michelle Thompson (Chief Executive Officer) and Hannah Fay (Democratic Officer)

HH1 APPOINTMENT OF CHAIR FOR THE MUNICIPAL YEAR 2020/21

RESOLVED – That Councillor Bell be appointed Chair of this Committee for the 2020/2021 Municipal Year.

HH2 APPOINTMENT OF VICE-CHAIR FOR THE MUNICIPAL YEAR 2020/21

RESOLVED – That Councillor Donoghue be appointed Vice-Chair of this Committee for the 2020/2021 Municipal Year.

HH3 TO CONSIDER THE TIMES OF MEETINGS OF THIS COMMITTEE FOR THE MUNICIPAL YEAR 2020/21 ON THE DATES AGREED IN THE CALENDAR OF MEETINGS BY CABINET AT MINUTE C104/FEB/20

RESOLVED – That the meetings of this Scrutiny Committee be held at 10.00am for the remainder of the 2020/2021 Municipal Year and that the meetings be held on a Wednesday, on dates to be agreed by the Chair.

HH4 DECLARATIONS OF INTEREST

Councillor Bell declared an interest as a Bank Healthcare Assistant for County Durham and Darlington NHS Foundation Trust; Councillor McEwan declared an interest as a Lay Member for Darlington Primary Care Trust; and Councillor Tostevin declared an interest as a Member of the Board of Governors for County Durham and Darlington NHS Foundation Trust and North East Ambulance Service.

HH5 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON :-

(1) 16 JANUARY 2020

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 16 January 2020.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 16 January 2020 be approved as a correct record.

(2) 30 JANUARY 2020

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 30 January 2020.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 30 January 2020 be approved as a correct record.

HH6 WORK PROGRAMME

The Managing Director submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the Municipal Year 2020/2021 and to consider any additional areas to be included.

Discussion ensued on the current work programme and it was suggested that Members receive an update on the Better Care Fund, to include details of how this was being deployed; and following Members agreement, Councillors Heslop and Newall would continue their investigations in respect of the CCG Stroke Services.

Following a question by Members it was confirmed that an All Members Briefing on Fluoridisation that was due to take place prior to Covid-19 had been stood down and that this would be re-arranged.

Members felt that further discussion on the Work Programme was required to ensure there was a focus on Covid related issues and recovery.

RESOLVED – (a) That the work programme be noted.

(b) That an All Members briefing on Fluoridisation be arranged.

HH7 QUESTIONS

A question was raised regarding the steps being taken by Mental Health Services to support those affected by Covid-19.

The Director of Public Health advised that the Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) were undertaking preparation work for the anticipated increase in service users; that this was an area of concern for Public Health; and work was being undertaken at a North East and local level.

The Director of Operations, Durham and Darlington TEWV assured Members that TEWV had robust plans in place to manage the potential increase in patients due to the impact of Covid-19; and were working closely with County Durham and Darlington NHS Foundation Trust to provide psychological support.

Following a question by Members in respect of heating in older Council housing stock, it was confirmed that there was an extensive project for new windows and doors; and that there was a requirement to identify alternatives to gas central heating.

Following a question raised in respect of testing timescales it was confirmed that Pillar one data, from testing undertaken within NHS settings, was received timely by the Council; Pillar two data had not been received to date but Local Authorities had been signing information sharing agreements with Public Health England to receive this information; the Health Protection team based in Newcastle were quick to share any cause for concern; and the Local Outbreak Control Plan detailed how the Local Authority would respond and control an outbreak.

RESOLVED – That an update be provided by TEWV at the Special Meeting of this Scrutiny Committee on 15 July 2020.

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HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 15 July 2020

PRESENT – Councillors Bell (Chair), Donoghue, Heslop, Layton, Lee, McEwan, Newall, Tostevin and Wright

APOLOGIES – Councillor Dr. Chou

ABSENT –

ALSO IN ATTENDANCE –

OFFICERS IN ATTENDANCE – Miriam Davidson (Director of Public Health), Pauline Mitchell (Assistant Director Housing and Building Services), Lisa Soderman (Head of Leisure), Michael Houghton (Director of Commissioning Strategy and Delivery), Jennifer Illingworth (Director of Operations, Durham and Darlington), Diane Lax (Healthwatch Operations Manager) and Hannah Fay (Democratic Officer)

HH8 DECLARATIONS OF INTEREST

Councillor Bell declared an interest as an employee of County Durham and Darlington NHS Foundation Trust; Councillor McEwan declared an interest as a Lay Member for Darlington Primary Care Trust; and Councillor Tostevin declared an interest as a Member of the Board of Governors for County Durham and Darlington NHS Foundation Trust and North East Ambulance Service.

HH9 COVID UPDATE

The Director of Children and Adults Services and Director of Economic Growth and Neighbourhood Services submitted a report (previously circulated) providing Members with an overview of the COVID-19 pandemic, and the Council's response with a focus on health protection and outbreak management by implementing government policy; and updating Members on decisions taken with regard to the services relevant to this Committee.

The submitted report provided details of the virus, including symptoms and spread; that on 11 March 2020 the World Health Organisation declared the COVID-19 outbreak as a pandemic, with Europe becoming the epicenter for the disease by mid-March; and a number of links to international, national and local statistics were provided.

Reference was made to the national, regional and local response to the outbreak; on 16 April, 2020, lockdown was extended and that five tests, evidence that the NHS can cope; a sustained fall in death rates (daily); evidence that the Reproduction number (R) is decreasing; confidence in testing arrangements, enough PPE to meet demand; and no risk of a second peak, must be met to allow easing of restrictions.

The local response, led by the County Durham and Darlington Local Resilience Forum (LRF) focused on a number of workstreams to respond to the pandemic, namely community support; excess deaths; intelligence and data; media; multi-

agency information; PPE; and recovery.

Testing was a key element of the national response; a local agreement with CDDFT made available COVID-19 testing for all council employees with coronavirus symptoms, with tests and results provided quickly. This offer was extended to Care Home Staff; NHS workers and other key workers from LRF responding organisations; and this was not a national offer.

Details were provided in respect of Housing Services; rent arrears in May had increased from 2.8% at year end to 3.3%, however due to continued support from Housing Income, this increase was lower than other social housing providers; and support continued to be provided to ensure payment plans and tenancies were maintained, particularly as the number of claims for Universal Credit increased by 66.5% when compared to the same period last year.

It was reported that there had been a significant increase in the number of presentations for homelessness, rough sleeping or at risk of being homeless; Housing Options had worked with over 300 clients and had placed 57 households in temporary accommodation for the period of April and May 2020.

Reference was made to the work of the Lifeline Team during the outbreak; staff had been present throughout at sheltered housing, extra care and good neighbours schemes; and virtual activities had been delivered to reduce social isolation during the period.

It was reported that the Dolphin Centre and Eastbourne Sports Complex were closed to the public on 17 March 2020; Leisure teams were redeployed to various essential roles within Darlington's Community Hub; the Dolphin Centre had been opened for town centre toilet use; Eastbourne Sports Complex opened on 9 June with a staggered programme of outdoor activity introduced in a phased approach; and school meals and community catering service continued throughout the pandemic. Following the announcement by Government that Gyms and swimming pools could reopen, a safe system of work had been developed and was awaiting sign off by Health and Safety, Public Health England and Unions.

Discussion ensued on bereavement support. Members were advised of the work being undertaken as part of TEVV's recovery plans; frontline and IAPS were being equipped to manage the anticipated increase in new patients with bereavement needs; and work was being undertaken with GPs including signposting to Cruse Bereavement Care.

Regarding testing for key workers it was confirmed that testing was now widely available; a repeat testing programme for care home staff was fully implemented; testing was also in place for patients being discharged from hospital to care home settings and for those patients being placed in a care home from their own homes.

Following a question by Members, it was confirmed that the home coaching service was still in the development phase; and that the next phase would involve liaison with GP's; and that social prescribing ensured patients were connected to other services for the health and wellbeing needs.

Members raised concern in respect of access to toilets in the town centre for residents that held 'no waiting' cards and felt further work was required to educate shops and businesses in the town.

Concern was also raised regarding the reopening of play areas and the difficulties in monitoring usage. Members were advised that although this was difficult to monitor, the Local Outbreak Control Plan would help ensure clear messaging for public engagement and population safety; outdoor exercise was lower risk than indoors; and that the message to wash hands should be reinforced.

RESOLVED – (a) That the report be noted.

(b) That the thanks of the Scrutiny Committee to NHS, Council and other key workers be recorded.

(1) DARLINGTON LOCAL OUTBREAK CONTROL PLAN

The Director of Public Health introduced the Local Outbreak Control Plan (previously circulated), and in doing so advised Members that Darlington's Local Outbreak Control Plan (LOCP) was in place following the requirement from the Department of Health and Social Care; the LOCP described how Darlington Borough Council would work with partners to prevent and control COVID-19; setting out the role of partners in preventing and controlling COVID-19 with a focus on robust management of clusters and outbreaks through local surveillance.

The LOCP outlined the principles that underpinned the prevention and management of the transmission of COVID-19; there were seven key themes covered in the LOCP, Care Homes and Schools; high risk places, locations and communities; workplaces; local testing capacity; contact tracing in complex settings; data integration; and vulnerable people.

A Health Protection Board, consisting of multi-agencies was in place, taking management responsibility of the LOCP; its purpose was to lead, co-ordinate and manage work to prevent the spread of COVID19; and was accountable to the Health and Well Being Board.

Discussion ensued in respect of the time lag for Pillar 2 data and the potential impact on response to an outbreak; Members were assured that the information was now being received more timely and that some postcode data was being received through the test and trace service.

Following a question by Members regarding the number of deaths in Care Homes, it was confirmed that there had been 52 deaths in care homes in Darlington; this equated to 58 per cent of COVID-19 deaths in Darlington and that this fit with the national picture. Members noted that the NHS Infection Prevention and Control Team provided support and advice to care homes during the outbreak and were in daily contact with care homes in Darlington during the peak of the outbreak.

Reference was made to areas in Darlington that were frequented by an increasing number of residents, particularly during warmer weather; Members were advised that anecdotal information should be fed into the multi-agency group to help identify

potentially high-risk places, locations and communities in Darlington; and Members queried whether the planning for outbreaks in education settings included private facilities in Darlington.

Concern was raised in respect of the mixed messages in respect of social distancing and the requirement to wear masks; it was felt that increased resources into communications was needed, with support from stakeholders and ward councillors.

RESOLVED – That the Local Outbreak Control Plan be noted.

HH10 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST RECOVERY/'BUILD BACK BETTER' PLANS

The Director of Operations Durham and Darlington, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) submitted a report (previously circulated) providing Members with details of the Recovery/'Build Back Better' plans.

It was reported that when the pandemic started, TEWV changed the way they delivered their services, with a focus on remote delivery via telephone or a digital platform; that memory clinics and autism diagnoses were paused at the start of the pandemic but were now being revisited; and TEWV were working to plan for Phase 3 and 4 of the pandemic.

Details were provided of the work undertaken in relation to developing plans; a model was being developed to forecast for the expected increased COVID-19 related; along with a backlog of clinical activity; exacerbation and relapse of mental health conditions; and long term impact of socioeconomic consequences. A Health Impact Assessment was being finalised and would provide a system-wide picture of the possible impact of Covid and lockdown on the local Darlington community.

Discussion ensued on the need for increased budgets for mental health services in the town; support for children of primary and secondary ages; and Members were advised of the plans for increased resources in schools, including mental health workers.

RESOLVED – That the report be noted.

**HEALTH AND HOUSING SCRUTINY
2 SEPTEMBER 2020**

DARLINGTON BETTER CARE FUND

SUMMARY REPORT**Purpose of the Report**

1. The purpose of this report is to update Health and Housing Scrutiny on the position of the Better Care Fund for Darlington and the future structure of the programme. It must be noted, at the point of submission, there was minimal information in relation to the remit and future structure of the programme, and no guidance has been issued for the 2020/21 programme.

Summary

2. The Better Care Fund (BCF) is a programme spanning both the NHS and Local Government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible. It brings together ring-fenced budgets from Clinical Commissioning Group (CCG) allocations, and funding paid directly to local government, including the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) and the Winter Pressures grant.
3. There are seven workstreams to support the delivery of the BCF Priorities:
 - (a) Improving healthcare services to Care Homes:
 - (b) Equipping people to be resilient and self-reliant through Primary Prevention/Early intervention, and Care Navigation
 - (c) Intermediate Care and improvements to reablement and rehabilitation services; further
 - (d) Improving Transfers of Care through the implementation of the High Impact Change Model,
 - (e) New models of Care and personalisation of services including through technology and domiciliary care;
 - (f) Supporting carers and delivering DFG adaptations.
 - (g) Improving Dementia Diagnosis and post diagnosis support
4. There are 4 national conditions in place across BCF against which all system areas must comply, these being:
 - (a) NC1: Jointly agreed plan between CCG and LA
 - (b) NC2: Social Care - level of spend of social care in line with CCG contribution
 - (c) NC3: NHS Commissioned out of hospital services – has the area committed to spend at equal or above the minimum allocation for NHS commissioned out of hospital services
 - (d) NC4: Implementation of HICM through managing transfers of care: Confirmation of plan in place

5. Finally, there are 4 metrics against which performance of the Programme is measured:
 - (a) Non Elective Admissions: Total number of specific acute non-elective spells per 100,000 population
 - (b) Reablement: Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
 - (c) Delayed transfers of Care: Average number of people delayed in a transfer of care per day (daily delays)
 - (d) Residential Admissions: rate of permanent admissions to residential care per 100,000 population (65+)
6. The 2019/20 Plan was approved by NHS England in January 2020, following submission in September 2019
7. The current 2020/21 Better Care Fund, is a one year continuation programme, with no changes to the national conditions or metrics. However, like all systems across England we are awaiting the planning guidance to inform the development of a Darlington Plan. It is estimated that, due to covid related delays, the guidance will not be issued until August, at the earliest.
8. Following discussions with the Better Care Manager for the North East and Cumbria, it is envisaged that the 2021/24 will be a multi-year framework. Again, confirmation is awaited on this, although it is expected that this will include a review of metrics as well as the implementation of a revised High Impact Change Model.

Recommendation

9. It is recommended that :-
 - (a) Members note the position of the Better Care Fund and the delays to revised planning guidance.

Suzanne Joyner, Director of Children and Adult Services

Background Papers

There are no background papers

Paul Neil : Extension 5960

S17 Crime and Disorder	Not applicable
Health and Well Being	The Better Care Fund is owned by the Health and Wellbeing Board
Carbon Impact and Climate Change	None
Diversity	None
Wards Affected	All
Groups Affected	Frail elderly people at risk of admission/re-admission to hospital

Budget and Policy Framework	Budgets pooled through section 75 agreement between DBC and Darlington CCG
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Aligned
Efficiency	New ways of delivery care
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

Update metrics position

10. Below summarises the Darlington performance against the 4 metrics as at the end of quarter 4 2019/20.

Metric	Definition	Achievements
NEA	Total number of specific acute (replaces General & Acute) non-elective spells per 100,000 population	2019/20 year end position shows activity of 13,535 vs plan of 13,603 however Q4 performance has been impacted by COVID-19.
Res Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	2019/20 year end position shows performance rate of 697.5 vs a 19/20 target of 702.1 and therefore indicator has been achieved.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Q4 19/20 rate of 83.9% is a significant increase from Q4 18/19 which was 68.3%.
Delayed Transfers of Care	Average Number of People Delayed in a Transfer of Care per Day (daily delays)	Performance up to Feb-20 was below target. YTD delayed days to Feb-20 were 751 vs an annual target of 1,830. DToC reporting has since been suspended due to COVID-19.

Finances

11. The financial package that makes up the Darlington Better Care Fund for 2019/20 was:

Funding Sources	Income	Expenditure
DFG	£937,154	£937,154
Minimum CCG Contribution	£7,856,365	£7,856,365
iBCF	£3,855,005	£3,855,005
Winter Pressures Grant	£501,172	£501,172
Additional LA Contribution	£0	£0
Additional CCG Contribution	£0	£0
Total	£13,149,696	£13,149,696

Funding for 2020/21 has been confirmed as:

DFG	£937,154
Minimum CCG contribution	£8.241m
iBCF and winter pressures	£4.36m
Total	£13.538m

Spend Breakdown 2019/20

NHS Commissioned Out of Hospital spend from the minimum CCG allocation

Minimum required spend	£2,232,556
Planned spend	£5,021,325

Adult Social Care services spend from the minimum CCG allocations

Minimum required spend	£2,519,223
Planned spend	£2,547,140

Scheme Types

Assistive Technologies and Equipment	£66,484
Care Act Implementation Related Duties	£314,331
Carers Services	£546,825
Community Based Schemes	£900,407
DFG Related Schemes	£1,255,717
Enablers for Integration	£358,351
HICM for Managing Transfer of Care	£1,722,921
Home Care or Domiciliary Care	£20,000
Housing Related Schemes	£543,226
Integrated Care Planning and Navigation	£392,347
Intermediate Care Services	£3,445,067
Personalised Budgeting and Commissioning	£0
Personalised Care at Home	£0
Prevention / Early Intervention	£245,826
Residential Placements	£120,000
Other	£3,218,194
Total	£13,149,696

Outcome of Consultation

- All plans in relation to the Better Care Fund are agreed jointly across Health and Social Care. When guidance is received on future years programme requirements, these will be reported to scrutiny and the Health and Wellbeing Board.

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**HEALTH AND HOUSING SCRUTINY COMMITTEE
2 SEPTEMBER 2020**

PERFORMANCE INDICATORS QTR 4 2019/20

SUMMARY REPORT

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2019/20 at Quarter 4.

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. Nine indicators are reported by both services Housing or Leisure and twenty-four by Public Health.

Housing and Leisure

6. All nine indicators have current year data.
 - a) Of the nine indicators reported annually four have a target to be compared against.
 - b) One of the indicators is showing performance not as good as their target.

HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd
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- c) Three of the indicators are showing performance better than their target.

HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)
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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

- d) All of the nine indicators reported can be compared against their data at Qtr 4 2018/19.
- e) Four indicators are showing performance better than at this time last year.

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 025	Number of days spent in Bed and Breakfast
HBS 034	Average number of days to re-let dwellings

- f) Five 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 027i	Number of positive outcomes where homelessness has been prevented
HBS 072	% of dwellings not with a gas service within 12 months of last service date

- g) Of the nine indicators reported two can be compared against their previous quarter data.
- h) Both of the indicators are showing performance better than at Qtr 3.

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

PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years)
PBH026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years)
PBH027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)

10. A Public Health Performance Highlight report and scorecard is attached as Appendix 2 and 2a providing more detailed information about the Public Health indicators (ref PBH).

Recommendation

11. It is recommended that :-

- (a) 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 & NEIGHBOURHOOD SERVICES

SUZANNE JOYNER
DIRECTOR OF CHILDREN & 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	The 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 report supports performance improvement across all Wards
Groups Affected	This report supports performance improvement which benefits all groups
Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision

One Darlington: Perfectly Placed	This report contributes to the Sustainable Community Strategy (SCS) by involving Members in the scrutiny of performance relating to the delivery of key outcomes
Efficiency	Scrutiny of performance is integral to optimising outcomes.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

12. HBS013 – The target for rent arrears was set at 3% and at Q4 our rent arrears fell below the target to 2.87% reflecting our target-based recovery approach along with an intense proactive approach with new Universal Credit customers. Our end of year 2019/20 performance was better this year than last and back to similar levels to 2017/18. We also performed better than the North East average which was 3.37% and the UK the average of 2.91%.
13. HBS016 – The rent collection target is usually set at the beginning of the year, based on the arrears balance at that time and for 2019/20 reflected the significant impact Universal Credit has on rent collection, as it is paid 4 weekly in arrears directly to the claimant compared to Housing Benefit, which is paid weekly in advance directly into individual rent accounts. All new Universal Credit applicants are offered intensive support and assistance to help ensure they budget appropriately. The average % rent collected in 2019/20 was 97.99% compared to a UK average of 97.64%.
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 number of positive outcomes where homelessness has been prevented has reduced from last year's figure due to the impact of Homeless Reduction Act . It took some time to embed the new legislation and the changes have meant new work for the Housing Options team with more complex cases, and more people owed a Statutory Duty.
16. HBS034 – The number of days to re-let properties has improved on last year and is the lowest quarterly figure from 2019/20 as well as in top quartile nationally .
17. HBS072 – The percentage of dwellings without a gas service within 12 months of last service date is 1% at the end of 2019/20. This reflects the difficulty in accessing some tenants' properties and the need for legal action on occasions.
18. CUL030 – Attendance at the Dolphin Centre is down on last year, however as reported at Quarter 2, during the previous year problems were experienced with the recording system for overall visits. The system was reviewed, and a new recording system introduced from April 2019. Whilst physical visits are down, prior to the Dolphin Centre closing on 16 March 2020 due to the pandemic, income was at a

similar level to previous years.

25. CUL063 & CUL064 – For both the schools and community participation in sports development activities, the numbers have reduced. The reason for the reductions is that the programme of activities has reduced due to a number of funding streams coming to an end this year.

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SCRUTINY - HEALTH & HOUSING - 2019/20 QUARTER 4

Indicator	Title	Reported	What is best	2019/20 - Q1	2019/20 - Q2	2019/20 - Q3	2019/20 - Q4	Qtr 4 compared to Qtr 3	2018/19 Qtr 4	2019/20 compared to 2018/19	Mar - Target	Qtrv 4 perf v Tgt
CUL 030	Total number of visits to the Dolphin Centre (all areas)	Monthly	Higher	205,944	417,235	616,110	789,100		905,076	↓		
CUL 063	Number of school pupils participating in the sports development programme	Monthly	Higher	5,900	7,873	14,428	19,665		23,459	↓		
CUL 064	Number of individuals participating in the community sports development programme	Monthly	Higher	1,418	2,901	4,078	4,964		6,842	↓		
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)	Quarterly	Lower	3.32%	3.46%	3.46%	2.87%		3.11%	↑	3.00%	↑
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd	Quarterly	Higher	107.66%	96.76%	96.54%	97.48%	↑	96.94%	↑	98.00%	↓
HBS 025	Number of days spent in Bed and Breakfast	Monthly	Lower	232	883	1,135	1,486		3,137	↑		
HBS 027i	Number of positive outcomes where homelessness has been prevented	Monthly	Higher	138	331	499	656		722	↓		
HBS 034	Average number of days to re-let dwellings	Monthly	Lower	20.89	21.65	25.40	17.62	↑	20.66	↑	25.00	↑
HBS 072	% of dwellings not with a gas service within 12 months of last service date	Monthly	Lower	0.2%	0.1%	0.1%	1.0%		0%	↓	2%	↑
								↑	= Better than	↓	= Not as good as	

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Darlington Borough Council
Public Health
January to March 2020
(Quarter 4)
Performance Highlight Report
2019-2020

Public Health Performance Introduction

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

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

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

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

Timetable of reporting of Key Public Health Indicators

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

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 injures to children (0-4 years)
PBH 026	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injures to children (0-14 years)
PBH 027	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injures 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
PBH020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)	Key	6
PBH021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)	Key	6
PBH024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years)	Key	9
PBH026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years)	Key	9
PBH027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)	Key	9
PBH 015	Number of adults identified as smoking in antenatal period	Contract (Management)	12
PBH 037a	Number of young people (under 19) seen by Contraception and Sexual Health (CASH) Service	Contract (Management)	13
PBH 037b	Number of young people (under 19) seen by Genitourinary Medicine (GUM) Service	Contract (Management)	14
PBH 038	Waiting times – number of adult opiates clients waiting over 3 weeks to start first intervention	Contract (Management)	15
PBH 041	Waiting times – number of adult alcohol only clients waiting over 3 weeks to start first intervention	Contract (Management)	16

Quarter 4 Performance Summary

Key Indicators

Five Key indicators are reported this quarter; the indicators are:-

- **PBH 020 (PHOF C09a) Reception: Prevalence of overweight (including obesity)**
- **PBH 021 (PHOF C09b) Year 6: Prevalence of overweight (including obesity)**
- **PBH 024 (PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years)**
- **PBH 026 (PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years)**
- **PBH 027 (PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)**

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

Contract (Management) Indicators

The contract indicators included in this highlight report are selected where a narrative is useful to understand performance described in the Key indicators to give an insight into the contribution that those directly commissioned services provided by the Public Health Grant have on the high level population Key indicators. There are a total of 5 indicators:

- **PBH 015 –Number of adults identified as smoking in antenatal period**
- **PBH 037a – Number of young people (under 19) seen by Contraception and Sexual Health (CASH) Service**
- **PBH 037b – Number of young people (under 19) seen by Genitourinary Medicine (GUM) Service**
- **PBH 38 – Waiting times – number of adult opiates clients waiting over 3 weeks to start first intervention**
- **PBH 041 – Waiting times – number of adult alcohol only clients waiting over 3 weeks to start first intervention**

Covid-19 impact on Q4 contract data

With the impact of COVID-19 and the implementation of government guidance some key performance indicators in all contracts have been affected. This resulted in changes to the ways of working by providers to enable services to be delivered safely.

KEY INDICATORS

KEY PBH 020 – (PHOF C09a) Reception: Prevalence of overweight (including obesity)

KEY PBH 021 – (PHOF C09b) Year 6: Prevalence of overweight (including obesity)

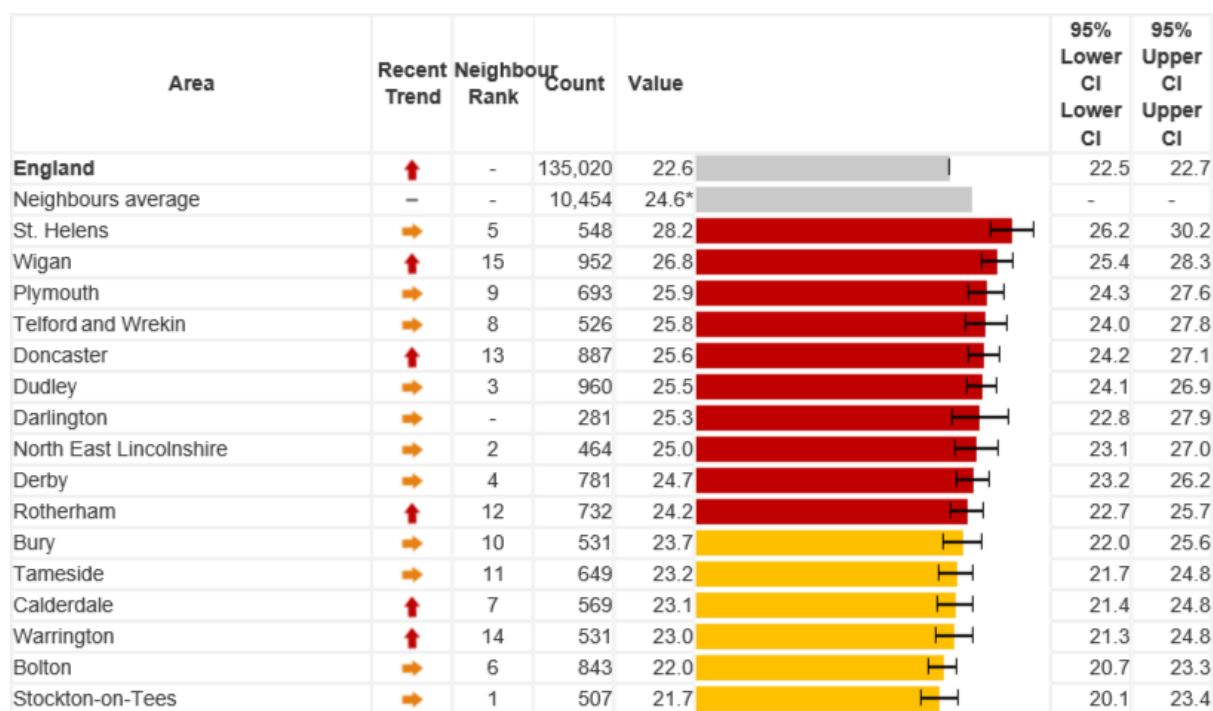
Definition: Proportion of children aged 4-5 years or 10-11 years classified as overweight or obese. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

Numerator: Number of children in Reception (aged 4-5 years) or number of children in Year 6 (10-11 years) classified as overweight or obese in the academic year. Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

Denominator: Number of children in Reception (aged 4-5 years) or number of children in Year 6 (10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.

Latest update: 2018/19 **Current performance: 25.3% (Reception)**

Figure 1-CIPFA nearest neighbours' comparison (Reception)



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

Latest update: 2018/19 **Current performance: 37.6% (Year 6)**

Figure 2-CIPFA nearest neighbours' comparison (Year 6)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	205,923	34.3	34.2	34.4
Neighbours average	-	-	15,547	35.8*	-	-
Dudley	→	3	1,439	39.4	37.8	41.0
Darlington	→	-	450	37.6	34.9	40.3
Wigan	→	15	1,355	37.2	35.6	38.8
Derby	→	4	1,219	37.2	35.5	38.8
Rotherham	→	12	1,178	37.1	35.4	38.8
St. Helens	→	5	741	36.6	34.6	38.8
Telford and Wrekin	→	8	776	35.9	33.9	38.0
Tameside	→	11	966	35.8	34.0	37.7
Doncaster	→	13	1,300	35.6	34.1	37.2
Stockton-on-Tees	→	1	847	35.1	33.2	37.0
Bolton	→	6	1,342	35.1	33.6	36.6
Calderdale	→	7	868	34.4	32.6	36.3
Bury	→	10	772	34.4	32.5	36.4
North East Lincolnshire	→	2	639	34.1	32.0	36.3
Warrington	→	14	826	33.4	31.6	35.3
Plymouth	→	9	829	31.9	30.2	33.8

Compared with benchmark Better Similar Worse Not compared

What is the data telling us?

Excess weight in 4-5 year olds in Darlington is statistically similar to the national figure for 2018/19 as is excess weight in 10-11 year olds. Excess weight in 10-11 year olds largely follows the national trend of a slow increase since 2010/11.

In comparison to our 16 nearest statistical neighbours, Darlington has the 7th highest percentage of reception children with excess weight and the 2nd highest percentage of Year 6 children with excess weight.

Why is this important to inequalities?

The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older.

There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age.

The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

What are we doing about it?

The Childhood Healthy Weight Plan for Darlington aims to increase the proportion of children leaving primary school with a healthy weight. This plan works with partners including parents, schools and other agencies to take a whole systems approach to reducing childhood obesity.

There are key performance indicators (KPIs) within the 0-19 Public Health Services contract which will have an influence on this indicator. For Reception aged children the 0-5 Health Visiting team provides specific visits and focussed work in the first weeks and months of life to support new mothers making choices around breastfeeding, infant feeding and weaning to reduce the risks of infants becoming obese before they start in reception.

The 0-19 Public Health Services contract also contains specific KPIs in relation to the delivery of the National Child Measurement Programme (NCMP). This year the Service achieved 96% participating in reception and 98% in year 6, in the NCMP. This includes the proportion of children in each age group measured and the proportion of parents of those children who take part in the NCMP who receive a personalised letter informing them of the results and what this might mean for the health of their child. There is also a KPI in this contract that measures any intervention that the School Nurse may implement with the family as a result of their result. This is beyond the advice and signposting of the family to potential interventions that are designed to help children achieve a healthy weight.

KEY PBH 024 - (PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years)

KEY PBH 026 - (PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years)

KEY PBH 027 - (PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)

Definition: Crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years, under 15 years and 15-24 years per 10,000 resident population aged under 5 years, under 15 years and 15-24 years.

Numerator: The number of finished emergency admissions (episode number = 1, admission method starts with 2), with one or more codes for injuries and other adverse effects of external causes (ICD 10: S00-T79 and/or V01-Y36) in any diagnostic field position, in children (aged 0-4 years). Admissions are only included if they have a valid Local Authority code.

Denominator: Local authority figures: Mid-year population estimates: Single year of age and sex for local authorities in England and Wales; estimated resident population.

Latest Update: 2018/19

Current performance: 245.1 (0-4 years), 147.6 (0-14 years) and 175.9 (15-24 years)

Figure 3-CIPFA nearest neighbours' comparison (0-4 years)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	41,210	123.1	121.9	124.3
Neighbours average	-	-	3,110	140.3*	-	-
Darlington	→	-	145	245.1	205.2	286.5
Bury	→	10	275	232.7	206.0	261.9
Telford and Wrekin	→	8	215	195.1	171.6	224.9
Tameside	→	11	275	189.7	166.6	212.0
Plymouth	→	9	265	177.0	155.7	199.0
North East Lincolnshire	→	2	155	162.9	138.2	190.6
Calderdale	→	7	200	160.7	140.7	186.3
Bolton	↓	6	295	152.9	135.0	170.3
Stockton-on-Tees	→	1	175	150.2	128.8	174.2
Warrington	→	14	160	134.1	115.7	158.3
Wigan	→	15	235	127.4	110.6	143.6
St. Helens	↓	5	130	126.4	103.9	148.0
Dudley	↓	3	185	96.9	83.4	111.9
Doncaster	↓	13	170	93.1	79.6	108.2
Rotherham	↓	12	140	88.4	73.2	103.0
Derby	→	4	90	54.0	43.9	67.0

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

Figure 4-CIPFA nearest neighbours' comparison (0-14 years)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	97,479	96.1	95.5	96.7
Neighbours average	-	-	-	-	-	-
Darlington	→	-	280	147.6	131.8	167.0
Bury	→	10	525	143.4	131.6	156.5
Telford and Wrekin	→	8	470	136.1	124.6	149.6
Tameside	↓	11	575	134.0	123.0	145.2
Plymouth	→	9	560	124.9	115.2	136.1
Calderdale	→	7	470	120.8	109.8	131.9
Wigan	↓	15	650	112.7	104.2	121.7
Warrington	→	14	420	112.3	101.3	123.1
North East Lincolnshire	→	2	325	110.8	99.4	123.8
Stockton-on-Tees	↓	1	405	109.5	99.1	120.7
Bolton	↓	6	630	109.3	101.1	118.4
St. Helens	↓	5	340	109.0	98.3	121.9
Doncaster	↓	13	495	87.6	80.2	95.9
Dudley	↓	3	500	85.5	78.2	93.4
Rotherham	↓	12	345	71.4	64.1	79.3
Derby	↓	4	230	45.1	39.6	51.5

Figure 5-CIPFA nearest neighbours' comparison (15-24 years)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	→	-	90,463	136.9	136.0	137.8
Neighbours average	-	-	6,165	147.8*	-	-
St. Helens	→	5	495	262.9	239.7	286.5
Warrington	→	14	490	222.5	202.4	242.2
Wigan	→	15	710	205.3	189.9	220.3
Darlington	→	-	195	175.9	152.9	203.4
Doncaster	→	13	550	167.9	154.4	182.8
Stockton-on-Tees	→	1	360	165.8	149.1	183.8
Bury	↑	10	320	156.5	138.9	173.6
Calderdale	→	7	315	142.2	126.5	158.4
Tameside	→	11	345	140.9	127.2	157.4
North East Lincolnshire	↓	2	215	128.2	111.0	145.9
Telford and Wrekin	→	8	275	127.6	112.6	143.1
Derby	→	4	420	123.0	112.0	135.9
Bolton	→	6	375	113.6	102.1	125.4
Rotherham	→	12	315	108.8	96.5	120.8
Dudley	↓	3	370	105.6	94.5	116.3
Plymouth	→	9	415	105.1	95.0	115.4

Compared with benchmark Better Similar Worse Lower Similar Higher Not compared

What is the data telling us?

Darlington has consistently since 2010/11, reported higher rates of 0-4 year olds, 0-14 year olds and 15-24 year olds admitted to hospital for unintentional and deliberate injuries, in comparison to the England rate. This is also true when benchmarking Darlington rates against regional data.

The latest data (2017/18) shows Darlington has the highest rate of hospital admissions for 0-4 years and 0-14 years among our nearest statistical neighbours. For 15-24 years hospital admissions, Darlington has the 4th highest rate among our statistical nearest neighbours.

Why is this important to inequalities?

Injuries are a leading cause of hospitalisation and represent a major cause of morbidity and premature mortality for children and young people. They are also a source of long-term health issues, including mental health related to experience(s).

It is estimated that across England one in 12 deaths in children aged 0-4 years old can be attributed to injuries in and around the home.

Available data for this age group in England suggests that those living in more deprived areas (as defined by the IMD 2015) are more likely to have an unintentional injury than those living in least deprived areas.

Preventing unintentional injuries has been identified as part of Public Health England's Giving Every Child the Best Start in Life priority actions.

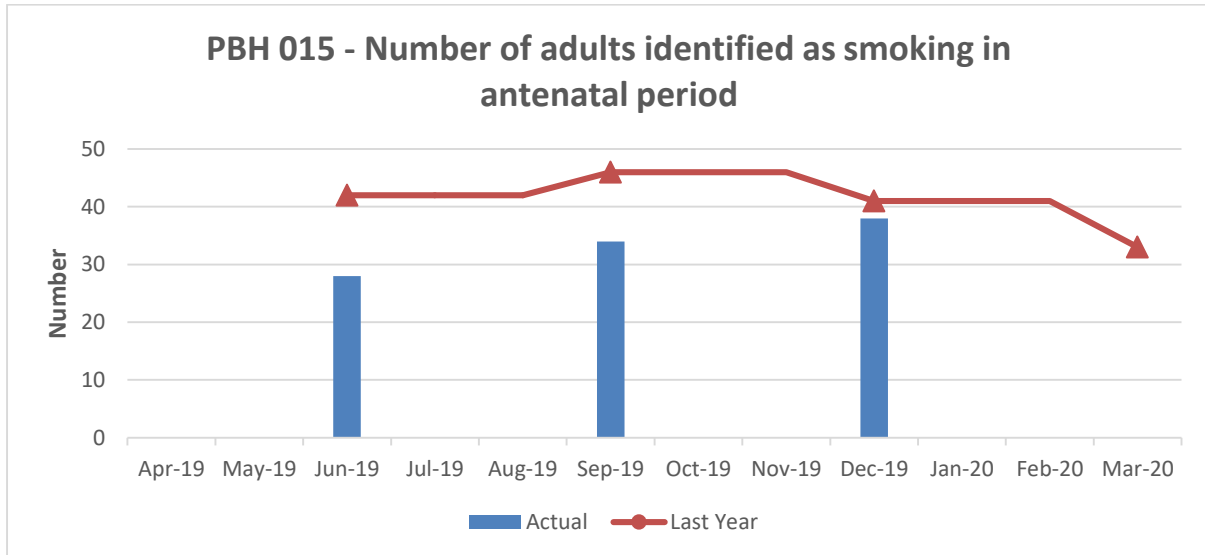
What are we doing about it?

This issue requires system wide action with input from a range of different partners. Public Health has commenced a piece of work in partnership with the CCG to undertake a detailed examination of the A+E and admission data, to identify any trends or commonalities to identify potential underlying reasons which may be driving this increased admission. This would inform further work with wider stakeholders including GPs, A+E, paediatricians, education and schools, social care and the Police to examine strategies and interventions which could contribute to reducing the rates of accidents in children and young people in Darlington.

As a commissioner the authority has commissioned the 0-19 Public Health Service to include some specific actions and evidence based interventions within the contract to contribute to the reduction of accidents in children. This includes working with parents at every visit and providing them with information, guidance and support in relation to home safety and accident prevention for their child. This will also include signposting or referral to other agencies or services for specific or targeted support for the family.

Contract Indicator:

PBH 015 Number of adults identified as smoking in the antenatal period



Service Provider: NECA and County Durham and Darlington NHS Foundation Trust

What is the data is telling us?

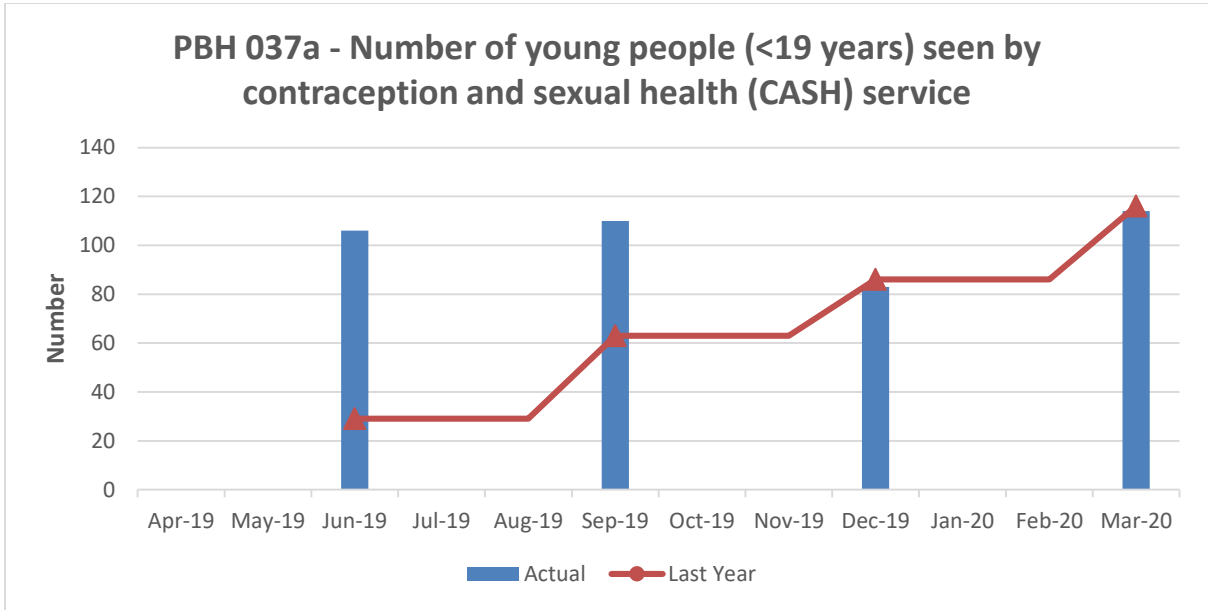
The data shows us a reduction in the numbers of women who are recorded as smokers while pregnant, with no recorded smokers at the end of this quarter compared to 33 for the same period last year. This means that less unborn babies are exposed to the harm from tobacco before they are born. This data needs to be considered with caution due to the impact of COVID-19 on the ante-natal visits in Q4.

What more needs to happen?

The regional and local Maternity Services Public Health Prevention Plan has a focus on reducing the harm to children from tobacco during and after pregnancy. County Durham and Darlington Foundation Trust (CDDFT) are implementing some key actions including more focussed training and support for midwives in brief interventions, better screening and automatic referral to specialist services, better access to pharmacotherapies and more consistent support for mothers throughout pregnancy.

More actions are recommended including seamless referral to Stop Smoking Services and more advanced smoking cessation training by midwives. These actions will be undertaken by CDDFT Maternity Services across the Trust and supported by partners including the Clinical Commissioning Group and the Public Health team.

PBH 037a Number of young people (<19yrs) seen by Contraception and Sexual Health (CASH) Services



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the data is telling us?

The data has been recorded differently since last year and this shows an increase in the quarter 1 and 2 of the year. During quarter 3 and 4 the numbers have remained similar to last year.

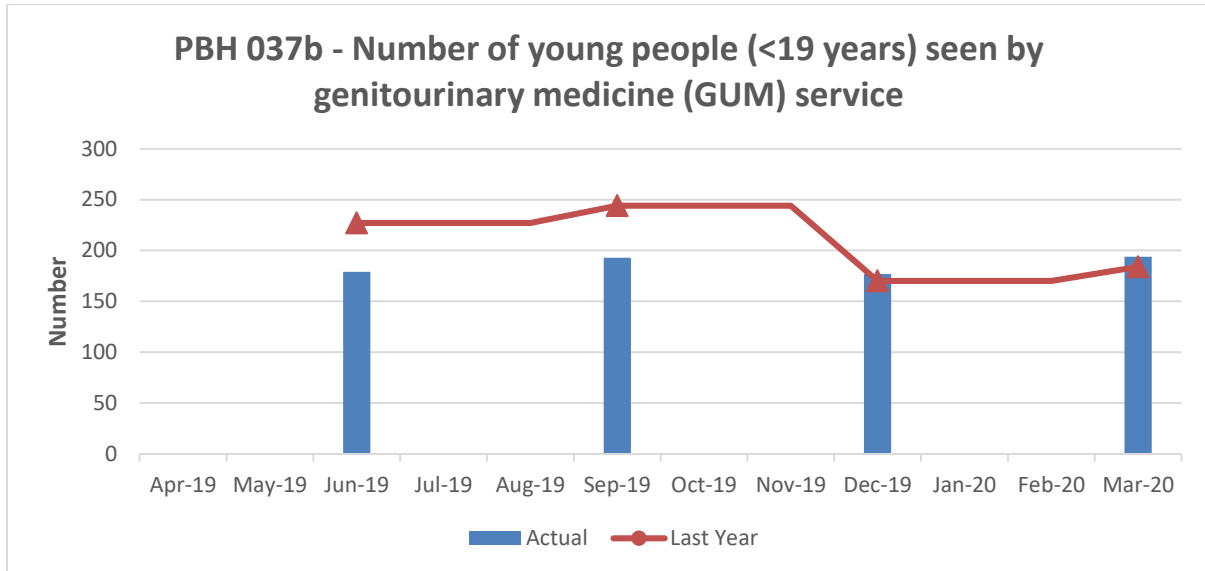
This means that the numbers of young people aged under 19 years who have been seen by the Contraceptive and Sexual Health (CASH) Service has remained static. This shows that young people are more confident in and better able to better access this service and are making active choices about contraception.

What more needs to happen?

The integrated Sexual Health Service contract has a single point of contact which streams and triages service users into the most appropriate Service, based on the presenting condition, along with a more flexible appointment system.

The Service offers an accessible service for young people and with the introduction of online services work continues to integrate this Service to ensure that all service users including young people get a consistent high quality Service.

PBH 037b Number of young people (<19yrs) seen by genitourinary medicine (GUM)



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the data is telling us?

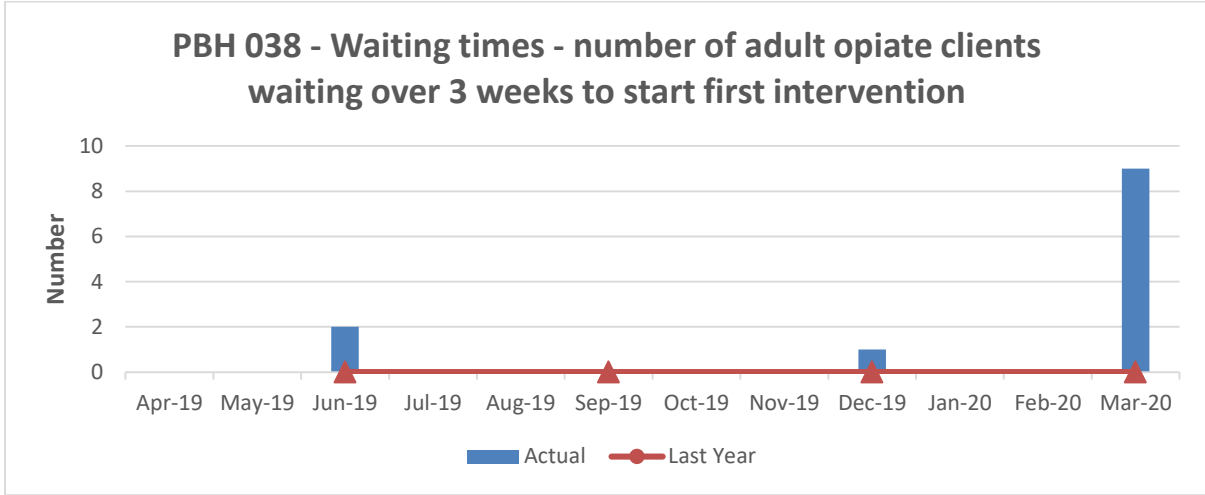
The data shows us a decrease in the numbers of young people under the age of 19 years that were seen by the Sexual Health Services in Darlington compared to the same period last year. There has been a corresponding increase in contraception attendance in this age group as a result of the single point of contact established with the new contract resulting in more efficient streaming of individuals into the right service.

What more needs to happen?

The integrated Sexual Health Service contract has a single point of contact which streams and triages service users into the most appropriate Service, based on the presenting condition, along with a more flexible appointment system.

The Provider continues to work to ensure that GUM services remain accessible to young people. This includes implementing options such as postal testing for common diseases such as Chlamydia and offering condoms online. The Provider also offers other options for result notifications including text services. This reduces the requirement for young people to have make time or have to travel to visit the clinic for low risk or routine processes.

PBH 038
Waiting times – number of adult opiate clients waiting over 3 weeks to start first intervention



Service Provider: NECA

What is the data is telling us?

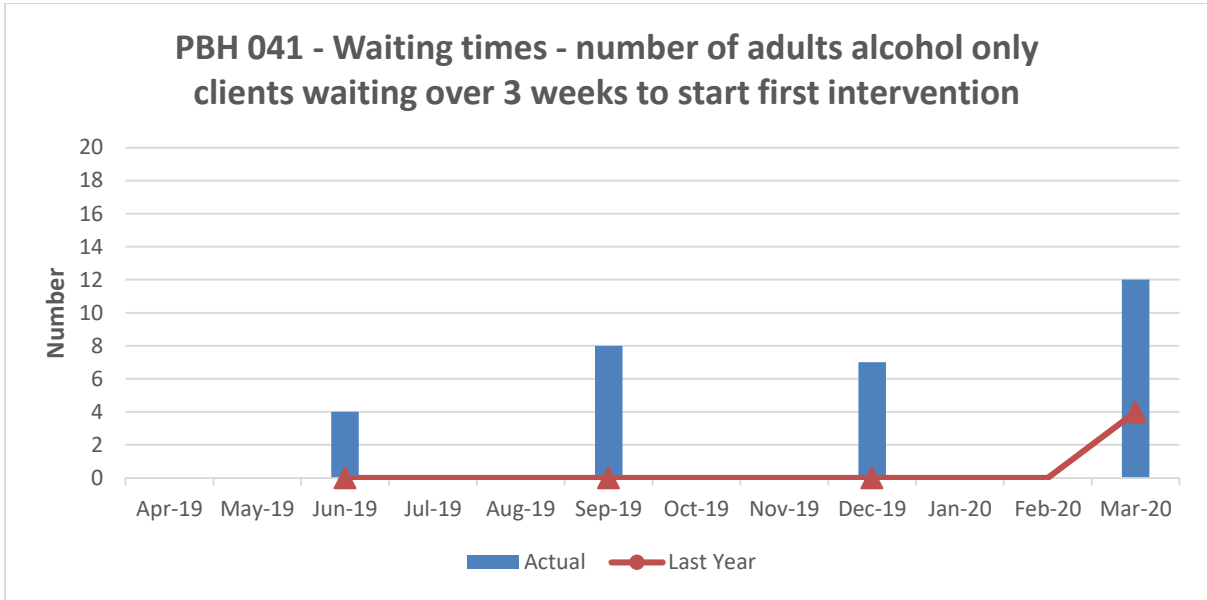
The data shows an increase in the numbers of service users who waited over 3 weeks to start their first intervention for opiates compared to the last quarter and the same period last year. A total of 9 service users waited more than 3 weeks to start their first treatment for opiates. This is in the context of 2914 appointments in that period with a total of 415 individuals in treatment in Q4.

What more needs to happen?

All service users had been assessed at first presentation and none required urgent intervention or referral. The Provider continues to work to ensure that capacity is sufficient to meet demand and continues to monitor Does Not Attend rates.

Due to Covid restricted contacts with services users, high risk clients continue to be prioritised, which in turn has seen an increase in exceeding waiting times where risk is deemed as low.

PBH 041
Waiting times – number of adult alcohol only clients waiting over 3 weeks to start first intervention



Service Provider: NECA

What is the data is telling us?

The data shows an increase in the numbers of service users who waited over 3 weeks to start their first intervention for alcohol compared to the last quarter and the same period last year. A total of 12 service users waited more than 3 weeks to start their first treatment for alcohol. This is in the context of 1736 appointments in that period with a total of 213 individuals in treatment in Q4.

What more needs to happen?

All service users had been assessed at first presentation and none required urgent intervention or referral. The Provider continues to work to ensure that capacity is sufficient to meet demand and continues to monitor Does Not Attend rates.

Due to Covid restricted contacts with services users, high risk clients continue to be prioritised, which in turn has seen an increase in exceeding waiting times where risk is deemed as low.

SCRUTINY - HEALTH & HOUSING - PUBLIC HEALTH 2019/20 QUARTER 4

Indicator	Title	Reported	What is best	2019/20 Q1	2019/20 - Q2	2019/20 Q3	2019/20 Q4	Qtr 4 compared to Qtr 3	2018/19 Qtr 4	2019/20 compared to 2018/19	2017/18 Qtr 4	2018/19 compared to 2017/18
PBH 015	Number of adults identified as smoking in antenatal period	Quarterly	Lower	28	34	38	0	↑	33	↑	35	↑
PBH 020	(PHOF 2.06i) Excess weight among primary school age children in Reception year	Annually	Lower						25.30%		23.80%	↓
PBH 021	(PHOF 2.06ii) Excess weight among primary school age children in Year 6	Annually	Lower						37.60%		33.60%	↓
PBH 024	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years of age)	Annually	Lower						245.1		232.6	↓
PBH 026	(PHOF 2.07i) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years of age)	Annually	Lower						147.6		155.8	↑
PBH 027	(PHOF 2.07ii) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years of age)	Annually	Lower						175.9		189.8	↑
PBH 037a	Number of young people (<19 yrs) seen by contraception and sexual health (CASH) service	Quarterly	Higher	106	110	83	114	↑	116	↓	80	↑
PBH 037b	Number of young people (<19 yrs) seen by genitourinary medicine (GUM) service	Quarterly	Higher	179	193	177	199	↑	184	↓	256	↓
PBH 038	Waiting times - Number of adult opiate clients waiting over 3 weeks to start first intervention	Quarterly	Lower	2	0	1	9	↓	0	↓	0	↔
PBH 041	Waiting times - Number of adult alcohol only clients waiting over 3 weeks to start first intervention	Quarterly	Lower	4	8	7	12	↓	4	↓	0	↓
								↑	= Better than	↓	= Not as good as	

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HEALTH AND HOUSING SCRUTINY COMMITTEE 2 SEPTEMBER 2020

ANNUAL REPORT OF HEALTHWATCH DARLINGTON 2019/2020

SUMMARY REPORT

Purpose of the Report

1. To share the Annual Report of Healthwatch Darlington 2019/2020
“Guided by you” (Please see Appendix One)

Summary

2. Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Healthwatch England is a statutory committee of the independent regulator the Care Quality Commission (CQC). Local Healthwatch, of which there are 151 nationally, are funded by and accountable to local authorities. It is a legal requirement for each local Healthwatch to create and publish an annual report, which demonstrates how they have met their statutory requirements. This must be completed and sent to their respective local authority and to Healthwatch England by 30 June 2020.
3. This year, the national focus of the report was on impact, and each local Healthwatch focussed on the difference they made in their community. Healthwatch Darlington would like to highlight the following projects in the report:
 - (a) Hospital Discharge
 - (b) Bereavement Services
 - (c) NHS Continuing Healthcare
 - (d) Enter and View visits in care homes
 - (e) Vascular services
 - (f) Smoke Free NHS
 - (g) Social Care Digital Pathfinder Out of Hours Health Call.
 - (h) NHS Long Term Plan
 - (i) CCG Mergers - Collaborative working in Durham and the Tees Valley -
 - (j) Our Volunteers
 - (k) Youthwatch Darlington
 - (l) Information and Signposting

Recommendation

4. It is recommended that :-

Health and Housing Scrutiny Committee receive the Annual Report of Healthwatch Darlington 2019/2020 and note the highlighted projects demonstration how we have met our statutory requirements and evidencing how we have made a difference locally, regionally and nationally.

**Michelle Thompson BEM
Chief Executive Officer
Healthwatch Darlington**

Background Papers

Appendix One - Healthwatch Darlington Annual Report 2019/2020

[Healthwatch Darlington Annual Report 2019 2020](#)

Michelle Thompson BEM: m.thompson@healthwatchdarlington.co.uk 07877 673030

MAIN REPORT

[Healthwatch Darlington Annual Report 2019 2020](#)



Annual report 2019-20

Guided by you

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Message from our chair



Robert Upshall
Healthwatch Darlington Chair

We at Healthwatch need your help as members of the public. If you have an issue (or a notable positive experience) with any health or care service, please tell us. We can only respond to your concerns if we know about them. We are very careful with the information you provide for us and we respect your confidentiality – but if we don't know, we can't help.

Welcome to our Annual Report which has been produced by our CEO, Michelle Thompson BEM on our behalf. I wish to record immediately the gratitude of the Board for the dedication of the whole team, which Michelle leads, for the way in which they have served the citizens of Darlington. Since the announcement of Lockdown due to Covid 19 staff have been working from home and this is likely to prove a challenge. It does mean that some of our activities, like face to face community engagement and enter and view visits won't be possible for a while. And of course Covid will create unique health and social care issues itself.

We continue to have to face a tight financial environment delivering our statutory duties, which we do by collecting information from users, signposting people to sources of help and support and influencing those able to make decisions in the NHS and the local authority.

But in addition to our statutory work we have been able to carry out project work for other bodies which has helped financially and given staff and volunteers different challenges.

Increasingly we are working with our neighbouring Healthwatch across the North East in order to mirror the increasing collaborative working in the NHS. Darlington CCG is now part of an amalgamation of CCGs in the Tees Valley and the various provider trusts are working together in the Integrated Care System and its constituent Integrated Care Partnerships which is explained in more detail in this report.

We have a small team of part-time staff on the payroll who have achieved so much this year and this would not have been possible without our considerable number of Health Connectors including our Youthwatch volunteers who visited GP practices and produced social media campaigns to help make communication with young people easier.

Our report contains details of the many areas of influence in which we operate. This may give you information which will encourage you to email, 'phone or write to us – the means don't matter, your concerns and compliments do. We are here for you and for the people for whom you care.

Our priorities

Last year 1,966 people told us about the improvements they would like to see health and social care services make in 2019-20. These are our six priorities for the year ahead based on what you told us.



- Engagement on the NHS Long Term Plan which sets out what the NHS wants to do better, including providing better support for people



- Listen to the needs of patients and carers regarding Continuing Healthcare (CHC) and the issues people face with leaving hospital to home.



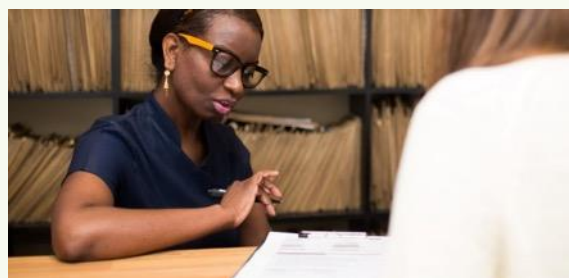
- Review the mental health needs of children & young people including disadvantages and inequalities



- Ensure young people are aware of their rights and understand where to seek help for health, care & emotional needs



- Act upon the views, experiences and needs of people accessing bereavement services



- Tackle health inequalities associated with Black, Asian, Ethnic and Minority Groups (BAME)

Healthwatch Darlington have been an excellent source of information for not only my team but also our participants. Very well organised and very helpful and accommodating staff . Well done and Thank you from all at Step Forward Tees Valley Darlington

About us

Here to make care better

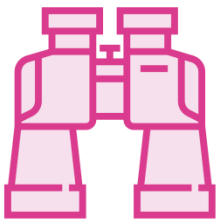
The network's collaborative effort around the NHS Long Term Plan shows the power of the Healthwatch network in giving people that find it hardest to be heard a chance to speak up. The #WhatWouldYouDo campaign saw national movement, engaging with people all over the country to see how the Long Term Plan should be implemented locally. Thanks to the thousands of views shared with Healthwatch we were also able to highlight the issue of patient transport not being included in the NHS Long Term Plan review – sparking a national review of patient transport from NHS England.

We simply could not do this without the dedicated work and efforts from our staff and volunteers and, of course, we couldn't have done it without you. Whether it's working with your local Healthwatch to raise awareness of local issues, or sharing your views and experiences, I'd like to thank you all. It's important that services continue to listen, so please do keep talking to your local Healthwatch. Let's strive to make the NHS and social care services the best that they can be.

I've now been Chair of Healthwatch England for over a year and I'm extremely proud to see it go from strength to strength, highlighting the importance of listening to people's views to decision makers at a national and local level.

Sir Robert Francis, Healthwatch
England Chair





Our vision is simple

Health and care that works for you.
People want health and social care support that works – helping them to stay well, get the best out of services and manage any conditions they face.



Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



Our approach

People's views come first – especially those who find it hardest to be heard.
We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations



Find out more about us and the work we do

Website www.healthwatchdarlington.co.uk

Twitter: @healthwatchDton

Facebook: @healthwatchdarlington

Facebook Youthwatch: @youthwatchdarlo

Instagram <https://www.instagram.com/healthwatchdarlington/>

Highlights from our year

Find out about our resources and the way we have engaged and supported more people in 2019-20.



Health and care that works for you



25 volunteers

helping to carry out our work. In total, they gave up **1340** number of hours.

We employed

5 part time staff

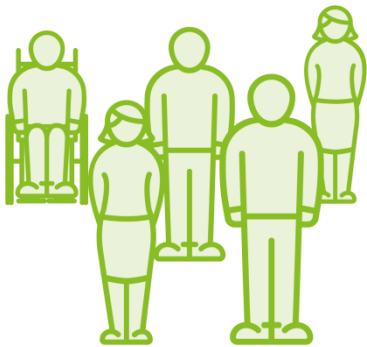
'Overall their commitment is equivalent to 66% of full time which is 8% up on the previous year.

We received

£73,000 in funding

from our local authority in 2019-20, this is the same as the previous year.

Providing support



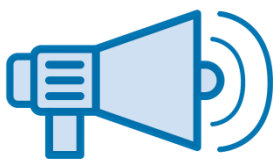
1,966 people

shared their health and social care story with us, 14% more than last year.

305 people

accessed Healthwatch advice and information online or contacted us with questions about local support, 9% more than last year.

Reaching out



543,420 People

716 people subscribed to our weekly e-newsletter, throughout the year our social media posts reached 539,568 people and 3136 people engaged with us at community events.

Making a difference to care



We published

11 reports including 5 joint reports

about the improvements people would like to see with their health and social care, and from this, we made **44** recommendations for improvement.

How we've made a difference



Speaking up about your experiences of health and social care services is the first step to change.

Take a look at how your views have helped make a difference to the care and support people receive in Darlington.

Service users told us about their experiences when being discharged from hospital.

We spoke to service users, carers and their families by conducting a survey and focus groups which consisted of Black, Asian and Minority Ethnic (BAME) patients and patients with a head injury. We also felt it was important to speak to staff members within our local hospitals.

People told us about their frustrations around the lack of rehabilitation beds available in the town and the lack of communication and information sharing. Many carers feel left out of the process and wished to be more involved.

With this in mind we checked the local Trust's discharge policy which only mentions carers briefly. The 'your ticket home' features no mention of carers throughout the document.

There were inconsistencies with service delivery, with some patients reporting a timely discharge, lots of post discharge information and effective referrals, whereas others reported a somewhat negative experience in comparison and feel completely abandoned once safely home.

As a result of the feedback we received, we recommended the policy and 'your ticket home' was reviewed to ensure best practice is being adopted when dealing with both patients and carers during the discharge process.

We also suggested staff training should be considered to help staff understand the different discharge pathways for patients that need both their physical health and mental wellbeing addressed.

The full report can be accessed here [Hospital Discharge Report](#)

This research has provided our local Trust with an opportunity to work with local carers to improve information sharing. Following on from the publication of this research we have decided to build on these findings and to highlight good practice within our local hospitals focusing on the discharge process during the Covid pandemic.

A relative was recently discharged from hospital during the pandemic. We were happy with the process, everything went smoothly and we had no problems.



Hospital discharge process

Healthwatch Darlington research the provision of local bereavement services after funding cuts to Cruse.

We conducted an online survey aimed at people who have recently been bereaved including GP Practices, to understand their experiences of the current situation in Darlington where bereavement services have ceased. We also contacted Darlington Clinical Commissioning Group and Cruse to understand the decision surrounding the withdrawal of funding.

Our research showed that a service is needed and appreciated by people who are bereaved and although many people manage to cope with the help of social support, some do need additional help.

GP's in Darlington confirmed that the need isn't always being met satisfactorily because of the absence of a dedicated bereavement support service.

Statutory funding does not appear to be available at present for a dedicated bereavement service in Darlington, so it is clearly for Cruse to decide whether it is feasible for them to operate in Darlington without public sector funding. We have established that there is no bar to them operating other than a financial one.

We believe it is the responsibility of all organisations provided they are given the correct tools such as leaflets reassuring people of the symptoms of grief and what is "normal". We established that grief is an emotional issue not a mental issue for most people, so current mental health



Bereavement Counselling is needed in Darlington

counselling services such as Talking Changes are not always appropriate. We also know that if a person is not given the right help and support at the right time, grief can manifest itself into a mental or physical health issue which needs expertise. This will create more expense than providing resources for the initial guidance and training that is needed at the start of the grieving process.

We have shared our report with commissioners and providers in the hope that our research is acknowledged and acted upon. During the pandemic in March 2020 our report findings were referred to by local commissioners and partners as they considered their provision for bereavement in Darlington. The full report can be found here:

[**Bereavement Report**](#)

Thank you for sharing the draft Bereavement Services Report with the Clinical Commissioning Group. It's an important topic and the report was interesting and easy to read.

— Darlington Clinical Commissioning Group



Information and Signposting

Service users share their experiences and understanding of NHS Continuing Health Care

Our research highlighted the lack of understanding of what CHC actually means. The process is not clear and further support is needed for those struggling to understand the process.

Our full report is here: [Continuing Health Care Report](#)

My relative had Alzheimer's and cancer. I had power of attorney. During her need for care within a care home we were unaware of NHS CHC and we were not offered any help towards care costs. All of her money was sucked up dry. — Family member, Darlington

In response to our report Darlington Borough Council said *"There is often a lack of clarity regarding the process for both service users and their carers. Clearer information which is readily available from the Clinical Commissioning Group would be helpful. It is very concerning that the process caused some individuals such a high level of distress"*

Following our recommendations, Darlington Clinical Commissioning Group said *"We will review the information we give to those involved using that which is available nationally and signposting to other agencies for guidance."*

Healthwatch Darlington will be monitoring the information & signposting that service users in Darlington receive.

This research has drawn attention to the NHS Continuing Health Care process across Darlington which has increased service user awareness.



Share your views with us

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

Website: www.healthwatchdarlington.co.uk

Telephone: 01325 380145 or 07525 237723

Email: info@healthwatchdarlington.co.uk

Enter and View visits in care homes across the Borough

We conducted a series of care home visits throughout the year to ascertain the quality of life and choices of care home residents.

Our key observations were of residents being very happy with the respective homes they lived in and relatives feeling that their family member was looked after. The interaction between residents and staff was very kind and caring in all the homes we visited and we were welcomed warmly. The manager or senior member of staff greeted us and introduced us to the environment, staff, visitors and residents.

The cleanliness of all the homes was very good although some décor was a bit dated, but on entering we were pleased to see that all the homes were displaying our information of the visit and communal areas notice boards were up to date.

In some of the homes there were dementia memory items for residents to use and play with, which was pleasing to see, and visits from the hairdresser took place in some of the homes, with residents chatting about what they are going to have done.

"I was present at three of the visits, it was great to be able to chat to residents and listen to their comments. Staff were welcoming and it was lovely so see the care and understanding they showed to their residents"

Being able to report on good practice across Darlington is always a pleasure for us and we really appreciate the response we had from all residents, family members and staff. In order to further enhance the service provided across Darlington we would recommend the promotion of ratio of staff to number of residents so that the staff



Quality of life for care home residents

delivering the service, the residents receiving the service, and relatives of residents visiting understand the requirements needed.

If possible we would like to see staff spend more time with residents giving a better 1 to 1 service including time for residents to get out doors in the fresh air either in the garden or by trips out. In addition staff listening to or being aware of small housekeeping and meal time issues can make a big difference to residents if rectified quickly.

"This care home is a very nice home to work in and we have some good staff and great residents and families. There is a lot going on and residents are treated with respect and dignity"

We were pleased to share our findings with the Care Homes involved as well as the Care Quality Commission, Darlington Borough Council Commissioning Team and the public.

"I have been in the home a while and the care I receive is very good, staff are pleasant and cheerful. My room is clean, tidy and very spacious."

Our full report is here: [Care Home Report](#)



Vascular Services in Darlington and County Durham

Service users told us about Vascular services in Darlington & County Durham

Working collaboratively with Healthwatch County Durham we were asked to facilitate engagement events, capture feedback and collate the responses to a patient survey in an independent report on behalf of County Durham and Darlington NHS Foundation Trust and City Hospitals Sunderland NHS Foundation Trust.

We received 272 responses to the survey, which was available on-line, by post and at our engagement events. 170 of the responses were from men and 102 from women. The results of the survey will allow NHS England and Improvement to identify what is working well currently for patients and where they might be able to improve the service with their revised service delivery plans.

In Darlington most people felt they knew enough about what they needed to do before their operation or procedure and were provided with enough information beforehand. They were likely to travel by car to hospital but did have access to good information about travel options available including public transport.

Since the work we carried reflected the views patients had about the current vascular surgery services, we would strongly recommend to the relevant NHS decision makers that the survey is repeated and distributed in approximately 12 months' time to patients who undergo surgery under the revised service provision. This will enable the NHS to evidence that the surgical provision they recommended has maintained the same or improved satisfaction levels.

The full report can be found here: [Vascular Services Report](#)

Smoke Free NHS

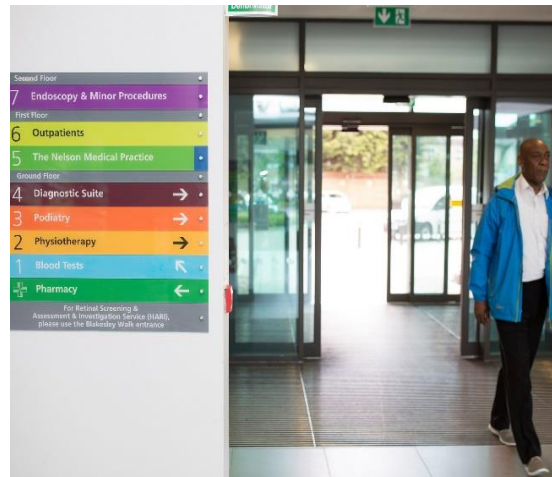
In collaboration with Healthwatch County Durham we captured the views of patients, visitors and staff about County Durham & Darlington NHS Foundation Trusts smoke-free policy - "change is in the air".

County Durham and Darlington NHS Foundation Trust (CDDFT) asked Healthwatch County Durham (HWCD) and Healthwatch Darlington (HWD) to lead a programme of patient, staff and visitor engagement to support the organisation's ambition to become a smoke-free organisation from 1st October 2019.

There were many positive responses to the new policy. Overall people were in agreement with the policy and felt it was the right thing for the Trust to do. In the survey, 30 people specifically mentioned that they thought it was a good idea. A small number of people wanted the Trust to go further by banning e-cigarettes on site too, so this may be an area where the Trust can provide more information about why they are a vape friendly site.

We heard from a number of people that they were still witnessing smoking on both hospital sites, although we cannot be sure if it was on the current visit to the hospital or previous visits before the policy came into operation.

Because our visits were just a snapshot in time, we are unable to say how effective deterrents to smoking on site are and we are concerned that if there are not effective and consistent approaches made to people smoking, then others will be encouraged to follow suit and the policy will be less successful.



Smoke Free Hospitals

The majority of patients and staff had been advised about the new policy and understood what it meant for them. There was less certainty about whether it would help smokers in their ambition to stop smoking.

"It's much nicer walking into hospital without going through plumes of smoke"

Our key considerations for the Trust are:

- How the Trust will "police" the smoking on site moving forward, including identifying what are the most effective deterrents
- How the positive message about e-cigarettes can be shared, given the element of uncertainty that has arisen with adverse publicity
- Whether waste bins should be provided at entrances to hospital grounds for cigarettes
- Whether signage on site needs to be extended to other areas in the hospital grounds
- To ensure staff are clear about their role in enforcing the policy
- To consider the safety of staff when approaching smokers

You find the full report here:

[**Smoke Free Report**](#)



Digital Technologies

Social Care Digital Pathfinder Out of Hours Health Call

Reducing inappropriate and unnecessary hospital admissions from the care home setting is a key target for both social and healthcare. Up until now there has been no mechanism for care home staff to be able to provide real time clinical observation data to healthcare professionals.

Health Call Digital Care Home is the digital system that enables trained Care Home staff to send clinical observation data for an unwell resident to relevant clinical staff so that a clinical decision can be made regarding the resident.

Along with Healthwatch County Durham, we were asked by Durham County Council (DCC) and County Durham & Darlington Foundation Trust (CDDFT) to undertake visits to four care homes each to carry out independent observations and seek the views of the staff that work night shift. We spoke to 20 staff members across the care homes, the staff were either care workers or senior care workers.

"Need to feel more confident that tasks have been put through and dealt with during the day when night staff have gone home"

Staff told both Healthwatch that most of the calls made, were completed by senior members of staff. We are not aware if individual homes have decided this or whether it is a general requirement. Staff felt happy with using the system although additional training could also be beneficial to help make staff feel more confident on a night shift.

"Health Call is working well during the day shifts, but because it is reduced staffing on night shifts, this makes staff feel slightly more vulnerable when making decisions about who to call."

We recommended that care homes that have the Health Call system are utilising it at all appropriate opportunities and ensuring that all relevant staff are trained including refresher training and training for new members of staff. It needs to be reinforced with staff who they can contact on a night shift for advice rather than calling 111 and staff need to receive feedback on the difference the system is making to residents and the pressure on healthcare professionals and systems.

We hope to receive an update in the near future to confirm these recommendations have been put in place.



Asking your views

CCG Mergers - Collaborative working in Durham and the Tees Valley

In 2018, NHS England and NHS Improvement told Clinical Commissioning Groups (CCG's) that they would be reducing their administration costs by 20% by 31 March 2020.

In turn, they asked all CCGs to reduce their own running costs by 20% in the same timescale.

Whilst the reduction does not apply to the health services that they commission (and therefore will not affect frontline patient services), it does apply to CCG staffing arrangements.

The County Durham and Tees Valley CCGs approached Healthwatch Darlington to help

gather the views of local people during July 2019 regarding proposed mergers in Durham and in the Tees Valley.

We have an excellent track record in working with our neighbouring Healthwatch in the North East and Cumbria due to our previous work with the Great North Care Record in 2018 and our more recent collaboration across the North East for the NHS Long Term Engagement Plan 2019

In collaboration with our five neighbouring local Healthwatch who cover County Durham and Tees Valley, we gathered our populations views and opinions and they were taken into account and presented to the five CCG Governing Bodies to help them decide on a proposal to create a new CCG/s.

As a result two new CCGs are due to be formed officially on 1st April 2020. Tees Valley CCG and County Durham CCG.

Long Term Plan

#WhatWouldYouDo

Highlights



More than 40,000 people shared their views nationally with Healthwatch.



Our network held over 500 focus groups reaching different communities across England.



Healthwatch attended almost 1,000 community events.

"I waited a long time for eventual diagnosis, going through many different departments & appointments. After diagnosis Initial support was only for one appointment then more or less left to manage the condition myself. I feel I could at the very least have been offered follow up appointments & more advice on how to cope with distressing symptoms. "I feel very isolated with this issue & struggling to cope with physical symptoms my mental health is now suffering also."

NHS Long Term Plan

Following a commitment from the Government to increase investment in the NHS, the NHS published the 'Long Term Plan' in January 2019, setting out its' key ambitions over the next 10 years.

Healthwatch launched a countrywide campaign to give people a say in how the plan should be implemented in their communities.

The coordinating Healthwatch for the North East was Healthwatch Darlington (HWD) and we agreed engagement priorities with Head of Communications and Engagement for our North East Integrated Care System (ICS) regarding the NHS Long Term Plan.

The area consists of four Integrated Care Partnerships (ICP) – North Cumbria, North,

Central and South. For the purpose of this large scale engagement, North Cumbria ICP joined their Cumbria colleagues and the North, Central and South ICP's were split into two areas:

- Northumberland, Tyne and Wear and Durham
- Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby

We liaised and co-ordinated the engagement activities with 13 Healthwatch colleagues in the relevant North and South ICP areas and produced two reports bringing together all the evidence and insight in the North and in the South, gathered by each individual Healthwatch who were all contractually obliged to carry out this engagement work.

#WhatWouldYouDo



In total, there were 1143 surveys collected by local Healthwatch in the **south** of the region and 1337 in the **north** of the region. We wanted to understand how local people felt they could be supported to live a healthy life. We asked people what element was the most important when considering a range of aspects regarding access to information and treatment to live healthily. In addition to the surveys, all local Healthwatch held focus groups and events based on the NHS Long Term Plan priorities using Healthwatch England discussion guides.

Following analysis of the survey responses within each local Healthwatch area, the most important requirement for people when it comes to living a health life was **"Access to help and treatment I need when I want it"**. Every local Healthwatch in the region reported that this was voted most important. However, **"professionals that listen to me when I speak about my concerns"** and **"easy access to the information I need to help me make decisions about my health and care"** were noted as close second in the importance ratings.

In Darlington the need for carers to be supported, involved and listened too is a priority. Carers have been identified regularly throughout Healthwatch Darlington's engagement work in the past 18 months. A prevalence has been highlighted across research into mental health services, hospital services, NHS Continuing Health Care, Healthwatch Darlington's last two consecutive annual 'What's important to you' surveys and in the general NHS Long Term Plan survey.

Both full reports can be found here: [LTP South Report](#) [LTP North Report](#)

Both North and South reports were sent to the Integrated Care System (ICS) team as well as the more local Integrated Care Partnership (ICP) teams to give them an insight into areas that need more attention and highlighting possible steps of prevention to reduce future pressures. Regionally all local Healthwatch are aware of the emerging ICS work streams and we are working hard to ensure we are involved in each of them as the independent local consumer champion for health and social care, to ensure that the voices and views of local people are part of the process. The NHS is expected to undertake its own public engagement work. The activity of local Healthwatch aims to complement and support this work by reaching out to specific communities or helping the NHS to get insight which they do not have.

"Family / friend carers must be able to take time off. Currently this is a major issue and most carers get no breaks or much needed holidays. There must be an easier way to access intermediate care if the carer is ill or has their own health needs. People can become over dependent on their carer's and intermediate care to get them back to doing basics with support may mean people stay supported by family carers longer"
[Darlington resident]

Integrated Care System Response

"Thank you all for your work on the NHS Long Term Plan engagement surveys and focus groups for the development of the North East and North Cumbria long term plans, and place-based plans for each of our localities. It is really positive to see that local Healthwatch colleagues have come together to give their thoughts on how their local priority areas for engagement such as mental health and GP access have aligned to priorities for our Integrated Care System (ICS). We look forward to reading the report findings.

Our ambition is to develop an outstanding ICS which is continuously improving health and care outcomes and delivering safe and sustainable services. Achieving this will be dependent on high quality engagement with the public, and colleagues across Northumberland, Tyne and Wear, County Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby will find the report very useful when planning any further engagement work needed at a local level.

We will take forward the report findings which demonstrate that we have been able to involve patients and communities at the earliest stage possible when we talk about our plans and priorities. We will build upon your sound approach in seeking out and hearing the patient's voice and working with a range of hard to reach and diverse groups."



Helping you find the answers

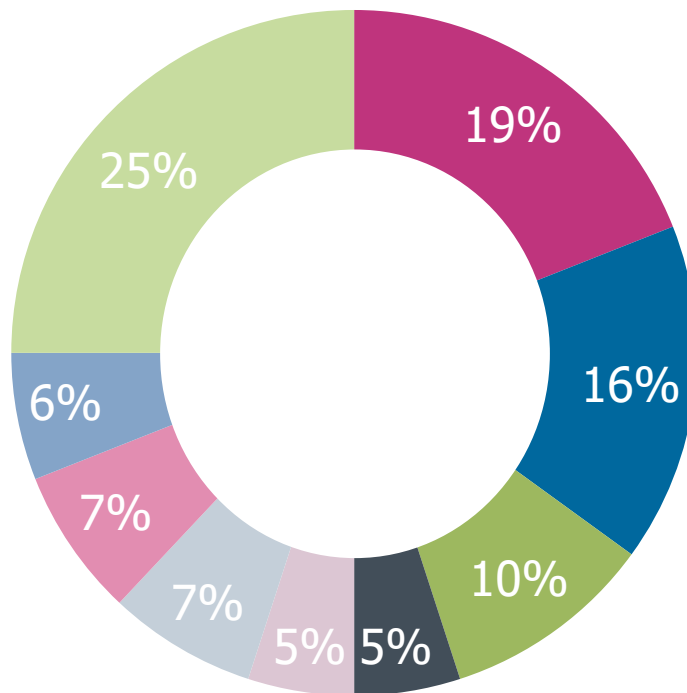


Finding the right service can be worrying and stressful. Healthwatch Darlington plays an important role in helping people to get the information they need to take control of their health and care and find services that will provide them with the right support.

This year we helped **4,157** people get the advice and information they need by:

- Sharing advice and information articles in our e-newsletter which went out to **716** people
- Answering **305** people’s queries about services over the phone, by email, or online.
- Talking to **3,136** people at community events.
- Promoting services and information that can help people on our social media.

Here are some of the areas that people asked about.



- GP
- Hospital
- Dentist
- Elderly Support
- Other
- Mental Health
- Pharmacy
- Equipment services
- MSK service

Information and Signposting Weekly E-Newsletter

Our weekly e-newsletter currently goes out to 716 subscribers each week, we not only share information about our own activities, projects and events it also includes a wide range of local community news, health & social care updates, resources and information.

Since just before the start of lockdown we have been working hard to ensure we share regular news updates throughout each working week and we have established a newsletter that now goes out three times a week.

We encouraged organisations, community groups and projects to share information about any service changes or community help and support available for individuals and families living in Darlington

"The newsletter is a comprehensive guide to what's going on locally and nationally. A really useful document."

Organisations that are part of the **Darlington Organisations Together Network Meeting (DOT)** which is facilitated by Healthwatch Darlington have continued to share updates throughout the year at their quarterly meetings. The DOT Network is FREE to join and encourages organisations from all areas of health & wellbeing to join together to discuss all current events, news and service updates. It gives organisations a chance to work together, promote, and showcase all their work and news.

"Just a quick note to thank you for the latest newsletter - very informative as ever. We are bombarded with information but your contribution to making the people of Darlington aware of what's on offer in terms of support is invaluable - thanks so much."

"It is a very good quick overview of what's going on; and as a "retired practitioner" it is invaluable in helping me to remain aware of changes which are being made and what's going on generally"

Healthwatch Darlington also help to maintain the **Livingwell Darlington Directory** to ensure that up to date voluntary and community sector groups and organisations information is available. Livingwell Darlington is a service provided by Darlington Borough Council that provides information and signposting to a wide range of services, activities and organisations in Darlington, to help everyone find the support they need to live healthy independent lives.

"I find it really useful. I appreciate Healthwatch sharing information about health organisations and that they have shared our information."

"Thank you for all your hard work sharing information and making people aware in our community about all of the available resources that there is out there to support them – you are doing a fantastic job!"



Dementia Services

A person telephoned us to find out about Dementia sessions available in Darlington for her husband. We contacted the Dementia support manager at the Alzheimer's society who suggested the 'Games for the Brain' sessions. We then arranged for the manager to contact the family to arrange a referral letter to be sent to them to confirm sessions.



Young People Services:

A parent who had concerns with their child's anxiety and needed help finding services to help cope and improve skills without having to deal with large personal groups. We were able to provide contact details for YoungMinds and Kooth, and suggested they speak to mental health worker in regard to educational needs.



Mental Health Services:

A female contacted us via email to ask if we could provide details of free mental health support and counselling for her friend. We provided her with the contact details for Darlington Mind and Talking Changes so that she could contact them on behalf of her friend.



Contact us to get the information you need

If you have a query about a health or social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

Website: www.healthwatchdarlington.co.uk

Telephone: 01325 380145 or 07525 237723

Email: info@healthwatchdarlington.co.uk

Volunteers



At Healthwatch Darlington we are supported by 25 volunteers to help us find out what people think is working, and what people would like to improve, to services in their communities.

This year our volunteers:

- Raised awareness of the work we do at events, in the community and with health and care services.
- Visited services to make sure they are providing people with the right support.
- Helped support our projects and research.
- Listened to people’s experiences to help us know which areas we need to focus on.

Volunteers improve mental health services for those with a drug and/or alcohol addiction in Darlington

Thanks to the hard work of our volunteers instrumental changes have been made to the information available within mental health services for those with a drug and/or alcohol addiction in Darlington.

Our volunteers visited a drug and alcohol service called NECA to speak to service users about their concerns, after people with drug and/or alcohol addiction contacted Healthwatch Darlington to share their experiences of using local mental health services.

In 2019 our volunteers conducted focus groups with service users and providers to coproduce a new leaflet for those who use mental health services with a drug and/or alcohol addiction. They raised concerns about:

- Information being overwhelming
- Information sharing missing important advice about care plans, medication and where to go for extra support.



“Volunteering with Healthwatch Darlington is really important to me, because like everyone, I need to feel useful and able to make a contribution to my community.”

In response to these concerns, local providers have implemented the newly codesigned leaflet within mental health services across Darlington and County Durham.

With our volunteers’ help, we’re keeping an eye on what people think of local mental health services and working with those in charge to make sure people’s views inform changes.



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers. If you are interested in volunteering, please get in touch at Healthwatch Darlington.

Website: www.healthwatchdarlington.co.uk

Telephone: 01325 380145 or 07525 237723

Email: j.austin@healthwatchdarlington.co.uk

Youthwatch

DARLINGTON

At Healthwatch Darlington 7 of our volunteers make up our young volunteering group called Youthwatch Darlington. Our young volunteers aim to improve health & care for young people living in the town.

Young volunteers from Youthwatch Darlington improve information for young people across Darlington.

Thanks to the hard work of our young volunteers from Youthwatch Darlington changes have been made to the waiting areas of GP surgeries. Not only this but our young volunteers have raised awareness and come up with creative ways to share information with young people living in Darlington.

Our young volunteers visited three GP surgeries after a practice manager asked for their input. They have created display boards within the waiting areas to provide young patients with more information. They also identified that information on the surgeries website could be improved.

Their good practice has meant that earlier in 2020 they were invited to attend our local child & adolescent mental health service (CAMHS) to share ideas on how they can make improvements to their waiting area.



In response to their findings within GP surgeries and further evidence from our 'Children & young peoples mental health' Work, our young volunteers raised awareness and shared information with 1000's across media platforms, within schools/colleges and in other local settings.

With the help of our young volunteers we will continue monitor information sharing with young patients and we look forward to seeing more of Youthwatch Darlington's creative ideas to raise awareness.



Are you aged 14 to 25? Do you want to make a difference?

Volunteer with us

Website: www.healthwatchdarlington.co.uk

Telephone: 01325 380145 or 07525 237723

Email: j.austin@healthwatchdarlington.co.uk

Our volunteers

We could not do what we do without the support of our amazing volunteers. Meet some of the team and hear more about why they volunteer.



Lorraine, Health Connector

I know I have skills and lots of experience that I have gained but in my retirement, opportunities to share my skills and experience are very limited. But not with Healthwatch Darlington. I feel I can and do make valued contributions to our discussions and research. Everyone is great at recognising and acknowledging everyone's opinions and talents.



Faith, Health Connector

Volunteering at Healthwatch complements the Health Psychology MSc that I am currently studying for at Teesside University; being a Health Connector has given me a fantastic opportunity to interact directly with patients and the public in Darlington, hearing their views and better understanding about the services that are available in our locality.



Ross, Health Connector

As a fellow autistic I am very creative and self-sufficient being a volunteer allows a lot of pride and exquisite thought when providing help and experience to a cause. I enjoy giving back to the community whilst gaining experience to follow new and exciting job opportunities.

Our volunteers

We could not do what we do without the support of our amazing volunteers. Meet some of the team and hear more about why they volunteer.



Amy, Youthwatch

Hey there! Amy here, and I am very excited to be volunteering with Healthwatch Darlington. I am volunteering for Healthwatch Darlington because, even though I know a few things, I want to learn and experience so much more!



Jess, Youthwatch

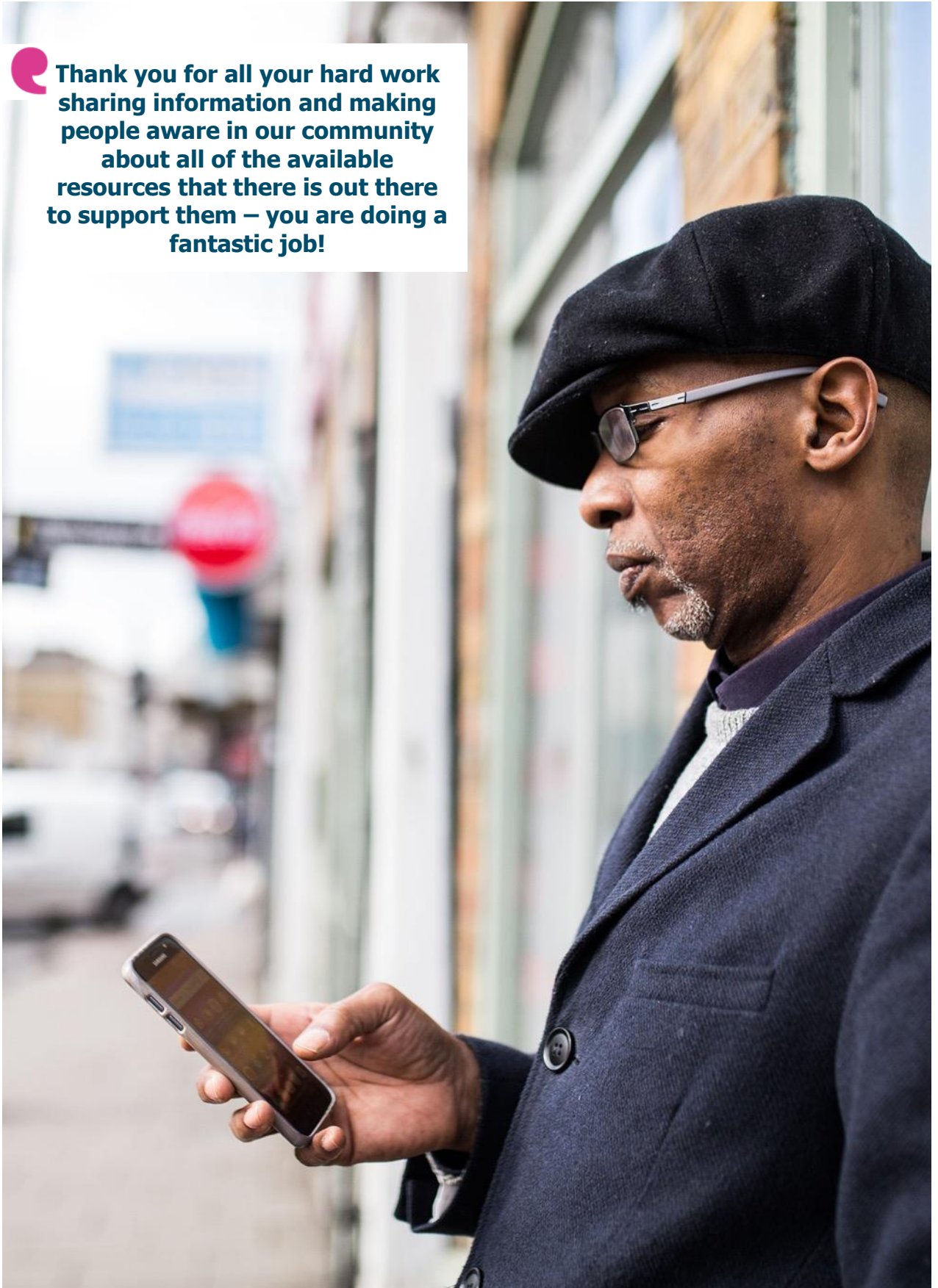
Hi, I'm Jess. I am a psychology graduate and after completing a health module at university I realised how important it is to improve health services that fits the views of the public. There are so many issues that need exploring and I am excited to be working with Youthwatch to reflect the views of health service users and to improve the support that we all need.



Gill, Board member

I went on a course at the college and so I didn't have to pay for it, I signed up to do 60 hours voluntary work. It was amazing, I felt such a sense of achievement after the first session I helped with. It set me on a path of self discovery that is continuing to this day. I have now retired by choice but I'm still passionate about voluntary work and the benefits it provides to the community and on a personal level.

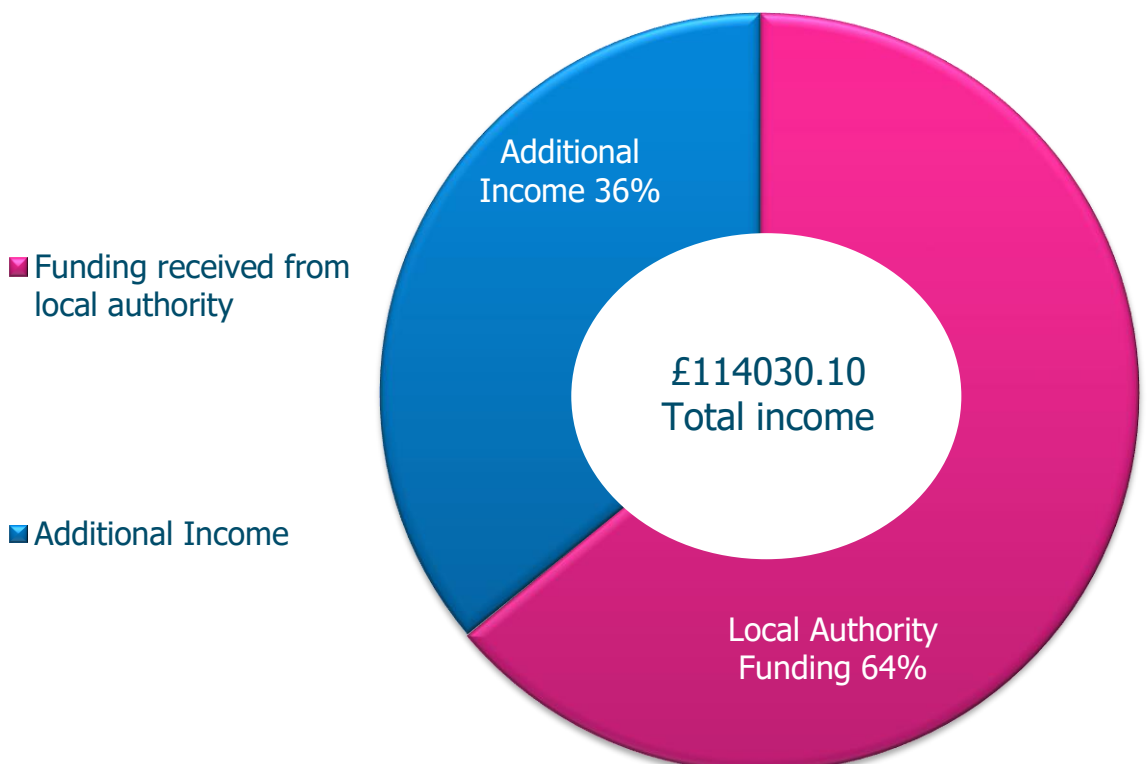
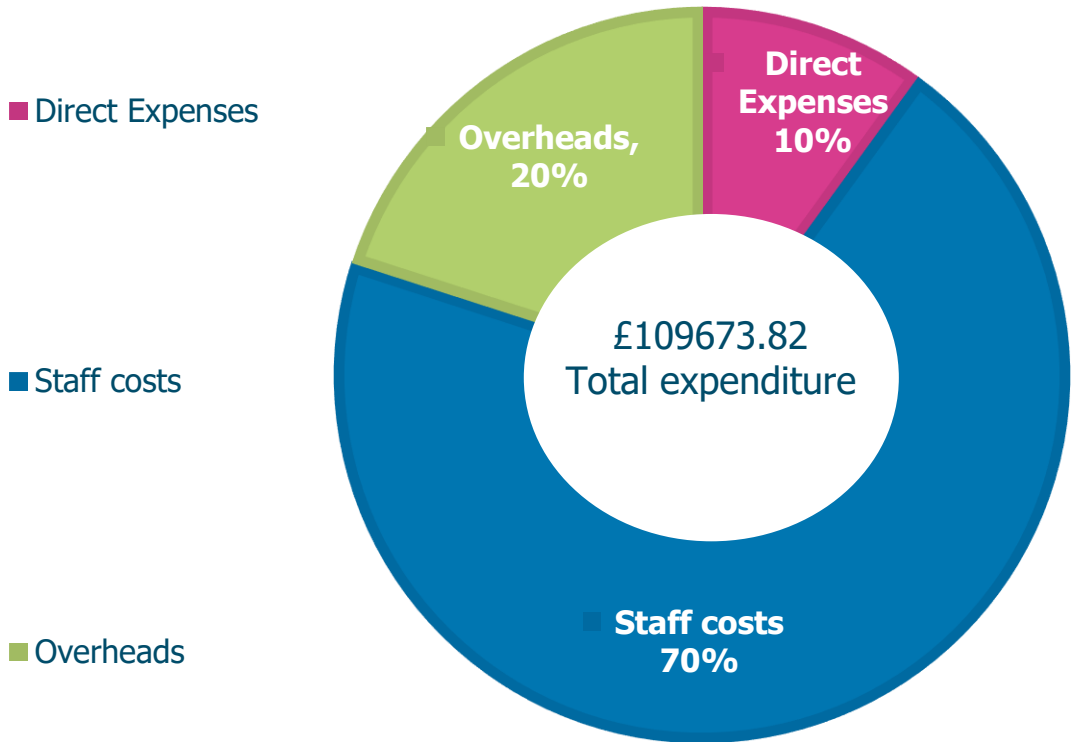
Thank you for all your hard work sharing information and making people aware in our community about all of the available resources that there is out there to support them – you are doing a fantastic job!



Finances



We are funded by our local authority under the Health and Social Care Act (2012). In 2019-20 we spent £109673.82.



Our plans for next year



Message from our Chief Executive Officer

Looking ahead

I'm proud to be able to showcase the achievements of our small but dedicated staff team during the last year, supported by our Board members and loyal and enthusiastic, Health Connectors and Youthwatch volunteers. I know how lucky we are to enjoy such a committed Healthwatch family and I can't thank them enough, not only for their skills and dedication but for the joy and laughter they bring to our team.

As we go into the Covid lockdown we know how important it is to ensure our staff and our volunteers are supported during these uncertain times as well as our wider community.

We have had to quickly change our work plan for the year into a 6 month plan due to the uncertainty of lockdown and what the future may hold for our traditional ways of community engagement. Digital means of communications are fast becoming a priority not only within primary care to ensure patients can still access services but in our everyday life with family and friends. In the coming months we will need to understand how Covid will affect our population, how digital communications are used and how our planned priorities for the year are affected. We had already planned to look at primary care, mental health, hospital discharge, digital transformation and BAME health inequalities and these may well be very relevant to the Covid experiences over the coming months.

Our report evidences how we have been working collaboratively with all of our Healthwatch neighbours in the North East and Cumbria and how we have formed strong relationships especially across the Tees Valley. This has not gone unnoticed by commissioners and providers who are also working to integrate health and care services in a much more economical and efficient way and have looked to the Healthwatch network to help reach out to our population and really listen to views and experiences.



Chief Executive Officer
Michelle Thompson BEM

Darlington is a small town with many voluntary and community sector organisations who are facing uncertain times as we enter the Covid pandemic. Due to our good relationship with the voluntary and community sector we are naturally positioned as the go to place for reliable information and signposting for health and care services. We have recently set up a thrice weekly e-newsletter to ensure that organisations can forward their help and support to the public and other organisations during lockdown and it is becoming increasingly popular so please do sign up, we are here to help.

Thank you

Thank you to everyone who has helped and supported us during the year. We have worked with some amazing people and organisations, especially those who have shared their experiences. We simply couldn't do what we do without you.

Thank you all and keep safe.

Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- Members of the public who shared their views and experience with us
- All our amazing staff and volunteers
- The voluntary and community organisations and groups that have contributed to our work
- Darlington Borough Council
- Commissioners, regulators and providers of local and regional services
- All 13 local Healthwatch in the North East who work with us regularly
- Healthwatch England



Staff and volunteers celebrating volunteer achievement

Contact us

Healthwatch Darlington
Jubilee House
1 Chancery Lane
Darlington
DL1 5QP

www.healthwatchdarlington.co.uk

Tel: 01325 380145 or 07525 237723

Email: info@healthwatchdarlington.co.uk

 @healthwatchDton

 @HealthwatchDarlington @youthwatchdarlo

 @healthwatchdarlington @youthwatchdarlington

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you need this in an alternative format please contact us.

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Registered Charity Number 1156388 HEALTHWATCH DARLINGTON LIMITED.

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HEALTH AND HOUSING SCRUTINY COMMITTEE 2 SEPTEMBER 2020

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 2020/21 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 2020/21 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.

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HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	Quarter 4/Year End 2 September 2020	Relevant AD	A safe and caring community Children with the best start in life More people healthy and independent More people healthy and independent	Build strong communities. Spend every pound wisely	Full PMF suite of indicators	To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>Monitoring Outcomes from the Medium Term Financial Plan 2016-20</p> <p>Impact of ceasing/reducing the following and has there been any cost shunting to other areas within the Council as a result of:-</p> <p>Healthwatch Darlington - Streamlined Service offered by HWD since April 2017 - The Annual Report of Healthwatch Darlington</p>	<p>2 September 2020</p>	<p>Michelle Thompson, HWD</p>	<p>A safe and caring community</p> <p>Children with the best start in life</p> <p>More people healthy and independent</p>	<p>Build strong communities.</p> <p>Spend every pound wisely</p>		<p>To scrutinise and monitor the service provided by Healthwatch – Annual</p>
<p>Better Care Fund</p>	<p>2 September 2020</p>	<p>Paul Neil</p>				<p>To receive an update on the position of the Better Care Fund for Darlington</p>
<p>Local Outbreak Control Plan</p>	<p>2 September 2020</p>	<p>Public Health</p>				<p>To receive regular updates and undertake any further detailed work if necessary.</p>

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Homelessness Strategy and the Homelessness Reduction Act	21 October 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
Crisis Service Changes	21 October 2020	Jennifer Illingworth, TEWV				To receive a briefing and undertake any further detailed work if necessary.
Right Care, Right Place	21 October 2020	Jennifer Illingworth, TEWV				To receive a briefing and undertake any further detailed work if necessary.
Director of Public Health Annual Report and Health Profile	16 December 2020	Miriam Davidson	More people healthy and independent			Annual report
Customer Engagement in Housing Services	16 December 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.

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Review of the Housing Allocations Plan	3 March 2021	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
NHS Clinical Commissioning Group Financial Challenges and Impact on Services	14 April 2021	Mark Pickering, NHS Darlington CCG	More people healthy and independent	Build Strong Communities Spend Every Pound Wisely		To scrutinise and monitor the CCG to ensure delivery of the necessary QIPP required in order to achieve its financial duties and service delivery
CCG Stroke Services/Review of Stroke Rehabilitation Services	14 April 2021	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

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Integrated Care System (ICS) (Formerly Sustainability and Transformation Plan (STP) including the Better Health Programme (BHP))	Engagement and Communication Strategy To be agreed Deferred from 26 March 2020	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
Monitoring Outcomes from the Medium Term Financial Plan 2016-20 Impact of ceasing/ reducing the following and has there been any cost shunting to other areas within the Council as a result of:- Voluntary Sector Funding	Joint briefings 14 October 2020 and 10 March 2021	Christine Shields	A safe and caring community Children with the best start in life More people healthy and independent	Build strong communities. Spend every pound wisely	Full PMF suite of indicators	To update Members following the monitoring and evaluation of this funded projects

JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Loneliness and Connected Communities Adults and Housing to Lead	Scoping meeting 28 January 2020					
CQC Ratings in the Borough of Darlington Health and Housing to Lead	Scoping Meeting held 18 November 2019					To monitor and evaluate CQC scoring across the Borough for health and care settings.

03

JOINT COMMITTEE WORKING – CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE

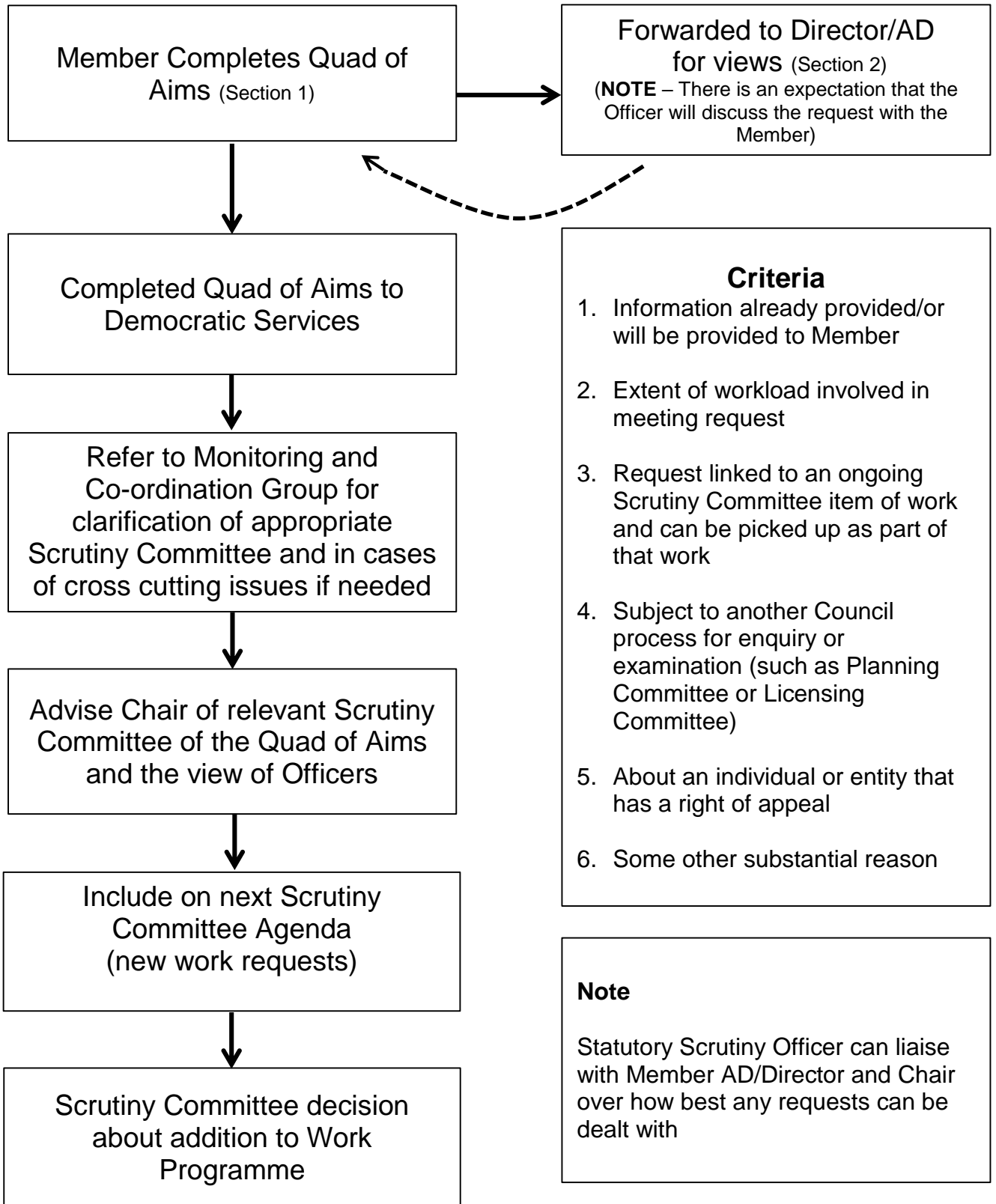
Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>Childhood Healthy Weight Plan (Childhood Obesity Strategy)</p> <p>Children and Young People to lead</p> <p>Page 94</p>	<p>Last considered 30 January 2020</p> <p>27 November 2017. Interim report to Cabinet 11 September 2018.</p> <p>Review suspended –to examine childhood obesity and mental health links by monitoring the effectiveness of the Childhood Healthy Weight Plan.</p>	<p>Ken Ross</p>	<p>Children with the best start in life</p>	<p>Spending Every Pound Wisely</p> <p>Build Strong Communities</p>	<p>To be determined</p>	<p>To review the effectiveness of the Childhood Healthy Weight Plan on childhood obesity and mental health links in children and young people.</p>

JOINT COMMITTEE WORKING – CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE AND ADULTS SCRUTINY COMMITTEE

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Autism Provision Review Group	Scoping meeting held 2 March 2020		Enough support for people when needed			To review the provisions and services and contractual arrangements between this Council and our providers who provide the Autism provisions, diagnoses and support services for Darlington.

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



PLEASE RETURN TO DEMOCRATIC SERVICES

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

SECTION 1 TO BE COMPLETED BY MEMBERS

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

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

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Signed Councillor

Date

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS

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

Page 99

	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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Title	Decision Maker and Date
Complaints Made to Local Government Ombudsman	Cabinet 15 Sep 2020
Agreed Syllabus for Religious Education	Cabinet 15 Sep 2020
Treasury Management Annual and Outturn Prudential Indicators 2019/20	Council 24 Sep 2020 Cabinet 15 Sep 2020
Regulatory Investigatory Powers Act (RIPA)	Cabinet 15 Sep 2020
Complaints, Compliments and Comments Annual Reports 2019/20	Cabinet 15 Sep 2020
Annual Review of the Investment Fund	Cabinet 15 Sep 2020
Faverdale Masterplan Report	Cabinet 15 Sep 2020
Darlington Borough Local Plan – Local Development Scheme	Cabinet 15 Sep 2020
Redevelopment of the Victorian Indoor Market	Cabinet 15 Sep 2020
Proposed Write-Off of Irrecoverable Debts 2019-20	Cabinet 15 Sep 2020
Exchange of Land at Whessoe Road and Drinkfield Marsh, Darlington	Cabinet 15 Sep 2020
Delivery of New Homes at Neasham Road - Joint Venture Proposal and Land Disposal	Cabinet 15 Sep 2020
Construction of Hybrid Business Innovation Centre - Central Park	Cabinet 15 Sep 2020
Schedule of Transactions	Cabinet 15 Sep 2020
Revenue Budget Monitoring - Quarter 2	Cabinet 10 Nov 2020
Project Position Statement and Capital Programme Monitoring - Quarter 2	Cabinet 10 Nov 2020
Council Tax Support - Scheme Approval 2021/22	Cabinet 10 Nov 2020
Skerningham Masterplan Report	Cabinet 10 Nov 2020
Rail Heritage Quarter Tenant Leases and Stockton and Darlington Railway Walking and Cycling Route	Cabinet 10 Nov 2020
Annual Procurement Plan 2020/21 - Update	Cabinet 10 Nov 2020
School Term Dates 2022/2023	Cabinet 8 Dec 2020

Climate Change Cross Party Working Group - Update	Cabinet 8 Dec 2020
Mid-Year Prudential Indicators and Treasury Management 2020/21	Cabinet 8 Dec 2020
Annual Audit Letter	Cabinet 8 Dec 2020
School Place Planning	Cabinet