

Health and Housing Scrutiny Committee Agenda



**10.00 am Wednesday, 23
June 2021
Council Chamber, Town
Hall, Darlington, DL1 5QT**

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

1. Introduction/Attendance at Meeting
2. Appointment of Chair for the Municipal Year 2021/22
3. Appointment of Vice-Chair for the Municipal Year 2021/22
4. Declarations of Interest
5. To consider the times of meetings of this Committee for the Municipal Year 2021/22 on the dates agreed in the Calendar of Meetings by Cabinet at Minute C97/Feb/21
6. To approve the Minutes of the meeting of this Scrutiny held on 14 April 2021 (Pages 3 - 10)
7. COVID-19 Recovery –
Presentation by Public Health Principal
(Pages 11 - 18)
8. Covid-19 Vaccination Programme - Update and synopsis –
Presentation by Director of Commissioning, Strategy and Delivery (Primary & Community Care), NHS Tees Valley Clinical Commissioning Group
(Pages 19 - 26)

9. NHS Tees Valley CCG Financial Challenges and Impact on Services –
Presentation by Mark Pickering, Chief Finance Officer, NHS Tees Valley Clinical
Commissioning Group
(Pages 27 - 34)
10. STRIDE and Access Team –
Report of Group Director of People
(Pages 35 - 40)
11. Work Programme (Pages 41 - 58)
12. Health and Wellbeing Board –
The Board last met on 18 March 2021. The next meeting is scheduled for 16
September 2021.
13. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this
Committee are of an urgent nature and can be discussed at the meeting.
14. Questions



Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 15 June 2021

Town Hall
Darlington.

Membership

Councillors Bartch, Bell, 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

Wednesday, 14 April 2021

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

APOLOGIES – Councillors Lee, Newall and Wright,

ABSENT – Councillors Dr. Chou

ALSO IN ATTENDANCE – Councillors A J Scott, Jill Foggin (Communications Officer, County Durham and Darlington Foundation Trust), Avril Lowery (Tees, Esk and Wear Valley NHS Foundation Trust), Jennifer Illingworth (Tees, Esk and Wear Valley NHS Foundation Trust), Dr Chris Lanigan (Tees, Esk and Wear Valleys NHS Foundation Trust), Mark Pickering (NHS Tees Valley Clinical Commissioning Group) and Diane Lax (Healthwatch Darlington)

OFFICERS IN ATTENDANCE – Penny Spring (Director of Public Health), Anthony Sandys (Head of Housing and Revenues), Ken Ross (Public Health Principal) and Hannah Fay (Democratic Officer)

HH54 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH55 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 3 MARCH 2021

Submitted – The minutes (previously circulated) of the meeting of this Scrutiny Committee held on 3 March 2021.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 3 March 2021 be approved as a correct record.

HH56 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST QUALITY ACCOUNTS 2020/21 AND 2021/22

The Director of Quality Governance and Head of Planning and Business Development, Tees, Esk and Wear Valleys NHS Foundation Trust gave a presentation on the Quality Account 2020/21 and 2021/22, updating Members on the progress made on the Quality Account improvement metrics and priorities for 2020/21 and outlining the proposed quality improvement priorities for 2021/22.

Members were advised that the four quality improvement priorities for 2020/21 were supported by 40 actions, of which ten were either completed; and 26 were not completed.

In relation to the priority 'Further Improve the clinical effectiveness and patient experience at times of transition from CYP to AMH services' Members were advised that the work of the Transitions Project has been superseded by the Trust-wide work

requested by the Trust's Senior Leadership Group on 'Improving Transitions and Service Provision for People aged 16 to 25 years in Tees, Esk and Wear Valleys NHS Foundation Trust', and as a result four of the planned actions were no longer required.

Members noted that work on the priority 'Improve the personalisation of Care Planning' had been impacted by redeployment of staff to undertake actions relating to the Covid-19 pandemic; and that this work would continue in 2021/22; and in relation to the priority 'Reduce the number of Preventable Deaths (with a focus on learning from deaths)', whilst a Family Conference could not be held in 2020 due to COVID-19, work continued to be undertaken with individual families; and a Family Conference would be held in 2021 as soon as social distancing restrictions allow.

In relation to the priority 'Increasing the proportion of inpatients who report feeling safe on our wards', Members were advised that specific actions relating to this priority were put on hold due or delayed to COVID19, however these would be carried over into 2021/22 as part of the 'Feeling Safe' quality improvement priority; and reference was made to the work undertaken to address patient safety in relation to drug use on wards, including the introduction of drug detection dogs.

Details were provided of the Quality Metrics as of Quarter 3 2020/21, of which there was data available for nine of the ten quality metrics. It was reported that three of the quality metrics were reporting Green whilst six were reporting Red; and all six of the Red metrics were showing an improvement when compared to 2019/20.

In relation to Metric 1 – Percentage of patients who report 'yes, always' to the question 'Do you feel safe on the ward?', it was reported that whilst still below the Trust target of 88 per cent, this metric had seen a significant improvement from 62.39 per cent in 2019/20 to 64.66 per cent in Q3.

Regarding Metric 2 - Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients, Members were advised that the number of falls would be included for future reports.

In relation to Metric 3 – Number of incidents of physical intervention/restraint per 1000 occupied bed days, it was reported that the Trusts position had also seen an improvement, from 30.45 per cent in 2019/20 to 20.90 per cent in Q3, and that Durham and Darlington had achieved the Trust target of 19.25 per cent in Q3 at 17.84 per cent.

With regard to Metric 6b – Average length of stay for patients in Mental Health Services for Older People Assessment and Treatment wards, it was reported that the target was not being met, however the average length of stay was significantly less than in previous years.

In relation to the patient experience Metric 7 – Percentage of patients who reported their overall experience as excellent or good, it was reported that whilst still below the Trust target of 94 per cent, this metric had shown no significant changes, with a slight increase from 91.65 per cent in 2019/20 to 93.21 per cent in Q3.

With regard to Metric 8 – Percentage of patients that report that staff treated them with dignity and respect, it was reported that whilst still below the Trust target of 94 per cent, this metric had remained static over the past few years, with a slight increase from 85.80 per cent in 2019/20 to 86.77 per cent in Q3.

In relation to Metric 9 – Percentage of patients that would recommend our service to friends and family if they needed similar care or treatment, this had shown an increase from 86.70 per cent in 2019/20 to 91.60 per cent in Q3.

Discussion ensued on the Quality Metrics; Members requested comparative data be included to enable a comparison of Durham and Darlington against the Trust and against national data; with a specific request for comparative data in respect of patient safety. Members were advised that patient safety was not a mandated measure and as such was not measured consistently across trusts however contact had been made with other trusts to obtain comparative data; and a collaborative patient forum had been formed with Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust to enable comparisons at a regional level.

Members requested further information in relation to Quality Metric 7 ‘Percentage of patients who reported their overall experience as excellent or good’; and were advised that whilst there had been a reduction in responses to due COVID-19; this metric continued to be measured; improvement work had been undertaken which included triangulation of information with complaints and PALS to identify specific themes; and a toolkit had been developed for each locality and was supported by plans specific to each locality.

Details were provided of proposed quality improvement priorities for 2021/22 which were Care Planning; Feeling Safe; and Compassionate Care; and the detailed planning actions for each priority were outlined.

Members were advised that the suite of Quality Metrics were under review; that these would be aligned more closely to the improvement priorities; and some of the metrics would remain the same.

Following a question regarding the pilot of the body cameras in relation to the Feeling Safe priority, Members were assured that vigorous information governance checks had been undertaken prior to the commencement of the trial; patients were made aware of the presence of body cameras on arrival to the ward; and that an evaluation of the pilot would be undertaken before further roll-out. Members welcomed an update on the results of the pilot at a future meeting.

Member requested further information in respect of the CAMHS inpatient facilities and waiting times for Darlington CAMHS service; and Members noted that a new 10 bed unit, Acklam Road Hospital, had been commissioned by Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and would be opening on 19 April 2021.

Following a question regarding staff surveys Members were advised that staff turnover/vacancy rates, morale and wellbeing were monitored; and that a new trust strategy ‘Our Journey to Change’ which had a priority relating to staff experience, was in place.

RESOLVED – That the thanks of this Scrutiny Committee be extended to the Director of Quality Governance and Head of Planning and Business Development, Tees, Esk and Wear Valleys NHS Foundation Trust for their informative presentation.

HH57 COVID-19 IN DARLINGTON

The Director of Public Health gave a presentation updating Members on the COVID-19 situation in Darlington.

In introducing the presentation, the Director of Public Health advised Members of the current rate of infection in Darlington, which, as of 10 April 2021, was 34.6 per 100,000 and was an improvement on previous figures.

Updates were provided on the four tests that must be met for England to progress through the stages of the Governments road map out of lockdown.

Regarding Test 1 - The vaccine deployment programme continues successfully, Members noted that as of 8 April 2021, 53,349 residents had received their first dose of vaccine; 95 per cent of 65 years and over had received their first dose of vaccine; and 8939 adults had received their second dose of vaccine.

In respect of Test 2 - Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated, it was reported that County Durham and Darlington NHS Foundation Trust bed occupancy rate had continued to decline; and 1.6 per cent of hospital beds were occupied by COVID-19 patients.

Regarding Test 3 - Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS, Members noted that rates of cases in those aged 60 had continued to decline; and in respect of Test 4 - Our assessment of the risks is not fundamentally changed by new Variants of Concern, it was reported that that 100 per cent of all positive cases that were genotyped showed the Kent variant to be present.

Details were provided of the stages of the Road Map; and the longer term impacts of COVID were outlined along with the UK Recovery Strategy.

Following a question, the Public Health Principal advised Members that Darlington had the second highest infection rate in the Tees Valley, however numbers of infections were low; that due to Darlington's population, when compared to other authorities, a small increase in case numbers resulted in a larger rate increase; and Members were assured that there was a downward trend in the infection rates for Darlington.

Discussion ensued in respect self-isolation and concerns that this was not being adhered to by some residents that tested positive for COVID-19; Members were pleased to note the intentions for in depth work on self-isolation with a focus on support available to residents; and that Darlington were part of a local tracing partnership with NHS track and trace which enabled residents to be directed to local support to help during isolation.

Members also noted the expansion of the testing programme; and that infection rates would be monitored closely as progression through the stages of the road map continued.

RESOLVED – That the Director of Public Health be thanked for her update on COVID-19 in Darlington.

HH58 CUSTOMER ENGAGEMENT STRATEGY 2021/24

The Director of Economic Growth and Neighbourhood Services submitted a report (previously circulated) requesting that Members give consideration to the draft Customer Engagement Strategy for 2021-24 (also previously circulated).

It was reported that one of the key strands of the new Social Housing Regulator's Consumer Standards covers 'Tenant Involvement and Empowerment'; these state that the Council must consult its tenants at least once every three years on the best way of involving them in the governance and scrutiny of the Council's housing service; and the Customer Engagement Strategy for 2021-24 sets out the process for how the Council will involve and empower its tenants, including how the engagement activities will be monitored and reported.

The submitted report stated that the Council's Housing Services had a long and successful track record of engagement and consulting with its tenants on every aspect of service delivery; and the strategy had already been considered by the Tenant's Board, with regular progress updates to be provided to the Tenant's Board and to this Scrutiny Committee on an annual basis.

Details were provided of the four specific themes of the Customer Engagement Strategy; an annual Engagement Plan would support specific actions within the strategy; and where possible, opportunities for engagement would be promoted through digital channels, whilst always providing more traditional methods of engagement.

RESOLVED – (a) That the Customer Engagement Strategy for 2021-24 be recommended to Cabinet for approval.

(b) That this Scrutiny Committee receives six monthly progress reports on the Customer Engagement Strategy.

HH59 JOINT AUTISM REVIEW GROUP

The Chair of the Joint Autism Review group submitted a report (previously circulated) presenting the outcomes and findings of the joint review group; and requested that this Scrutiny Committee consider the most appropriate way to progress the key themes identified by the joint review group.

In presenting the report, the Chair of the Joint Autism Review Group made reference to the work undertaken to date to make Darlington an autism friendly town.

It was reported that the Health and Housing Scrutiny Committee approved a draft terms of reference in January 2020 to examine the autism provision with Darlington Borough Council; and agreed that a joint review group be established with the Adults and Children and Young People Scrutiny Committees.

Members noted that although an initial meeting of the review group was held on 2 March 2020, in light of the COVID-19 pandemic the review group did not meet again until 24 February 2021, where an in-depth discussion regarding the 2018 Autism Self-Assessment Framework was held.

It was reported that the review group identified a number of key themes requiring further investigation and concluded that a Cross Party Autism Working Group be established to progress the key themes of training and awareness, support, diagnosis and employment; and in considering the recommendation of the review group, Members of this Scrutiny Committee were asked to consider whether the establishment of a Cross Party Autism Working Group was the appropriate way forward to progress the key themes.

Members welcomed the recommendation of the review group and gave consideration to the governance arrangements including membership, frequency and reporting arrangements of a Cross Party Autism Working Group; and reference was made to the possibility of extending membership to external partners and service users.

RESOLVED – (a) That Cabinet be advised that this Scrutiny Committee supports the recommendation of the Joint Autism Review Group to establish a Cross Party Autism Working Group to progress the key themes identified by the Review Group.

b) That Cabinet be requested to consider this Scrutiny Committee's proposed governance arrangements for the Cross Party Autism Working Group:

- (i) that the Cross Party Autism Working Group meets bi-monthly;
- (ii) that all interested Members be invited to join the Working Group; and
- (iii) that the Cross Party Autism Working Group reports to Health and Housing Scrutiny Committee.

HH60 WORK PROGRAMME

The Managing Director submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme and to consider any additional areas which Members would like to suggest should be included in the previously approved work programme.

Discussion ensued in respect of a Quad of Aims that had been submitted by Councillor Holroyd requesting that this Scrutiny Committee consider a joint review of Adult Care Services during COVID; Members of the this Scrutiny Committee agreed that further information was required before a decision could be made as to the involvement of Members in the review.

RESOLVED – That the current status of the work programme be noted.

HH61 HEALTH AND WELLBEING BOARD

The Director of Public Health advised Scrutiny Committee that issues considered by the Health and Wellbeing Board at its meeting on 18 March 2021 included an update presentation on COVID-19 in Darlington; Darlington Carers Action Plan 2020-22; and a discussion in respect of a recommendation from Cabinet on 9 March 2021 that the Health and Wellbeing Board investigate the impact of hot food takeaways on the health of residents, and in particular on childhood obesity in Darlington.

Members noted that the next meeting of the Board was scheduled for 24 June 2021.

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

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**DARLINGTON
BOROUGH COUNCIL**

Health and Housing Scrutiny Committee

COVID-19 in Darlington

23rd June 2021

Penny Spring

Director of Public Health

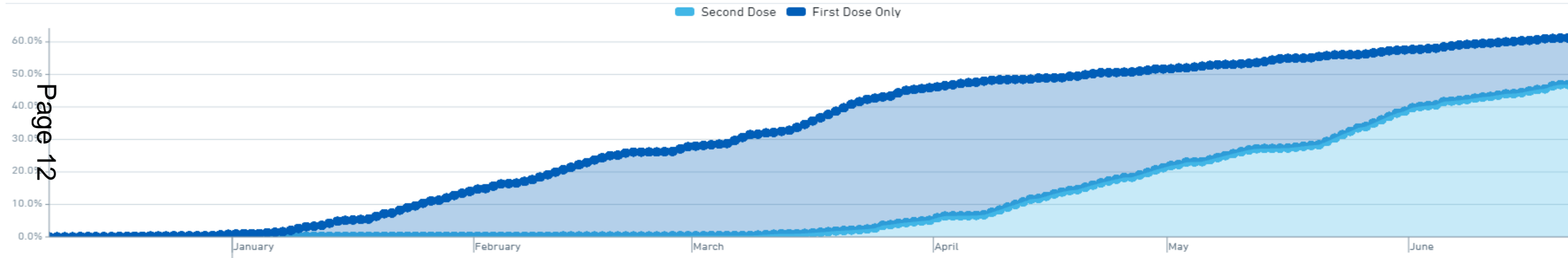


Test 1 The vaccine deployment programme continues successfully

Cumulative Daily Uptake

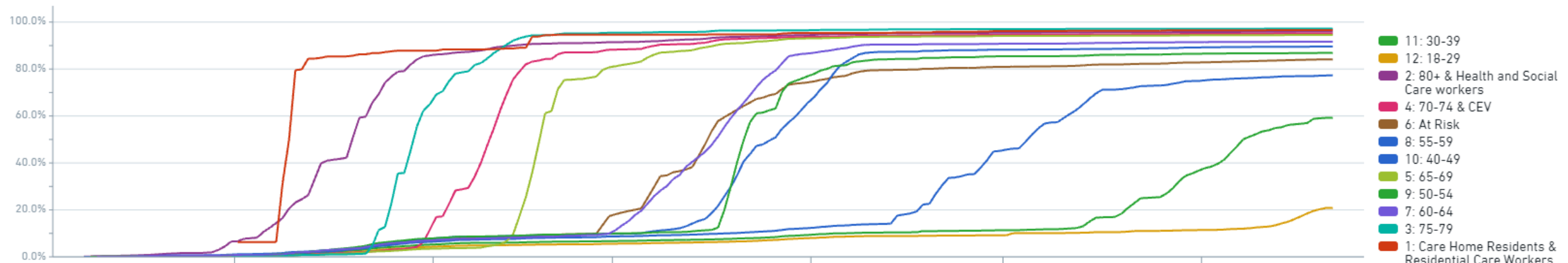
Percentage Absolute

Cumulative Nett Uptake - Percentage



Percentage Absolute Cumulative Percentage Cumulative

Cumulative Percentage Uptake by JCVI group

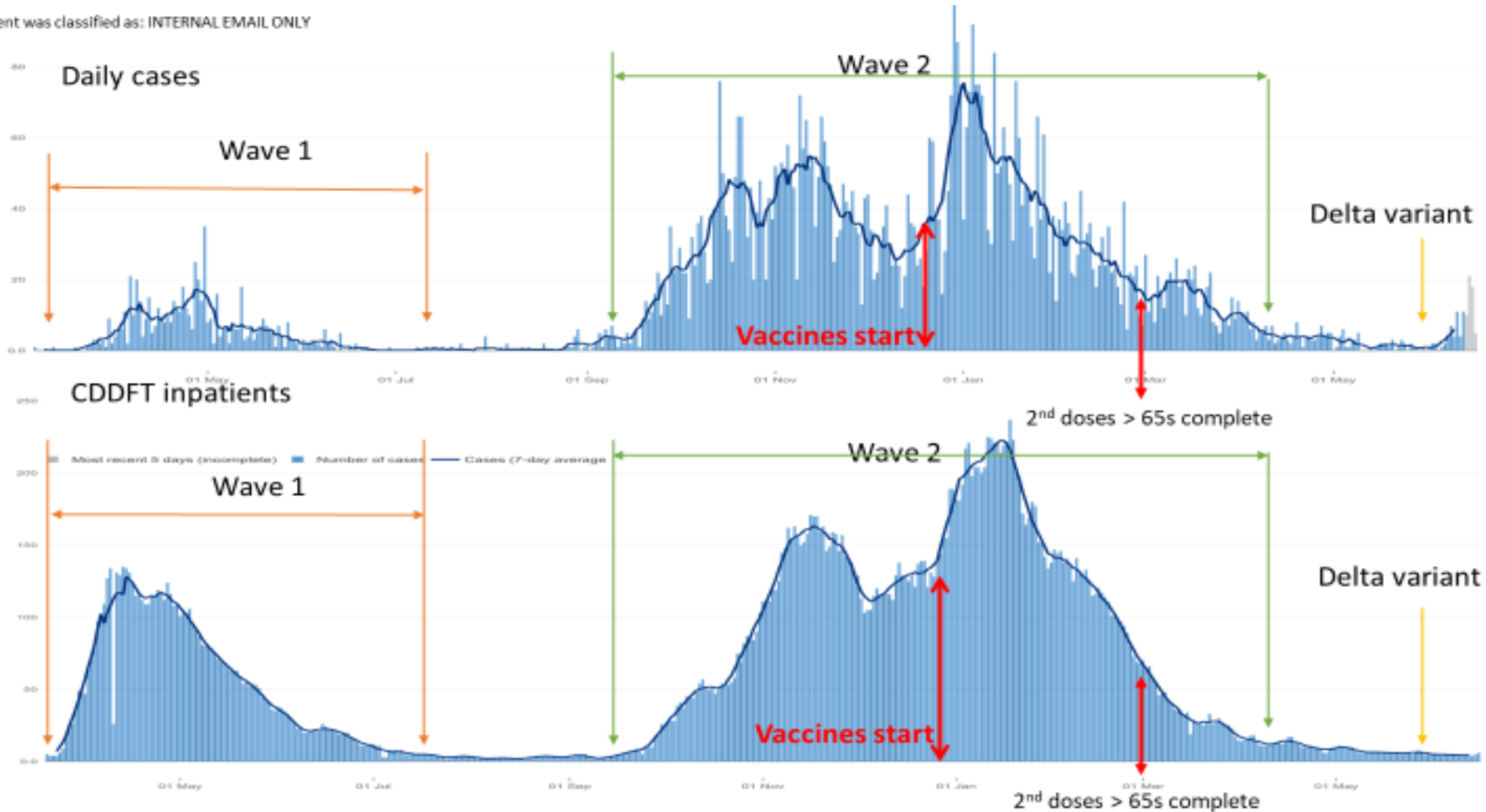


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Test 2 Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated

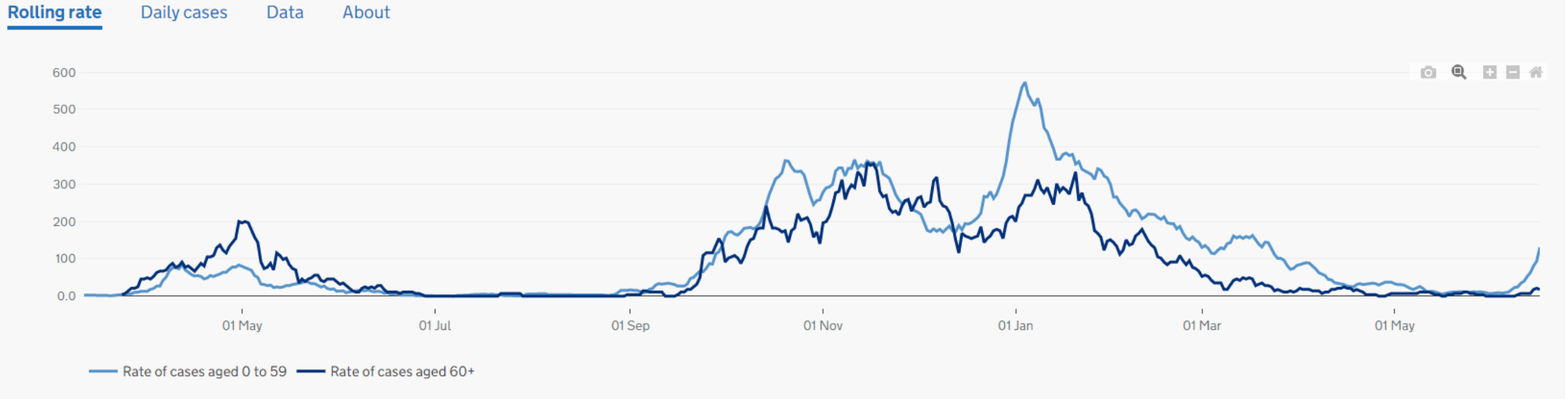
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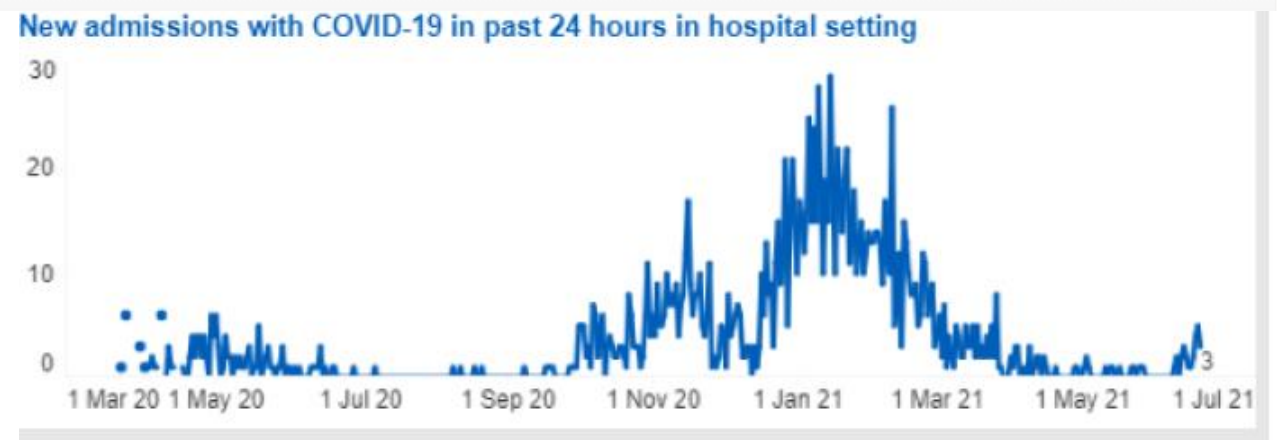
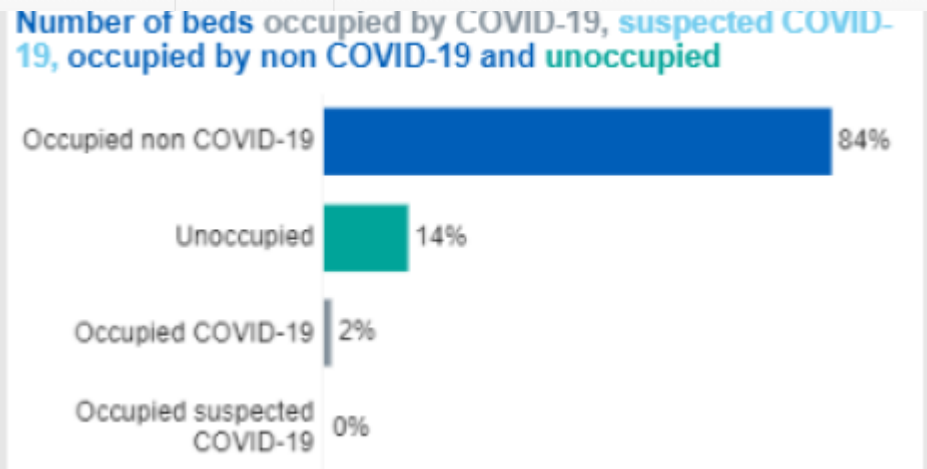


Test 3 Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS

Case detection rate >60s Darlington

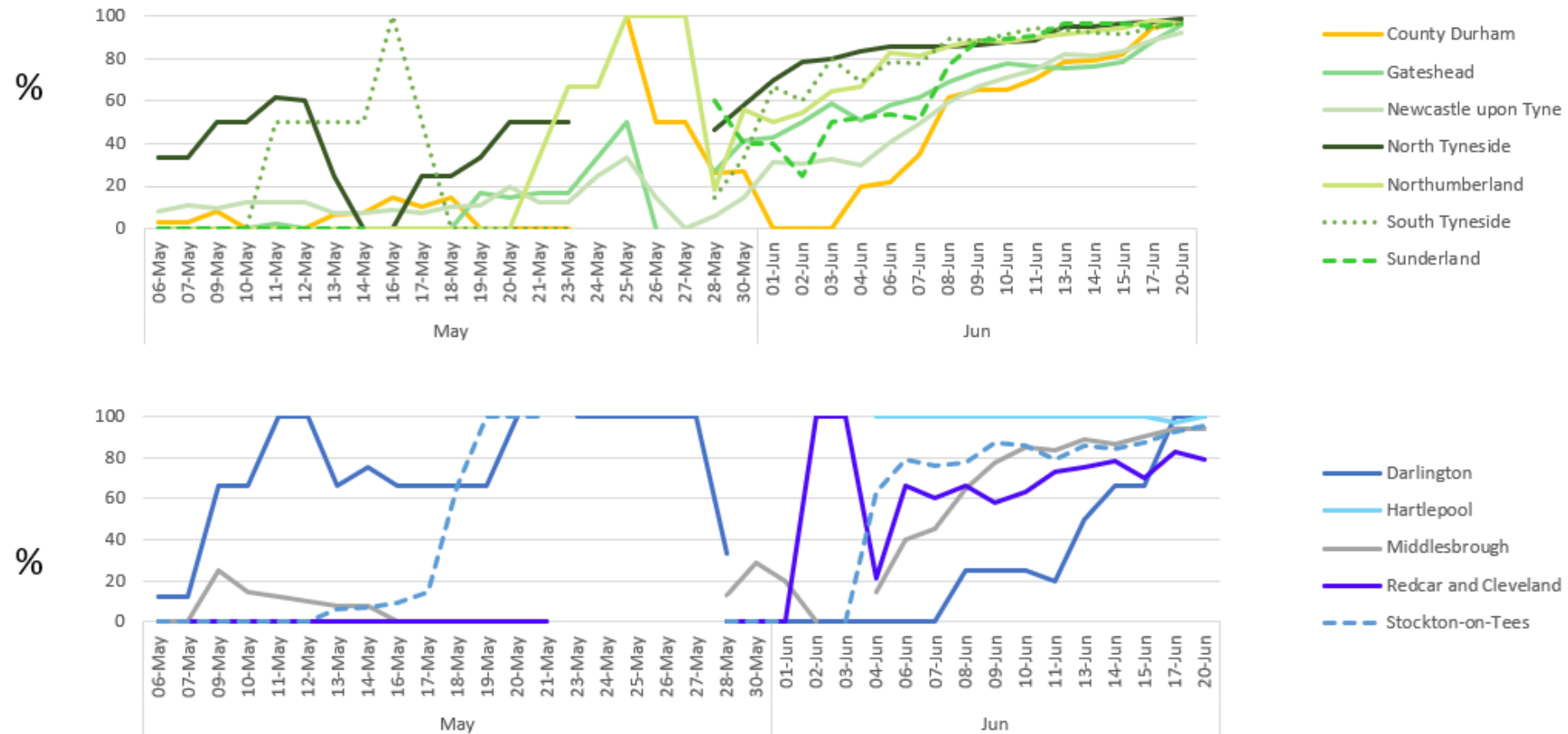


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Test 4. Our assessment of the risks is not fundamentally changed by new Variants of Concern.







Percentage of COVID-19 cases with detectable S-gene (delta, gamma and beta variants) as a 7 day rolling rate
North East and Tees Valley LAs, latest data reported 17 June




Step 3 - after 17th May and as we progress

STEP 3

At least five weeks after Step 2, no earlier than 17 May.

 Indoor entertainment and attractions.	 30 person limit outdoors. Rule of 6 or two households indoors (subject to review).	 Domestic overnight stays.
 Organised indoor adult sport.	 Most significant life events (30).	 Remaining outdoor entertainment (including performances).
 Remaining accommodation.	 Some large events (except for pilots) - capacity limits apply. Indoor events: 1,000 or 50%. Outdoor other events: 4,000 or 50%. Outdoor seated events: 10,000 or 25%.	 International travel - subject to review.

Safe Behaviours

 Wash hands frequently, for at least 20 seconds.	 Wear a face covering in enclosed environments.	 Maintain space with anyone outside your household or bubble.
 Meet with others outdoors where possible.	 Minimise the number of different people you meet and the duration of meetings, if possible.	 Let fresh air in.
 Download the NHS Test & Trace app.	 Get a test immediately if you have any symptoms.	 Self isolate if you have symptoms, have tested positive, or had contact with someone with COVID-19.

Next Phase – Recovery

Longer term Impacts of COVID

- **Economic** – job losses, business failure, lower incomes, changes in consumer behavior
- **Educational** – missed curriculum learning, impact on social development, missed PHSE, poorer attainment, missed extracurricular opportunities, missed PE and School Sports
- **Health** – Long COVID, backlog of elective care, increase in anxiety and depression, increase in obesity, decrease in Physical Activity, increase in deaths, staff burnout health and social care sectors
- **Social** – increase in social isolation, increase risk of abuse and exploitation during lockdown, relationship pressures, family separation and breakdown

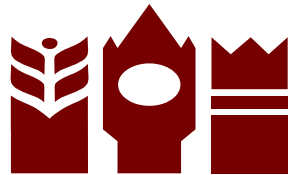
UK Recovery Strategy July 2020

1. **Supress the virus** – Test and Trace, Outbreak management, easing of restrictions, hands face space
2. **Open up society and the economy** – support to businesses, easing of restrictions, Access to Work
3. **Plan to rebuild** – access to testing, self isolation, continued enforcement, vaccination strategy
4. **Preparing for winter** –preventing resurgence in cases, avoiding outbreaks of other respiratory diseases
5. **Lifting restrictions step by step** – Following the Roadmap, assess evidence before each step, plan for different scenarios, review the situation regularly



**DARLINGTON
BOROUGH COUNCIL**

Any questions?

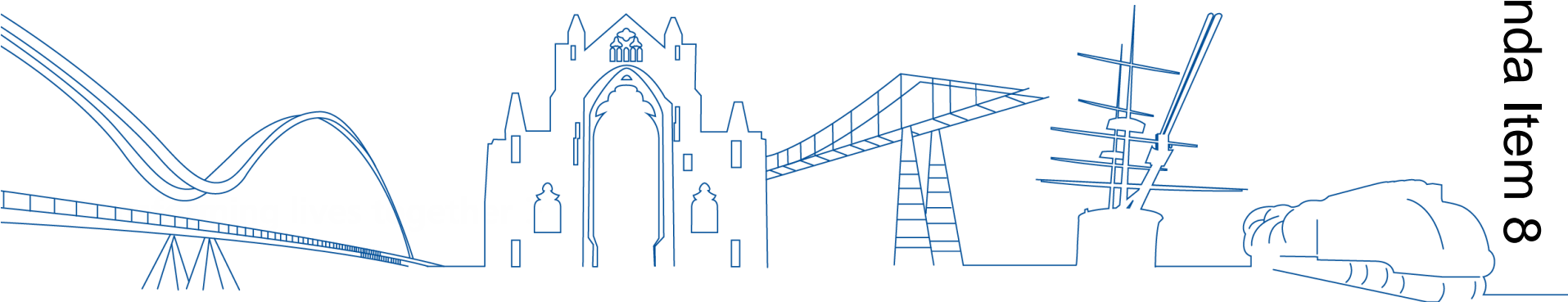


Covid-19 vaccination programme- Update and synopsis [Darlington focus]

Darlington Health and Housing Scrutiny- June 2021

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Prepared by: Rebecca Warden- Commissioning Lead- Primary Care Rebecca.warden1@nhs.net



Agenda Item 8

Key milestones- Phase one- Cohorts 1-9

November
2020

- NHSE/I requested general practice to make urgent preparations, to contribute to a potential covid-19 vaccination programme, through an Enhanced Service [ES]
- Practices, working as Primary Care Network groupings, had to 'designate' one site, per PCN grouping to receive the vaccine and consumables
- Designated site applications were submitted to the CCG and application were recommended to NHS England/ Improvement [NHSE/I] for approval [13 sites]

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December/
January 2021

- Practices across Tees had to sign up to the final published ES by 23:59 on 7th December 2020 [All 80 practices/ 14 PCNs (working as 13 'groupings') signed up]
- PCN groupings went live in delivering the vaccination programme in 'waves', with the first PCN groupings going live on 14th December 2020
- Two pharmacy sites across Tees were approved to deliver vaccinations by NHSE/I
- Darlington PCN went live w/c 4th January 2021

February/
March 2021

- Additional community pharmacy sites across Tees were proposed by NHSE/I on 5th February 2021 to provide the covid-19 vaccination programme
- Four additional pharmacy sites were approved to deliver vaccinations by NHSE/I and went live on 8th March 2021 [1 in Darlington- Cockerton Pharmacy]
- Two 'mass vaccination centres' went live across Tees- 1st March- Darlington Arena, 22nd March Riverside Stadium, Middlesbrough



Key milestones- Phase two- Cohorts 10-12

March 2021

- March- NHSE/I notified PCNs of an update to the COVID-19 Vaccination Programme 2020/21 ES Specification, covering phase 2 cohorts 10-12 [ages 18-49]
- 19th March- PCNs wishing to opt in to providing the vaccination programme to cohort 10-12 had to set out their expression of interest by completing a template and returning this to the CCG
- 19th-23rd March- The CCG met with PCNs who had submitted an expression of interest in delivering vaccinations to cohorts 10-12 to gain assurance on the application
- 23rd March- All expressions of interest received were submitted to NHSE/I
- 31st March- All received expressions of interest were submitted to NHSE/I for approval
- Darlington PCN opted out of vaccinating cohorts 10-12

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April/ May 2021

- Additional community pharmacy sites were proposed by NHSE/I [Inc. Firth Moor Community Centre- Darlington] to provide the covid-19 vaccination programme
- Darlington PCN signalled intention to give 42 days notice to exit the enhanced service, including vaccination of c1-9, with the PCN due to exit the service on 16th July 2021
- Darlington PCN stopped providing 1st dose vaccines on 18th April 2021 to ensure they could give all 2nd doses by their exit from the service date
- 13th April-29th April- cohort 10 were invited to book a vaccine via the national booking system [i.e. Arena/ Community Pharmacy]
- 13th May-26th May- cohort 11 were invited to book a vaccine via the national booking system

June 2021

- Firthmoor Community Centre Community Pharmacy goes live w/c 14th June delivering the Pfizer vaccine, providing additional capacity in to Darlington
- 2 additional community pharmacy sites in Stockton on Tees and 1 in Redcar also to go live 28th June [Darlington residents will have option to book in to these sites also on the national booking system]
- Darlington PCN is completing all 2nd doses for patients who receive a 1st dose vaccine at Feethams
- 8th June- cohort 12 [age 25-29] invited to book a vaccine via the national booking system



Vaccination uptake - Data as at 10th June 2021 (Cohorts 1-12)

Darlington - vaccinations given to Darlington PCN patients to Thursday 10th June - Data from Foundry

Priority Group	Total Registered	1st Dose			2nd Dose		
		Vaccinated	%	Outstanding	Vaccinated	%	Outstanding
1 - Care Home	606	583	96.2%	23	545	89.9%	61
2 - Aged 80+ & FL HCW	8,442	8,084	95.8%	358	7,735	91.6%	707
3 - Aged 75-79	4,076	3,955	97.0%	121	3,886	95.3%	190
4 - Aged 70-74 & High Risk 16-69	8,864	8,402	94.8%	462	8,151	92.0%	713
5 - Aged 65-70	5,265	4,962	94.2%	303	4,800	91.2%	465
6 - Moderate Risk 16-69	15,768	13,112	83.2%	2,656	10,458	66.3%	5,310
7 - Aged 60-64	3,672	3,356	91.4%	316	2,762	75.2%	910
8 - Aged 55-59	4,559	4,074	89.4%	485	2,418	53.0%	2,141
9 - Aged 50-54	4,954	4,289	86.6%	665	3,336	67.3%	1,618
10 - Aged 40-49	9,524	7,251	76.1%	2,273	1,139	12.0%	8,385
11 - Aged 30-39	10,621	5,565	52.4%	5,056	889	8.4%	9,732
12 - Aged 18-29	11,596	1,432	12.3%	10,164	805	6.9%	10,791
Darlington PCN Total	87,947	65,065	74.0%	22,882	46,924	53.4%	41,023
TV CCG Total	561,567	405,870	72.3%	155,697	302,332	53.8%	259,235
NENC Total	2,536,323	1,881,712	74.2%	654,611	1,376,370	54.3%	1,159,953

- 74.0% of eligible population have now received 1st dose compared to 72.3% across the Tees Valley and 74.2% across NENC
- 53.4% of eligible population have now received 2nd dose compared to 53.8% across the Tees Valley and 54.3% across NENC
- 0.4% of eligible population have declined the vaccine which compares to 1.2% both across the Tees Valley and the NENC
- Despite Darlington PCN opting out of the vaccination programme, this does not seem to have a determinantal impact on uptake
- *Note- This information is Health related data in respect of vaccinations undertaken at all sites e.g. PCN, mass vaccination and community pharmacy and may differ to Local Authority data*



Darlington PCN- in focus

Feethams
House

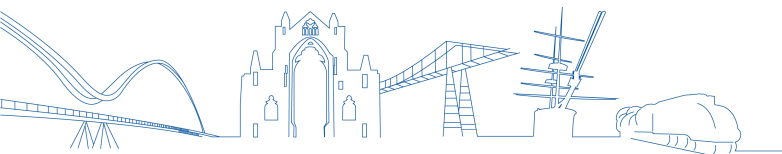
Stakeholder
meeting

Local
Authority
support

Volunteers

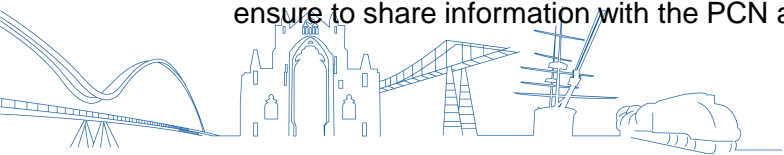
Reaching out
to the
community

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Ongoing actions and response

- **Exit planning-**
 - As the PCN prepares to exit the vaccine programme service the CCG continues to work closely with the PCN and the mass vaccination centre/ Community Pharmacy in Darlington
 - The CCG is working with the PCN on its exit plan, including handing back of the estate
 - The PCN will ensure that prior to exit that wherever possible all patients who received a 1st dose from the PCN will be invited to receive a 2nd dose
 - Patients can also attend the mass vaccination centre/ community pharmacy for the 2nd dose
- **Vaccine supply/ providers and regional requests-**
 - The CCG continues to support the planning of vaccine supply by reviewing the proposed deliveries from NHSE/I and identifying areas of prioritisation based on total numbers left to vaccinate
 - *Note-* Vaccination delivery and planning for mass vaccination and community pharmacy is undertaken by NHSE/I
 - The CCG continues to work with PCNs, NHSE/I, the LMC and the LPC to review any additional pharmacy applications to ensure maximum coverage for patients in cohorts 10-12
 - The CCG continues to respond to requests for information from the regional vaccination team, wherever possible, collating this information on behalf of PCNs to reduce the burden on already busy clinical and operational teams
- **Weekly briefing-**
 - The CCG prepares a weekly briefing report which is circulated to PCNs and the system to provide an overview of key updated guidance/ policy and the operational response to the programme
- **Key messages-**
 - The Communication Team continues to promote key messages about the vaccine programme and also provide opportunities for PCNs and the CCG to share the progress they are making through key media channels
- **Health inclusion-**
 - Dialogue and planning continues with the five Local Authorities across Tees to ensure plans are in place for patients in health inclusion groups [e.g. homeless, travellers, BAME] to access the vaccine
- **Phase 3 planning-**
 - The region are starting to commence plans for a booster programme- Details are limited at this time but the CCG will ensure to share information with the PCN and the system in a timely manner once this becomes available



COVID-19 vaccination sites across the Tees Valley



Tees Valley
Clinical Commissioning Group

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DARLINGTON

- MASS VACCINATION SITES
- 2. DARLINGTON ARENA DL2 1DL
- PHARMACY SITES
- 3. COCKERTON PHARMACY DL3 9EJ
- 4. FIRTHMOOR COMMUNITY CENTRE/MANAGED BY COCKERTON PHARMACY DL1 4SU

STOCKTON ON TEES

- LOCAL VACCINATION SERVICES (GP LED)
- 1. QUEENS PARK MEDICAL CENTRE TS18 2AW
- 2. RIVERSIDE MEDICAL PRACTICE TS18 2AP
- 3. MARSH HOUSE MEDICAL PRACTICE TS23 2DG
- 4. THORNABY & BARWICK MEDICAL GROUP TS17 0RJ
- PHARMACY SITES
- 5. FAIRFIELD PHARMACY TS19 7PQ
- 6. INGLEBY BARWICK COMMUNITY HALL/MANAGED BY COULBY NEWHAM PHARMACY TS17 0YL
- 7. PAVILLION SHOPPING CENTRE/MANAGED BY COULBY NEWHAM PHARMACY TS17 9FF

HARTLEPOOL

- LOCAL VACCINATION SERVICES (GP LED)
- 1. ONE LIFE TS24 7PW
- 2. HARTLEPOOL TOWN HALL TS24 BAH
- 3. VICTORIA MEDICAL CENTRE TS26 8DB
- PHARMACY SITES
- 4. BOOTS TS24 0XR

MIDDLESBROUGH

- LOCAL VACCINATION SERVICES (GP LED)
- Holgate and Greater Middlesbrough
- 1. LINTHORPE SURGERY TS3 6AL
- Eston Primary Care Network
- 2. LOW GRANGE HEALTH VILLAGE TS6 6TD
- Central Middlesbrough
- 3. THORNTREE SURGERY TS3 9NB
- MASS VACCINATION SITES
- 4. RIVERSIDE STADIUM TS3 6RS
- PHARMACY SITES
- 5. ACKLAM PHARMACY TS5 5HR

REDCAR AND CLEVELAND

- LOCAL VACCINATION SERVICES (GP LED)
- 1. REDCAR PRIMARY CARE HOSPITAL TS10 4NW
- 2. THE GARTH TS14 7DJ
- PHARMACY SITES
- 3. KINGSTON PHARMACY TS12 2TG
- 4. SALTBURN PHARMACY TS12 1AE
- 5. JHOOTS PHARMACY TS10 2RF

Mass vaccination/pharmacy sites - Patients who are eligible can access these sites by going online www.nhs.uk/covid-vaccination or by dialling 119

Local vaccination services (GP led) - Groups of General Practices working together from one local vaccination site. Do not contact your surgery to book an appointment.

People should not turn up to any site without an appointment.

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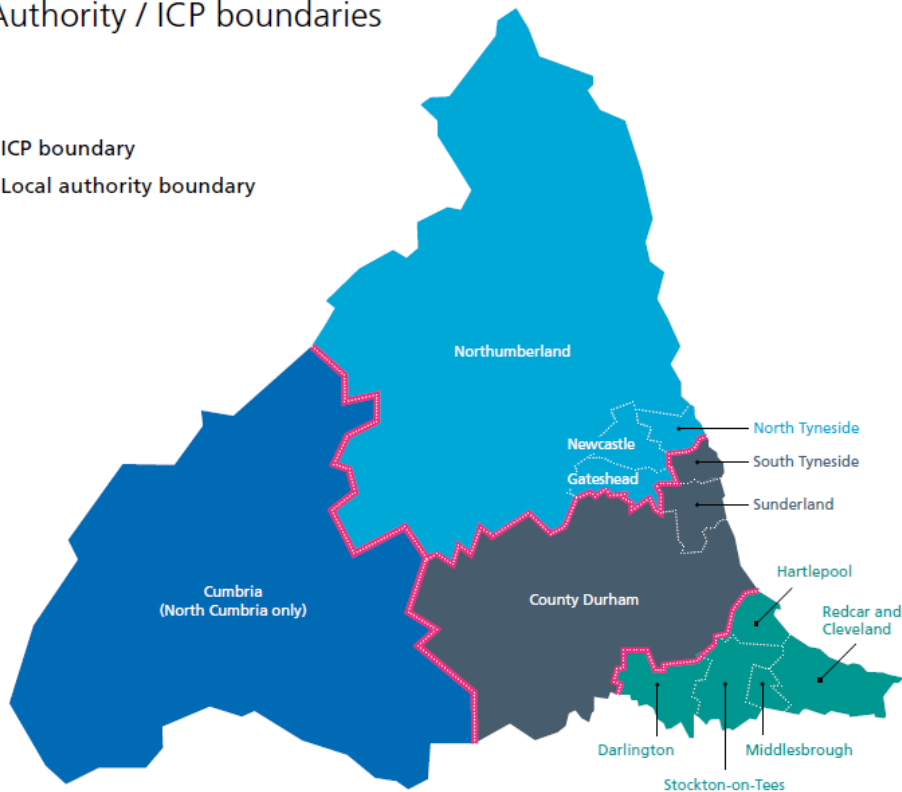
NHS Tees Valley CCG Financial Challenges and Impact on Services 'H1 2021/22' (6 months Apr – Sep21)



North East and North Cumbria

Local Authority / ICP boundaries

- ICP boundary
- - - - - Local authority boundary



North Cumbria ICP

Population: 324,000
1 CCG: North Cumbria
Primary Care Networks: 8
1 FT: North Cumbria Integrated Care NHS Foundation Trust (NCIC)
1 Council Area: Cumbria County Council (with 4 District Councils) North West Ambulance Service

NENC ICS-wide

North East Ambulance Service FT covers: North of Tyne and Gateshead ICP; Durham, South Tyneside and Sunderland ICP; Tees Valley South ICP

CNTW Mental Health FT covers: North Cumbria ICP; North of Tyne and Gateshead ICP; plus part of South Tyneside and Sunderland ICP

TEWV Mental Health FT covers: Tees Valley ICP; plus part of South Tyneside and Sunderland ICP

Newcastle upon Tyne Hospital FT: provider of highly specialised and specialised national and regional services (including transplant, paediatric specialisms and major trauma)

South Tees Hospitals FT: provider of highly specialised north of England and regional services (including cardiothoracic, spinal, cochlear implant, neurosciences, gynaecology, urology and major trauma)

North of Tyne and Gateshead ICP

Population: 1.079M
3 CCGs: Northumberland, North Tyneside, Newcastle Gateshead
Primary Care Networks: 22
3 FTs: Northumbria, Newcastle, Gateshead
4 Council Areas: Northumberland, North Tyneside, Newcastle, Gateshead

Durham, South Tyneside and Sunderland ICP

Population: 997,000
3 CCGs: South Tyneside, Sunderland, County Durham
Primary Care Networks: 22
2 FTs: South Tyneside & Sunderland, County Durham and Darlington
3 Council Areas: South Tyneside, Sunderland, County Durham

Tees Valley ICP

Population: 701,000
1 CCG: Tees Valley
Primary Care Networks: 14
3 FTs: County Durham and Darlington, North Tees & Hartlepool, South Tees
5 Council Areas: Hartlepool, Stockton on Tees, Darlington, Middlesbrough, Redcar & Cleveland



TVCCG(Tees Valley CCG)

TVICP (Tees Valley Integrated Care Partnership)
(Including: TVCCG, Tees Esk and Wear Valleys NHSFT, North Tees and Hartlepool NHSFT, South Tees Hospitals NHSFT) (*Note: System Financial Calculation excludes County Durham & Darlington NHSFT - as in Central ICP*)

£ ICP
System
Financial
Envelope

NENCICS (North East and North Cumbria Integrated Care System)

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Financial Plan (H1) - 1 April to 30 September 2021

Overview

The purpose of this report is to provide an update on the planning guidance and financial envelopes for the 6 months to 30 September 2021 ('H1') and present the CCG's proposed budgets for 2021/22 for that period to Darlington Health & Housing Scrutiny Committee.

This report focuses on the 'H1' financial allocation (**appendix 1**) that supports the CCG's plans and includes a high level analysis of 'H1' CCG budgets (**appendix 2**). The budgets presented are consistent with the latest financial plan submitted to NHSE/I on 6 May 2021 and is aligned to the activity return and workforce assumptions from the NHS People Plan.

The guidance on finance and contracting arrangements for H1 2021/22 (1 April 2021 to 30 September 2021) was published on 25 March 2021. The arrangements for H1 are similar to the second half of 2020/21 ('H2 2020/21') with ICP system financial envelopes.

For Tees Valley, system envelopes are again set at 'Tees Valley' Integrated Care Partnership (ICP) level, and the CCG is operating financially across three levels, as an individual organisation, as part of the TVICP, and as part of the North East and North Cumbria Integrated Care System as shown on the previous slide:



Appendices

Appendix 1 - CCG Allocations H1 2021/22

Appendix 2 - Revenue budgets H1 2021/22



CCG Allocations H1 2021/22

Appendix 1

A summary of the Tees Valley CCG allocations (including relevant system funding that the CCG holds as lead for the ICP) is shown in the table below:

CCG Allocations for H1 2021/22	CCG Funding £'000	Held on behalf of the ICP £'000	Total £'000
Tees Valley CCG Allocations			
CCG programme allocation	554,572		554,572
Primary Care Delegated	56,829		56,829
Running costs	6,456		6,456
Total CCG Funding Allocations	617,856	0	617,856
System funding held as Lead CCG			
System Top-up funding		15,980	15,980
System Growth funding	835	8,940	9,775
System Covid funding	8,888	29,442	38,330
Total System Funding	9,723	54,362	64,085
Total System envelope funding in CCG plan	627,579	54,362	681,941
SDF and Spending Review (SR) funding in plan			
Mental Health SDF and SR funding	2,613		2,613
Other SDF included in financial plan	646		646
Total SDF and SR allocations in plan	3,259	0	3,259
Total CCG funding in financial plan	630,838	54,362	685,200



Revenue budgets H1 2021/22

Revenue Budgets	H1 2021/22 Annual Financial Plan £'000
Resources available	685,200
Commissioning Spend:	
Acute services	333,247
Mental Health/Learning Disabilities services	92,088
Community services	44,482
Continuing Care / funded nursing care (FNC) services	52,516
Prescribing	65,475
Primary Care services	7,049
Primary Care Delegated Commissioning	57,818
Other Programme Services	30,367
Running Costs	6,456
Grand Total Application of Funds	689,497
Net in-year surplus / (deficit)	(4,297)

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Appendix 2

The CCG plan shows a £4.297m deficit for the 6 months to end of September and includes delivery of relevant financial targets:

- Mental Health Investment Standard (MHIS) delivered
- Better Care Fund (BCF) - minimum 5.3% contribution delivered
- Running Costs maintained within the Running Cost Allocation (RCA)

Included within the plan are expected QIPP efficiencies for the first half of the year of £2.306m (0.37% of CCG allocations).

The table below shows the overall Tees Valley ICP position and delivery of a £0.4m surplus required to support the wider ICS:

Tees Valley ICP H1 2021/22 Plan	Tees Valley CCG £'000	Total NHS FTs £'000	Total System £'000
Net in-year surplus / (deficit)	(4,297)	4,697	400



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HEALTH AND HOUSING SCRUTINY COMMITTEE 23 JUNE 2021

STRIDE AND ACCESS TEAM

SUMMARY REPORT

Purpose of the Report

1. To update the Scrutiny Committee on the mobilisation of the new STRIDE (Support, Treatment, Recovery in Darlington through Empowerment) Service and to brief members on the exciting new ACCESS (Assertive Community Connection and Engagement Support Service) Team.

Summary

2. STRIDE became operational on 17th August 2020 and the impact of Covid19 lockdowns has impacted on the Service in terms of engagement with partners and organisations with the Borough. The Service has been providing support and treatment to those who need it throughout both lockdowns and as we move through the Roadmap, will continue to do so and have more of a visible presence within the Community.
3. The ACCESS team has recently been established since mid-May and is grant funded for a period of 12 months from additional PHE monies. The public health team were invited to bid for additional resource to fund new and innovative interventions to support local areas address and reduce elements of crime in local communities associated with the drug market, particularly acquisitive crime and violent crime and reduce drug-related deaths.

Recommendation

4. It is recommended that :-
 - (a) The update on STRIDE be noted; and
 - (b) The new ACCESS team be welcomed.

James Stroyan
Group Director of People

Background Papers

No background papers were used in the preparation of this report

author : Abbie Metcalfe and Mark Harrison
Extension 6586

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	The initiative could have a positive impact on people's health and well-being.
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	There are no specific Wards which are affected by this report.
Groups Affected	All
Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	Not a key decision
Urgent Decision	Not an urgent decision
One Darlington: Perfectly Placed	To enable people to be more healthy and independent, to enable children with the best start in life and to provide a safe and caring community
Efficiency	The outcome of this report does not impact on the Council efficiency agenda
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

STRIDE (Support, Treatment, Recovery in Darlington through Empowerment)

5. The new substance misuse service provided by We Are With You is known as STRIDE and commenced on 17th August 2020.
6. The new service will offer a range of exciting and flexible treatment options, including:
 - (a) A range of ways to access support, dependent on the individual's circumstances and preferences. This includes face to face appointments, as well as online and over the phone.
 - (b) A range of different interventions, groups and activities to support people in their recovery.
 - (c) Support offered in different community settings.
 - (d) The introduction of an exciting Ambassador programme with Intuitive Thinking Skills, using the skills of those with lived experience to support others.
 - (e) There will be the offer of a new 'on-site supervised consumption' option for those who would benefit from daily support through the service.

- (f) Setting-up an exciting Recovery Academy Darlington programme (RADAR) which will provide quasi residential rehab in Darlington.
- 7. The Service model is attached as **Appendix 1**.
- 8. The Covid-19 pandemic has presented some additional challenges when transitioning services. Whilst essential services have continued to be provided, some of the developments outlined above, have been delayed.
- 9. The new Service creates aspiration for recovery and reinforces opportunities to identify with and be part of a recovery community at the end of the structured treatment.
- 10. A recovery community, based in a local, familiar area where individuals can be supported and give back to the community as a peer mentor, a volunteer or being supported to undertake opportunities relating to education, training, or employment.

ACCESS (Assertive Community Connection and Engagement Support Service)

- 11. The ACCESS team will deliver an intensive programme to improve the experience and outcomes for offenders in Darlington. This will be achieved through an enhanced and focussed offer of support, will increase treatment options, enhance recovery capacity, development of new diversionary interventions and accelerate and improve integration and improve care pathways with partners in the borough.
- 12. The innovative interventions at a local level will be monitored and evaluated nationally and learning will be used to inform improved pathways from the criminal justice system, increased use of community sentences and understand the treatment requirements that will be required to support better pathways and outcomes for offenders.

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UNIVERSAL SUPPORT



WEBCCHAT



PEER SUPPORT



FAMILY SUPPORT



TRAUMA SENSITIVE APPROACH

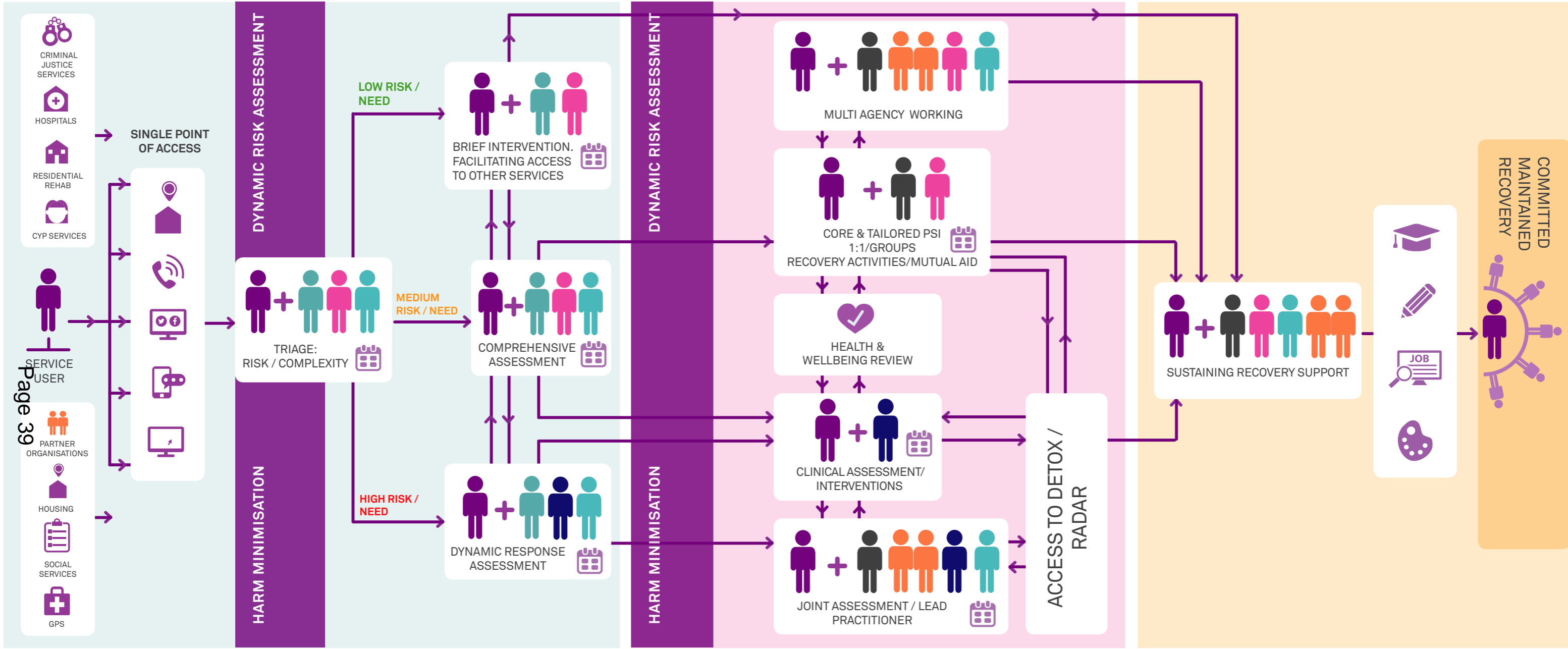


PARTNER COLLABORATION

ASSESSMENT, ENGAGEMENT AND EARLY INTERVENTION

BEHAVIOUR CHANGE

COMMUNITY ASSISTED RECOVERY



COMMUNITY/SERVICE RECONNECTION – ASSERTIVE OUTREACH & RE-ENGAGEMENT



COMMUNITY ENGAGEMENT

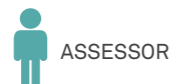
KEY



CASELOAD SEGMENTATION



COMMUNITY



ASSESSOR



RECOVERY AMBASSADOR



FAMILY/CARER



RECOVERY CO-ORDINATOR



CLINICAL TEAM



PARTNER ORGANISATIONS

Addaction - Part Lower Ground Floor, Gate House, 1-3 St John's Square, London EC1M 4DH

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HEALTH AND HOUSING SCRUTINY COMMITTEE 23 JUNE 2021

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 2021/22 Municipal Year and to consider any additional areas which Members would like to suggest should be included.

Summary

2. Members are requested to consider the attached draft work programme (**Appendix 1**) for the next Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Scrutiny Committee in the last Municipal Year.
3. Once the work programme has been approved by this Scrutiny Committee, 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**).

Recommendation

4. Members are requested to consider and approve the attached draft work programme as the agreed work programme for the Municipal year 2021/22 and consider any additional items which they might wish to include.

Elizabeth Davison
Group Director of Operations

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

MAIN REPORT

Information and Analysis

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

SCS Outcomes

- 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) More people healthy and independent
- g) A place designed to thrive

Three Conditions

- a) Build Strong Communities
- b) Grow the Economy
- c) Spend every pound wisely

Note - the SCS is currently under review and is due to be considered further at a meeting of Council on 15 July 2021

7. 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

8. 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.
9. 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
COVID-19 Recovery and Vaccinations (two presentations)	23 June 2021	Public Health/CCG	A safe and caring community More people healthy and independent Enough support for people when needed	Build strong communities		To receive regular updates and undertake any further detailed work if necessary.
NHS Clinical Commissioning Group Financial Challenges and Impact on Services (presentation)	23 June 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
Drug and Alcohol Service Contract	23 June 2021	Ken Ross	A safe and caring community More people healthy and independent	Build Strong Communities Spend every pound wisely		To update Scrutiny Members undertake any further work if necessary.

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
CCG Stroke Services/Review of Stroke Rehabilitation Services	25 August 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
Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	Year End/Q4 25 August 2021 Q2 December 2021	Relevant AD	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 receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Our Big Conversation – Strategic Framework and Business Plan	25 August 2021	TEWV				To update Scrutiny Members undertake any further work if necessary.
Homelessness Strategy and the Homelessness Reduction Act	20 October 2021	Anthony Sandys	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

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Healthwatch Darlington - The Annual Report of Healthwatch Darlington	20 October 2021 Last considered 2 September 2020	Michelle Thompson, HWD	A safe and caring community Children with the best start in life More people healthy and independent	Build strong communities. Spend every pound wisely		To scrutinise and monitor the service provided by Healthwatch – Annual
Customer Engagement Strategy 2021-2024 Update	15 December 2021	Anthony Sandys	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.
Community Mental Health Transformation (Right Care, Right Place)	15 December 2021 Last considered 21 October 2020	Jennifer Illingworth, TEWV	Enough support for people when needed	Build strong communities. Spend every pound wisely		To receive a briefing and undertake any further detailed work if necessary.
Review of the Housing Allocations Plan	To be agreed	Anthony Sandys/ 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

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Better Care Fund	To be agreed Last considered 2 September 2020	Paul Neil				To receive an update on the position of the Better Care Fund for Darlington
Director of Public Health Annual Report and Health Profile	To be agreed - 2022	Penny Spring	More people healthy and independent			Annual report
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

Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
<p>Primary Care (to include GP Access to appointments)</p> <p>To include:-</p> <p>Digital Health (formerly Telehealth)</p>	<p>To be agreed Last considered 31 October 2019</p> <p>To be agreed Last considered 19 December 2018 ; and by Review Group 16 Nov 2016</p>	<p>Rebecca Thomas CCG/ Amanda Riley PCN</p> <p>Ian Dove CDDFT</p>	<p>More people healthy and independent</p> <p>More people active and involved</p>	<p>Build Strong Communities</p> <p>Spend Every Pound Wisely</p>		<p>To scrutinise development around Primary Care Network and GP work, including digital health and its application, including signposting to services.</p>
<p>Childhood Healthy Weight Plan (Childhood Obesity Strategy)</p>	<p>Last considered 30 January 2020</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 review the effectiveness of the Childhood Healthy Weight Plan on childhood obesity and mental health links in children and young people.</p>
<p>Crisis Service Changes</p>	<p>To be agreed Last considered 21 October 2020</p>	<p>Jennifer Illingworth, TEWV</p>	<p>Enough support for people when needed</p>	<p>Spend every pound wisely</p>		<p>To receive a briefing 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
Tenancy Policy	To be agreed Last considered 21 October 2020	Pauline Mitchell	Enough support for people when needed	Build strong communities		To consider the updated Tenancy Policy.
Non Elective Urology Briefing	To be agreed Last considered 16 December 2020	CCG	Enough support for people when needed			To receive a briefing and undertake any further detailed work if necessary.
Integrated Care System (ICS) (Formerly Sustainability and Transformation Plan (STP) including the Better Health Programme (BHP)) Engagement and Communication Strategy	To be agreed Last considered 3 March 2021	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

JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

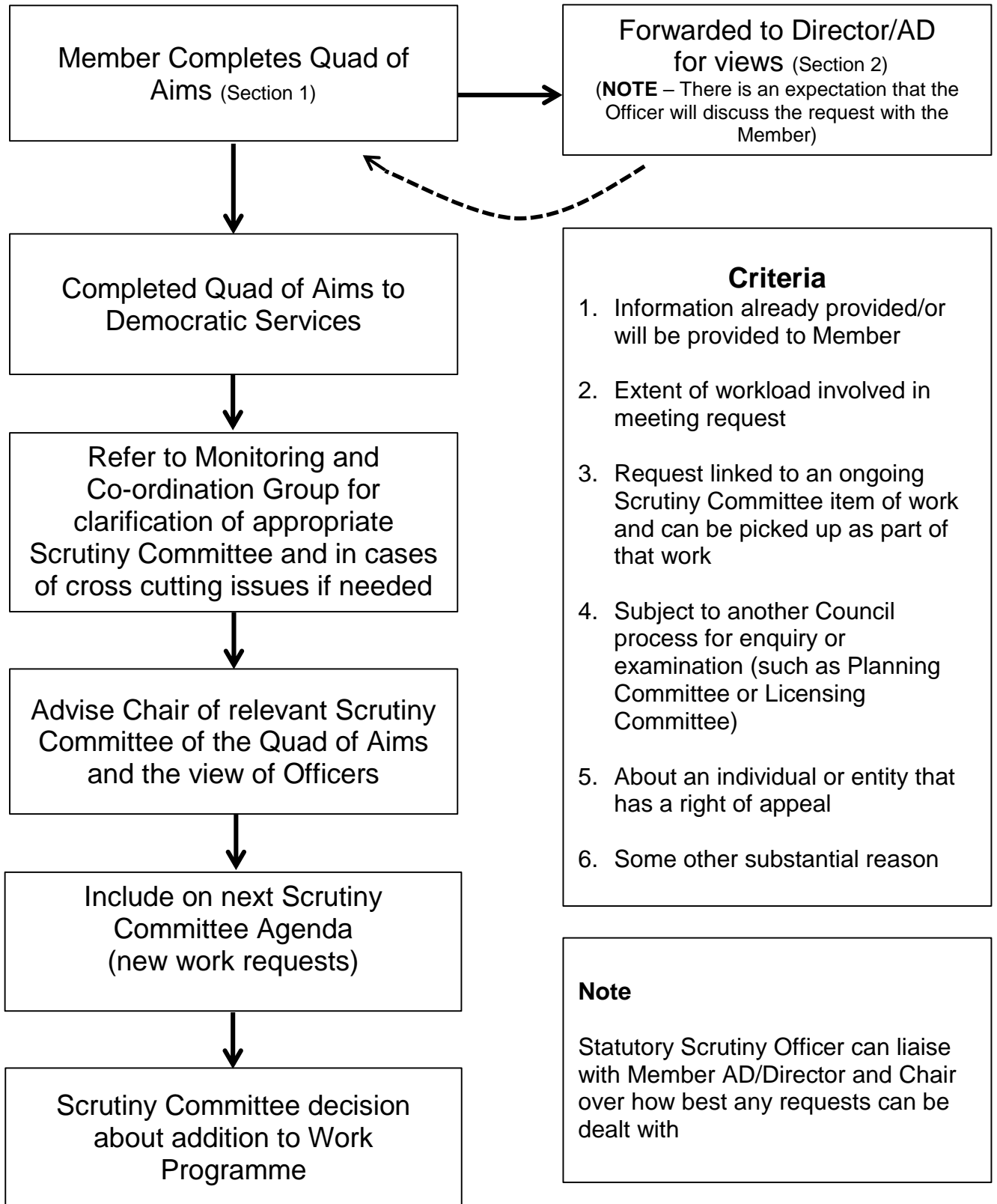
Topic	Timescale	Lead Officer/ Organisation Involved	SCS Outcome	Darlington Conditions	Link to PMF (metrics)	Scrutiny's Role
Loneliness and Connected Communities Adults and Housing to Lead	Scoping meeting 28 January 2020 Meeting on 5 October 2020 Meeting on 15 December 2020					
CQC Ratings in the Borough of Darlington Health and Housing to lead	Scoping Meeting held 18 November 2019 Briefing note circulated 21 October 2020					To monitor and evaluate CQC scoring across the Borough for heath and care settings.

Page 1

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 Meeting held 24 February 2021 Report to scrutiny on 14 April 2021		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.

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)

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	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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**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

FOR THE PERIOD: 2 JUNE 2021 - 31 OCTOBER 2021

Title	Decision Maker and Date
Climate Change Cross Party Working Group	Cabinet 6 Jul 2021
Collection of Council Tax, Business Rates and Rent 2020-21	Cabinet 6 Jul 2021
Disabled Facilities Grant (DFG)	Cabinet 6 Jul 2021
Land at Faverdale East Business Park	Cabinet 6 Jul 2021
Playing Pitch and Facilities Strategy	Cabinet 6 Jul 2021
Project Position Statement and Capital Programme Monitoring Outturn 2020/21	Cabinet 6 Jul 2021
Project Position Statement and Capital Programme Monitoring - Quarter One	Cabinet 6 Jul 2021
Proposed Waiting Restrictions on Woodland Road, Outram Street and Duke Street	Cabinet 6 Jul 2021
Revenue Budget Outturn 2020/21	Cabinet 6 Jul 2021
Revenue Budget Monitoring - Quarter 1	Cabinet 6 Jul 2021
Schedule of Transactions	Cabinet 6 Jul 2021
Xentrall Shared Services Annual Report	
Annual Review of the Investment Fund	Cabinet 7 Sep 2021
Complaints Made to Local Government Ombudsman	Cabinet 7 Sep 2021
Complaints, Compliments and Comments Annual Reports 2019/20	Cabinet 7 Sep 2021
Rail Heritage Quarter Update	Cabinet 7 Sep 2021
Restoration of Locomotion No 1 Replica	Cabinet 7 Sep 2021
Regulatory Investigatory Powers Act (RIPA)	Cabinet 7 Sep 2021
School Term Dates 2022/23	Cabinet 7 Sep 2021

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Tees Valley Energy Recovery Facility	Cabinet 7 Sep 2021
Council Fleet	Cabinet 7 Sep 2021
Annual Procurement Plan 2021/22 - Update	Cabinet 5 Oct 2021
Treasury Management Annual and Outturn Prudential Indicators 2020/2021	Council 25 Nov 2021 Cabinet 5 Oct 2021