DARLINGTON
Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am
Wednesday, 25 August 2021
Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting

2. Declarations of Interest

3. To approve the Minutes of the meeting of this Scrutiny held on 23 June 2021 (Pages 5 - 10)

4. Update on Community Rehabilitation Stroke Pathway for Darlington –
Presentation by Head of Commissioning and Strategy, NHS Tees Valley Clinical Commissioning Group
(Pages 11 - 18)

5. COVID-19 Vaccination Programme - Update –
Presentation by Head of Commissioning and Strategy, NHS Tees Valley Clinical Commissioning Group
(Pages 19 - 24)

6. COVID-19 Recovery –
Presentation by Director of Public Health
(Pages 25 - 30)

7. Care Quality Commission Inspection Update –
Presentation by Chief Executive Officer, Tees, Esk and Wear Valley NHS Foundation Trust

(Pages 31 - 38)

8. TEWV's new Strategic Framework and Business Plan –
   Presentation by Chief Executive and Director of Operations, Durham & Darlington, Tees, Esk and Wear Valley NHS Foundation Trust
   (Pages 39 - 50)

9. Performance Indicators - Quarter 4 2020/2021 –
   Report of Group Directors of Operations, People and Services
   (Pages 51 - 100)

10. Work Programme –
    Report of Group Director of Operations
    (Pages 101 - 116)

11. Health and Wellbeing Board –
    The Board last met on 18 March 2021. The next meeting is scheduled for 16 September 2021.

12. Regional Health Scrutiny

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, 17 August 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

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Agenda Item 3

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 23 June 2021

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

APOLOGIES – Councillor Dr. Chou

ABSENT – Councillor Heslop

ALSO IN ATTENDANCE –Jill Foggin (Communications Officer, County Durham and Darlington Foundation Trust), Mark Pickering (NHS Tees Valley Clinical Commissioning Group), Michelle Thompson (Healthwatch Darlington) and Karen Hawkins (Director of Commissioning, Strategy and Delivery of Primary Care)

OFFICERS IN ATTENDANCE – Penny Spring (Director of Public Health), Ken Ross (Public Health Principal), Abbie Metcalfe (Business Officer Public Health), Mark Harrison (Public Health Consultant) and Hannah Fay (Democratic Officer)

HH1 APPOINTMENT OF CHAIR FOR THE MUNICIPAL YEAR 2021/22

RESOLVED – That Councillor Bell be appointed Chair of this Committee for the 2021/22 Municipal Year.

HH2 APPOINTMENT OF VICE-CHAIR FOR THE MUNICIPAL YEAR 2021/22

RESOLVED – That Councillor Bartch be appointed Vice-Chair of this Committee for the 2021/22 Municipal Year.

HH3 DECLARATIONS OF INTEREST

Michelle Thompson, Healthwatch declared an interest as Lay Member for Patient and Public Involvement, Tees Valley Clinical Commissioning Group.

HH4 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

RESOLVED – That the meetings of this Scrutiny Committee be held at 10.00am for the remainder of the 2021/2022 Municipal Year on the dates, as agreed on the calendar of meetings by Cabinet at Minute C97/Feb/21.

HH5 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 14 APRIL 2021

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 14 April 2021.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 14 April

2021 be approved as a correct record.

HH6 COVID-19 RECOVERY

The Public Health Principal gave a presentation updating Members on the Covid-19 situation in Darlington.

Regarding Test 1 – 'The vaccine deployment programme continues successfully', Members were advised that a significant number of the population had received their vaccination and in respect of Test 2 – 'Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated', it was reported that whilst daily cases were rising due to the Delta variant, the hospital admissions were not rising exponentially, as seen during wave 1; and this indicated that the vaccines were effective in reducing hospitalisations. Members were informed that there had been no recent deaths in Darlington due to Covid.

Regarding Test 3 – 'Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS', Members were advised that whilst bed occupancy had increased slightly, this was not to the same extent as seen in December/January 2021.

In respect of Test 4 – 'Our assessment of the risks is not fundamentally changed by new Variants of Concern', it was reported that the Delta variant was the prevalent variant; and that this variant was more transmissible than the Kent variant.

Details were provided of step 3 of the Road Map; and refence was made to the longer term impacts of COVID along with the UK Recovery Strategy. Members were reminded of the importance of Hands, Face, Space, self-isolation and uptake of the vaccine.

Discussion ensued in respect of long covid; Members were advised that the Tees Valley Directors of Public Health were drafting a response in respect of long covid, and an update would be provided at a future meeting; and following questions in respect of flu, covid and other diseases, Members were advised that following the lifting of restrictions, there had been a re-emergence of 'normal' diseases such as norovirus; and that Public Health would be undertaking work with colleagues to raise awareness of other diseases, as previously the focus had been on Covid.

RESOLVED – That the Public Health Principal be thanked for his update on the Covid-19 situation in Darlington.

HH7 COVID-19 VACCINATION PROGRAMME - UPDATE AND SYNOPSIS

The Director of Commissioning, Strategy and Delivery (Primary and Community Care) gave a presentation (previously circulated) updating Members on the COVID-19 Vaccination Programme and in doing so provided information on the key milestones of the vaccination programme.

It was reported that following a request from NHS England/Improvement (NHS/I) in November 2020 for GP practices to make urgent preparations to contribute to a potential

covid-19 vaccination programme, through an Enhanced Service, Primary Care Networks (PCN) were required to designate one site per PCN grouping to receive the vaccine and consumables; and that Feethams House was identified as a designated site for Darlington PCN.

Members were advised that all 80 practices, which equated to 14 PCNs (working as 13 groupings) across the Tees Valley had signed up to the final published Enhanced Service; that the PCN groupings went live in delivering the vaccination programme in waves, with the first PCN groupings going live on 14 December 2020; two pharmacy sites across Tees were approved to deliver vaccinations; and Darlington PCN went live on the week commencing 4 January 2021.

It was reported that four additional pharmacy sites were approved to deliver vaccinations by NHSE/I and went live on 8 March 2021, with one of those being in Darlington at Cockerton Pharmacy; and two mass vaccination centres went live across the Tees Valley, with Darlington Arena going live on 1 March 2021 and Riverside Stadium, Middlesbrough on 22 March 2021.

Members were advised that following an update to the COVID-19 Vaccination Programme 2020/21 Enhanced Service Specification, covering phase 2 cohorts 10-12 (ages 18-49) in March 2021, Darlington PCN opted out of vaccinating cohorts 10-12 in light of the availability of the mass vaccination centre in Darlington; and Firthmoor Community Centre Community Pharmacy was proposed as an additional pharmacy site, and went live on 10 June 2021, delivering the Pfizer vaccine.

In relation to vaccination uptake, Members were advised that as at 10 June 2021, 74.0 per cent of the eligible population had received their first dose, 53.4 per cent of the eligible population had received their second dose and it was anticipated that all second doses would be administered by the end of August.

Details were provided of the partnership working of the PCN, in particular the twice weekly stakeholder meetings that were established; the support from the Local Authority and volunteers in the delivery of the vaccination programme; and the work undertaken to provide vaccinations to residents in the community.

Members were advised of the ongoing actions and response, in particular the exit planning, vaccine supply and Phase 3 planning in respect of a booster programme. It was also reported that a National Enhanced Service was in development in relation to the identification of patients with long covid; and that long covid assessment clinics were in place for GP's to refer patients to.

Discussion ensued in respect of the work being undertaken to encourage vaccination uptake; Members were reminded that the vaccination was not mandatory; and that by encouraging the majority to receive the vaccine, that herd immunity could be achieved to protect those that weren't able to or chose not to have the vaccine; and Members requested figures for vaccination uptake in each ward in Darlington.

RESOLVED – That the Director of Commissioning, Strategy and Delivery (Primary and

Community Care) be thanked for her informative and interesting presentation.

HH8 NHS TEES VALLEY CCG FINANCIAL CHALLENGES AND IMPACT ON SERVICES

The Chief Finance Officer, NHS Tees Valley Clinical Commissioning Group (CCG) gave a presentation (previously circulated) updating Members on the NHS Tees Valley CCG Financial Challenges and Impact on Services.

It was reported that the CCG operated at three levels, North East and North Cumbria Integrated Care System, Tees Valley Integrated Care Partnership which included Tees Valley CCG, and Tees Valley CCG; that for the Tees Valley, system envelopes were set at Tees Valley Integrated Care Partnership (ICP) level; and the CCG was operating financially across three levels.

Details were provided of the Tees Valley CCG allocations (including relevant system funding that the CCG holds as the lead for the ICP) for the 6 months to 30 September 2021; and the proposed budgets for the same period were outlined.

It was reported that the CCG plan showed a £4.297m deficit for the 6 months to end of September and included delivery of relevant financial targets; that expected QIPP efficiencies were included within the plan for the first half of the year of £2.306m (0.37% of CCG allocations); and details were provided of the overall Tees Valley ICP position and delivery of a £0.4m surplus required to support the wider ICS.

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

HH9 STRIDE AND ACCESS TEAM

The Group Director of People submitted a report (previously circulated) updating Members on the mobilisation of the new STRIDE (Support, Treatment, Recovery in Darlington through Empowerment) Service and updating Members on the new ACCESS (Assertive Community Connection and Engagement Support Service) Team.

It was reported that STRIDE, the new substance misuse service provided by We Are With You, became operational on 17 August 2020; the available treatment options were outlined; and details were provided of the service model (also previously circulated).

Reference was made to the impact of the COVID-19 lockdowns on services in terms of engagement with partners and organisations in the Borough; and that the service continued to provide support and treatment to those who needed it throughout both lockdowns.

It was reported that the ACCESS team, which would be established from mid-July, would deliver an intensive programme to improve the experience and outcomes for offenders in Darlington; and that this team had been grant funded for a period of 12 months from additional PHE monies.

Following a question in respect of the location of the service in the town centre, Members

were advised that by operating from the town centre, the service was visible and accessible to residents requiring help and support; enabled residents to get well in their own community; and that the service would operate from various settings within the community and would not be confined to the two sites in the town centre.

Discussion ensued in respect of the funding for the ACCESS Team; and details provided of the delays to certain aspects of the services due to the Covid-19 pandemic, in particular the quasi residential rehab in Darlington.

RESOLVED – (a) That the update on STRIDE be noted.

(b) That the new ACCESS team be welcomed.

HH10 WORK PROGRAMME

The Group Director of Operations submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme for the Municipal Year 2021/22 and to consider any additional areas to be included.

Discussion ensued on the current work programme and Members were advised that an update on West Park Hospital would be brought to the next meeting of this Scrutiny Committee. It was also suggested that an item be included on the impact of COVID on mental health.

RESOLVED – That the Work Programme be updated to reflect the decisions of this Scrutiny Committee.

HH11 HEALTH AND WELLBEING BOARD

Members noted that the next meeting of the Board was scheduled for 16 September 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

County Durham and Darlington NHS Foundation Trust

NHS Tees Valley Clinical Commissioning Group

Stroke Rehabilitation Service Update

Darlington Health and Housing Scrutiny Committee

August 2021

Background (Timeline)

- In **2017** Proposal to moving rehabilitation services to from BAH to UHND presented by CDDFT to both Durham and Darlington CCG's.
- Between **Oct - Jan 2018** a series of Engagement events took place
- In **March 2019** a review of rehabilitation elements of the pathway following an acute episode due to stroke – including services based at Bishop Auckland Hospital (BAH) and in the community.
- **Then COVID happened**
- Update presented to Health and Housing Scrutiny **March 2020**

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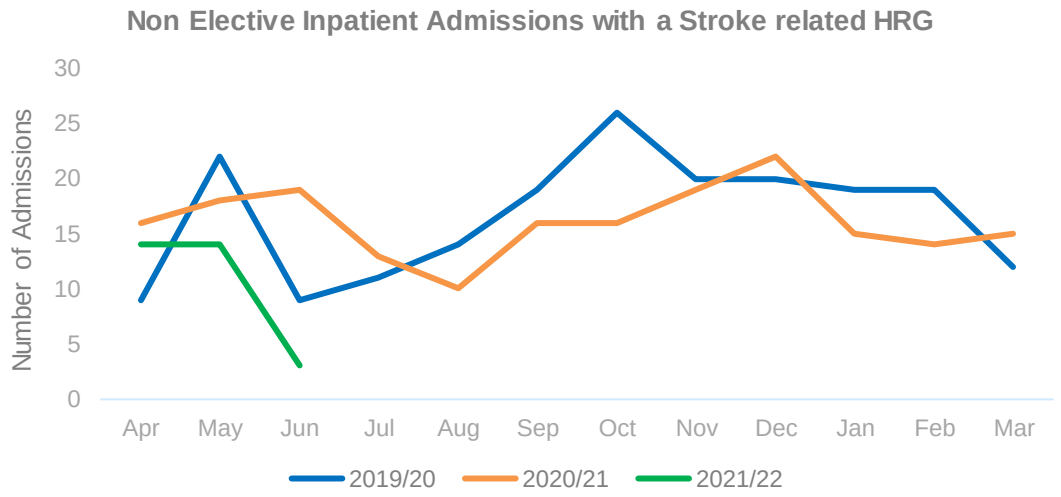
Stroke Admissions*

Month	Number of Admissions 2019/20	2020/21	2021/22
Apr	9	16	14
May	22	18	14
Jun	9	19	3
Jul	11	13	
Aug	14	10	
Sep	19	16	
Oct	26	16	
Nov	20	19	
Dec	20	22	
Jan	19	15	
Feb	19	14	
Mar	12	15	
Grand Total	**200**	**193**	**31**



*People who are registered with a Darlington GP Practice

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Vision March 2020

To develop a person-centred model of care that delivers care closer to home

To minimise variation and maximise the health outcomes of our local population

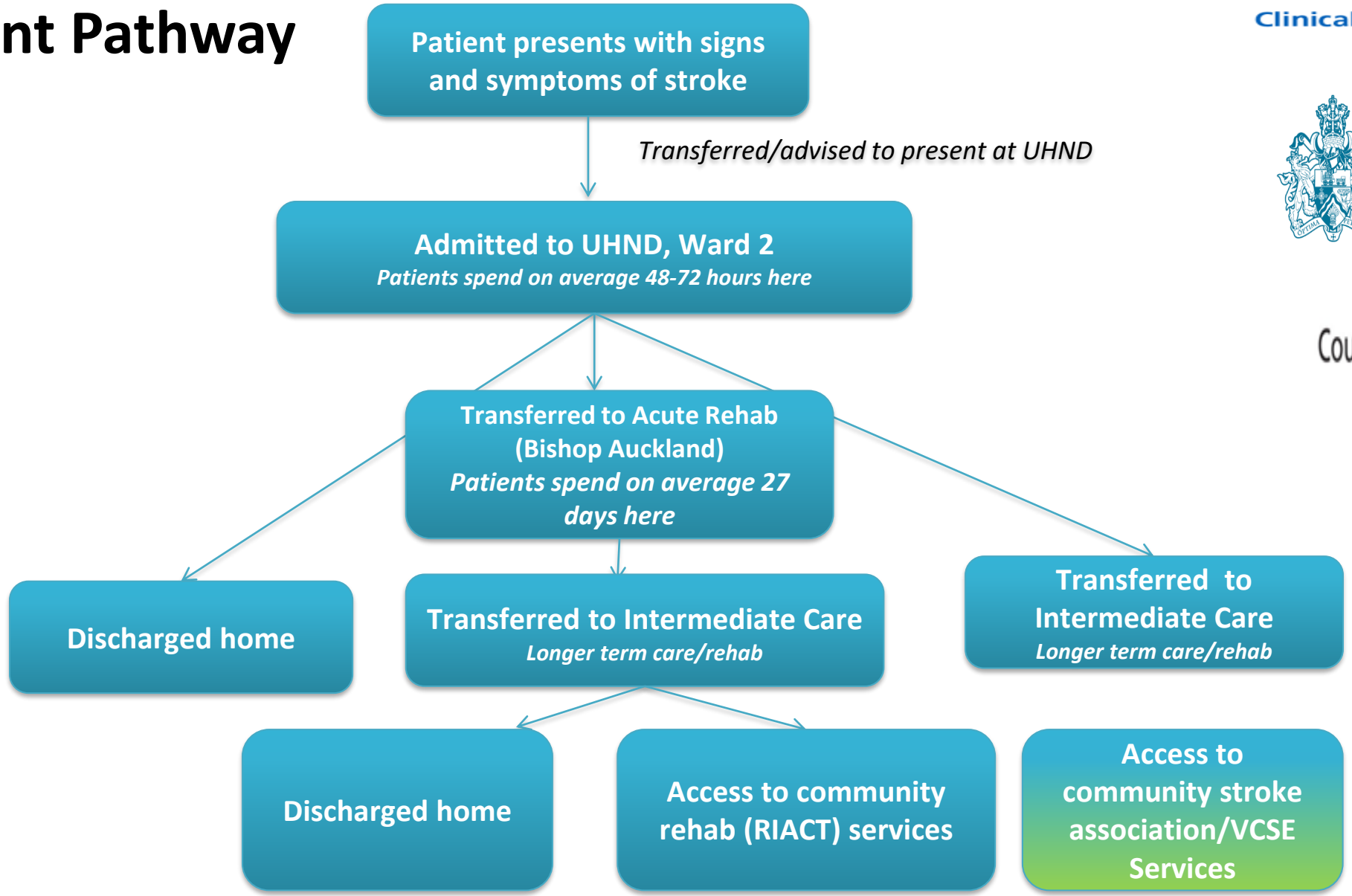
To ensure care is accessible and responsive to people's needs

To develop a service which retains and attracts an excellent workforce

Future Provision Update

We Planned (March 2020)	We Did (August 2021)
Safe high quality services	No change to delivery of inpatient rehabilitation at BAH and UHND Reviewed of Darlington rehabilitation pathway identified areas of good practice and areas for investment and transformation. Proactive work across GP Practices to identify people with Atrial Fibrillation to ensure people were clinically optimised
Home first philosophy – care closer to home	National Discharge to Assess Policy (2019/20) adopted during COVID 19 accelerated the care closer to home agenda with a strong focus on the 'home first principles' through supported early discharge.
Inpatient specialist stroke rehab to be delivered at BAH and UHND	People continue to receive impatient rehab from BAH and UHND as part of the pathway.
Improved therapy services – investment into RIACT Community Model	Additional investment in the stroke community pathway; WTE 2.0 band 6 Physio's WTE 0.70 band 6 Occupational Therapists 0.97 WTE band 5 OT 0.75 WTE band 4 AP 0.6 WTE band 6 Speech and Language Therapists
Work to develop more seamless transitions	Positive culture of integrated working across Health, Care & VSCE services in Darlington promoting smoother transition into community services as part of pathway.
Continue to review usage of the system *National figure	**Sentinal Stroke National Audit Programme (SSNAP) data: April 2019 – March 2020 (CDDFT)** Percentage of applicable patients receiving a joint health and social care plan on discharge **100%** **(96.3%)*** Percentage of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation **100%** **(98.2%)** Percentage of those patients who are discharged alive who are given a named person to contact after discharge **99.4%** **(97.7%)** **Stroke Service: Stroke Association: 178** referrals to the service in 2019 – 20120

Current Pathway



Next Steps

- Continue to monitor the effectiveness of pathway eg Supported Early Discharge
- Engage in contractual discussions in relation to any ongoing investment against the stroke pathway based on current and additional investment in 2021 to ensure outcomes are being achieved for people eg what difference has is made?
- Work in Collaboration with partners as part of the Stroke Clinical Services Strategy Managed Clinical Network Meetings

Any questions?

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Darlington Vaccination Update

Data up to and including – Sunday 22nd August

NHS
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Darlington - Vaccination Requirements to achieve 90%

1st Doses

			Week Ending Sunday 22nd August			Movement last 7 days		Previous week
	Eligible Population	Target 90%	1st Doses	% Vaccinated	Required for 90% Target	1st Doses	% Vaccinated	1st doses
TVCCG	568,038	511,234	472,680	83.21%	38,554	1,163	0.20%	1,475
M'bro	124,618	112,156	95,764	76.85%	16,392	294	0.24%	396
R&C	115,312	103,781	99,875	86.61%	3,906	203	0.18%	343
H'pool	78,524	70,672	65,444	83.34%	5,228	231	0.29%	159
S'ton	162,108	145,897	137,615	84.89%	8,282	345	0.21%	405
D'ton	91,795	82,616	78,203	85.19%	4,413	98	0.11%	176
NENC	4,868,638	4,381,774	4,124,089	84.71%	257,685			

2nd Doses

			Week Ending Sunday 22nd August			Movement last 7 days		Previous week
	Eligible Population	Target 90%	2nd Doses	% Vaccinated	Required for 90% Target	2nd Doses	% Vaccinated	2nd Doses
TVCCG	568,038	511,234	410,626	72.29%	100,608	7,345	1.29%	7,868
M'bro	124,618	112,156	81,079	65.06%	31,077	1,254	1.01%	1,647
R&C	115,312	103,781	88,161	76.45%	15,620	982	0.85%	1,294
H'pool	78,524	70,672	57,021	72.62%	13,651	1,513	1.93%	1,077
S'ton	162,108	145,897	120,077	74.07%	25,820	2,366	1.46%	2,699
D'ton	91,795	82,616	68,184	74.28%	14,432	1,301	1.42%	1,220
NENC	4,868,638	4,381,774	3,693,263	75.86%	688,511			

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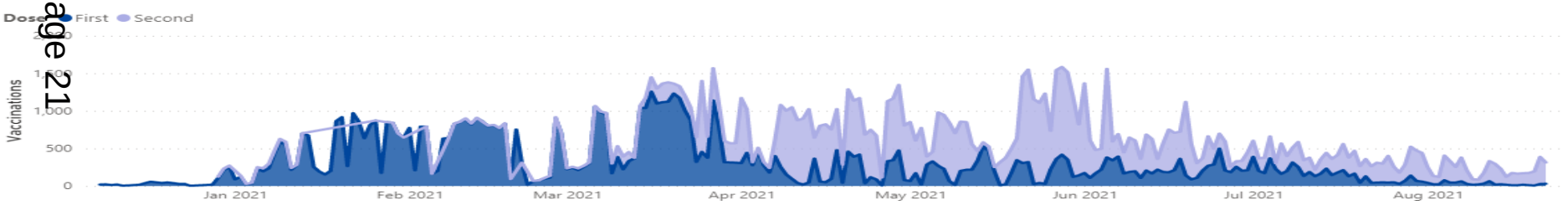
Darlington

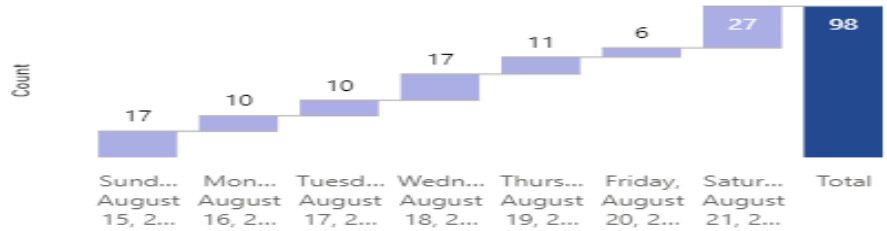
Cohort Breakdown

JCVI Group	Population	First Vaccine	First Dose Uptake	Second Vaccine	Second Dose Uptake	First Dose Required	% First Required	Requires Second	% Second Required
1 - Care Home	633	613	96.8%	608	96.1%	20	3.2%	25	3.9%
2 - Aged 80+ & Frontline Staff	8,662	8,383	96.8%	8,185	94.5%	279	3.2%	477	5.5%
3 - Aged 75 - 79	4,243	4,132	97.4%	4,110	96.9%	111	2.6%	133	3.1%
4 - Aged 70 - 74 & High Risk Adults	9,165	8,765	95.6%	8,654	94.4%	400	4.4%	511	5.6%
5 - Aged 65 - 69	5,392	5,123	95.0%	5,079	94.2%	269	5.0%	313	5.8%
6 - Moderate Risk Aged 16-64	16,260	14,288	87.9%	13,290	81.7%	1,972	12.1%	2,970	18.3%
7 - Aged 60 - 64	3,800	3,518	92.6%	3,452	90.8%	282	7.4%	348	9.2%
8 - Aged 55 - 59	4,788	4,349	90.8%	4,243	88.6%	439	9.2%	545	11.4%
9 - Aged 50 - 54	5,301	4,696	88.6%	4,552	85.9%	605	11.4%	749	14.1%
10 - Aged 40 - 49	10,088	8,248	81.8%	7,601	75.3%	1,840	18.2%	2,487	24.7%
11 - Aged 30 - 39	11,176	7,954	71.2%	5,729	51.3%	3,222	28.8%	5,447	48.7%
12 - Aged 18 - 29	12,287	8,134	66.2%	2,681	21.8%	4,153	33.8%	9,606	78.2%
Total	**91,795**	**78,203**	**85.2%**	**68,184**	**74.3%**	**13,592**	**14.8%**	**23,611**	**25.7%**

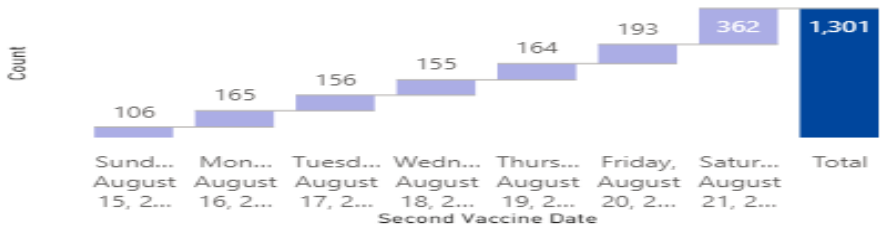
Daily Vaccinations

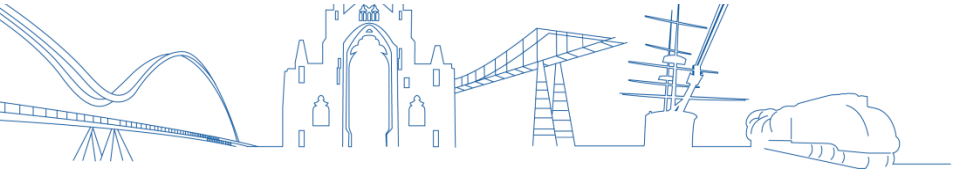


First Vaccines in the last 7 days



Second Vaccines in the last 7 days





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Vaccination by Ethnic Group

Ethnic Group	Population	First	Second
A: White - British	80939	89%	78%
99: Not known	3496	42%	35%
C: White - Any other White background	3246	59%	44%
S: Other ethnic groups - Any other ethnic group	966	61%	46%
H: Asian or Asian British - Indian	897	73%	63%
L: Asian or Asian British - Any other Asian backgroun	433	79%	59%
K: Asian or Asian British - Bangladeshi	345	73%	50%
R: Other ethnic groups - Chinese	264	63%	50%
N: Black or Black British - African	200	75%	59%
G: Mixed - Any other Mixed background	197	68%	50%
B: White - Irish	156	85%	75%
J: Asian or Asian British - Pakistani	142	70%	54%
F: Mixed - White and Asian	141	70%	51%
D: Mixed - White and Black Caribbean	140	63%	41%
E: Mixed - White and Black African	96	77%	61%
P: Black or Black British - Any other Black background	76	67%	47%
M: Black or Black British - Caribbean	62	85%	77%

Outstanding First Vaccinations - Top 20 by Age and Ethnicity

Age and Ethnicity	Population	% Uptake	Outstanding
18-29 A: White - British	12862	72%	3544
30-39 A: White - British	12119	81%	2312
40-49 A: White - British	12397	89%	1393
50-54 A: White - British	7509	93%	522
30-39 C: White - Any other White background	987	52%	475
55-59 A: White - British	7631	95%	417
18-29 C: White - Any other White background	798	52%	386
60-64 A: White - British	6744	96%	280
40-49 C: White - Any other White background	672	65%	233
65-69 A: White - British	5729	97%	195
70-74 A: White - British	5887	97%	154
30-39 S: Other ethnic groups - Any other ethnic grou	312	54%	142
18-29 S: Other ethnic groups - Any other ethnic grou	202	48%	106
30-39 H: Asian or Asian British - Indian	251	59%	102
80+ A: White - British	5890	98%	100
40-49 S: Other ethnic groups - Any other ethnic grou	250	66%	85
50-54 C: White - Any other White background	237	64%	85
75-79 A: White - British	4171	98%	84
40-49 H: Asian or Asian British - Indian	263	73%	71
55-59 C: White - Any other White background	165	67%	55

Vaccination by Deprivation Decile (1 most deprived)

Deprivation Decile	First	Second
1	75%	61%
2	80%	66%
3	82%	70%
4	85%	72%
5	86%	76%
6	89%	80%
7	89%	80%
8	91%	83%
9	92%	83%
10	93%	85%

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Darlington Key Headlines….

- NHSE have set a target of 90% for first vaccines
- D'ton locality is currently reporting 85.2%, this is above the TVCCG average of 83.2% and the NENC regional average of 84.7%
- Vaccines in Darlington have been delivered from various sites
  - PCN,
  - Vaccination centre,
  - Community Pharmacy
  - With pop up clinics for Darlington Pride
  - Roving unit provided by community pharmacy first clinic 23rd August
- Clinic scheduled for 3rd September at Education Village for high risk 12-15year olds before start of term 6th September
- Walk in clinic provision at Vaccination centre and Community pharmacy
- Darlington PCN have opted in for Phase 3 roll out which commences on 6th September and includes 'evergreen' offer (mop up of outstanding vaccines)
- Flu and Covid jabs will be given at same time where appropriate during phase 3

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DARLINGTON
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Health and Housing Scrutiny Committee
COVID-19 in Darlington
18th August 2021

Penny Spring

Director of Public Health

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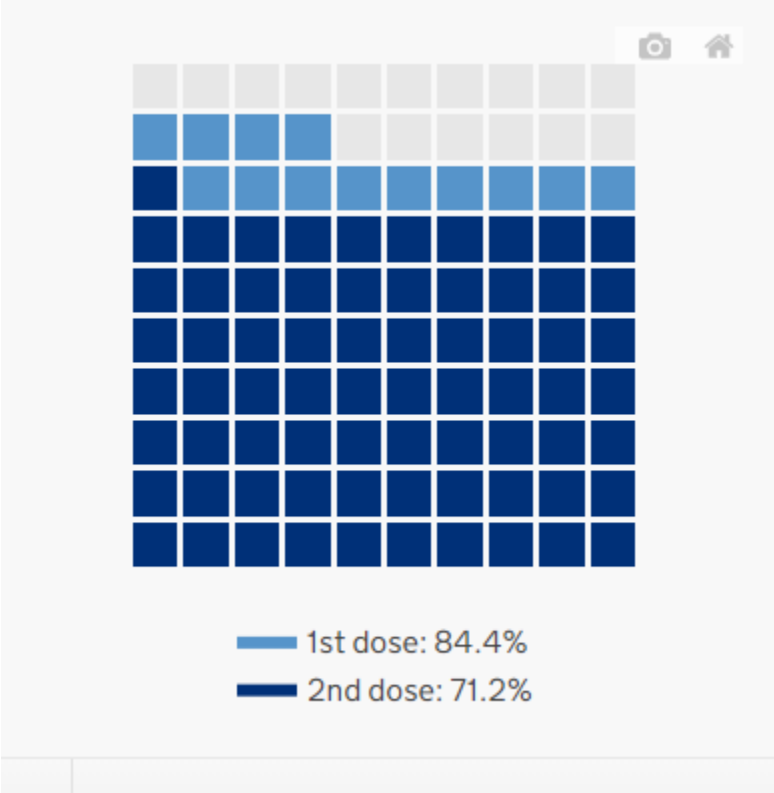
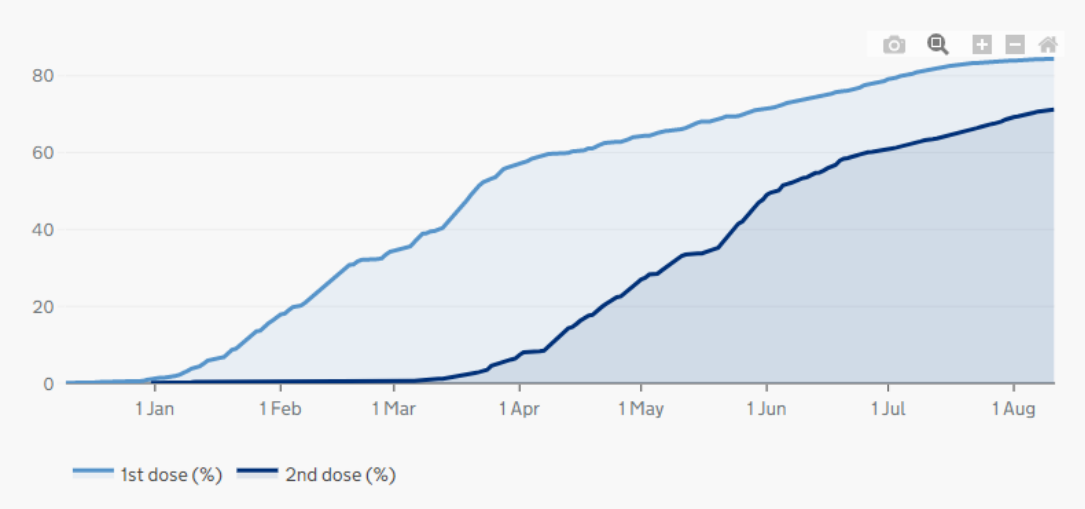
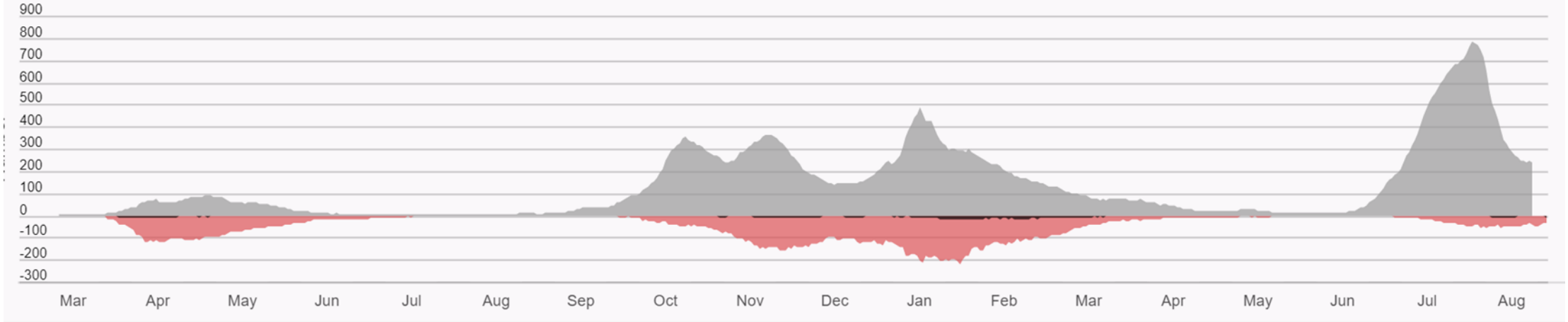
The Vaccine Deployment Programme continues successfully…





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



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

Case detection rate >60s Darlington

After 16th August 2021 and as we progress….

What Changes?

- From 16 August, anyone who has been identified as a close contact of a positive case will no longer have to self-isolate, providing they have been fully vaccinated and are not displaying any COVID-19 symptoms.
- All close contacts, regardless of vaccination status, are advised to take a PCR test as soon as possible to confirm their condition.
- The testing policy has not changed. Those who are fully vaccinated will only be required to self-isolate if they test positive for COVID-19 following a PCR test.
- Anyone under the age of 18 who has been identified as a close contact of a positive COVID-19 case will also no longer be required to self-isolate. Instead, they will be given advice about whether to get tested and depending on their age will need to self-isolate only if they have tested positive.

Groups who will still need to Isolate:

- Those who have not received their COVID-19 vaccination
- Those who have not received both doses of their COVID-19 vaccination
- Those who have received their second dose within the last 14 days
- Those who have tested positive following a PCR test
- Those who have been fully vaccinated and are displaying COVID-19 symptoms (ahead of getting a PCR test).

DARLINGTON
Borough Council

Any Questions?

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Tees, Esk and Wear Valleys NHS Foundation Trust

Care Quality Commission inspection update for Darlington Health & Housing Scrutiny Committee

25th August 2021

Recent CQC inspections of our Adult Mental Health (AMH) wards and Psychiatric Intensive Care Units (PICU)

- During 2021 the Trust has been subject to two CQC inspections of its AMH & PICU wards. The first was undertaken 20th -22nd January and the second 25th – 27th May

- From a West Park Hospital Darlington perspective Elm Ward (female AMH) was inspected in the first visit and then Elm Ward and Cedar (PICU) in the second visit

- The key message from the January inspection was that the inspectors were not assured that we had systems and processes in place, across the Trust, to safely assess and mitigate patient risk

Immediate actions undertaken

- Quality improvement work to rapidly redesign the templates for patient safety summaries and safety plans (previously known as risk assessments)
- All key risk information about a patient is now contained in one place and updated at least daily (in-patients)
- This work has also been extended to community patients
- A robust Quality Assurance schedule has been designed to replace previous audit activity. This allows early escalation of any key issues to managers and clinical leads for rapid resolution (see next slide)

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NHS Foundation Trust

Quality Assurance Schedule

The following timetable was scheduled during the reporting Quarter:

KEY	
	Assurance Self-declaration (QA2)
	Modern Matron Quality Review (QA3)
	Practice Development Review Tool (QA4)
	Peer Review (QA6)
	MDT Walkabouts/ Visit (QA7)
	Director's Visits (QA12)

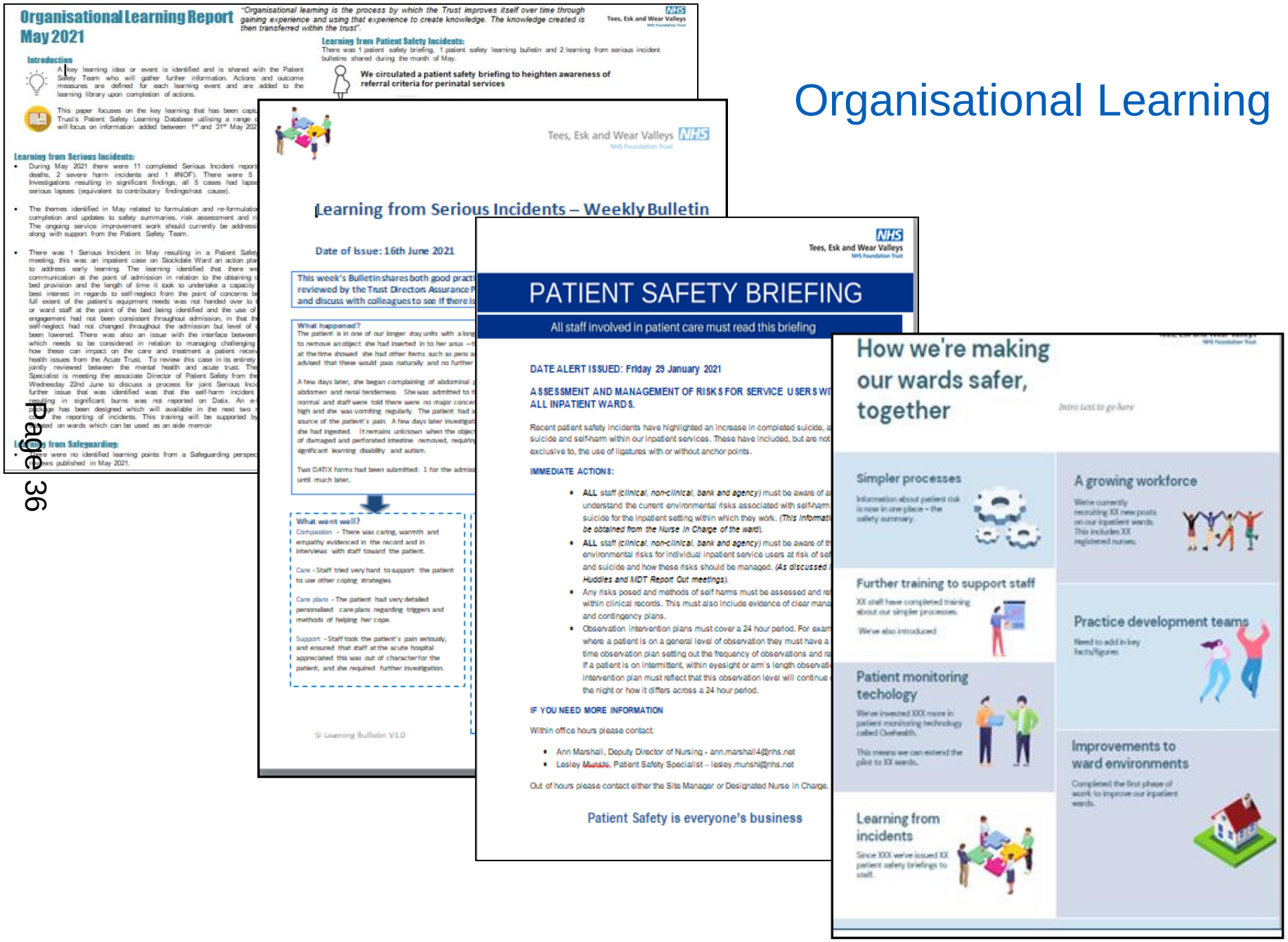
*In addition to this, a Community Caseload Management Review was implemented from the 1st June 2021

Quarter 1 2021/22 (Apr-21 – Jun-21)							
Week commencing	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
05/04/21							
12/04/21							
19/04/21							
26/04/21							
03/05/21							
10/05/21							
17/05/21							
24/05/21							
31/05/21		 *					
07/06/21							
14/06/21							
21/06/21							
28/06/21							

Further actions undertaken

- Rollout of Safe Care system
- Improved processes for escalation of staffing concerns
- Environmental safety – anti-ligature work including £3.8m of capital investment
- Sexual safety initiatives – working as part of a national collaborative to ensure we keep patients safe from these types of incidents
- To ensure we have systems in place to allow organisation - wide learning we have created a new Organisational Learning Group. The group will have oversight of learning themes, actions and gain assurance on impact of any changes

Organisational Learning



Current position

- AMH and PICU report from second inspection (25-27th May 2021) has recently been received for factual accuracy comments by the Trust
- Too early to give accurate feedback but it would appear that CQC feel our systems and processes in relation to risk management have been improved
- We know we still have work to do to continue to improve the safety and quality of services we deliver but we are committed to doing this and will keep the Committee updated of our progress

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NHS Foundation Trust

Darlington Health and Housing Scrutiny Committee

TEWV's new Strategic Framework and Business Plan

25th August 2021

Brent Kilmurray, Chief Executive

Jennifer Illingworth, Director of Operations D&D

Tees, Esk and Wear Valleys
NHS Foundation Trust

Our presentation today:

We will discuss our Journey to Change and new Strategic Framework.

We will share our priorities within our 2021/22 business plan and the actions that we are taking to make the change a reality, highlighting particular issues for Darlington

What's happened so far

- Initial *Big Conversation* – lots of staff, service users, carer and partners feedback (over 2,000 people involved), summer 2020
- Board Workshops – including service user, carer and CCG input (Nov 20 and Jan 21)
- Development and testing of the new Strategic Framework via another round of the Big Conversation
- Approval of the new Strategic Framework by the Board of Directors (January 2021)
- Establishing 5 Strategic Journeys managed through a Programme approach with Year 1 priorities and actions agreed (contained in the 21/22 business plan)
- The 5 are: Our Clinical journey, Our Quality and safety journey, our co-creation and comms journey, our people journey, our infrastructure journey

Our New Strategic Direction

TEWV: Who we are and what we want to be	
This is why we do what we do:	**We want people to lead their best possible lives.**
This is what people have told us about the sort of organisation we were in 2020	**We have a lot to be proud of, yet:** • **We don't always provide a good enough experience for those who use our services, their carers and their families;** • **Our speed of response is too slow, too often;** • **Too many of us are unclear about our direction;** • **Our partners sometimes find us tricky to collaborate with;** • **We don't provide a consistently good experience for our colleagues.**

Our New Strategic Direction - Vision

This is the kind of organisation we <u>want</u> to be:	***We will co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism, involving them and their carers as equal partners. We will listen, learn, improve and innovate together with our communities and will always be respectful, compassionate, and responsible.***

Our new Strategic Direction - Values

The most important way we will get there is by living our values, all of the time:	**Respect** • Listening • Inclusive • Working in partnership	**Compassion** • Kind • Supportive • Recognising and celebrating	**Responsibility** • Honest • Learning • Ambitious

Goal 1

To co-create a great experience for our patients, carers and families.

- *If you use our services, or care for someone who does, by 2025 you will experience:*

1. Outstanding and compassionate care, all of the time.
2. Access to the care that is right for you.
3. Support to achieve your goals.
4. Choice and control.

Goal 2

Tees, Esk and Wear Valleys
NHS Foundation Trust

To co-create a great experience for our colleagues.

- *If you work at TEWV, by 2025 you will feel:*

1. Proud, because your work is meaningful.
2. Involved in decisions that affect you.
3. Well led and managed.
4. That your workplace is fit for purpose.

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Goal 3

To be a great partner.

- *If you are a local, national or international partner of TEWV, by 2025 we will:*

1. Have a shared understanding of the needs and the strengths of our communities.
2. Be working innovatively across organisational boundaries to improve services.
3. Be widely recognised for what we have achieved together.

The challenge

- How to turn these words into real change on the ground?
- Our Business Plan for 21-22 to 23/24 contains a number of actions and milestones to do this

What this means for Darlington

- Deliver Year 1 actions of the Community MH Framework; expand the community rehabilitation service and support to people with a Personality Disorder
- Complete the reconfiguration of Adult Community MH teams (a single generic team instead of the current separate Affective Disorder and psychosis teams)
- To relocate the rehabilitation inpatient unit from Chester le Street (subject to consultation)
- Expand the Children and Young People (CYP) eating disorder service in response to increased demand, and investment
- Complete the redesign of CYP services to improve the service and reduce waits for those with suspected autism and/or ADHD. The new neurodevelopmental pathway went live in Darlington in June.

What this means for Darlington

- Introduce peer support (via a 3rd sector provider) to our urgent care service and expand the urgent care response to those with complex conditions including dementia.
- To improve the inpatient environment (at Durham) for people with a learning disability to meet their complex and challenging needs and introduce single unit accommodation
- To continue the STOMP (Stop Overmedicating people) work and increased resource to ensure Annual Health Checks for people with Learning Disabilities are completed.
- To expand the multi disciplinary staffing in our care home liaison hub and consider how we can work more closely with primary care to assess and support those with dementia
- Complete the formal evaluation of the Persistent Physical Symptoms (PPS), with CDDFT
- Provide dedicated support and pathways to the Long Covid service, with CDDFT
- Maintain Darlington's profile within Tees Valley CCG

HEALTH AND HOUSING SCRUTINY COMMITTEE

25 AUGUST 2021

PERFORMANCE INDICATORS QUARTER 4 - 2020/21

SUMMARY REPORT

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2020/21 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. Six indicators are reported by both services Housing or Culture and twenty-four by Public Health.

Housing and Culture

6. Nine of the twelve indicators are reported six-monthly and have current year data.

   (a) Of the nine indicators reported quarterly two have a target to be compared against.

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

   (b) HBS 013 had a target of 3.4%, the actual performance of 2.5% is therefore better than the target.

(c) HBS 016 had a target of 100%, the actual of 101.58% is therefore better than the target.

(d) Of the nine indicators reported quarterly all can be compared against their data at Qtr. 4 2019/20.

(e) Three indicators are showing performance better than at the same period 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 072	% of dwellings not with a gas service within 12 months of last service date

(f) Six indicators are showing performance not as good as at the same period 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 025	Number of days spent in Bed and Breakfast
HBS 027i	Number of positive outcomes where homelessness has been prevented
HBS 034	Average number of days to re-let dwellings

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

(h) One indicator is showing performance better than at Qtr 3.

HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd

i) One indicator is showing performance not as good as Qtr 3.

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

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

PBH 018	(PHOF 2.05ii) Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
PBH 026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)
PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
PBH 056	(PHOF E04b) Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)

(b) Eight indicators are showing performance not as good as there previous year.

PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth - current method
PBH 014	(PHOF C06) Smoking status at time of delivery
PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)
PBH 035i	(PHOF C19a) Successful completion of drug treatment - opiate users
PBH 035ii	(PHOF C19b) Successful completion of drug treatment - non-opiate users
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease

(c) One indicator shows that performance has remained the same sine last reported.

PBH 050	(PHOF D07) HIV late diagnosis (%)

10. The Public Health Q3 and Q4 Performance Highlight report is attached as Appendix 2 and a scorecard as Appendix 3, providing more detailed information about the Public Health indicators (ref PBH).

Recommendation

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

Elizabeth Davison	James Stroyan	Dave Winstanley
Group Director Operations	**Group Director People**	**Group Director Services**

Background Papers

Background papers were not used in the preparation of this report.

S17 Crime and Disorder	This report supports the Councils Crime and Disorder responsibilities
Health and Well Being	This report supports performance improvement relating to improving the health and wellbeing of residents
Carbon Impact and Climate Change	There is no impact on carbon and climate change as a result of this report
Diversity	This report supports the promotion of diversity
Wards Affected	This 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
Council Plan	This report contributes to the Council Plan by involving Members in the scrutiny of performance.
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

Housing

12. HBS 013 and HBS 016 – Performance for rent arrears has been achieved for quarter 4, with rent arrears continuing to reduce since quarter 3 and are lower than quarter 4 in 2019-20. This has been achieved despite the challenges of the ongoing Covid pandemic. In addition, no evictions or court hearings have been scheduled or carried out during 2020-21. The Housing Income team has continued to offer advice and support to our tenants with over £25.5 million of rent paid in 2020-21. The number of tenants receiving Universal Credit (UC) has continued to increase with over 1,530 of tenants now claiming help with their rent through their UC payments. The National Housing Federation (NHF) has estimated that nationally UC customers are on average 6 weeks in arrears with their rent. For Darlington, the average is less than 5 weeks.

13. HBS 025 – The number of days in bed and breakfast has continued to rise due to the Council still delivering the Government's 'Everyone In' agenda to prevent rough sleeping during the Covid pandemic. This means that everyone who becomes homeless is being offered accommodation regardless of their priority. Quarter 4 has also seen an increase in vulnerable people presenting as homeless, including domestic abuse presentations and people with more than one need (for example, people with mental health and substance misuse needs). Quarter 4 also covered the period of cold weather, so the Severe Weather Emergency Protocols came into effect.

14. HBS 027i – Positive outcomes to prevent and relieve people's homelessness situations has steadily increased each quarter. The Housing Options team has achieved this by working closely with our customers and in partnership with landlords, strategic partners and commissioned services

15. HBS 034 – The Covid pandemic has continued to have an impact on our ability to re-let Council properties. In addition, repairs required on empty properties are now carried out before the property is let rather than after a tenant moves in. This has meant that some properties have stayed empty longer but overall, positive feedback has been received from new tenants on the quality of the accommodation, a key priority for the Regulator of Social Housing

16. HBS 072 – The percentage of dwellings without a gas service within 12 months of last service date is 0.76% in Quarter 4. This is an improvement from 2019-20 but has increased since quarter 3 of 2020-21. Staffing issues, with the availability of qualified gas fitters, continues to be a factor, preventing us from booking in as many gas servicing appointments. However, overall performance in this key area continues to be excellent.

Culture

17. CUL 030, CUL 063, CUL 064 - The number of visits to the Dolphin Centre is significantly down on the previous year as the facilities were closed for extended periods, or open with limited capacity, due to Covid-19 restrictions. The Schools Sports programme also suffered as a result of school closure restrictions, with the Community Sports Development programme still down on the previous year, although outdoor sessions continued when they were permitted.

Public Health

18. PBH 013c - Breastfeeding prevalence at 6-8 weeks after birth. Rates are down from the previous year (from 37.5% to 33.5%), although lower than England these remain statistically similar to our neighbouring authorities in North East. Midwives and Health Visitors employed by Harrogate and District NHS Foundation Trust continue to work to improve the uptake of breastfeeding through a range of different evidence-based interventions and tools.

19. PBH 014 Smoking status at time of delivery – This rise in the percentage is not statistically significant while the overall number of those smoking at time of delivery has reduced over the same period. Darlington remains statistically similar to our neighbouring NE authorities. Work continues with local Maternity services, Midwives and Health Visitors through our Stop Smoking Service that we commission to continue to provide support and

encouragement to quit smoking at every opportunity when working with pregnant mothers and their families.

20. PBH 020 Reception: Prevalence of overweight (including obesity) This is not a statistically significant increase and Darlington is statistically similar to our neighbouring NE authorities. However, the underlying data shows that the numbers of children in Reception continue to show a rise. The Darlington Childhood Healthy Weight Plan has identified a number of evidence-based interventions that are being delivered with partners to systematically address some of the underlying causes of obesity in children and young people in Darlington. Some recent new work includes work with schools to develop a healthy catering standard to ensure a consistent and healthy school food offer for children.

21. PBH 021Year 6: Prevalence of overweight (including obesity) Darlington remains is statistically similar to England and our neighbouring NE authorities. However, the underlying data shows that the numbers of children in Year 6 continue to show a rise. The Darlington Childhood Healthy Weight Plan has identified a number of evidence-based interventions that are being delivered with partners to systematically address some of the underlying causes of obesity in children and young people in Darlington. Some recent new work includes work with schools to develop a healthy catering standard as well as a healthy catering standard for commercial food premises to ensure a consistent and healthy food offer for children and their families in Darlington.

22. PBH 035i Successful completion of drug treatment - opiate users Darlington remains statistically similar to our neighbouring NE authorities however the overall number of individuals who are successfully completing treatment has dropped however the overall difference in numbers is small. This drop has come about following a period of sustained increase over the previous 2 years. This drop has also occurred during a period of change where our local services were re-procured through a competitive tendering process where there were performance issues identified and tackled by the previous providers.

23. PBH 035ii Successful completion of drug treatment - non-opiate users Darlington remains statistically similar to our neighbouring NE authorities however the underlying trend of individuals who are successfully completing treatment is stable following a period of volatility however the overall difference in numbers is small. This volatility has also occurred during a period of change where our local services were re-procured through a competitive tendering process where there were performance issues identified and tackled by the previous providers.

24. PBH 035iii Successful completion of alcohol treatment Darlington remains statistically similar to our neighbouring NE authorities and has been closely following a similar trend over the past three years. Although the proportion of individuals successfully completing treatment has reduced the numbers of those successfully completing treatment has increased over the last three years. The volume of demand has increased substantially with significant increases in those seeking treatment over the same period across the UK, regionally and locally. These figures show the impact of that increase in demand on our local service

25. PBH 060 Under 75 mortality rate from respiratory disease Darlington remains statistically similar to our neighbouring NE authorities, all of whom are also worse than the England

average. Darlington has followed a similar trend as the NE regionally. These high rates of premature mortality from respiratory disease reflect the historically high rates of smoking tobacco in Darlington and the North East along with a legacy of industrial related lung disease. There has also been a rise in premature mortality from respiratory disease observed in England over the same period. The NHS continues to work to provide better and earlier diagnosis and treatment for those at risk from lunch disease to minimise the impact of this disease on their lives. The authority commission a Stop Smoking Service which continues to provide evidence-based interventions to support those who want to quit smoking. The authority continues to work with partners in developing and implementing a range of different initiatives including the extension of smoke free places and the targeting of those who sell illegal or underage tobacco. Environmental Health teams continue to monitor and regulate air pollution in the borough including developing campaigns and awareness of air pollution and steps to reduce this pollution with residents.

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SCRUTINY - HEALTH & HOUSING 2020/21 QUARTER 4

Indicator	Title	Reported	What is best	2017 / 2018	2018 / 2019	2019 / 2020	2020/21 - Q1	2020/21 - Q2	2020/21 - Q3	2020/21 - Q4	Qtr 4 compared to Qtr 3	2018/19 compared to 2017/18	2019/20 compared to 2018/19	2020/21 compared to 2019/20
CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week	Annually	Lower	26.6%	32.5%	26.9%	Annual indicators no data to report for these quarters			No data	NA	↓	↑	NA
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Annually	Higher	59.4%	57.5%	61.7%				No data	NA	↓	↑	NA
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Annually	Higher	75.4%	78.0%	70.0%				No data	NA	↓	↓	NA
CUL 030	Total number of visits to the Dolphin Centre (all areas)	Monthly	Higher	937,894	905,076	789,100	3,000	36,978	65,359	74,259	NA	↓	↓	↓
CUL 063	Number of school pupils participating in the sports development programme	Monthly	Higher	20,052	23,459	19,665	3,412	4,279	7,257	10,675	NA	↑	↓	↓
CUL 064	Number of individuals participating in the community sports development programme	Monthly	Higher	7,900	6,842	4,964	253	1,516	3,689	4,157	NA	↓	↓	↓
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)	Quarterly	Lower	2.5%	3.1%	2.9%	3.3%	3.3%	3.1%	2.5%	NA	↓	↑	↑
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd	Quarterly	Higher	97.5%	96.9%	97.5%	96.1%	96.6%	97.1%	101.6%	↑	↓	↑	↑
HBS 025	Number of days spent in Bed and Breakfast	Monthly	Lower	2,138	3,137	1,486	1,451	2,633	3,023	4,116	NA	↓	↑	↓
HBS 027i	Number of positive outcomes where homelessness has been prevented	Monthly	Higher	No data	722	656	137	327	484	645	NA	NA	↓	↓
HBS 034	Average number of days to re-let dwellings	Monthly	Lower	19.31	20.66	17.62	82.32	44.12	33.07	38.91	↓	↓	↑	↓
HBS 072	% of dwellings not with a gas service within 12 months of last service date	Monthly	Lower	0.36%	0.18%	1.00%	3.50%	0.66%	0.28%	0.76%	NA	↑	↓	↑

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APPENDIX 2

Darlington Borough Council

Public Health

October – March (Quarter 3 & 4)

Performance Highlight Report

2020 - 21

Public Health Performance Introduction

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

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

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

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

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

APPENDIX 2

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 C04) Low birth weight of term babies
PBH 016	(PHOF C02a) Under 18's conception rate/1,000
PBH 033	(PHOF C18) Smoking prevalence in adults (18+) - current smokers (APS)
PBH 048	(PHOF D02a) Chlamydia detection rate/ 100,000 aged 15 to24
PBH 058	(PHOF E05a) Under 75 mortality rate from cancer

Q2 Indicators

Indicator Num	Indicator description
PBH 044	(PHOF C21) Admission episodes for alcohol -related conditions (narrow
PBH 046	(PHOF C26b) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health Check
PBH 052	(PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS)

Q3 Indicators

Indicator Num	Indicator description
PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth – current method
PBH 014	(PHOF C06) Smoking status at time of delivery
PBH 018	(PHOF 2.05ii) Proportion of children aged 2-2.5 years receiving ASQ-3 as part of the Healthy Child Programme or integrated review
PBH 035i	(PHOF C19a) Successful completion of drug treatment-opiate users
PBH 035ii	(PHOF C19b) Successful completion of drug treatment-non opiate users
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment
PBH 050*	(PHOF D07) HIV late diagnosis (%)
PBH 056	(PHOF E04b) Under 75 mortality rate from cardiovascular disease considered preventable (2019 definition)
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease

Q4 Indicators

Indicator Num	Indicator description
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)

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 C14b) Emergency Hospital admissions for intentional Self-Harm)
PBH 054	(PHOF E02) % of 5 year old's with experience of visible obvious dental decay

Please note the figures in this indicator may be supressed when reported

APPENDIX 2

PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)	Key	29-31
PBH 015	Number of adults identified as smoking in antenatal period	Contract (Management)	32
PBH 037a	Number of young people (under 19) seen by Contraception and Sexual Health (CASH) Service	Contract (Management)	33
PBH 037d	Number of young people (under 19) seen by Genitourinary Medicine (GUM) Service	Contract (Management)	34
PBH 038	Waiting times – number of adult opiates clients waiting over 3 weeks to start first intervention	Contract (Management)	35
PBH 041	Waiting times – number of adult alcohol only clients waiting over 3 weeks to start first intervention	Contract (Management)	36

Quarter 3 & 4 Performance Summary

Key Indicators

The Key indicators reported in Q3 are:

- PBH 013c (PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth – current method
- PBH 014 (PHOF C06) Smoking status at time of delivery
- PBH 018 (PHOF 2.05ii) Proportion of children aged 2-2.5years receiving ASQ-3 as part of the Healthy Child Programme or integrated review
- PBH 035i (PHOF C19a) Successful completion of drug treatment – opiate users
- PBH 035ii (PHOF C19b) Successful completion of drug treatment – non-opiate users
- PBH 035iii (PHOF C19c) Successful completion of alcohol treatment
- PBH 050 (PHOF D07) HIV late diagnosis (%)
- PBH 056 (PHOF E04b) Under 75 mortality rate from cardiovascular disease considered preventable (2019 definition)
- PBH 060 (PHOF E07a) Under 75 mortality rate from respiratory disease

The Key indicators reported in Q4 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.

Quarter 4 Performance Summary

Contract Indicators

The contract indicators included in this highlight report are selected where a narrative is useful to understand performance described in the Key indicators to give an insight into the contribution that those directly commissioned services provided by the Public Health Grant have on the high level population Key indicators. There is a total of 5 indicators in Q4:

- 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 037d – 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 Q3

KEY PBH 013c – (PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth – current method

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

Numerator: The numerator is the count of the number of infants recorded as being totally breastfed at 6-8 weeks and the number of infants recorded as being partially breastfed.

Denominator: The denominator is the total number of infants due a 6-8 weeks check.

Latest update: 2019/20 **Current performance: 33.5%**

Figure 1-CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	282,436	48.0*	47.9	48.1
Neighbours average	–	-	-	-	-	-
Derby	↑	4	1,329	45.9	44.1	47.7
Warrington	→	14	823	40.3	38.2	42.5
Darlington	→	-	321	33.5	30.6	36.6
Wigan	↑	15	1,078	32.7	31.2	34.4
Doncaster	–	13	1,123	32.3	30.8	33.9
St. Helens	–	5	500	27.9	25.9	30.0
Stockton-on-Tees	–	1	612	*	-	-
North East Lincolnshire	–	2	442	*	-	-
Dudley	–	3	1,527	*	-	-
Bolton	–	6	-	*	-	-
Calderdale	–	7	836	*	-	-
Telford and Wrekin	–	8	719	*	-	-
Plymouth	–	9	1,021	*	-	-
Bury	–	10	-	*	-	-
Tameside	–	11	997	*	-	-
Rotherham	–	12	914	*	-	-

Source: Public Health England Life Course Intelligence team

Compared with Neighbrs average ▪▪▪ Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

What is the data telling us?

This data (from 201/20), shows that 33.5% of infants are totally or partially breastfed at 6-8 weeks after birth. Compared to our 16 statistical neighbours Darlington is ranked 3rd of our statistical nearest neighbours on Figure One show an asterisk in place of data; this means that Public Health England have not published these authorities' data for data quality reasons.

Why is this important to inequalities?

The evidence base shows that there are significant health benefits for the mother and child including reduced infections as an infant and lower probability of obesity later in life. For the mother breastfeeding lowers the risk of developing breast and ovarian cancers. Breastfeeding is less prevalent in lower socioeconomic communities resulting in mothers and infants missing out on the known health benefits. This is a contributing factor in poorer health outcomes for both children and adults.

What are we doing about it?

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

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

During Covid the Health Visiting team have supported new mums virtually and offer telephone and face time support, where required.

KEY PBH 014 - (PHOF C06) Smoking status at time of delivery

Definition: The number of mothers known to be smokers at the time of delivery as a percentage of all maternities. A maternity is defined as a pregnant woman who gives birth to one or more live or stillborn babies of at least 24 weeks gestation, where the baby is delivered by either a midwife or doctor at home or in a NHS hospital.

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

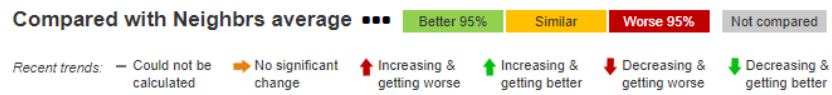
Denominator: Number of maternities where smoking status is known.

Latest update: 2019/20 **Current performance: 16.4%**

Figure 2-CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	58,834	10.4	10.3	10.5
Neighbours average	–	-	-	-	-	-
North East Lincolnshire	→	2	357	21.7	19.8	23.8
Doncaster	↑	13	518	17.0	15.7	18.3
Stockton-on-Tees	→	1	325	16.5	15.0	18.2
St. Helens	→	5	302	16.4	14.8	18.2
Darlington	→	-	161	16.4	14.2	18.8
Rotherham	→	12	393	16.2	14.8	17.7
Telford and Wrekin	→	8	313	15.4	13.9	17.0
Wigan	→	15	488	15.1	13.9	16.4
Tameside	→	11	327	13.6	12.3	15.1
Derby	→	4	384	13.5	12.3	14.8
Bolton	→	6	446	12.4	11.3	13.5
Plymouth	→	9	298	11.6	10.4	12.9
Dudley	→	3	360	11.3	10.2	12.4
Warrington	→	14	208	10.3	9.1	11.8
Bury	→	10	198	9.2	8.1	10.5
Calderdale	–	7	-	*	-	-

Source: Calculated by PHE from the NHS Digital return on Smoking Status At Time of delivery (SATOD)



What is the data telling us?

The data shows that there is no significant change to the trend for women who smoke at time of delivery but 1 in 6 infants will be born to a mother who smokes. In comparison to our 16 statistically similar neighbours Darlington is ranked 5th a rise from 8th last year.

Why is this important to inequalities?

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother both in the short term and longer term. Being smoke

free in pregnancy is a significant contribution to the best start in life. Smoking prevalence, including in pregnancy, is higher in more deprived areas. This means that infants born to mothers who are smoking at pregnancy are more likely to be exposed to the effects of tobacco in the womb and at home when they are born. This can affect the health outcomes of the baby and increase the likelihood of specific diseases throughout their life and into adulthood.

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

What are we doing about it?

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

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

Definition: Percentage of children who received a 2-2½ year review in the period for whom the ASQ-3 is completed as part of their 2-2½ year review.

Numerator: Total number of children for which the ASQ-3 is completed as part of their 2-2½ year review.

Denominator: Total number of children who received a 2-2½ year review by the end of the period.

Latest update: 2019/20 **Current performance: 99.4%**

Figure 3-CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	471,802	92.6*	92.5	92.7
Neighbours average	–	-	31,204	96.1*	95.9	96.3
Dudley	–	3	3,347	100	99.9	100
Darlington	↑	-	1,071	99.4	98.7	99.7
Plymouth	↑	9	2,293	99.1*	98.7	99.4
Warrington	–	14	1,702	97.8	97.0	98.4
Stockton-on-Tees	–	1	1,925	97.6	96.8	98.2
North East Lincolnshire	↑	2	1,636	97.6	96.7	98.2
St. Helens	–	5	1,593	97.0	96.0	97.7
Rotherham	↑	12	2,891	96.8	96.1	97.4
Doncaster	→	13	3,173	96.4	95.7	96.9
Tameside	→	11	2,562	96.1	95.3	96.8
Derby	↓	4	2,715	95.1	94.2	95.8
Calderdale	↑	7	1,870	94.1	93.0	95.1
Wigan	–	15	2,840	94.1	93.2	94.9
Telford and Wrekin	–	8	1,586	84.3	82.6	85.8
Bolton	–	6	-	*	-	-
Bury	–	10	-	*	-	-

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

What is the data telling us?

The latest data for 2019/20 at 99.4% is significantly better than the England and Regional figures. In comparison to CIPFA nearest neighbours, Darlington is ranked 2nd.

Why is this important to inequalities?

Children from the most disadvantaged communities have a poorer experience in the first years of life and experience the most inequalities throughout childhood and adulthood. The Ages and Stages

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

What are we doing about it?

The current provider of 0-19 services (Harrogate and District NHS Foundation Trust) has worked to improve the timely completion of the 2-2.5 year check, its application and recording of the ASQ3 and its outcomes. This has shown consistent improvement from 87.9% of children receiving an ASQ3 for 2016/17 to 97.6% of children in 2017/18 to 97.7% in 2018/19 and 99.4% in 2019/20. The Service has surpassed the set target of 95%.

The Service has also continued to ensure that the assessment is of high quality through training and development of their staff. The Provider is working with Education and Early Years settings to ensure that individuals with poor scores are identified and with parental consent, are referred to specialist services for furthermore focused assessment and early intervention.

KEY PBH 035i - (PHOF C19a) Successful completion of drug treatment – opiate users

Definition: Number of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment.

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

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

Latest update: 2019 **Current performance: 3.1%**

Figure 4-CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	7,871	5.6	5.5	5.7
Neighbours average	–	-	649	4.9*	4.5	5.3
Warrington	→	14	48	8.9	6.7	11.5
Derby	→	4	76	7.2	5.8	8.9
Bury	→	10	31	6.4	4.6	9.0
Wigan	→	15	63	6.4	5.0	8.1
Calderdale	→	7	37	5.6	4.1	7.6
Telford and Wrekin	–	8	-	5.3	3.7	7.6
Dudley	→	3	44	5.0	3.8	6.7
Tameside	→	11	43	4.9	3.7	6.6
Rotherham	→	12	51	4.9	3.7	6.4
St. Helens	→	5	36	4.8	3.5	6.6
Plymouth	→	9	56	4.6	3.5	5.9
Bolton	→	6	52	4.1	3.2	5.4
Stockton-on-Tees	→	1	35	3.6	2.6	5.0
Darlington	→	-	13	3.1	1.8	5.2
Doncaster	↓	13	41	3.0	2.2	4.1
North East Lincolnshire	→	2	23	3.0	2.0	4.4

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

Compared with Neighbrs average ▪▪▪ Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

What is the data telling us?

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

since 2016, to 4.8% in 2018 and 3.1% in 2019. In comparison to our 16 neighbours Darlington is ranked 14th.

Why is this important to inequalities?

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

What are we doing about this?

This is a key performance indicator within the new STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring. The Public Health team has continued to work with We Are With You and Public Health England to understand if there are any unique characteristics of the local drug using population or changes in the wider system, including changes to benefits and other local services that might have contributed to the faster decrease in completions in Darlington compared to other areas.

The new Service has a radically different delivery model focussed on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use substances in Darlington. This new model will improve the rate of successful completions in Darlington.

KEY PBH 035ii - (PHOF C19b) Successful completion of drug treatment – non-opiate users

Definition: Number of users on non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment.

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

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

Latest update: 2019 **Current performance: 19.3%**

Figure 5-CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	18,991	34.2	33.9	34.6
Neighbours average	–	-	1,493	34.1*	32.7	35.5
Warrington	→	14	96	48.5	41.6	55.4
Bury	→	10	100	47.8	41.2	54.6
Doncaster	→	13	59	45.4	37.1	54.0
Calderdale	↑	7	82	44.1	37.1	51.3
Telford and Wrekin	→	8	51	44.0	35.3	53.0
Dudley	→	3	151	40.4	35.5	45.4
Wigan	→	15	221	38.6	34.7	42.6
Bolton	↓	6	136	37.6	32.7	42.7
St. Helens	→	5	146	36.0	31.5	40.8
Derby	→	4	117	36.0	31.0	41.4
Plymouth	→	9	73	28.0	22.9	33.7
Stockton-on-Tees	↓	1	69	27.3	22.2	33.1
Tameside	→	11	105	25.5	21.6	30.0
Darlington	→	-	21	19.3	13.0	27.7
Rotherham	↓	12	39	16.1	12.0	21.3
North East Lincolnshire	↓	2	27	11.9	8.3	16.8

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

Compared with Neighbrs average ▪▪▪ Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

What is the data telling us?

In 2018 Darlington was 33.1% which is higher than the CIPFA neighbours average and slightly lower than the England average of 34.4%. In 2019 Darlington is 19.3% again higher than the CIPFA neighbours average of 34.1% but lower than the England average of 34.2%.

Why is this important to inequalities?

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

What are we doing about this?

This is a key performance indicator within the new STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring. The Public Health team has continued to work with We Are With You and Public Health England to understand if there are any unique characteristics of the local drug using population or changes in the wider system, including changes to benefits and other local services that might have contributed to the faster decrease in completions in Darlington compared to other areas.

The new Service has a radically different delivery model focussed on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use substances in Darlington. This new model will improve the rate of successful completions in Darlington.

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KEY PBH 035iii - (PHOF C19c) Successful completion of alcohol treatment

Definition: Number of alcohol users that left structured treatment successfully (free of alcohol dependence) who do not then re-present to treatment within 6 months as a percentage of the total number of alcohol users in structured treatment.

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

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

Latest update: 2019 **Current performance: 30.7%**

Figure 6-CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↓	-	28,677	37.8	37.5	38.2
Neighbours average	–	-	2,463	38.2*	37.0	39.3
Calderdale	↑	7	144	56.0	49.9	62.0
Telford and Wrekin	↑	8	102	50.2	43.4	57.1
Warrington	↑	14	229	48.2	43.7	52.7
St. Helens	→	5	188	46.7	41.8	51.5
Doncaster	↓	13	122	46.4	40.5	52.4
Dudley	→	3	228	45.8	41.5	50.2
Bolton	→	6	255	44.6	40.6	48.7
Wigan	→	15	302	39.6	36.2	43.1
Stockton-on-Tees	→	1	147	37.8	33.1	42.7
Plymouth	→	9	107	33.3	28.4	38.7
Bury	→	10	98	33.2	28.1	38.8
Tameside	→	11	171	33.2	29.3	37.4
Derby	→	4	175	32.2	28.4	36.2
Darlington	→	-	63	30.7	24.8	37.4
North East Lincolnshire	→	2	56	18.3	14.4	23.0
Rotherham	↓	12	76	17.0	13.8	20.8

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

Compared with Neighbrs average ▪▪▪ Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

What is the data telling us?

In 2018 Darlington (33.2%) is lower than the CIPFA neighbours average of 37.2% and lower than England 37.6%. In 2019 Darlington 30.7% is lower than the CIPFA neighbours average of 38.2% and lower than England 37.8%.

Why is this important to inequalities?

National data suggests that those living in the most deprived communities are less likely to complete treatment for alcohol than those living in the least deprived communities. National data and the evidence suggest that although overall consumption of alcohol between the more affluent and deprived communities is similar the patterns of consumption including the strength of alcohol, is different. More deprived communities tend to show patterns of binge drinking with high strength alcohol. The evidence shows that the impact of alcohol harm is greater in the more deprived communities with worse health outcomes including early deaths and diseases related to alcohol, and worse social and economic outcomes including crime and disorder and anti-social behaviour.

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

What are we doing about this?

This is a key performance indicator within the new STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring. The Public Health team has continued to work with We Are With You and Public Health England to understand if there are any unique characteristics of the local drug using population or changes in the wider system, including changes to benefits and other local services that might have contributed to the faster decrease in completions in Darlington compared to other areas.

The new Service has a radically different delivery model focussed on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use substances in Darlington. This new model will improve the rate of successful completions in Darlington.

KEY PBH 050 - (PHOF D07) HIV late diagnosis (%)

Definition: Percentage of adults (aged 15 years or more) diagnosed with a CD4 cell count less than 350 cells per mm^3 among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis. These include all reports of HIV diagnoses made in the UK, regardless of country of first HIV positive test (i.e. including people who were previously diagnosed with HIV abroad).

Data are presented by area of residence, and exclude people diagnosed with HIV in England who are resident in Wales, Scotland, Northern Ireland or abroad.

Numerator: The HIV and AIDS Reporting System (HARS), Public Health England.

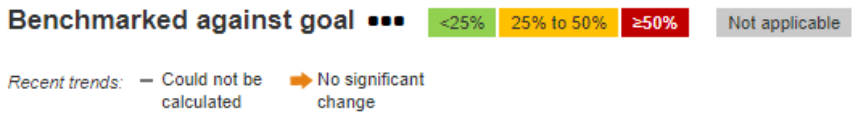
Denominator: The HIV and AIDS Reporting System (HARS), Public Health England.

Latest update: 2017-19 **Current performance: 20%**

Figure 7-CIPFA nearest neighbours' comparison (Benchmarked against goal)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	3,870	43.1	42.1	44.1
Neighbours average	–	-	-	-	-	-
Calderdale	–	7	16	76.2	52.8	91.8
Telford and Wrekin	–	8	5	71.4	29.0	96.3
St. Helens	–	5	10	58.8	32.9	81.6
Derby	–	4	33	55.0	41.6	67.9
Wigan	–	15	15	50.0	31.3	68.7
Rotherham	–	12	7	50.0	23.0	77.0
Bolton	–	6	18	50.0	32.9	67.1
Warrington	–	14	7	46.7	21.3	73.4
Tameside	–	11	16	43.2	27.1	60.5
North East Lincolnshire	–	2	6	42.9	17.7	71.1
Doncaster	–	13	11	42.3	23.4	63.1
Dudley	–	3	10	41.7	22.1	63.4
Plymouth	–	9	12	40.0	22.7	59.4
Bury	–	10	8	33.3	15.6	55.3
Stockton-on-Tees	–	1	7	31.8	13.9	54.9
Darlington	–	-	1	20.0	0.5	71.6

Source: Public Health England



Recent trends: – Could not be calculated ➡ No significant change

What is the data telling us?

Darlington (20%) is statistically significantly better than England 43.1%. This shows that services provided for those who have increased risk of exposure to HIV are accessible and effective with most receiving a diagnosis at an earlier stage. The numbers of those presenting an HIV diagnosis in Darlington are relatively small.

Why is this important to inequalities?

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

What are we doing about this?

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

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

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

KEY PBH 056 - (PHOF E04b) Under 75 mortality rate from cardiovascular disease considered preventable (2019 definition)

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

Numerator: Number of deaths that are considered preventable from all cardiovascular diseases (classified by underlying cause of death recorded as ICD codes I71, I10-I13, I15, I20-I25, I60-I69, I70 and I73.9 all at 50% of the total count. Registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands (0-4, 5-9,..., 70-74).

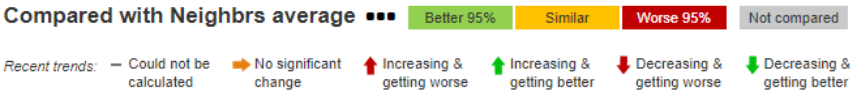
Denominator: Population-years (aggregated populations for the three years) for people aged under 75, aggregated into quinary age bands (0-4, 5-9, ..., 70-74).

Latest update: 2017 - 19 **Current performance: 31.2 (per 100,000)**

Figure 8-CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	40,823	28.2	27.9	28.4
Neighbours average	–	-	-	-	-	-
Tameside	–	11	265	44.4	39.2	50.1
Bolton	–	6	287	39.4	35.0	44.3
North East Lincolnshire	–	2	175	39.0	33.4	45.2
St. Helens	–	5	195	37.8	32.7	43.5
Wigan	–	15	333	36.1	32.3	40.2
Rotherham	–	12	261	35.4	31.2	40.0
Telford and Wrekin	–	8	160	34.8	29.6	40.6
Derby	–	4	204	34.5	29.9	39.6
Doncaster	–	13	287	33.6	29.9	37.8
Bury	–	10	168	33.2	28.4	38.6
Calderdale	–	7	187	32.0	27.6	36.9
Dudley	–	3	281	31.9	28.3	35.9
Warrington	–	14	181	31.6	27.1	36.6
Darlington	–	-	94	31.2	25.2	38.2
Plymouth	–	9	201	30.0	26.0	34.4
Stockton-on-Tees	–	1	154	29.2	24.7	34.2

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



What is the data telling us?

The data shows that after a long period of reduction in the under 75 years mortality rate from cardiovascular diseases considered preventable in Darlington the rate of reduction is slowing. The table shows that compared to our 16 CIPFA neighbours Darlington is ranked 14th.

Why is this important to inequalities?

The most deprived communities have the highest rates of modifiable or preventable CVD risk factors compared to the wider population. Prevalence in these communities is greater in the most deprived communities with take up of preventative and early diagnosis poorer. This results in those in the most deprived communities experiencing worse outcomes including late diagnosis which can result

in emergency admission, disability and earlier deaths. Inequalities also exist between men and women, with men experiencing significantly worse rates and outcomes in relation to CVD than women. Therefore, men living in the most deprived communities in Darlington are most likely to experience the worst outcomes.

What are we doing about this?

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

Primary Health Care Darlington manage the NHS Health Checks contract, through a sub-contracting arrangement with all 11 GP Practices in Darlington. The NHS Health Check offer has been impacted by Covid with GP Practices unable to send the high volume of invites out to people. NHS Health Checks have continued to be offered throughout the Covid pandemic at a reduced rate to those who have been in contract with their GP Practice. Numbers are expected to improve in the future.

KEY PBH 060 - (PHOF E07a) Under 75 mortality rate from respiratory disease

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

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

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

Latest update: 2017 - 19 **Current performance: 47.3 (per 100,000)**

Figure 9-CIPFA nearest neighbours' comparison

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	–	-	49,555	34.2	33.9	34.5
Neighbours average	–	-	-	-	-	-
Bolton	–	6	385	53.1	47.9	58.7
Tameside	–	11	316	53.0	47.3	59.2
St. Helens	–	5	275	52.5	46.5	59.1
Rotherham	–	12	375	50.7	45.7	56.1
Wigan	–	15	452	48.7	44.3	53.4
Darlington	–	-	143	47.3	39.9	55.7
North East Lincolnshire	–	2	204	45.4	39.4	52.1
Doncaster	–	13	385	45.2	40.8	49.9
Calderdale	–	7	257	44.0	38.7	49.7
Telford and Wrekin	–	8	197	43.0	37.2	49.5
Stockton-on-Tees	–	1	220	42.0	36.6	47.9
Derby	–	4	232	39.5	34.5	44.9
Plymouth	–	9	261	38.6	34.0	43.6
Dudley	–	3	327	37.1	33.2	41.4
Bury	–	10	183	36.2	31.2	41.9
Warrington	–	14	188	33.3	28.7	38.5

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

Compared with Neighbrs average ■■■ Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

What is the data telling us?

Darlington's rate of 47.3 per 100,000 and England's rate is 34.2 per 100,000. Compared to our 16 CIPFA neighbours Darlington is ranked 6th.

Why is this important to inequalities?

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

What are we doing about it?

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

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

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

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

KEY INDICATORS Q4

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

Definition: Proportion of children aged 4-5 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) 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) measured in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England.

Latest update: 2019/20 **Current performance: 25.8% (Reception)**

Figure 1-CIPFA nearest neighbours' comparison (Reception)

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	91,723	23.0	22.8	23.1
Neighbours average	–	-	-	-	-	-
St. Helens	→	5	385	28.3*	26.0	30.8
Plymouth	→	9	405	27.7*	25.6	30.2
Tameside	→	11	295	27.1*	24.4	29.6
Dudley	→	3	550	27.1*	25.3	29.1
Doncaster	↑	13	920	26.7	25.2	28.1
Rotherham	↑	12	465	26.6*	24.6	28.7
Telford and Wrekin	→	8	320	26.1*	23.9	28.8
North East Lincolnshire	→	2	490	26.1	24.1	28.1
Darlington	→	-	290	25.8	23.4	28.6
Wigan	→	15	890	25.4	24.1	26.9
Calderdale	↑	7	475	23.1	21.4	25.0
Warrington	→	14	350	22.9*	21.0	25.2
Stockton-on-Tees	→	1	265	21.6*	19.6	24.2
Derby	→	4	445	21.5*	19.8	23.4
Bolton	–	6	-	*	-	-
Bury	–	10	-	*	-	-

Source: NHS Digital, National Child Measurement Programme

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

Definition: Proportion of children aged 10-11 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 Year 6 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 Year 6 (aged 10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state-maintained schools in England.

Latest update: 2019/20 **Current performance: 37.8% (Year 6)**

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

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	↑	-	172,831	35.2	35.1	35.3
Neighbours average	–	-	13,380	37.7*	37.2	38.2
Dudley	↑	3	1,410	42.1	40.4	43.8
St. Helens	→	5	660	41.0	38.8	43.6
Telford and Wrekin	→	8	760	40.0	37.9	42.3
Derby	→	4	1,245	38.9	37.2	40.6
Wigan	→	15	1,430	38.6	37.1	40.3
Doncaster	↑	13	1,370	38.3	36.7	39.9
Rotherham	→	12	840	37.9*	35.9	39.9
Darlington	→	-	470	37.8	35.1	40.5
North East Lincolnshire	→	2	680	37.0	34.8	39.2
Tameside	→	11	955	36.2	34.5	38.2
Bolton	→	6	1,385	36.1	34.5	37.6
Calderdale	→	7	780	35.0	32.9	36.9
Stockton-on-Tees	→	1	440	34.8*	32.4	37.6
Plymouth	→	9	475	33.5*	30.9	35.8
Warrington	→	14	480	32.1*	29.9	34.6
Bury	–	10	-	*	-	-

Source: NHS Digital, National Child Measurement Programme

Compared with benchmark Better Similar Worse Not compared

What is the data telling us?

Excess weight in 4-5 year olds in Darlington is not compared to the national figure for 2019/20 and statistically similar for 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 9th highest percentage of reception children with excess weight and the 8th 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. Due to the impact of COVID-19, most appointments have taken place virtually, unless it has been necessary for a Health Visitor to make a visit in person, in those case full PPE has been worn.

The 0-19 Public Health Services contract also contains specific KPIs in relation to the delivery of the National Child Measurement Programme (NCMP). Last 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.

This year, the NCMP has been unable to facilitated in all schools due to COVID-19 and schools being closed. From April 2021, the programme is being reintroduced in schools.

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: 2019/20

Current performance: 207.3 (0-4 years), 135.0 (0-14 years) and 159.0 (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	↓	-	38,596	117.0	115.8	118.1
Neighbours average	–	-	-	-	-	-
Bury	→	10	270	231.0	204.3	260.3
Darlington	→	-	120	207.3	170.3	245.9
Tameside	→	11	245	170.8	151.3	195.0
Calderdale	→	7	205	168.2	146.7	193.7
Telford and Wrekin	→	8	175	161.4	137.5	186.2
Plymouth	→	9	230	157.2	136.3	177.4
Warrington	→	14	180	155.2	132.6	178.7
St. Helens	→	5	140	138.7	117.6	164.7
Bolton	↓	6	260	135.7	118.7	152.1
North East Lincolnshire	→	2	120	130.9	110.5	158.9
Stockton-on-Tees	↓	1	150	130.9	112.4	155.5
Wigan	→	15	240	130.9	115.3	149.1
Doncaster	→	13	190	105.2	90.7	121.2
Dudley	↓	3	145	77.3	64.2	89.8
Rotherham	↓	12	115	73.9	61.6	89.4
Derby	→	4	95	58.2	46.5	70.5

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2020, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS)

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	↓	-	92,926	91.2	90.6	91.8
Neighbours average	–	-	6,965	101.9*	99.5	104.3
Bury	→	10	505	137.9	125.8	150.1
Darlington	→	-	255	135.0	118.0	151.5
Warrington	→	14	495	133.0	121.8	145.5
Calderdale	→	7	505	129.9	118.8	141.8
Telford and Wrekin	→	8	435	124.4	112.7	136.4
St. Helens	→	5	380	121.6	109.7	134.4
Tameside	↓	11	505	116.9	107.4	128.0
Wigan	→	15	655	112.8	104.7	122.2
Plymouth	↓	9	465	103.2	94.2	113.2
Stockton-on-Tees	↓	1	375	101.0	91.6	112.3
North East Lincolnshire	→	2	285	97.3	86.6	109.6
Bolton	↓	6	550	94.6	87.0	103.0
Doncaster	→	13	510	89.8	82.0	97.8
Dudley	↓	3	430	73.4	67.0	81.1
Rotherham	↓	12	330	67.9	60.4	75.2
Derby	→	4	285	56.1	49.5	62.7

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2020, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS)

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

Area	Recent Trend	Neighbour Rank	Count	Value	95% Lower CI	95% Upper CI
England	→	-	86,922	132.1	131.3	133.0
Neighbours average	–	-	6,170	149.5*	145.8	153.3
St. Helens	→	5	505	269.9	246.4	293.9
Warrington	→	14	580	264.2	244.0	287.6
Wigan	↑	15	730	211.1	196.1	227.0
Stockton-on-Tees	→	1	350	171.2	154.1	190.6
Bury	↑	10	330	160.9	143.1	178.2
Darlington	→	-	175	159.0	138.0	186.3
Doncaster	→	13	485	149.0	135.5	162.3
Calderdale	→	7	320	142.2	127.0	158.7
Telford and Wrekin	→	8	295	138.9	123.1	155.2
North East Lincolnshire	→	2	220	135.3	119.2	155.7
Derby	→	4	440	128.1	116.2	140.4
Bolton	→	6	420	126.6	115.1	139.6
Tameside	↓	11	285	117.1	104.3	132.0
Plymouth	↓	9	415	109.8	100.0	121.5
Rotherham	→	12	305	106.9	95.3	119.6
Dudley	↓	3	315	90.4	80.1	100.3

Source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2020, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS)

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 (2019/20) shows Darlington has the 2nd 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 6th 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.

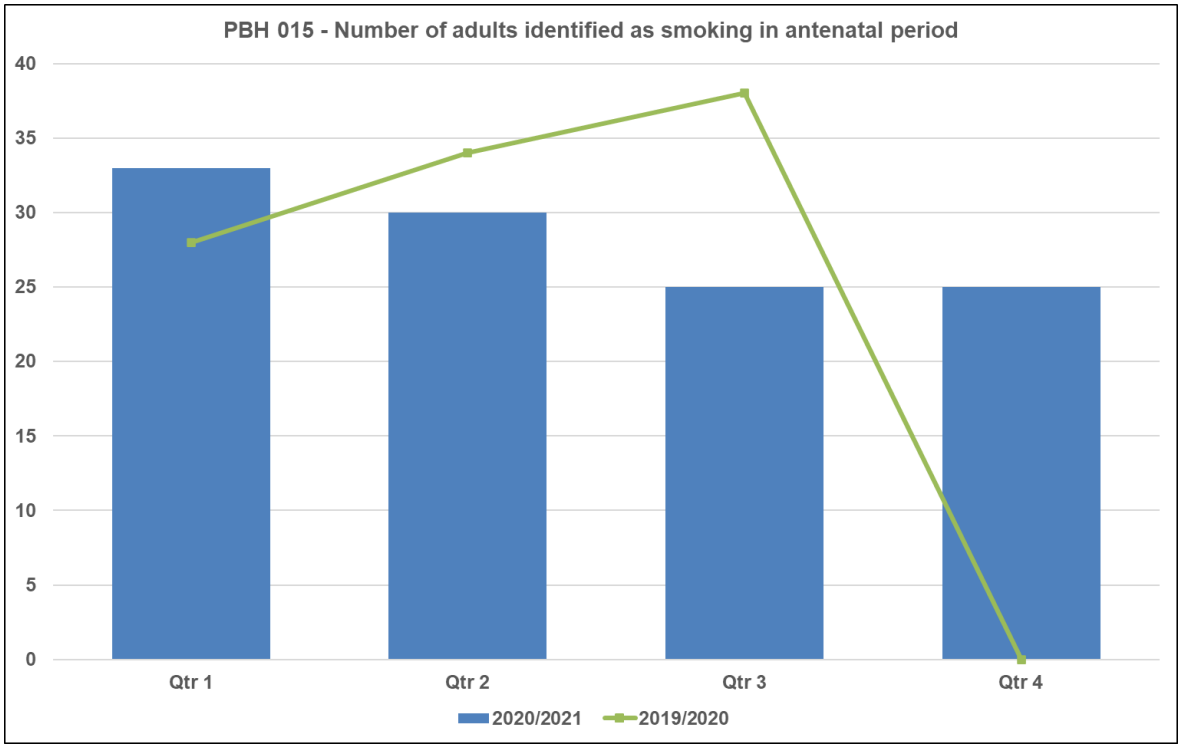
What are we doing about it?

This issue requires system wide action with input from a range of different partners. Public Health 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. Unfortunately, due to COVID-19 this piece of work has been delayed.

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's Q4:

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



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the data telling us?

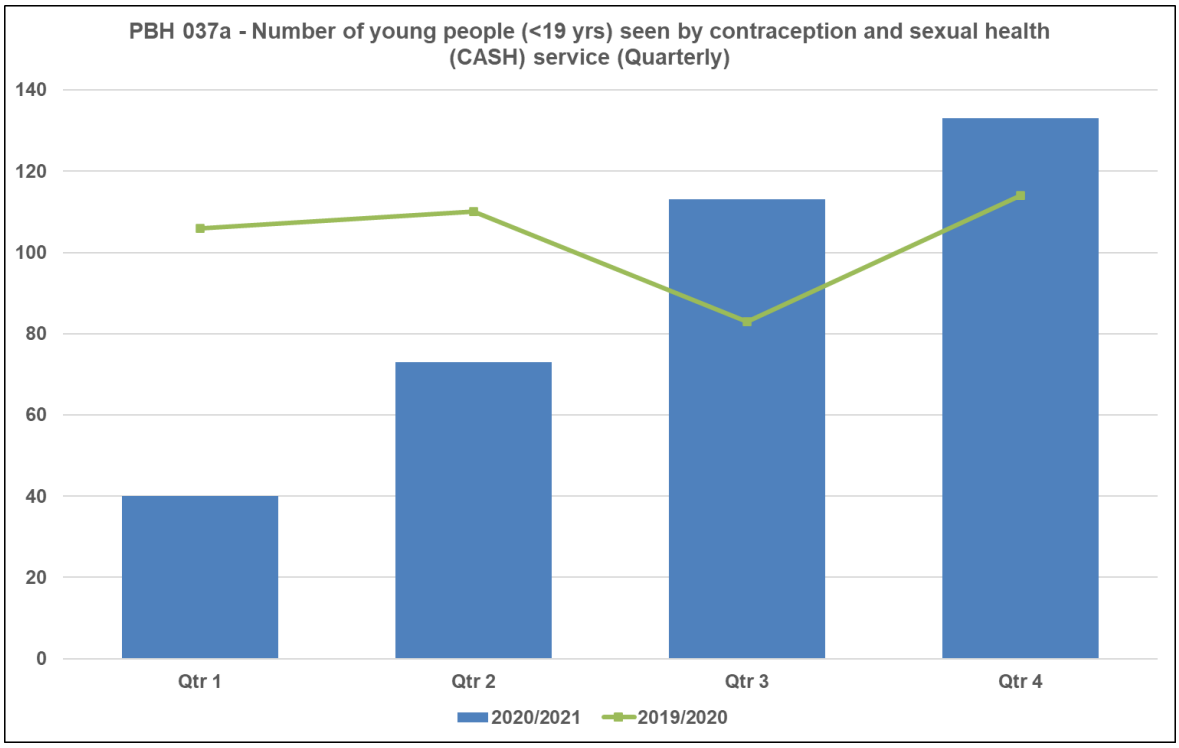
The data shows an increase of women who are recorded as smokers while pregnant, from last year. This means that more unborn babies are exposed to the harm from tobacco before they are born. This data needs to be considered with caution due to the impact of COVID-19 on the ante-natal visits.

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 telling us?

The data has been recorded differently since last year and this shows a decrease in the quarter 1 and 2 of the year. During quarter 3 and 4 the numbers have increased, this data needs to be considered with caution due to the impact of COVID-19 on the service.

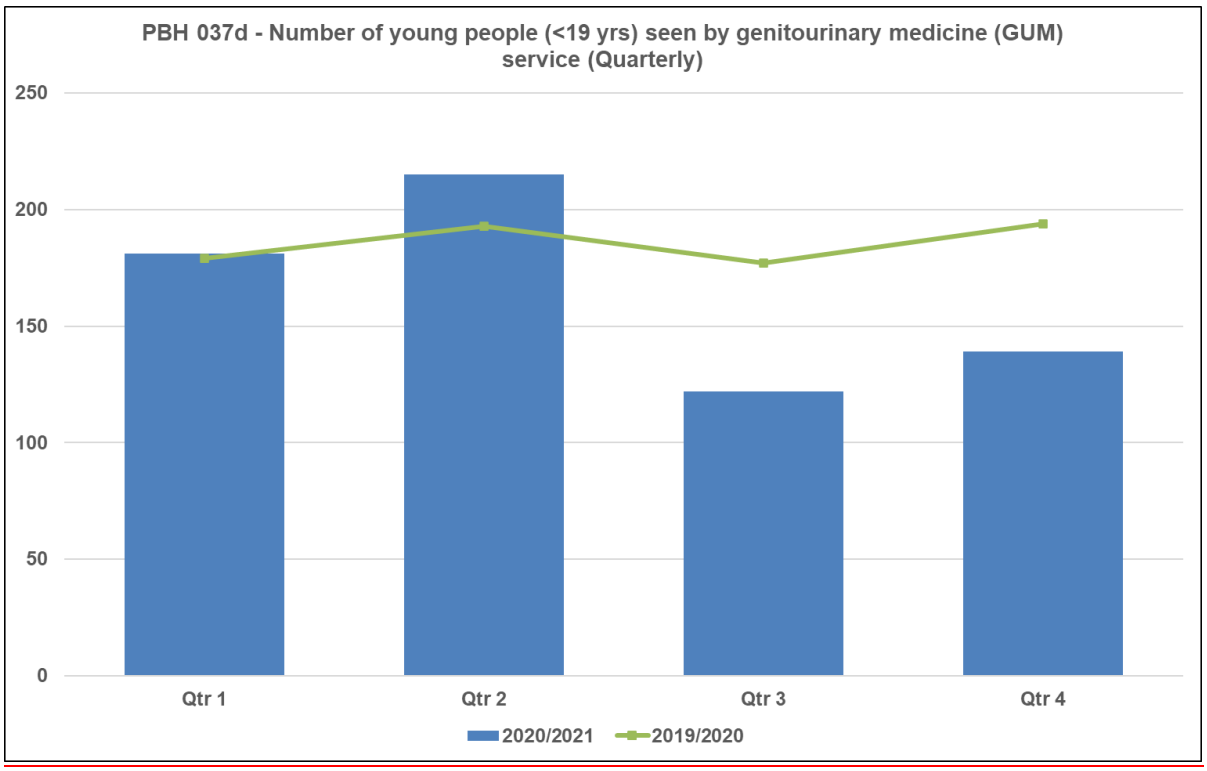
This means that the numbers of young people aged under 19 years who have been seen by the Contraceptive and Sexual Health (CASH) Service has slightly reduced from a total of 413 in 2019/20 to 359 in 2020/21. This shows that despite the impact of COVID-19 young people are confident in and able to better 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 037d Number of young people (<19yrs) seen by genitourinary medicine (GUM)



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the data telling us?

The data shows 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. This data needs to be considered with caution due to the impact of COVID-19 on the service.

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.

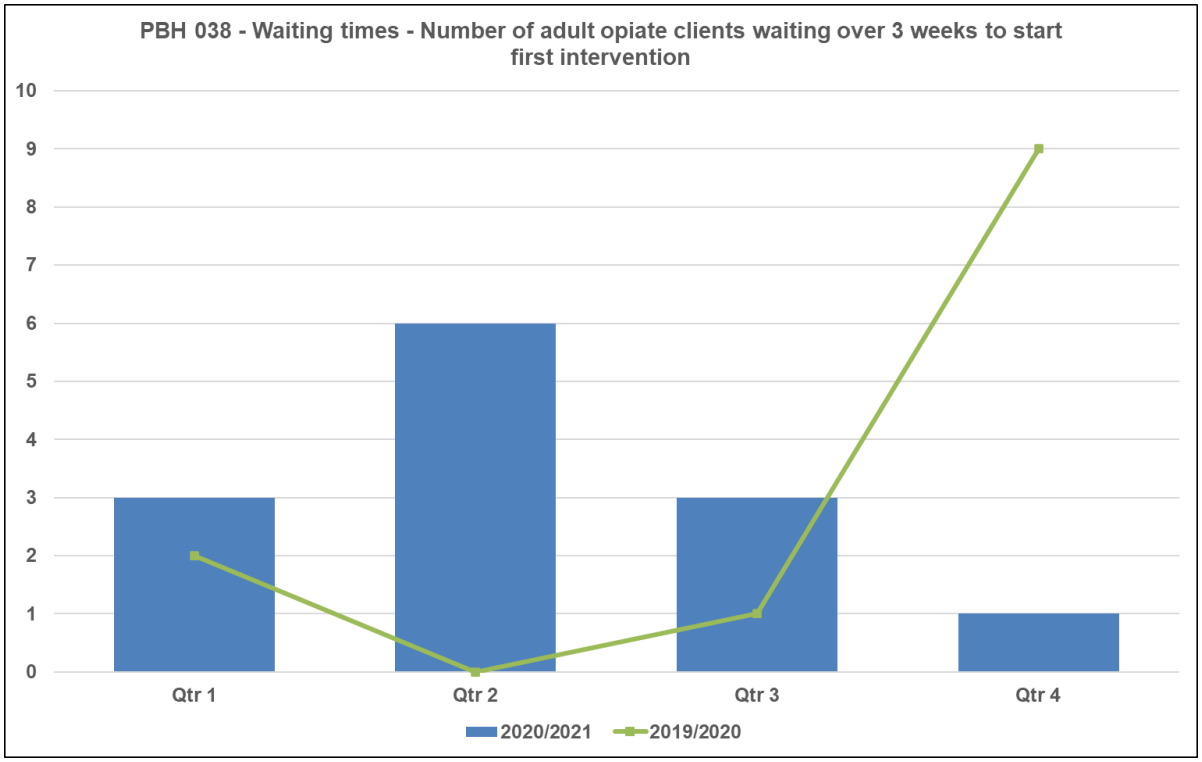
What more needs to happen?

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: We Are With You (WAWY)

What is the data telling us?

The data shows a decrease 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 1 service users waited more than 3 weeks to start their first treatment for alcohol in Q4 this year compared to 9 in Q4 last year.

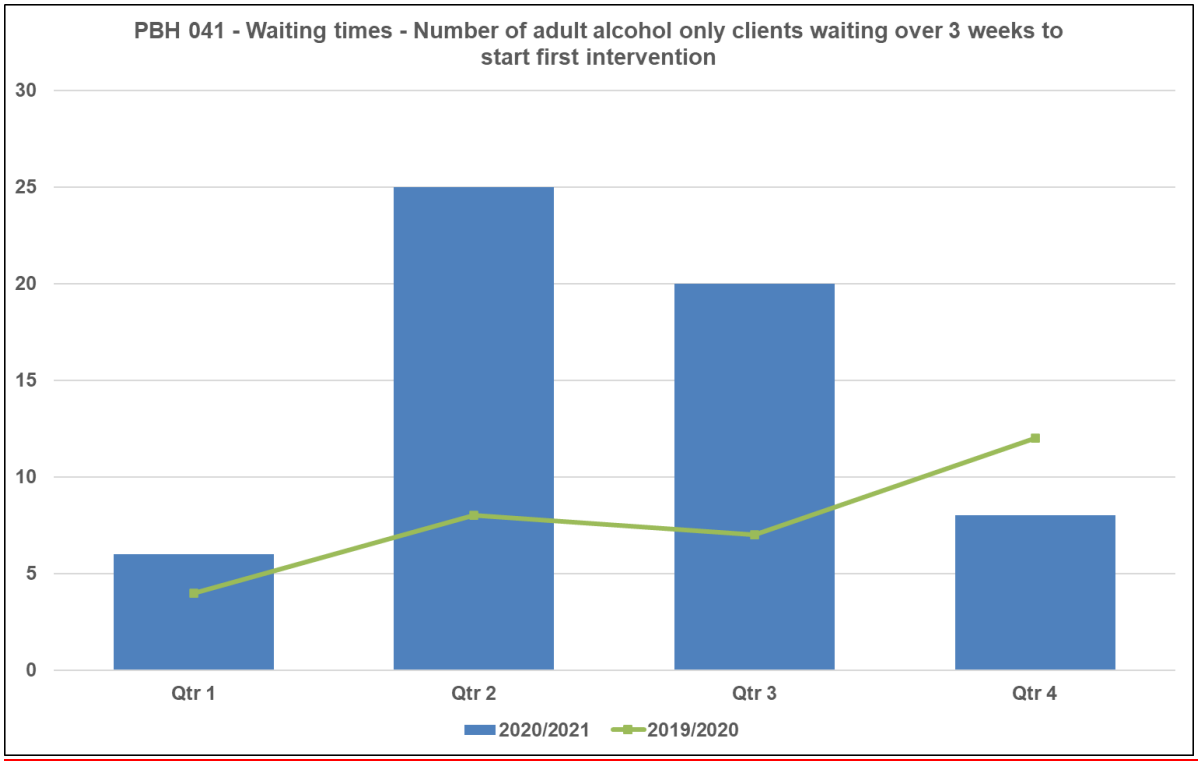
We Are With You took over the contract in August 2020 during the COVID-19 pandemic and there have been challenges to fully mobilise the Service. The data shows us that the new provider has reduced waiting times over the last few quarters, form the peak in Q2, which is when the new Service commenced operation.

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-19 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 adults alcohol only clients waiting over 3 weeks to start first intervention



Service Provider: We Are With You (WAWY)

What is the data telling us?

The data shows a decrease 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 8 service users waited more than 3 weeks to start their first treatment for alcohol in Q4 this year compared to 12 in Q4 last year.

We Are With You took over the contract in August 2020 during the COVID-19 pandemic and there have been challenges to fully mobilise the Service. The data shows us that the new provider has reduced waiting times over the last few quarters, form the peak in Q2, which is when the new Service commenced operation.

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-19 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.

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SCRUTINY - HEALTH & HOUSING 2020/21 QUARTER 4

Indicator	Title	Reported	What is best	2017 / 2018	2018 / 2019	2019 / 2020	2020/21 - Q1	2020/21 - Q2	2020/21 - Q3	2020/21 - Q4	Qtr 4 compared to Qtr 3	2018/19 compared to 2017/18	2019/20 compared to 2018/19	2020/21 compared to 2019/20
PBH 009	(PHOF C04) Low birth weight of term babies	Annually	Lower	2.03%	2.85%	2.56%				No data	NA	↓	↑	NA
PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth - current method	Annually	Higher	31.9%	37.3%	33.5%				No data	NA	↑	↓	NA
PBH 014	(PHOF C06) Smoking status at time of delivery	Annually	Lower	16.2%	15.6%	16.4%				No data	NA	↑	↓	NA
PBH 016	(PHOF C02a) Rate of under-18 conceptions	Annually	Lower	23.3	19.5	No data				No data	NA	↑	NA	NA
PBH 018	(PHOF 2.05ii) Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	Annually	Higher	97.6%	97.8%	99.4%				No data	NA	↑	↑	NA
PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)	Annually	Lower	23.8	25.3	25.8				No data	NA	↓	↓	NA
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)	Annually	Lower	33.6	37.6	37.8				No data	NA	↓	↓	NA
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Annually	Lower	232.6	245.1	207.3				No data	NA	↓	↑	NA
PBH 026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Annually	Lower	155.8	147.6	135.0				No data	NA	↑	↑	NA
PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Annually	Lower	189.8	175.9	159.0				No data	NA	↑	↑	NA
PBH 031	(PHOF C14b) Emergency Hospital Admissions for Intentional Self-Harm	Annually	Lower	227.8	220.8	217.8				No data	NA	↑	↑	NA
PBH 033	(PHOF C18) Prevalence of smoking among persons aged 18 years and over	Annually	Lower	14.4%	13.8%	13.7%				No data	NA	↑	↑	NA
PBH 035i	(PHOF C19a) Successful completion of drug treatment - opiate users	Annually	Higher	3.7%	4.8%	3.1%				3.1%	NA	↑	↓	NA
PBH 035ii	(PHOF C19b) Successful completion of drug treatment - non-opiate users	Annually	Higher	20.2%	33.1%	19.3%				19.3%	NA	↑	↓	NA
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment	Annually	Higher	24.7%	33.2%	30.7%				30.7%	NA	↑	↓	NA
PBH 044	(PHOF C21) Alcohol related admissions to hospital	Annually	Lower	737	639	No data				No data	NA	↑	NA	NA
PBH 046	(PHOF C26b) Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period	Annually	Higher	48.4%	49.9%	50.7%				No data	NA	↑	↑	NA
PBH 048	(PHOF D02a) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Annually	Higher	1,991.8	1,723.0	2,108.0				No data	NA	↓	↑	NA
PBH 050	(PHOF D07) HIV late diagnosis (%)	Annually	Lower	20.0%	20.0%	No data				No data	NA	↔	NA	NA
PBH 052	(PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS	Annually	Lower	1.27	1.21	No data				No data	NA	↓	NA	NA
PBH 054	(PHOF E02) Percentage of 5 year olds with experience of visually obvious dental decay	Biennial	Lower	26.4%	22.3%	No data				No data	NA	↓	NA	NA
PBH 056	(PHOF E04b) Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	Annually	Lower	33.2	33.9	31.2				No data	NA	↓	↑	NA

Annual indicators no data to report for these quarters

SCRUTINY - HEALTH & HOUSING 2020/21 QUARTER 4

Indicator	Title	Reported	What is best	2017 / 2018	2018 / 2019	2019 / 2020	2020/21 - Q1	2020/21 - Q2	2020/21 - Q3	2020/21 - Q4	Qtr 4 compared to Qtr 3	2018/19 compared to 2017/18	2019/20 compared to 2018/19	2020/21 compared to 2019/20
PBH 058	(PHOF E05a) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population	Annually	Lower	151.2	134.0	137.4				No data	**NA**	↑	↓	**NA**
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease	Annually	Lower	40.80	41.70	47.30				No data	**NA**	↓	↓	**NA**
										Better than =	↑	**Not as good as =**	↓	

HEALTH AND HOUSING SCRUTINY COMMITTEE
25 AUGUST 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 added to the previously approved work programme.

Summary

2. Members are requested to consider the attached work programme (**Appendix 1**) for the remainder of the 2021/22 Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Scrutiny Committee.

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**).

Recommendation

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.

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 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
Council Plan	The report contributes to the Council Plan in a number of ways through the involvement of Members in contributing to the delivery of the Plan.
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. The Council Plan sets the vision and strategic direction for the Council through to May 2023, with its overarching focus being 'Delivering success for Darlington'.

7. In approving the Council Plan, Members have agreed to a vision for Darlington which is a place where people want to live and businesses want to locate, where the economy continues to grow, where people are happy and proud of the borough and where everyone has the opportunity to maximise their potential.

8. The visions for the Health and Housing portfolio is:-

   'a borough where people enjoy productive, healthy lives. They will have access to excellent leisure facilities and recognising the importance of having a home, there will be access to quality social housing.'

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.

10. A copy of the Forward Plan has been attached at **Appendix 3** for information.

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APPENDIX 1

HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
COVID-19 Recovery and Vaccinations	25 August 2021	Public Health/CCG		To receive regular updates and undertake any further detailed work if necessary.
West Park Update	25 August 2021	Brent Kilmurray, TEWV		To update Scrutiny Members undertake any further work if necessary.
CCG Stroke Services/Review of Stroke Rehabilitation Services	25 August 2021	Katie McLeod CCG	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 15 December 2021	Relevant AD	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.
Better Care Fund	20 October 2021	Paul Neil		To receive an update on the position of the Better Care Fund for Darlington

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Homelessness Strategy and the Homelessness Reduction Act	20 October 2021	Anthony Sandys		To look at the impact following the introduction of the Act. Update on current position within Darlington
Healthwatch Darlington - The Annual Report of Healthwatch Darlington	20 October 2021	Michelle Thompson, HWD		To scrutinise and monitor the service provided by Healthwatch – Annual
Childhood Healthy Weight Plan (Childhood Obesity Strategy)	20 October 2021	Ken Ross		To review the effectiveness of the Childhood Healthy Weight Plan on childhood obesity and mental health links in children and young people.
Health and Safety Compliance in Council Housing	20 October 2021	Anthony Sandys		
Customer Engagement Strategy 2021-2024 Update	15 December 2021 (April 22)	Anthony Sandys		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	Jennifer Illingworth, TEWV		To receive a briefing and undertake any further detailed work if necessary.
Drug and Alcohol Service Contract	15 December 2021	Abbie Metcalfe		To update Scrutiny Members undertake any further work if necessary.
Review of the Housing Allocations Plan	15 December 2021	Anthony Sandys/ Janette McMain		To update Members on the implementation of the Housing Allocation Policy
Director of Public Health Annual Report and Health Profile	23 February 2022	Penny Spring		Annual report

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Primary Care (to include GP Access to appointments) **Digital Health**	23 February 2022 Last considered 31 October 2019 23 February 2022 Last considered 19 December 2018 ; and by Review Group 16 Nov 2016	Sue Greaves CCG CDDFT		To scrutinise development around Primary Care Network and GP work, including digital health and its application, including signposting to services.
Crisis Service Changes	23 February 2022 Last considered 21 October 2020	Jennifer Illingworth, TEWV		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**	23 February 2022 Last considered 3 March 2021	Simon Clayton, NECS		To scrutinise and challenge progress of the principles underpinning the ICS and BHP and timelines for progress

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
NHS Clinical Commissioning Group Financial Challenges and Impact on Services	June 2022 Last considered 23 June 2021	Mark Pickering, NHS Darlington CCG		To scrutinise and monitor the CCG to ensure delivery of the necessary QIPP required in order to achieve its financial duties and service delivery
Impact of Covid-19 on Mental Health	To agree how to proceed			

JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

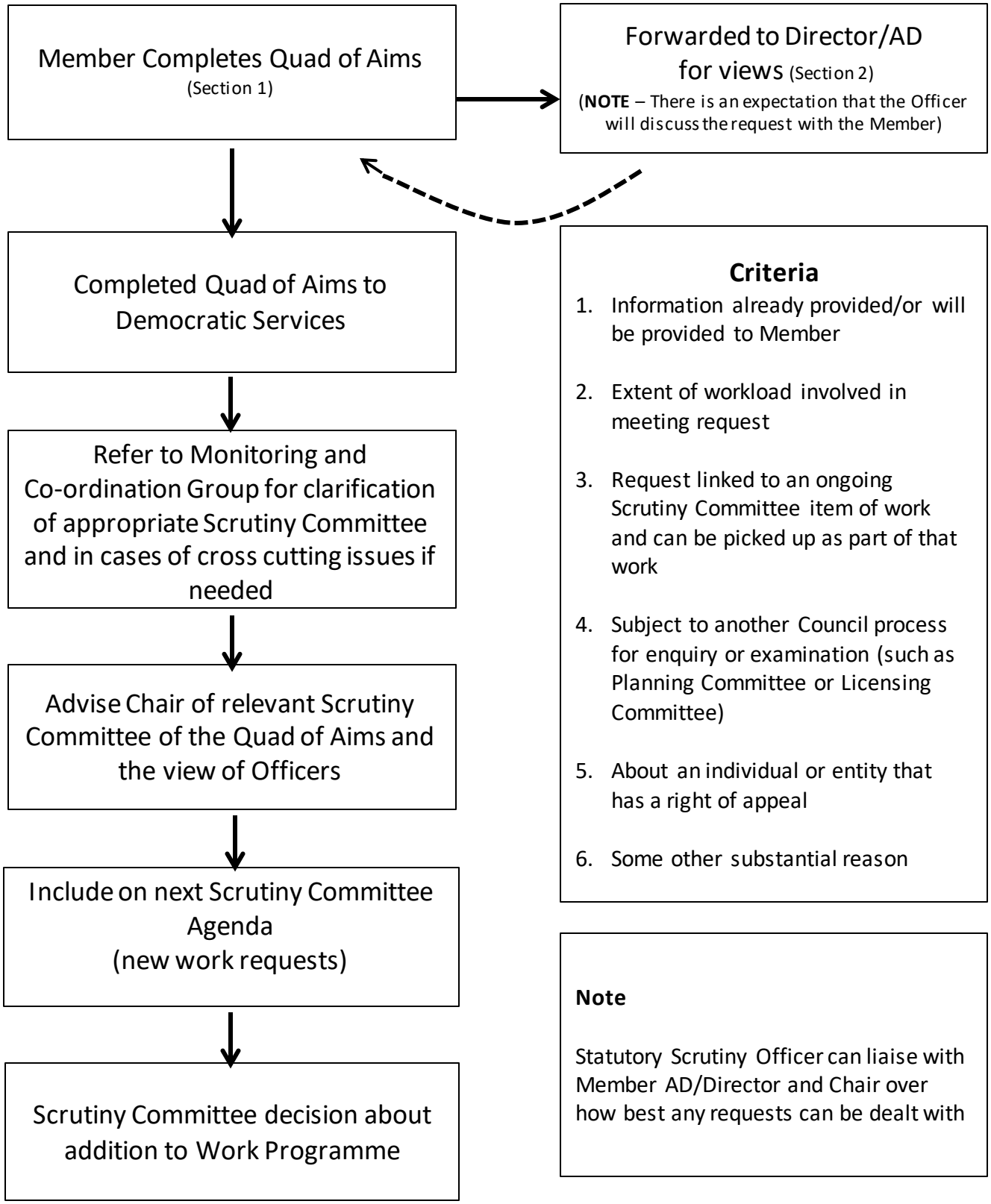
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Loneliness and Connected Communities **Adults and Housing to Lead**	Scoping meeting 28 January 2020 Meeting on 5 October 2020 Meeting on 15 December 2020			
CQC Ratings in the Borough of Darlington **Health and Housing to lead**	Scoping Meeting held 18 November 2019 Briefing note circulated 21 October 2020 Briefing note/report to be circulated October 2021			To monitor and evaluate CQC scoring across the Borough for heath and care settings.

MEMBERS BRIEFINGS

Topic	**Timescale**	**Lead Officer/ Organisation Involved**	**Link to PMF (metrics)**	**Scrutiny's Role**
Voluntary Sector Funding (Adults, CYP, Health and CLS Scrutiny)	March 2022 Joint briefings 14 October 2020 and 10 March 2021	Christine Shields	Full PMF suite of indicators	To update Members following the monitoring and evaluation of this funded projects

Appendix 2

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?**

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)

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)

   .....

   (b) Have you already provided the information to the Member or will you shortly be doing so?

   .....

2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff?

   .....

3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that?

   .....

4. Is there another Council process for enquiry or examination about the matter currently underway?

   .....

5. Has the individual or entity some other right of appeal?

   .....

6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme?

   .....

Criteria

1. Information already provided/or will be provided to Member
2. Extent of workload involved in meeting request
3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work
4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)
5. About an individual or entity that has a right of appeal
6. Some other substantial reason

Signed ..... Position ..... Date .....

PLEASE RETURN TO DEMOCRATIC SERVICES

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Appendix 3

DARLINGTON BOROUGH COUNCIL
FORWARD PLAN

DARLINGTON
Borough Council

FORWARD PLAN
FOR THE PERIOD: 4 AUGUST 2021 - 31 DECEMBER 2021

Title	Decision Maker and Date
Annual Review of the Investment Fund	Cabinet 7 Sep 2021
Climate Change Action Plan	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
Introduction of a Civil (Financial) Penalty Policy and Enforcement Protocol – Minimum Energy Efficiency Standards	Cabinet 7 Sep 2021
Land at Faverdale / Burtree Garden Village Feasibility Work	Cabinet 7 Sep 2021
Playing Pitch and Facilities Strategy	Cabinet 7 Sep 2021
Project Position Statement and Capital Programme Monitoring - Quarter One	Cabinet 7 Sep 2021
Proposed Waiting Restrictions on Woodland Road, Outram Street and Duke Street	Cabinet 7 Sep 2021
Regulatory Investigatory Powers Act (RIPA)	Cabinet 7 Sep 2021
Schedule of Transactions	Cabinet 7 Sep 2021
School Term Dates 2022/23	Cabinet 7 Sep 2021
Annual Procurement Plan 2021/22 - Update	Cabinet 5 Oct 2021
Land at Faverdale – Former St Modwen Land Development Strategy	Cabinet 5 Oct 2021
Treasury Management Annual and Outturn Prudential Indicators 2020/2021	Council 25 Nov 2021 Cabinet 5 Oct 2021

Appendix 3

DARLINGTON BOROUGH COUNCIL
FORWARD PLAN

Council Tax Support - Scheme Approval 2022/23	Cabinet 9 Nov 2021
Project Position Statement and Capital Programme Monitoring - Quarter Two	Cabinet 9 Nov 2021
Rail Heritage Quarter Update	Cabinet 9 Nov 2021
Restoration of Locomotion No 1 Replica	Cabinet 9 Nov 2021
Revenue Budget Monitoring - Quarter 2	Cabinet 9 Nov 2021
Special Educational Needs and Disabilities (SEND) Capital Projects	Cabinet 9 Nov 2021
Tees Valley Energy Recovery Facility	Cabinet 9 Nov 2021
Mid-Year Prudential Indicators and Treasury Management 2020/21	Council 27 Jan 2022 Cabinet 7 Dec 2021
Council Fleet	