



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 20 October 2021

Council Chamber, Town Hall

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 25 August 2021 (Pages 3 - 8)
4. Better Care Fund 2021/22 Update –
Report of Group Director of People
(Pages 9 - 56)
5. Preventing Homelessness and Rough Sleeping Strategy Update –
Report of Assistant Director Housing and Revenues
(Pages 57 - 66)
6. Health and Safety Compliance in Council Housing –
Report of Assistant Director Housing and Revenues
(Pages 67 - 74)
7. Childhood Obesity Planning Options in relation to Hot Food Takeaways –
Report of Group Director of People
(Pages 75 - 104)

8. Childhood Healthy Weight Plan –
Reports of Group Director of People
(Pages 105 - 120)
9. Healthwatch Darlington Annual Report 2020 2021 –
Presentation by Chief Executive Officer Healthwatch Darlington
(Pages 121 - 160)
10. Work Programme –
Report of Group Director of Operations
(Pages 161 - 176)
11. Health and Wellbeing Board –
The Board last met on 16 September 2021. The next meeting is scheduled for 16
December 2021.
12. 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.
13. Questions



Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 12 October 2021

Town Hall
Darlington.

Membership

Councillors Bartch, Bell, Dr. Chou, Heslop, Layton, Lee, McEwan, Newall, Wright and Vacancy

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, Operations Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays email: hannah.fay@darlington.gov.uk or telephone 01325 405801

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 25 August 2021

PRESENT – Councillors Bell (Chair), Heslop, McEwan, Newall and Wright

APOLOGIES – Councillors Bartch, Layton, Lee and Tostevin

ABSENT – Councillor Dr. Chou

ALSO IN ATTENDANCE – Jill Foggin (Communications Officer, County Durham and Darlington Foundation Trust), Brent Kilmurray (Tees, Esk and Wear Valley NHS Foundation Trust), Jennifer Illingworth (Tees, Esk and Wear Valley NHS Foundation Trust), Paula Swindale (NHS Darlington Clinical Commissioning Group) and Michelle Thompson (Healthwatch Darlington)

OFFICERS IN ATTENDANCE – Penny Spring (Director of Public Health), Anthony Sandys (Head of Housing and Revenues) and Lisa Soderman (Head of Leisure)

HH12 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH13 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 23 JUNE 2021

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 23 June 2021.

RESOLVED – That, with the addition of ‘Heslop’ in the list of apologies for the meeting of this Scrutiny Committee held on 23 June 2021, the Minutes be approved as a correct record.

HH14 UPDATE ON COMMUNITY REHABILITATION STROKE PATHWAY FOR DARLINGTON

The Head of Commissioning and Strategy, NHS Tees Valley Clinical Commissioning Group gave a PowerPoint presentation, updating Members on the Stroke Rehabilitation Service.

Details were provided of the background to the proposed changes to the stroke rehabilitation service; and figures for stroke admissions for patients registered with a Darlington GP Practice were outlined.

Reference was made to the visions for the service from March 2020 and an update of future provision was outlined. Members were advised that there would be no change to delivery of inpatient rehabilitation at Bishop Auckland Hospital and University Hospital North Durham; that proactive work had been undertaken across GP Practices to identify people with Atrial Fibrillation to ensure people were clinically optimized; and that work continued to support early discharge, with the adoption of a National Discharge to Assess Policy (2019/20) during COVID 19.

Details were provided of the additional investment into the RIACT community model; figures for Darlington in relation to the Sentinel Stroke National Audit Programme (SSNAP) were

outlined; the stroke association continued to work in tandem with the stroke service, with 178 referrals received in 2019-2020; and the current pathway and next steps were outlined.

Members queried the input from psychology and mental health services in stroke rehabilitation; the Head of Commissioning and Strategy confirmed that psychologists were involved in the service as part of the assessment process and that the County Durham and Darlington Improving Access to Psychological Therapies (IAPT) was available for those individuals presenting to primary care.

Discussion ensued in respect of the future of stroke services, with the requirement to strengthen the community offer highlighted. Members were informed of a number of initiatives via the aging well fund including care home and anticipatory care investment.

RESOLVED – That the thanks of this Scrutiny Committee be extended to the Head of Commissioning and Strategy, NHS Tees Valley Clinical Commissioning Group for her informative and interesting presentation.

HH15 COVID-19 VACCINATION PROGRAMME - UPDATE

The Head of Commissioning and Strategy, NHS Tees Valley Clinical Commissioning Group gave a presentation updating Members on the COVID-19 Vaccination Programme.

It was reported that the NHSE vaccination target was 90 per cent for first doses; that the data up to and including 22 August showed that Darlington had achieved 85.19 per cent for first doses, which was above the North East and North Cumbria rate; and had achieved 74.28 per cent for second doses, with numbers still increasing.

Details were provided of the vaccination uptake for the JCVI cohorts and ethnic groups, with further work required to encourage the younger population and white British population to receive the vaccine.

The vaccination sites in Darlington were outlined; a clinic had been scheduled for 3 September for high risk 12 – 15 year olds; and Phase 3 rollout was due to commence on 6 September, with flu and covid vaccinations being given at the same time, where appropriate.

Discussion ensued in respect of booster vaccinations for vulnerable groups; whilst it was anticipated that the rollout would commence in September, no formal decision had been made but was expected in the next few weeks.

The success of the pop-up vaccination clinic at Darlington Pride was highlighted and members queried plans for pop-up clinics at upcoming events in Darlington.

RESOLVED – That the Head of Commissioning and Strategy, NHS Tees Valley Clinical Commissioning Group be thanked for her informative and interesting presentation.

HH16 COVID-19 RECOVERY

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

Regarding Test 1 – ‘The vaccine deployment programme continues successfully’, Members were advised that vaccination rates continued to increase with the majority of adults having had two doses of vaccine and in respect of Test 2 – ‘Evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated’, it was reported that hospital admissions were not rising to the same degree as the infection rates; and that this indicated that the vaccines were effective in reducing hospitalisations.

Regarding Test 3 – ‘Infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS’, Members were advised that there had been a slight increase in bed occupancy in July but that this was now reducing; and details were provided of the changes to the government guidelines introduced from 16 August.

Discussion ensued in respect of guidance for staff working within the NHS and in Care Homes; and the Director of Public Health advised Members that an update on the Care Home position would be provided.

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

HH17 CARE QUALITY COMMISSION INSPECTION UPDATE

The Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust gave a presentation (previously circulated) updating Members on the recent Care Quality Commission (CQC) inspections of the Adult Mental Health (AMH) and Psychiatric Intensive Care Units (PICU).

It was reported that the Elm Ward (female AMH) was inspected on 20 - 22 January, and again on 25 – 27 May alongside the Cedar (PICU) Ward; the key message from the inspection undertaken in January was outlined; and details were provided of the immediate actions undertaken.

Particular reference was made to the quality assurance schedule that had been designed to replace previous audit activity and included a range of activities to allow for early escalation of key issues.

Details were provided of the further actions undertaken including the rollout of the Safe Care system, a real-time rostering tool which had been implemented in 4-6 weeks; a programme of improvements in environmental safety including £3.8M of capital investment, with particular reference made to the anti-ligature sensors installed in West Park; and the creation of a new Organisational Learning Group.

The initial feedback from the inspection on 25 – 27 May indicated that the CQC felt the systems and processes in relation to risk management had been improved, however it was too early to give accurate feedback; and it was reported that further visits of CAMHS, Forensic, Community Adult Mental Health and the Crisis Team were undertaken in June, with feedback expected in September.

Members extended their thanks to the Trust for accommodating a tour of West Park; Members felt that this was a positive experience and that a number of changes within the

Trust were evident.

RESOLVED – That the Chief Executive, Tees, Esk and Wear Valley NHS Foundation Trust, be thanked for his update on the CQC inspections.

HH18 TEWV'S NEW STRATEGIC FRAMEWORK AND BUSINESS PLAN

The Chief Executive and Director of Operations, Durham & Darlington, Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) gave a presentation (previously circulated) updating Members on TEWV's new Strategic Framework and Business Plan.

Details were provided of the work undertaken to date as part of the Trusts Journey to Change; a new strategic framework had been approved in January 2021; and five strategic journeys were being established, with Year 1 priorities and actions agreed. These journeys were Our Clinical Journey, Our Quality and safety journey, our co-creation and comms journey, our people journey and our infrastructure journey.

The vision and value for the new strategic direction were outlined and the details were provided of the three goals, 'to co-create a great experience for our patients, carers and families', 'to co-create a great experience for our colleagues' and 'to be a great partner'; and details were provided of the work being undertaken to deliver the actions and milestones detailed in the Business Plan 21-22 to 23-24.

Members raised a question in relation to the continuity and choice in a patients journey; the Chief Executive advised Members that there was an element of choice regarding interventions, however the allocation of a care co-ordinator was geographically based but that accommodations were made where necessary; and that that improved patient choice would be considered as part of the service redesign.

Details were also provided of the work being undertaken by Healthwatch to understand how mental health services were being use by local people across the Tees Valley.

Following a question, Members were informed that the Trust had GP aligned professionals in most GP practices in the town; that there was an intention to deliver services in different locations across the town to improve integration with voluntary sector services; and Members proposed the use of community hubs in each ward.

RESOLVED – That the Chief Executive and Director of Operations be thanked for their informative presentation.

HH19 PERFORMANCE INDICATORS - QUARTER 4 2020/2021

The Group Directors of Operations, People and Services submitted a report (previously circulated) providing Members with an update on performance against those key performance indicators within the remit of this Scrutiny Committee for the period 2020/21.

Details were provided of the 36 indicators reported to this Scrutiny Committee, twelve indicators were reported both Housing and Culture and 24 by Public Health.

At Quarter 4 data was available for nine of the twelve of the Housing and Culture indicators and of those indicators two had targets to be compared against. It was noted that both HBS 013 – Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34) and HBS 016 – Rent collected as a proportion of rents owed on HRA dwellings * including arrears b/fwd, were showing performance better than the target; and that, of the nine indicators, three demonstrated an improved performance compared to the same period in the previous year whilst six indicators, which included the three Culture indicators, showed a performance not as good as that recorded at the same period in the previous year.

Following a question, particular reference was made to HBS 03 – Average number of days to re-let dwellings. Members were advised that repairs required on empty properties were now carried out before the property was let rather than after a tenant moves in; and that positive feedback has been received from new tenants on the quality of the accommodation.

It was reported that the Covid-19 restrictions had significantly impacted the performance of the Culture indicators, CUL 030 – Total number of visits to the Dolphin Centre (all areas), CUL 063 – Number of school pupils participating in the sports development programme and CUL 064 – Number of individuals participating in the community sports development programme, but that the response over the summer period had been excellent; and that there was planned re-engagement of residents over the next 24 months.

Details were provided on the Public Health indicators which had updated information to report at quarter 4, of which there were fourteen indicators. It was reported that of the fourteen indicators, five were showing an improved performance when compared to the same period in the previous year, whilst eight indicators were showing performance not as good as the previous year and one indicator was showing a performance the same as the previous year.

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

(b) That Members submit any questions in respect of the Public Health indicators to the Director of Public Health.

HH20 WORK PROGRAMME

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

Members requested that an update in respect of the Integrated Care System be brought forward to an earlier meeting of this Scrutiny Committee.

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

HH21 HEALTH AND WELLBEING BOARD

The next meeting of the Health and Wellbeing Board was scheduled for 16 September 2021.

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

HH22 REGIONAL HEALTH SCRUTINY

The next meeting of the Tees Valley Joint Health Scrutiny Committee was scheduled for 24 September 2021.

RESOLVED – That Members look forward to receiving an update of the work of the Tees Valley Joint Health Scrutiny Committee at a future meeting of Scrutiny Committee.

**HEALTH AND HOUSING SCRUTINY COMMITTEE
20 OCTOBER 2021**

BETTER CARE FUND 2021/22 UPDATE

SUMMARY REPORT

Purpose of the Report

1. The purpose of this report is to update Health and Housing Scrutiny panel members on progress of the 2021/22 Better Care Fund Programme.

Summary

2. The Better Care Fund (BCF) is a programme spanning both the NHS and Local Government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The Fund is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
3. The 2021/22 BCF Policy Framework was published on 18th August 2021, and it was acknowledged that given the ongoing pressures across all systems there would be minimal changes to the framework.
4. Planning guidance for the 2021/22 Programme has yet to be published, although this was expected to be published in early September with a draft submission scheduled for the end of September. As a result of this delay, discussions are ongoing with the regional Better Care Manager to clarify specific requirements.
5. Despite the delays in publication of the planning guidance, and with confirmation of only minimal changes, the Darlington Plan for 2021/22 will continue to deliver across the priority areas of:
 - Improving healthcare services to Care Homes
 - Equipping people to be resilient and self-reliant through Primary Prevention/Early intervention and Care Navigation
 - Intermediate Care and improvements to reablement and rehabilitation services; further
 - Improving Transfers of Care through the implementation of the High Impact Change Model

- New models of Care and personalisation of services including through technology and domiciliary care
 - Supporting carers and delivering DFG adaptations.
 - Improving Dementia Diagnosis and post diagnosis support
6. The framework did confirm that 4 national conditions for funding remain for all systems to comply with. These being:
- a jointly agreed plan between local health and social care commissioners, signed off by the HWB
 - NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
 - invest in NHS-commissioned out-of-hospital services
 - a plan for improving outcomes for people being discharged from hospital
7. As well as the 4 national conditions of funding, the Plan should focus on improvements in the key metrics of:
- reducing length of stay in hospital, measured through the percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days
 - improving the proportion of people discharged home using data on discharge to their usual place of residence
8. Further detail on measuring discharge is awaited and will be set out in the Planning Guidance.
9. Other than the above 2 key metrics, there is flexibility on how the funding is used locally, as long as it meets the conditions of grant and supports progress against the performance metrics set by government:
- Discharge Indicator set
 - Avoidable admissions to hospital
 - Admissions to residential care homes
 - Effectiveness of reablement
10. Confirmation of funding for 2021/22 is still awaited, with this expected imminently across the 3 funding streams of:
- Minimum NHS (CCG) contributions
 - Improved Better Care Fund
 - Disabled Facilities Grant

11. It must be noted, that the funding package for 2021/22 is not new monies, as these are allocated against ASC budgets.
12. Following publication of the Planning Guidance and confirmation of the submission requirements, the Plan for Darlington will be drafted and submitted to panel members in advance of approval consideration to Health and Wellbeing Board.

Recommendation

13. It is recommended that:-
 - (a) Scrutiny committee notes the contents of the policy framework for 2021/22
 - (b) Note the delays in publication of the planning guidance

James Stroyan
Group Director of People

Background Papers

S17 Crime and Disorder	Not applicable
Health and Well Being	The Better Care Fund is owned by the Health and Wellbeing Board
Carbon Impact and Climate Change	None
Diversity	None
Wards Affected	All
Groups Affected	Frail elderly people at risk of admission/re-admission to hospital
Budget and Policy Framework	Budgets pooled through section 75 agreement between DBC and Darlington CCG
Key Decision	No
Urgent Decision	No
Council Plan	Aligned
Efficiency	New ways of delivery care
Impact on Looked After Children and Care Leavers	No impact

Darlington 2020/21 End of Year submission

Included as an annex to this report is a copy of the Darlington end of year submission for the 20/21 Programme. This confirms continued compliance against national conditions as well as summarising the funded schemes that make up the programme.

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Better Care Fund 2020-21 Year-end Template

1. Guidance

Overview

This template is for Health and Wellbeing Boards (HWBs) to provide end of year reporting on their Better Care Fund (BCF) plans. The template should be submitted to the BCF team by 24 May 2021. Since BCF plans were not collected in 2020-21, the end of year reporting will collect information and data on scheme level expenditure that would normally be collected during planning. This is to provide effective accountability for the funding, information and input for national partners and into national datasets.

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For an optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (all sheets)

1. On each sheet, there is a section that helps identify the data fields that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'.
3. The 'sheet completed' cell will update when all 'checker' values for the sheet are 'Green' containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Complete'.
5. Please ensure that all boxes on the checklist tab are green before submission.

Cover

1. The cover sheet provides essential information on: the area for which the template is being completed; contacts; and sign off.
2. 'Question completion' tracks the number of questions that have been completed. When all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to england.bettercarefundteam@nhs.net
3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

National Conditions

This section requires the Health & Wellbeing Board to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2020-21 (link below) continue to be met through the year, at the time of the template's sign off.

<https://www.gov.uk/government/publications/better-care-fund-policy-statement-2020-to-2021/better-care-fund-policy-statement-2020-to-2021>

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met during the year and how this is being addressed. Please note that where a national condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

The four national conditions are as below:

- **National condition 1:** Plans covering all mandatory funding contributions have been agreed by HWB areas and minimum contributions are pooled in a section 75 agreement (an agreement made under section 75 of the NHS Act 2006).
- **National condition 2:** The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation.
- **National condition 3:** Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- **National condition 4:** The CCG and LA have confirmed compliance with these conditions to the HWB.

Income and Expenditure Actuals

The Better Care Fund 2020-21 pool constitutes mandatory funding sources and any voluntary additional pooling from LAs (Local Authorities) and CCGs. The mandatory funding sources are the Disabled Facilities Grant (DFG), the improved Better Care Fund (iBCF) grant, and the minimum CCG contribution.

Income section:

- Please confirm the total HWB level actual BCF pooled income for 2020-21. Please include income from additional CCG and LA contributions in 2020-21 in the yellow boxes provided.
- Please provide any comments that may be useful for local context for the reported actual income in 2020-21.

Expenditure section:

- Please enter the total HWB level actual BCF expenditure for 2020-21 in the yellow box provided.
- Please share any comments that may provide a useful local context to the reported actual expenditure in 2020-21.

Year End Feedback

This section provides an opportunity to feedback on delivering the BCF in 2020-21 through a set of survey questions which are, overall, consistent with those from previous years.

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21.

There is a total of 5 questions. These are set out below.

Delivery of the Better Care Fund

There are a total of 3 questions in this section. Each is set out as a statement, for which you are asked to select one of the following responses:

- Strongly Agree
- Agree
- Neither Agree Nor Disagree
- Disagree
- Strongly Disagree

The questions are:

1. The overall delivery of the BCF has improved joint working between health and social care in our locality
2. Our BCF schemes were implemented as planned in 2020-21
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality

Part - Successes and Challenges

This part of the survey utilises the SCIE (Social Care Institute for Excellence) Integration Logic Model published on this link below to capture two key challenges and successes against the 'Enablers for integration' expressed in the Logic Model.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2020-21.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logic model) in 2020-21?

As noted above, these are free text responses to be assigned to one of the following categories from the SCIE Integration Logic Model - Enablers summarised below. Please see link below for fuller details:

[SCIE - Integrated care Logic Model](#)

1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
2. Strong, system-wide governance and systems leadership
3. Integrated electronic records and sharing across the system with service users
4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
5. Integrated workforce: joint approach to training and upskilling of workforce
6. Good quality and sustainable provider market that can meet demand
7. Joined-up regulatory approach
8. Pooled or aligned resources
9. Joint commissioning of health and social care

Social care fees

This section collects data on average fees paid by the local authority for social care. This is similar to data collected in Q2 reporting in previous years.

The questions have been updated for 2020-21 to distinguish long term fee rates from temporary uplifts related to the additional costs and pressures on care providers resulting from the COVID-19 pandemic

Specific guidance on individual questions can be found on the relevant tab.

CCG-HWB Mapping

The final sheet provides details of the CCG - HWB mapping used to calculate contributions to Health and Wellbeing Board level.

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Better Care Fund 2020-21 Year-end Template

2. Cover

Version 1.0

Please Note:

- The BCF end of year reports are categorised as 'Management Information' and data from them will be published in an aggregated form on the NHSE website. Narrative sections of the reports will not be published. However as with all information collected and stored by public bodies, all BCF information including any narrative is subject to Freedom of Information requests.
- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the BCE) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.
- All information, including that provided on local authority fee rates, will be supplied to BCF partners to inform policy development.
- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Darlington
Completed by:	Paul Neil
E-mail:	paul.neil@darlington.gov.uk
Contact number:	01325 405 960
Is the template being submitted subject to HWB / delegated sign-off?	No, sign-off has been received
Where a sign-off has been received, please indicate who signed off the report on behalf of the HWB?	
Job Title:	Chair Darlington HWBB
Name:	Councillor K Nicholson

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Income	Yes
5. Expenditure	Yes
6. Income and Expenditure actual	Yes
7. Year-End Feedback	Yes
8. iBCF	Yes

[<< Link to the Guidance sheet](#)

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Better Care Fund 2020-21 Year-end Template

3. National Conditions

Selected Health and Wellbeing Board:

Darlington

Confirmation of Nation Conditions		
National Condition	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in 2020-21:
1) A Plan has been agreed for the Health and Wellbeing Board area that includes all mandatory funding and this is included in a pooled fund governed under section 75 of the NHS Act 2006? (This should include engagement with district councils on use of Disabled Facilities Grant in two tier areas)	Yes	
2) Planned contribution to social care from the CCG minimum contribution is agreed in line with the BCF policy?	Yes	
3) Agreement to invest in NHS commissioned out of hospital services?	Yes	
4) The CCG and LA have confirmed compliance with these conditions to the HWB?	Yes	

Checklist

Complete:

Yes

Yes

Yes

Yes

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Better Care Fund 2020-21 Year-end Template

4. Income

Selected Health and Wellbeing Board:

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Darlington	£1,063,345
DFG breakdown for two-tier areas only (where applicable)	
Total Minimum LA Contribution (exc iBCF)	£1,063,345

iBCF Contribution	Contribution
Darlington	£4,356,177
Total iBCF Contribution	£4,356,177

Are any additional LA Contributions being made in 2020-21? If yes, please detail below

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Total Additional Local Authority Contribution	£0	

CCG Minimum Contribution	Contribution
NHS Darlington CCG	£8,241,073
Total Minimum CCG Contribution	£8,241,073

Are any additional CCG Contributions being made in 2020-21? If yes, please detail below

Additional CCG Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding. If you are including funding made available to support the Hospital Discharge Service Policy in 2020-21, you should record this here
Total Additional CCG Contribution	£0	
Total CCG Contribution	£8,241,073	

	2020-21
Total BCF Pooled Budget	£13,660,595

Funding Contributions Comments
Optional for any useful detail e.g. Carry over

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Better Care Fund 2020-21 Year-end Template

5. Expenditure

Selected Health and Wellbeing Board:

Running Balances	Income	Expenditure	Balance
DFG	£1,063,345	£1,063,345	£0
Minimum CCG Contribution	£8,241,073	£8,000,277	£240,796
iBCF	£4,356,177	£4,356,177	£0
Additional LA Contribution	£0	£0	£0
Additional CCG Contribution	£0	£0	£0
Total	£13,660,595	£13,419,799	£240,796

Required Spend	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum CCG allocation	£2,341,879	£5,342,610	£0
Adult Social Care services spend from the minimum CCG allocations	£2,642,584	£2,668,428	£0

Checklist

Complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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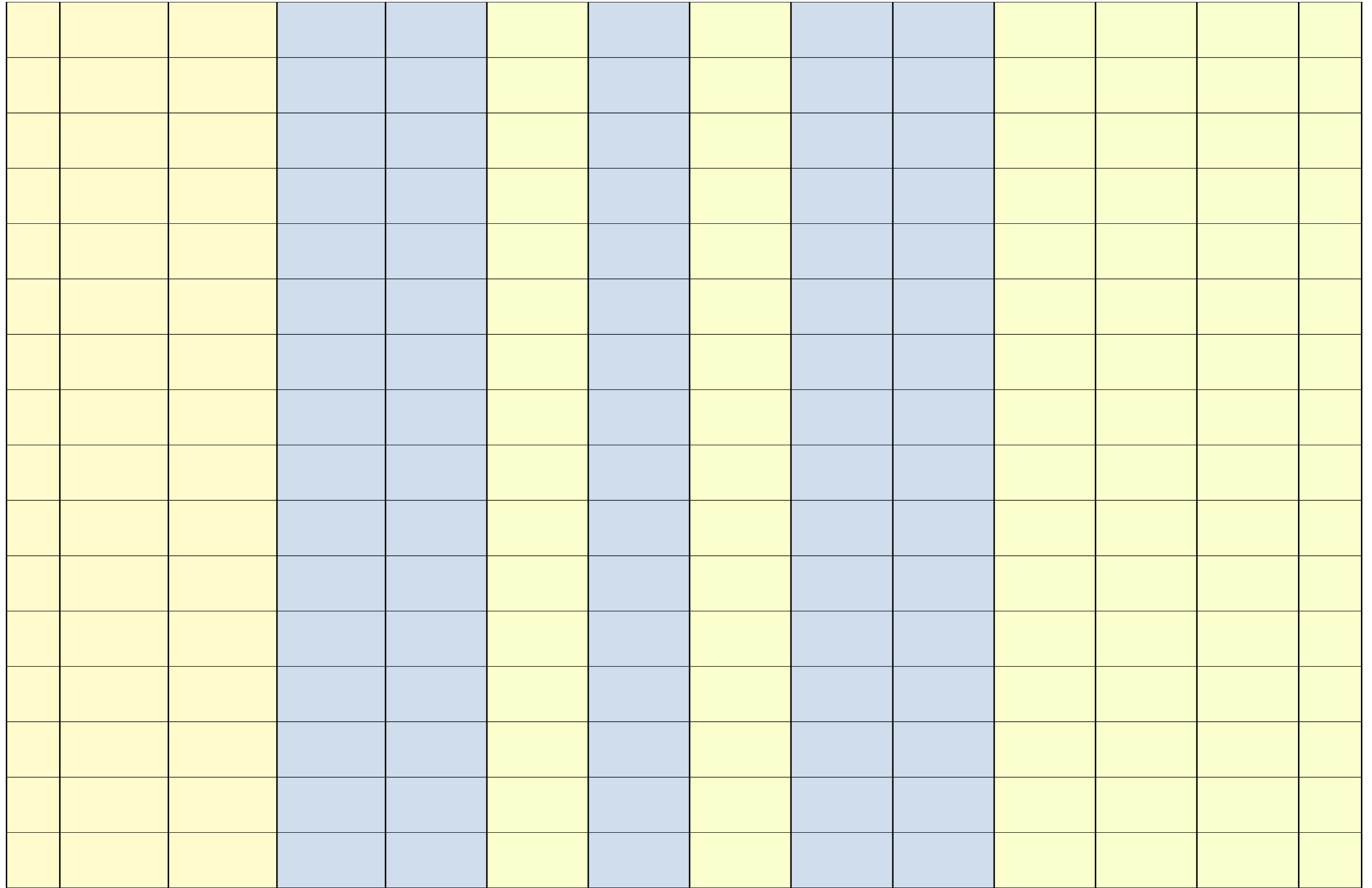
[Link to Scheme Type description](#)

Scheme ID	Scheme Name	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	Expenditure		Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
								% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)				
1	Dementia Advisor	Carers Services	Carer Advice and Support		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£32,346	Existing
2	Dementia Schemes	Carers Services	Other	Dementia support	Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£10,169	Existing
3	Mental Health Liaison - Care Home	Community Based Schemes			Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£39,511	Existing
4	Care Home Liaison	Community Based Schemes			Primary Care		CCG			CCG	Minimum CCG Contribution	£90,000	Existing
5	Community Matrons and HCAs	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£484,324	Existing
6	Mental Health Liaison - Acute	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge		Mental Health		CCG			NHS Mental Health Provider	Minimum CCG Contribution	£323,854	Existing

7	Community Hospitals - Vetreess short stay nursing	Intermediate Care Services	Bed Based - Step Up/Down		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£747,010	Existing
8	Community Hospitals - CDDFT	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£1,051,466	Existing
9	Community Stroke Services	Community Based Schemes			Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£20,000	Existing
10	RiACT Health Staff	Intermediate Care Services	Rapid / Crisis Response		Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£986,142	Existing
11	Falls and osteoporosis	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£19,137	Existing
12	Workforce development	Intermediate Care Services	Other	Training	Social Care		LA			Local Authority	Minimum CCG Contribution	£4,745	Existing
13	Reablement Staff	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£1,064,970	Existing
14	Increase in Physical activity	Intermediate Care Services	Other	Exercise activity	Social Care		LA			Local Authority	Minimum CCG Contribution	£2,260	Existing
15	Get up and go leaflets	Prevention / Early Intervention	Other	Falls leaflets	Community Health		CCG			CCG	Minimum CCG Contribution	£5,000	New
16	Sensory Loss Rehabilitation	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£96,855	Existing
17	Mental Health Team	Community Based Schemes			Mental Health		LA			Local Authority	Minimum CCG Contribution	£79,649	Existing
18	Telecare (OOH mobile response)	Assistive Technologies and Equipment	Telecare		Social Care		LA			Private Sector	Minimum CCG Contribution	£16,947	Existing
19	Assistive technology	Assistive Technologies and Equipment	Telecare		Social Care		LA			Local Authority	Minimum CCG Contribution	£45,193	Existing
20	Blue badge assessments	Other		Blue Badge assessments	Social Care		LA			Local Authority	Minimum CCG Contribution	£56,491	Existing
21	Equipment and adaptations	Housing Related Schemes			Social Care		LA			Private Sector	Minimum CCG Contribution	£406,736	Existing
22	Palliative Care	Community Based Schemes			Community Health		CCG			NHS Community Provider	Minimum CCG Contribution	£168,243	Existing

23	Project Management	Enablers for Integration	Implementation & Change Mgt capacity		Other	PM costs	LA			Local Authority	Minimum CCG Contribution	£24,393	Existing
24	Project Management	Enablers for Integration	Implementation & Change Mgt capacity		Other	PM costs	CCG			CCG	Minimum CCG Contribution	£24,393	Existing
25	Out of hospital contingency	Enablers for Integration	Integrated commissioning models		Community Health		CCG			CCG	Minimum CCG Contribution	£454,813	Existing
26	Care at home: GP aligned	Assistive Technologies and Equipment	Community Based Equipment		Community Health		CCG			CCG	Minimum CCG Contribution	£7,480	Existing
27	Good friends	Prevention / Early Intervention	Social Prescribing		Community Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£5,000	Existing
28	CAB Welfare rights service	Prevention / Early Intervention	Social Prescribing		Other	VCSE	CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£25,000	Existing
29	Specialist advocacy (DAD)	Prevention / Early Intervention	Social Prescribing		Mental Health		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£25,000	Existing
30	Good friends	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Charity / Voluntary Sector	Minimum CCG Contribution	£5,000	Existing
31	Wellbeing facilitators primary care	Prevention / Early Intervention	Social Prescribing		Social Care		CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£193,999	Existing
32	short Breaks for disabled children	Carers Services	Respite Services		Other	Carers	CCG			Local Authority	Minimum CCG Contribution	£48,458	Existing
33	Adult Carers (LA)	Carers Services	Carer Advice and Support		Other	charity/voluntary	LA			Charity / Voluntary Sector	Minimum CCG Contribution	£49,796	Existing
34	Adult Carers (CCG)	Carers Services	Carer Advice and Support		Other	charity/voluntary	CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£49,796	Existing
35	Carer Breaks	Carers Services	Respite Services		Other	various	CCG			Charity / Voluntary Sector	Minimum CCG Contribution	£95,810	Existing
36	Young Carers (CCG)	Carers Services	Carer Advice and Support		Other	charity/voluntary	CCG			Local Authority	Minimum CCG Contribution	£51,900	Existing
37	Young Carers (LA)	Carers Services	Carer Advice and Support		Other	charity/voluntary	LA			Local Authority	Minimum CCG Contribution	£29,400	Existing
38	Implementation of the Care Act	Care Act Implementation Related Duties	Other	Imp. Of the act	Social Care		LA			Local Authority	Minimum CCG Contribution	£331,038	Existing

39	Supported discharge	HICM for Managing Transfer of Care	Chg 4. Home First / Discharge to Access		Social Care		LA			Private Sector	Minimum CCG Contribution	£19,910	Existing
40	Reduction in admission to 24h care	HICM for Managing Transfer of Care	Chg 3. Multi-Disciplinary/Multi-Agency Discharge		Primary Care		CCG			Local Authority	Minimum CCG Contribution	£132,629	Existing
41	Capacity tracker	HICM for Managing Transfer of Care	Chg 2. Systems to Monitor Patient Flow		Community Health		CCG			Local Authority	Minimum CCG Contribution	£5,000	Existing
42	Packages to facilitate discharge	HICM for Managing Transfer of Care	Chg 1. Early Discharge Planning		Social Care		LA			Local Authority	Minimum CCG Contribution	£178,512	Existing
44	Equipment and adaptations	Housing Related Schemes			Community Health		CCG			Private Sector	Minimum CCG Contribution	£282,419	Existing
45	Mental Health support workers	Carers Services	Respite Services		Social Care		LA			Local Authority	Minimum CCG Contribution	£120,304	Existing
46	Reablement capacity	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	iBCF	£77,726	Existing
47	Domicilliary Care packages	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	iBCF	£100,000	Existing
48	Spot purchase step down/step up reablement beds	Intermediate Care Services	Reablement/Rehabilitation Services		Social Care		LA			Local Authority	iBCF	£222,274	Existing
49	Adaptations and equipment	DFG Related Schemes	Adaptations		Other	equipment	LA			Local Authority	DFG	£1,063,345	Existing
50	Residential placements	Residential Placements	Care Home		Social Care		LA			Local Authority	iBCF	£101,000	Existing
51	Meeting Adult Social Care Needs	Other		Providing Support	Social Care		LA			Local Authority	iBCF	£1,927,588	Existing
52	Medical optimisation support into care homes	Integrated Care Planning and Navigation	Care Coordination		Primary Care		CCG			CCG	Minimum CCG Contribution	£6,226	New
53	contingency	Other		contingency	Social Care		LA			Local Authority	Minimum CCG Contribution	£82,953	Existing
54	Reduction in admission to 24h care and Supporting Discharge	Other		Reducing admissions	Social Care		LA			Local Authority	iBCF	£1,927,589	Existing



The image shows a 15x15 grid of 225 squares. The squares are colored in a repeating pattern. The first three columns (columns 1, 2, and 3) are yellow. The next two columns (columns 4 and 5) are light blue. The next three columns (columns 6, 7, and 8) are yellow. The next two columns (columns 9 and 10) are light blue. The final seven columns (columns 11, 12, 13, 14, and 15) are yellow. This results in a sequence of yellow and light blue columns: 3 yellow, 2 light blue, 3 yellow, 2 light blue, and 5 yellow.

[^^ Link back up](#)

Scheme Type	Description	
Assistive Technologies and Equipment	Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Digital participation services).	
Care Act Implementation Related Duties	Funding planned towards the implementation of Care Act related duties.	
Carers Services	Supporting people to sustain their role as carers and reduce the likelihood of crisis. Advice, advocacy, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence. This also includes the implementation of the Care Act as a sub-type.	
Community Based Schemes	Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood level (eg: Integrated Neighbourhood Teams)	
DFG Related Schemes	The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes.	

Enablers for Integration	Schemes that build and develop the enabling foundations of health and social care integration encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.	
High Impact Change Model for Managing Transfer of Care	The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM as such, is included in this section.	
Home Care or Domiciliary Care	A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.	
Housing Related Schemes	This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.	

<p>Integrated Care Planning and Navigation</p>	<p>Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches like Single Point of Access (SPoA) and linking people to community assets.</p> <p>Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams.</p> <p>Note: For Multi-Disciplinary Discharge Teams and the HICM for managing discharges, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.</p>	
<p>Intermediate Care Services</p>	<p>Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.</p>	

Personalised Budgeting and Commissioning	Various person centred approaches to commissioning and budgeting.	
Personalised Care at Home	Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.	
Prevention / Early Intervention	Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.	
Residential Placements	Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.	
Other	Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.	

[^^ Link back up](#)

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Better Care Fund 2020-21 Year-end Template

6. Income and Expenditure actual

Selected Health and Wellbeing Board:

Income			
2020-21			
Disabled Facilities Grant	£1,063,345		
Improved Better Care Fund	£4,356,177		
CCG Minimum Fund	£8,241,073		
Minimum Sub Total		£13,660,595	
	Planned		
CCG Additional Funding	£0		
LA Additional Funding	£0		
Additional Sub Total		£0	
		Actual	
Do you wish to change your additional actual CCG funding?		No	
Do you wish to change your additional actual LA funding?		No	
		£0	
	Planned 20-21	Actual 20-21	
Total BCF Pooled Fund	£13,660,595	£13,660,595	
Please provide any comments that may be useful for local context where there is a difference between planned and actual income for 2020-21.			

Expenditure	
2020-21	
Plan	£13,419,799
Do you wish to change your actual BCF expenditure? No	
Actual	
Please provide any comments that may be useful for local context where there is a difference between the planned and actual expenditure for 2020-21.	

Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

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Better Care Fund 2020-21 Year-end Template

7. Year-End Feedback

The purpose of this survey is to provide an opportunity for local areas to consider and give feedback on the impact of the BCF. Covid-19 had a significant impact on services and schemes delivered on the ground which may have changed the context. However, national BCF partners would value and appreciate local area feedback to understand views and reflections of the progress and challenges faced during 2020-21. There is a total of 5 questions. These are set out below.

Selected Health and Wellbeing Board:

Part 1: Delivery of the Better Care Fund
Please use the below form to indicate what extent you agree with the following statements and then detail any further supporting information in the corresponding comment boxes.

Statement:	Response:	Comments: Please detail any further supporting information for each response
1. The overall delivery of the BCF has improved joint working between health and social care in our locality	Strongly Agree	Strong working relationships are in place across the system, including a joint governance structure
2. Our BCF schemes were implemented as planned in 2020-21	Agree	All schemes continue to be implemented as planned
3. The delivery of our BCF plan in 2020-21 had a positive impact on the integration of health and social care in our locality	Strongly Agree	The BCF plan continues to provide a positive impact across the system

Part 2: Successes and Challenges
Please select two Enablers from the SCIE Logic model which you have observed demonstrable success in progressing and two Enablers which you have experienced a relatively greater degree of challenge in progressing. Please provide a brief description alongside.

4. Outline two key successes observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest successes
Success 1	2. Strong, system-wide governance and systems leadership	The implementation of the national COVID discharge requirements has driven a pace of change that was being worked through, but has now been implemented. The role of the intermediate care SPA for hospital discharges has been embedded as the D2A pathway and there has been a joint health and social care approach to the development and implementation of Trusted Assessments for hospital discharges as part of D2A.
Success 2	9. Joint commissioning of health and social care	The response to COVID has enabled a more joined up approach in the support of care homes in areas like the use of digital technology to support assessments, engagement and communication with and for for health and social care providers and residents. Alongside the implementation of the EHICH Framework, partners have worked together to support the most vulnerable of residents in a more cohesive way and have brought operational leads together to think about new ways of supporting care homes including online training and extended access to support services.
5. Outline two key challenges observed toward driving the enablers for integration (expressed in SCIE's logical model) in 2020-21	SCIE Logic Model Enablers, Response category:	Response - Please detail your greatest challenges
Challenge 1	Other	Ensuring all parts of the system learn and embed the learning from the challenges faced during covid
Challenge 2	5. Integrated workforce: joint approach to training and upskilling of workforce	Refreshing the High Impact Change model to ensure all partners, including the voluntary sector and carers, have a clear understanding of their role in discharge planning

Checklist Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Footnotes:
Question 4 and 5 are should be assigned to one of the following categories:
 1. Local contextual factors (e.g. financial health, funding arrangements, demographics, urban vs rural factors)
 2. Strong, system-wide governance and systems leadership
 3. Integrated electronic records and sharing across the system with service users
 4. Empowering users to have choice and control through an asset based approach, shared decision making and co-production
 5. Integrated workforce: joint approach to training and upskilling of workforce
 6. Good quality and sustainable provider market that can meet demand
 7. Joined-up regulatory approach
 8. Pooled or aligned resources
 9. Joint commissioning of health and social care
 Other

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Better Care Fund 2020-21 Year-end Template

8. Improved Better Care Fund

Selected Health and Wellbeing Board:

Darlington

These questions cover average fees paid by your local authority (including client contributions/user charges) to external care providers for your local authority's eligible clients.
 The averages will likely need to be calculated from records of payments paid to social care providers and the number of client weeks they relate to, unless you already have suitable management information.

We are interested ONLY in the average fees actually received by external care providers for your local authority's eligible supported clients (including client contributions/user charges). Specifically the averages SHOULD EXCLUDE:

- Any amounts that you usually include in reported fee rates but are not paid to care providers e.g. your local authority's own staff costs in managing the commissioning of places.
- Any amounts that are paid from sources other than eligible local authority funding and client contributions/user charges, i.e. you should EXCLUDE third party top-ups, NHS Funded Nursing Care and full cost paying clients.

Respecting these exclusions, the average fees SHOULD INCLUDE:

- Client contributions /user charges.
- Fees paid under spot and block contracts, fees paid under a dynamic purchasing system, payments for travel time in home care, any allowances for external provider staff training, fees directly commissioned by your local authority and fees commissioned by your local authority as part of a Managed Personal Budget.
- Fees that did not change as a result of the additional IBCF allocation, as well as those that did. We are interested in the whole picture, not just fees that were specifically increased using additional IBCF funding.

If you only have average fees at a more detailed breakdown level than the three service types of home care, 65+ residential and 65+ nursing requested below (e.g. you have the more detailed categories of 65+ residential without dementia, 65+ residential with dementia) **please calculate for each of the three service types an average weighted by the proportion of clients that receive each detailed category:**

1. Take the number of clients receiving the service for each detailed category.
2. Divide the number of clients receiving the service for each detailed category (e.g. age 65+ residential without dementia, age 65+ residential with dementia) by the total number of clients receiving the relevant service (e.g. age 65+ residential).
3. Multiply the resultant proportions from Step 2 by the corresponding fee paid for each detailed category.
4. For each service type, sum the resultant detailed category figures from Step 3.

Please leave any missing data cells as blank e.g. do not attempt to enter '0' or 'N/A'.

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	For information - your 2019-20 fee as reported in Q2 2019-20*	Average 2019-20 fee. If you have newer/better data than at Q2 2019-20, enter it below and explain why it differs in the comments. Otherwise enter the Q2 2019-20 value from the previous column	What was your anticipated average fee rate for 2020-21, if COVID-19 had not occurred?	What was your actual average fee rate per actual user for 2020-21? **	Implied uplift: anticipated 2020-21 rates compared to 2019-20 rates.	Implied uplift: actual 2020-21 rates compared to 2019-20 rates.
1. Please provide the average amount that you paid to external providers for home care, calculated on a consistent basis. (£ per contact hour, following the exclusions as in the instructions above)	£14.47	£14.47	£14.99	£15.60	3.6%	7.8%
2. Please provide the average amount that you paid for external provider care homes without nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions as in the instructions above)	£550.00	£550.00	£585.00	£610.00	6.4%	10.9%
3. Please provide the average amount that you paid for external provider care homes with nursing for clients aged 65+, calculated on a consistent basis. (£ per client per week, following the exclusions in the instructions above)	£674.00	£674.00	£676.00	£704.00	0.3%	4.5%
4. Please provide additional commentary if your 2019-20 fee is different from that reported at Q2 2019-20. Please do not use more than 250 characters.						

Checklist
Complete: Yes
Yes
Yes
Yes

5. Please briefly list the covid-19 support measures that have most increased your average fees for 2020-21. Please do not use more than 250 characters.

A fee uplift was awarded to all care homes and domiciliary providers, this was initially 5% and then reduced to 3.5% from December 2021

115 characters remaining



Footnotes:

- * ".." in the column C lookup means that no 2019-20 fee was reported by your council in Q2 2019-20
- ** For column F, please calculate your fee rate as the expenditure during the year divided by the number of actual client weeks during the year. This will pick up any support that you have provided in terms of occupancy guarantees. (Occupancy guarantees should result in a higher rate per actual user.)

CCG to Health and Well-Being Board Mapping for 2020-21

HWB Code	LA Name	CCG Code	CCG Name	% CCG in HWB	% HWB in CCG
E0900002	Barking and Dagenham	07L	NHS Barking and Dagenham CCG	90.4%	87.2%
E0900002	Barking and Dagenham	08C	NHS Hammersmith and Fulham CCG	0.1%	0.2%
E0900002	Barking and Dagenham	08F	NHS Havering CCG	6.8%	8.0%
E0900002	Barking and Dagenham	08M	NHS Newham CCG	0.4%	0.7%
E0900002	Barking and Dagenham	08N	NHS Redbridge CCG	2.7%	3.7%
E0900002	Barking and Dagenham	08W	NHS Waltham Forest CCG	0.1%	0.2%
E0900003	Barnet	06N	NHS Herts Valleys CCG	0.0%	0.1%
E0900003	Barnet	07P	NHS Brent CCG	2.1%	2.0%
E0900003	Barnet	08C	NHS Hammersmith and Fulham CCG	0.8%	0.5%
E0900003	Barnet	08E	NHS Harrow CCG	1.3%	0.8%
E0900003	Barnet	08Y	NHS West London CCG	0.2%	0.1%
E0900003	Barnet	09A	NHS Central London (Westminster) CCG	0.3%	0.2%
E0900003	Barnet	93C	NHS North Central London CCG	25.0%	96.3%
E0800016	Barnsley	02P	NHS Barnsley CCG	94.6%	98.1%
E0800016	Barnsley	02X	NHS Doncaster CCG	0.3%	0.4%
E0800016	Barnsley	03A	NHS Greater Huddersfield CCG	0.2%	0.2%
E0800016	Barnsley	03L	NHS Rotherham CCG	0.3%	0.3%
E0800016	Barnsley	03N	NHS Sheffield CCG	0.2%	0.5%
E0800016	Barnsley	03R	NHS Wakefield CCG	0.4%	0.6%
E0600022	Bath and North East Somerset	11X	NHS Somerset CCG	0.2%	0.5%
E0600022	Bath and North East Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	1.1%
E0600022	Bath and North East Somerset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	21.0%	98.4%
E0600055	Bedford	06F	NHS Bedfordshire CCG	37.7%	97.4%
E0600055	Bedford	06H	NHS Cambridgeshire and Peterborough CCG	0.4%	1.9%
E0600055	Bedford	78H	NHS Northamptonshire CCG	0.2%	0.6%
E0900004	Bexley	08C	NHS Hammersmith and Fulham CCG	0.0%	0.1%
E0900004	Bexley	72Q	NHS South East London CCG	12.5%	98.4%
E0900004	Bexley	91Q	NHS Kent and Medway CCG	0.2%	1.5%
E0800025	Birmingham	05C	NHS Dudley CCG	0.2%	0.0%
E0800025	Birmingham	05L	NHS Sandwell and West Birmingham CCG	38.7%	17.5%
E0800025	Birmingham	05Y	NHS Walsall CCG	0.5%	0.1%
E0800025	Birmingham	08C	NHS Hammersmith and Fulham CCG	0.6%	0.2%
E0800025	Birmingham	15E	NHS Birmingham and Solihull CCG	78.5%	81.8%
E0800025	Birmingham	18C	NHS Herefordshire and Worcestershire CCG	0.7%	0.4%
E0600008	Blackburn with Darwen	00Q	NHS Blackburn with Darwen CCG	88.9%	95.7%
E0600008	Blackburn with Darwen	00T	NHS Bolton CCG	1.2%	2.3%
E0600008	Blackburn with Darwen	00V	NHS Bury CCG	0.2%	0.2%
E0600008	Blackburn with Darwen	01A	NHS East Lancashire CCG	0.8%	1.8%
E0600009	Blackpool	00R	NHS Blackpool CCG	86.0%	97.7%
E0600009	Blackpool	02M	NHS Fylde and Wyre CCG	2.0%	2.3%
E0800001	Bolton	00T	NHS Bolton CCG	97.3%	97.5%
E0800001	Bolton	00V	NHS Bury CCG	1.5%	1.0%
E0800001	Bolton	00X	NHS Chorley and South Ribble CCG	0.2%	0.1%
E0800001	Bolton	01G	NHS Salford CCG	0.6%	0.5%
E0800001	Bolton	02H	NHS Wigan Borough CCG	0.8%	0.9%
E0600058	Bournemouth, Christchurch and Poole	11A	NHS West Hampshire CCG	0.2%	0.3%
E0600058	Bournemouth, Christchurch and Poole	11J	NHS Dorset CCG	52.7%	99.7%
E0600036	Bracknell Forest	10C	NHS Surrey Heath CCG	0.2%	0.1%
E0600036	Bracknell Forest	15A	NHS Berkshire West CCG	0.5%	2.1%
E0600036	Bracknell Forest	15D	NHS East Berkshire CCG	26.0%	96.7%
E0600036	Bracknell Forest	99M	NHS North East Hampshire and Farnham CCG	0.6%	1.0%
E0800032	Bradford	02T	NHS Calderdale CCG	0.3%	0.1%
E0800032	Bradford	03J	NHS North Kirklees CCG	0.2%	0.0%
E0800032	Bradford	15F	NHS Leeds CCG	0.9%	1.4%
E0800032	Bradford	36J	NHS Bradford District and Craven CCG	90.5%	98.5%
E0900005	Brent	07P	NHS Brent CCG	89.1%	85.8%
E0900005	Brent	07W	NHS Ealing CCG	0.5%	0.6%
E0900005	Brent	08C	NHS Hammersmith and Fulham CCG	1.0%	0.7%
E0900005	Brent	08E	NHS Harrow CCG	6.0%	4.0%
E0900005	Brent	08Y	NHS West London CCG	4.1%	2.5%
E0900005	Brent	09A	NHS Central London (Westminster) CCG	1.4%	0.8%
E0900005	Brent	93C	NHS North Central London CCG	1.4%	5.6%
E0600043	Brighton and Hove	09D	NHS Brighton and Hove CCG	97.8%	99.7%
E0600043	Brighton and Hove	70F	NHS West Sussex CCG	0.0%	0.2%
E0600043	Brighton and Hove	97R	NHS East Sussex CCG	0.0%	0.1%
E0600023	Bristol, City of	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	49.6%	100.0%
E0900006	Bromley	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E0900006	Bromley	36L	NHS South West London CCG	0.3%	1.5%
E0900006	Bromley	72Q	NHS South East London CCG	17.2%	98.1%
E0900006	Bromley	91Q	NHS Kent and Medway CCG	0.0%	0.2%
E0600060	Buckinghamshire	04F	NHS Milton Keynes CCG	1.3%	0.7%
E0600060	Buckinghamshire	06F	NHS Bedfordshire CCG	0.5%	0.4%
E0600060	Buckinghamshire	06N	NHS Herts Valleys CCG	1.2%	1.4%
E0600060	Buckinghamshire	08G	NHS Hillingdon CCG	0.7%	0.4%
E0600060	Buckinghamshire	10Q	NHS Oxfordshire CCG	0.5%	0.7%
E0600060	Buckinghamshire	14Y	NHS Buckinghamshire CCG	94.5%	94.9%
E0600060	Buckinghamshire	15D	NHS East Berkshire CCG	1.4%	1.2%
E0600060	Buckinghamshire	78H	NHS Northamptonshire CCG	0.1%	0.2%
E0800002	Bury	00T	NHS Bolton CCG	0.7%	1.1%
E0800002	Bury	00V	NHS Bury CCG	94.0%	94.4%
E0800002	Bury	01A	NHS East Lancashire CCG	0.0%	0.1%
E0800002	Bury	01D	NHS Heywood, Middleton and Rochdale CCG	0.4%	0.5%
E0800002	Bury	01G	NHS Salford CCG	1.4%	1.9%
E0800002	Bury	14L	NHS Manchester CCG	0.6%	1.9%
E0800033	Calderdale	01D	NHS Heywood, Middleton and Rochdale CCG	0.1%	0.1%
E0800033	Calderdale	02T	NHS Calderdale CCG	98.4%	98.8%
E0800033	Calderdale	03A	NHS Greater Huddersfield CCG	0.3%	0.3%
E0800033	Calderdale	36J	NHS Bradford District and Craven CCG	0.2%	0.7%
E1000003	Cambridgeshire	06F	NHS Bedfordshire CCG	1.1%	0.7%
E1000003	Cambridgeshire	06H	NHS Cambridgeshire and Peterborough CCG	71.7%	96.8%

E1000003	Cambridgeshire	06K	NHS East and North Hertfordshire CCG	0.8%	0.7%
E1000003	Cambridgeshire	07H	NHS West Essex CCG	0.2%	0.1%
E1000003	Cambridgeshire	07K	NHS West Suffolk CCG	3.9%	1.4%
E1000003	Cambridgeshire	26A	NHS Norfolk and Waveney CCG	0.3%	0.4%
E0900007	Camden	07P	NHS Brent CCG	1.2%	1.7%
E0900007	Camden	08C	NHS Hammersmith and Fulham CCG	1.1%	1.2%
E0900007	Camden	08Y	NHS West London CCG	0.3%	0.3%
E0900007	Camden	09A	NHS Central London (Westminster) CCG	5.4%	4.7%
E0900007	Camden	93C	NHS North Central London CCG	15.4%	92.1%
E0600056	Central Bedfordshire	04F	NHS Milton Keynes CCG	0.1%	0.1%
E0600056	Central Bedfordshire	06F	NHS Bedfordshire CCG	56.7%	94.9%
E0600056	Central Bedfordshire	06K	NHS East and North Hertfordshire CCG	0.3%	0.7%
E0600056	Central Bedfordshire	06N	NHS Herts Valleys CCG	0.4%	0.9%
E0600056	Central Bedfordshire	06P	NHS Luton CCG	2.1%	1.7%
E0600056	Central Bedfordshire	14Y	NHS Buckinghamshire CCG	0.8%	1.6%
E0600049	Cheshire East	01W	NHS Stockport CCG	1.6%	1.2%
E0600049	Cheshire East	02A	NHS Trafford CCG	0.2%	0.1%
E0600049	Cheshire East	02E	NHS Warrington CCG	0.7%	0.4%
E0600049	Cheshire East	05G	NHS North Staffordshire CCG	1.2%	0.6%
E0600049	Cheshire East	15M	NHS Derby and Derbyshire CCG	0.1%	0.2%
E0600049	Cheshire East	27D	NHS Cheshire CCG	51.6%	97.4%
E0600050	Cheshire West and Chester	01F	NHS Halton CCG	0.2%	0.0%
E0600050	Cheshire West and Chester	02E	NHS Warrington CCG	0.4%	0.3%
E0600050	Cheshire West and Chester	12F	NHS Wirral CCG	0.3%	0.3%
E0600050	Cheshire West and Chester	27D	NHS Cheshire CCG	47.3%	99.5%
E0900001	City of London	07T	NHS City and Hackney CCG	1.8%	66.3%
E0900001	City of London	08C	NHS Hammersmith and Fulham CCG	0.1%	4.3%
E0900001	City of London	08V	NHS Tower Hamlets CCG	0.3%	12.8%
E0900001	City of London	08Y	NHS West London CCG	0.0%	0.2%
E0900001	City of London	09A	NHS Central London (Westminster) CCG	0.1%	3.4%
E0900001	City of London	72Q	NHS South East London CCG	0.0%	0.3%
E0900001	City of London	93C	NHS North Central London CCG	0.0%	12.7%
E0600052	Cornwall & Scilly	11N	NHS Kernow CCG	99.7%	99.4%
E0600052	Cornwall & Scilly	15N	NHS Devon CCG	0.3%	0.6%
E0600047	County Durham	00P	NHS Sunderland CCG	1.1%	0.6%
E0600047	County Durham	13T	NHS Newcastle Gateshead CCG	0.7%	0.7%
E0600047	County Durham	16C	NHS Tees Valley CCG	0.1%	0.1%
E0600047	County Durham	84H	NHS County Durham CCG	96.8%	98.6%
E0800026	Coventry	05A	NHS Coventry and Rugby CCG	74.6%	99.8%
E0800026	Coventry	05H	NHS Warwickshire North CCG	0.4%	0.2%
E0800026	Coventry	05R	NHS South Warwickshire CCG	0.1%	0.0%
E0900008	Croydon	08C	NHS Hammersmith and Fulham CCG	0.3%	0.2%
E0900008	Croydon	36L	NHS South West London CCG	23.9%	93.7%
E0900008	Croydon	72Q	NHS South East London CCG	1.0%	4.7%
E0900008	Croydon	92A	NHS Surrey Heartlands CCG	0.6%	1.4%
E1000006	Cumbria	01H	NHS North Cumbria CCG	99.9%	63.5%
E1000006	Cumbria	01K	NHS Morecambe Bay CCG	53.2%	36.5%
E0600005	Darlington	16C	NHS Tees Valley CCG	15.2%	96.6%
E0600005	Darlington	42D	NHS North Yorkshire CCG	0.0%	0.1%
E0600005	Darlington	84H	NHS County Durham CCG	0.7%	3.3%
E0600015	Derby	15M	NHS Derby and Derbyshire CCG	26.6%	100.0%
E1000007	Derbyshire	01W	NHS Stockport CCG	0.1%	0.0%
E1000007	Derbyshire	01Y	NHS Tameside and Glossop CCG	13.9%	4.3%
E1000007	Derbyshire	02Q	NHS Bassetlaw CCG	0.2%	0.0%
E1000007	Derbyshire	03N	NHS Sheffield CCG	0.5%	0.3%
E1000007	Derbyshire	04V	NHS West Leicestershire CCG	0.6%	0.3%
E1000007	Derbyshire	05D	NHS East Staffordshire CCG	7.9%	1.4%
E1000007	Derbyshire	15M	NHS Derby and Derbyshire CCG	70.9%	92.5%
E1000007	Derbyshire	52R	NHS Nottingham and Nottinghamshire CCG	0.9%	1.2%
E1000008	Devon	11J	NHS Dorset CCG	0.3%	0.3%
E1000008	Devon	11N	NHS Kernow CCG	0.3%	0.2%
E1000008	Devon	11X	NHS Somerset CCG	0.4%	0.3%
E1000008	Devon	15N	NHS Devon CCG	66.0%	99.2%
E0800017	Doncaster	02P	NHS Barnsley CCG	0.3%	0.3%
E0800017	Doncaster	02Q	NHS Bassetlaw CCG	1.7%	0.6%
E0800017	Doncaster	02X	NHS Doncaster CCG	97.0%	97.7%
E0800017	Doncaster	03L	NHS Rotherham CCG	1.5%	1.2%
E0800017	Doncaster	03R	NHS Wakefield CCG	0.1%	0.2%
E0600059	Dorset	11A	NHS West Hampshire CCG	1.7%	2.5%
E0600059	Dorset	11J	NHS Dorset CCG	45.9%	95.7%
E0600059	Dorset	11X	NHS Somerset CCG	0.6%	0.9%
E0600059	Dorset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.4%	0.9%
E0800027	Dudley	05C	NHS Dudley CCG	91.9%	90.6%
E0800027	Dudley	05L	NHS Sandwell and West Birmingham CCG	4.0%	7.0%
E0800027	Dudley	06A	NHS Wolverhampton CCG	1.7%	1.5%
E0800027	Dudley	15E	NHS Birmingham and Solihull CCG	0.1%	0.6%
E0800027	Dudley	18C	NHS Herefordshire and Worcestershire CCG	0.1%	0.3%
E0900009	Ealing	07P	NHS Brent CCG	2.1%	1.9%
E0900009	Ealing	07W	NHS Ealing CCG	87.0%	89.7%
E0900009	Ealing	07Y	NHS Hounslow CCG	4.4%	3.3%
E0900009	Ealing	08C	NHS Hammersmith and Fulham CCG	5.1%	3.5%
E0900009	Ealing	08E	NHS Harrow CCG	0.4%	0.3%
E0900009	Ealing	08G	NHS Hillingdon CCG	0.7%	0.5%
E0900009	Ealing	08Y	NHS West London CCG	0.8%	0.5%
E0900009	Ealing	09A	NHS Central London (Westminster) CCG	0.4%	0.2%
E0900009	Ealing	93C	NHS North Central London CCG	0.0%	0.1%
E0600011	East Riding of Yorkshire	02Y	NHS East Riding of Yorkshire CCG	97.2%	85.1%
E0600011	East Riding of Yorkshire	03F	NHS Hull CCG	8.7%	7.5%
E0600011	East Riding of Yorkshire	03Q	NHS Vale of York CCG	6.8%	7.1%
E0600011	East Riding of Yorkshire	42D	NHS North Yorkshire CCG	0.2%	0.2%
E1000011	East Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.6%
E1000011	East Sussex	70F	NHS West Sussex CCG	0.7%	1.2%
E1000011	East Sussex	91Q	NHS Kent and Medway CCG	0.2%	0.7%
E1000011	East Sussex	97R	NHS East Sussex CCG	99.4%	97.5%
E0900010	Enfield	06K	NHS East and North Hertfordshire CCG	0.3%	0.6%
E0900010	Enfield	06N	NHS Herts Valleys CCG	0.1%	0.2%

E0900010	Enfield	07T	NHS City and Hackney CCG	0.1%	0.1%
E0900010	Enfield	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E0900010	Enfield	93C	NHS North Central London CCG	21.6%	98.9%
E1000012	Essex	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.0%
E1000012	Essex	06K	NHS East and North Hertfordshire CCG	1.5%	0.6%
E1000012	Essex	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.0%
E1000012	Essex	06Q	NHS Mid Essex CCG	100.0%	25.5%
E1000012	Essex	06T	NHS North East Essex CCG	98.6%	22.7%
E1000012	Essex	07G	NHS Thurrock CCG	1.5%	0.2%
E1000012	Essex	07H	NHS West Essex CCG	97.2%	19.9%
E1000012	Essex	07K	NHS West Suffolk CCG	3.0%	0.5%
E1000012	Essex	07L	NHS Barking and Dagenham CCG	0.2%	0.0%
E1000012	Essex	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E1000012	Essex	08F	NHS Havering CCG	0.4%	0.0%
E1000012	Essex	08N	NHS Redbridge CCG	2.9%	0.6%
E1000012	Essex	08W	NHS Waltham Forest CCG	0.5%	0.1%
E1000012	Essex	99E	NHS Basildon and Brentwood CCG	99.8%	18.1%
E1000012	Essex	99F	NHS Castle Point and Rochford CCG	95.3%	11.4%
E1000012	Essex	99G	NHS Southend CCG	3.4%	0.4%
E0800037	Gateshead	00L	NHS Northumberland CCG	0.5%	0.8%
E0800037	Gateshead	00N	NHS South Tyneside CCG	0.3%	0.2%
E0800037	Gateshead	00P	NHS Sunderland CCG	0.0%	0.1%
E0800037	Gateshead	13T	NHS Newcastle Gateshead CCG	38.1%	97.7%
E0800037	Gateshead	84H	NHS County Durham CCG	0.5%	1.2%
E1000013	Gloucestershire	05R	NHS South Warwickshire CCG	0.6%	0.3%
E1000013	Gloucestershire	10Q	NHS Oxfordshire CCG	0.2%	0.2%
E1000013	Gloucestershire	11M	NHS Gloucestershire CCG	97.5%	98.6%
E1000013	Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.1%	0.1%
E1000013	Gloucestershire	18C	NHS Herefordshire and Worcestershire CCG	0.5%	0.6%
E1000013	Gloucestershire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.1%	0.2%
E0900011	Greenwich	08C	NHS Hammersmith and Fulham CCG	0.8%	0.8%
E0900011	Greenwich	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E0900011	Greenwich	72Q	NHS South East London CCG	15.2%	99.2%
E0900011	Greenwich	93C	NHS North Central London CCG	0.0%	0.1%
E0900012	Hackney	07T	NHS City and Hackney CCG	90.1%	92.2%
E0900012	Hackney	08C	NHS Hammersmith and Fulham CCG	1.4%	1.3%
E0900012	Hackney	08V	NHS Tower Hamlets CCG	0.7%	0.7%
E0900012	Hackney	08W	NHS Waltham Forest CCG	0.1%	0.1%
E0900012	Hackney	09A	NHS Central London (Westminster) CCG	0.3%	0.2%
E0900012	Hackney	93C	NHS North Central London CCG	1.0%	5.5%
E0600006	Halton	01F	NHS Halton CCG	98.2%	96.5%
E0600006	Halton	01J	NHS Knowsley CCG	0.2%	0.3%
E0600006	Halton	02E	NHS Warrington CCG	0.7%	1.2%
E0600006	Halton	27D	NHS Cheshire CCG	0.2%	1.0%
E0600006	Halton	99A	NHS Liverpool CCG	0.3%	1.1%
E0900013	Hammersmith and Fulham	07P	NHS Brent CCG	0.3%	0.5%
E0900013	Hammersmith and Fulham	07W	NHS Ealing CCG	0.5%	1.0%
E0900013	Hammersmith and Fulham	07Y	NHS Hounslow CCG	0.5%	0.6%
E0900013	Hammersmith and Fulham	08C	NHS Hammersmith and Fulham CCG	67.9%	87.0%
E0900013	Hammersmith and Fulham	08Y	NHS West London CCG	7.0%	7.6%
E0900013	Hammersmith and Fulham	09A	NHS Central London (Westminster) CCG	2.5%	2.6%
E0900013	Hammersmith and Fulham	36L	NHS South West London CCG	0.0%	0.4%
E0900013	Hammersmith and Fulham	72Q	NHS South East London CCG	0.0%	0.1%
E0900013	Hammersmith and Fulham	93C	NHS North Central London CCG	0.0%	0.2%
E1000014	Hampshire	10C	NHS Surrey Heath CCG	0.9%	0.0%
E1000014	Hampshire	10J	NHS North Hampshire CCG	99.3%	16.0%
E1000014	Hampshire	10K	NHS Fareham and Gosport CCG	98.4%	14.1%
E1000014	Hampshire	10R	NHS Portsmouth CCG	4.5%	0.7%
E1000014	Hampshire	10V	NHS South Eastern Hampshire CCG	95.7%	14.6%
E1000014	Hampshire	10X	NHS Southampton CCG	4.9%	1.0%
E1000014	Hampshire	11A	NHS West Hampshire CCG	97.7%	39.2%
E1000014	Hampshire	11J	NHS Dorset CCG	0.5%	0.3%
E1000014	Hampshire	15A	NHS Berkshire West CCG	1.6%	0.6%
E1000014	Hampshire	15D	NHS East Berkshire CCG	0.2%	0.0%
E1000014	Hampshire	70F	NHS West Sussex CCG	0.2%	0.1%
E1000014	Hampshire	92A	NHS Surrey Heartlands CCG	0.6%	0.5%
E1000014	Hampshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.6%	0.4%
E1000014	Hampshire	99M	NHS North East Hampshire and Farnham CCG	76.6%	12.4%
E0900014	Haringey	07T	NHS City and Hackney CCG	3.0%	3.1%
E0900014	Haringey	08C	NHS Hammersmith and Fulham CCG	0.9%	0.9%
E0900014	Haringey	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E0900014	Haringey	93C	NHS North Central London CCG	18.3%	95.9%
E0900015	Harrow	06N	NHS Herts Valleys CCG	0.2%	0.5%
E0900015	Harrow	07P	NHS Brent CCG	3.8%	5.1%
E0900015	Harrow	07W	NHS Ealing CCG	1.3%	2.0%
E0900015	Harrow	08C	NHS Hammersmith and Fulham CCG	0.2%	0.2%
E0900015	Harrow	08E	NHS Harrow CCG	89.6%	83.9%
E0900015	Harrow	08G	NHS Hillingdon CCG	1.8%	1.9%
E0900015	Harrow	08Y	NHS West London CCG	0.1%	0.1%
E0900015	Harrow	93C	NHS North Central London CCG	1.1%	6.2%
E0600001	Hartlepool	16C	NHS Tees Valley CCG	13.6%	99.2%
E0600001	Hartlepool	84H	NHS County Durham CCG	0.1%	0.8%
E0900016	Havering	07G	NHS Thurrock CCG	0.1%	0.0%
E0900016	Havering	07L	NHS Barking and Dagenham CCG	3.7%	3.1%
E0900016	Havering	08C	NHS Hammersmith and Fulham CCG	0.1%	0.1%
E0900016	Havering	08F	NHS Havering CCG	91.6%	95.6%
E0900016	Havering	08M	NHS Newham CCG	0.1%	0.2%
E0900016	Havering	08N	NHS Redbridge CCG	0.7%	0.8%
E0900016	Havering	08W	NHS Waltham Forest CCG	0.1%	0.1%
E0600019	Herefordshire, County of	05N	NHS Shropshire CCG	0.3%	0.5%
E0600019	Herefordshire, County of	11M	NHS Gloucestershire CCG	0.3%	1.0%
E0600019	Herefordshire, County of	18C	NHS Herefordshire and Worcestershire CCG	23.2%	98.6%
E1000015	Hertfordshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E1000015	Hertfordshire	06H	NHS Cambridgeshire and Peterborough CCG	2.1%	1.6%
E1000015	Hertfordshire	06K	NHS East and North Hertfordshire CCG	97.0%	46.5%
E1000015	Hertfordshire	06N	NHS Herts Valleys CCG	98.0%	50.8%

E1000015	Hertfordshire	06P	NHS Luton CCG	0.4%	0.0%
E1000015	Hertfordshire	07H	NHS West Essex CCG	0.9%	0.2%
E1000015	Hertfordshire	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E1000015	Hertfordshire	08E	NHS Harrow CCG	0.5%	0.1%
E1000015	Hertfordshire	08G	NHS Hillingdon CCG	2.2%	0.6%
E1000015	Hertfordshire	14Y	NHS Buckinghamshire CCG	0.2%	0.0%
E1000015	Hertfordshire	93C	NHS North Central London CCG	0.2%	0.2%
E0900017	Hillingdon	07P	NHS Brent CCG	0.1%	0.1%
E0900017	Hillingdon	07W	NHS Ealing CCG	5.3%	7.0%
E0900017	Hillingdon	07Y	NHS Hounslow CCG	1.2%	1.2%
E0900017	Hillingdon	08C	NHS Hammersmith and Fulham CCG	0.5%	0.4%
E0900017	Hillingdon	08E	NHS Harrow CCG	2.1%	1.7%
E0900017	Hillingdon	08G	NHS Hillingdon CCG	94.4%	89.5%
E0900017	Hillingdon	08Y	NHS West London CCG	0.1%	0.0%
E0900017	Hillingdon	14Y	NHS Buckinghamshire CCG	0.0%	0.1%
E0900018	Hounslow	07W	NHS Ealing CCG	5.3%	7.2%
E0900018	Hounslow	07Y	NHS Hounslow CCG	88.5%	87.1%
E0900018	Hounslow	08C	NHS Hammersmith and Fulham CCG	1.2%	1.1%
E0900018	Hounslow	08G	NHS Hillingdon CCG	0.2%	0.2%
E0900018	Hounslow	08Y	NHS West London CCG	0.2%	0.2%
E0900018	Hounslow	09A	NHS Central London (Westminster) CCG	0.1%	0.0%
E0900018	Hounslow	36L	NHS South West London CCG	0.7%	3.8%
E0900018	Hounslow	92A	NHS Surrey Heartlands CCG	0.1%	0.4%
E0600046	Isle of Wight	10L	NHS Isle of Wight CCG	100.0%	100.0%
E0900019	Islington	07T	NHS City and Hackney CCG	3.3%	4.0%
E0900019	Islington	08C	NHS Hammersmith and Fulham CCG	1.5%	1.8%
E0900019	Islington	09A	NHS Central London (Westminster) CCG	0.6%	0.6%
E0900019	Islington	93C	NHS North Central London CCG	15.0%	93.7%
E0900020	Kensington and Chelsea	07P	NHS Brent CCG	0.0%	0.2%
E0900020	Kensington and Chelsea	08C	NHS Hammersmith and Fulham CCG	1.4%	2.3%
E0900020	Kensington and Chelsea	08Y	NHS West London CCG	63.8%	91.6%
E0900020	Kensington and Chelsea	09A	NHS Central London (Westminster) CCG	4.0%	5.4%
E0900020	Kensington and Chelsea	36L	NHS South West London CCG	0.0%	0.1%
E0900020	Kensington and Chelsea	93C	NHS North Central London CCG	0.0%	0.4%
E1000016	Kent	08C	NHS Hammersmith and Fulham CCG	0.1%	0.0%
E1000016	Kent	72Q	NHS South East London CCG	0.4%	0.5%
E1000016	Kent	91Q	NHS Kent and Medway CCG	84.6%	99.4%
E1000016	Kent	97R	NHS East Sussex CCG	0.3%	0.1%
E0600010	Kingston upon Hull, City of	02Y	NHS East Riding of Yorkshire CCG	1.3%	1.4%
E0600010	Kingston upon Hull, City of	03F	NHS Hull CCG	91.3%	98.6%
E0900021	Kingston upon Thames	08C	NHS Hammersmith and Fulham CCG	0.1%	0.2%
E0900021	Kingston upon Thames	36L	NHS South West London CCG	11.3%	98.8%
E0900021	Kingston upon Thames	92A	NHS Surrey Heartlands CCG	0.2%	1.1%
E0800034	Kirklees	02P	NHS Barnsley CCG	0.1%	0.0%
E0800034	Kirklees	02T	NHS Calderdale CCG	1.3%	0.7%
E0800034	Kirklees	03A	NHS Greater Huddersfield CCG	99.5%	54.6%
E0800034	Kirklees	03J	NHS North Kirklees CCG	98.9%	42.3%
E0800034	Kirklees	03R	NHS Wakefield CCG	1.6%	1.4%
E0800034	Kirklees	15F	NHS Leeds CCG	0.1%	0.3%
E0800034	Kirklees	36J	NHS Bradford District and Craven CCG	0.5%	0.7%
E0800011	Knowsley	01F	NHS Halton CCG	1.0%	0.8%
E0800011	Knowsley	01J	NHS Knowsley CCG	87.0%	88.1%
E0800011	Knowsley	01T	NHS South Sefton CCG	0.2%	0.2%
E0800011	Knowsley	01X	NHS St Helens CCG	2.3%	2.7%
E0800011	Knowsley	99A	NHS Liverpool CCG	2.4%	8.1%
E0900022	Lambeth	08C	NHS Hammersmith and Fulham CCG	1.6%	1.3%
E0900022	Lambeth	08Y	NHS West London CCG	0.1%	0.0%
E0900022	Lambeth	09A	NHS Central London (Westminster) CCG	1.5%	0.9%
E0900022	Lambeth	36L	NHS South West London CCG	1.2%	4.9%
E0900022	Lambeth	72Q	NHS South East London CCG	18.3%	92.6%
E0900022	Lambeth	93C	NHS North Central London CCG	0.0%	0.3%
E1000017	Lancashire	00Q	NHS Blackburn with Darwen CCG	11.1%	1.5%
E1000017	Lancashire	00R	NHS Blackpool CCG	14.0%	1.9%
E1000017	Lancashire	00T	NHS Bolton CCG	0.3%	0.0%
E1000017	Lancashire	00V	NHS Bury CCG	1.4%	0.2%
E1000017	Lancashire	00X	NHS Chorley and South Ribble CCG	99.8%	14.5%
E1000017	Lancashire	01A	NHS East Lancashire CCG	99.0%	29.9%
E1000017	Lancashire	01D	NHS Heywood, Middleton and Rochdale CCG	0.8%	0.2%
E1000017	Lancashire	01E	NHS Greater Preston CCG	100.0%	16.7%
E1000017	Lancashire	01J	NHS Knowsley CCG	0.1%	0.0%
E1000017	Lancashire	01K	NHS Morecambe Bay CCG	45.0%	12.3%
E1000017	Lancashire	01T	NHS South Sefton CCG	0.5%	0.0%
E1000017	Lancashire	01V	NHS Southport and Formby CCG	3.3%	0.3%
E1000017	Lancashire	01X	NHS St Helens CCG	0.4%	0.0%
E1000017	Lancashire	02G	NHS West Lancashire CCG	97.0%	8.6%
E1000017	Lancashire	02H	NHS Wigan Borough CCG	0.7%	0.2%
E1000017	Lancashire	02M	NHS Fylde and Wyre CCG	98.0%	13.7%
E0800035	Leeds	03J	NHS North Kirklees CCG	0.3%	0.0%
E0800035	Leeds	03Q	NHS Vale of York CCG	0.5%	0.2%
E0800035	Leeds	03R	NHS Wakefield CCG	1.4%	0.6%
E0800035	Leeds	15F	NHS Leeds CCG	97.6%	98.7%
E0800035	Leeds	36J	NHS Bradford District and Craven CCG	0.6%	0.5%
E0600016	Leicester	03W	NHS East Leicestershire and Rutland CCG	1.6%	1.3%
E0600016	Leicester	04C	NHS Leicester City CCG	93.0%	96.0%
E0600016	Leicester	04V	NHS West Leicestershire CCG	2.8%	2.7%
E1000018	Leicestershire	03W	NHS East Leicestershire and Rutland CCG	85.9%	39.8%
E1000018	Leicestershire	04C	NHS Leicester City CCG	7.0%	4.1%
E1000018	Leicestershire	04V	NHS West Leicestershire CCG	96.2%	53.1%
E1000018	Leicestershire	05H	NHS Warwickshire North CCG	1.6%	0.4%
E1000018	Leicestershire	15M	NHS Derby and Derbyshire CCG	0.4%	0.6%
E1000018	Leicestershire	52R	NHS Nottingham and Nottinghamshire CCG	0.6%	1.0%
E1000018	Leicestershire	71E	NHS Lincolnshire CCG	0.9%	1.0%
E0900023	Lewisham	08C	NHS Hammersmith and Fulham CCG	0.9%	0.8%
E0900023	Lewisham	09A	NHS Central London (Westminster) CCG	0.2%	0.2%
E0900023	Lewisham	36L	NHS South West London CCG	0.0%	0.2%
E0900023	Lewisham	72Q	NHS South East London CCG	16.6%	98.7%

E0900023	Lewisham	93C	NHS North Central London CCG	0.0%	0.1%
E1000019	Lincolnshire	03H	NHS North East Lincolnshire CCG	2.7%	0.6%
E1000019	Lincolnshire	03K	NHS North Lincolnshire CCG	5.0%	1.1%
E1000019	Lincolnshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E1000019	Lincolnshire	06H	NHS Cambridgeshire and Peterborough CCG	0.2%	0.3%
E1000019	Lincolnshire	52R	NHS Nottingham and Nottinghamshire CCG	0.3%	0.4%
E1000019	Lincolnshire	71E	NHS Lincolnshire CCG	96.4%	97.5%
E0800012	Liverpool	01J	NHS Knowsley CCG	8.3%	2.6%
E0800012	Liverpool	01T	NHS South Sefton CCG	3.5%	1.0%
E0800012	Liverpool	99A	NHS Liverpool CCG	94.4%	96.4%
E0600032	Luton	06F	NHS Bedfordshire CCG	2.3%	4.7%
E0600032	Luton	06P	NHS Luton CCG	97.5%	95.3%
E0800003	Manchester	00V	NHS Bury CCG	0.4%	0.1%
E0800003	Manchester	00Y	NHS Oldham CCG	0.8%	0.3%
E0800003	Manchester	01D	NHS Heywood, Middleton and Rochdale CCG	0.5%	0.2%
E0800003	Manchester	01G	NHS Salford CCG	2.5%	1.1%
E0800003	Manchester	01W	NHS Stockport CCG	1.7%	0.9%
E0800003	Manchester	01Y	NHS Tameside and Glossop CCG	0.4%	0.2%
E0800003	Manchester	02A	NHS Trafford CCG	3.8%	1.4%
E0800003	Manchester	14L	NHS Manchester CCG	91.1%	95.8%
E0600035	Medway	91Q	NHS Kent and Medway CCG	15.0%	100.0%
E0900024	Merton	08C	NHS Hammersmith and Fulham CCG	0.4%	0.5%
E0900024	Merton	36L	NHS South West London CCG	14.5%	97.5%
E0900024	Merton	72Q	NHS South East London CCG	0.3%	2.0%
E0600002	Middlesbrough	16C	NHS Tees Valley CCG	22.4%	99.8%
E0600002	Middlesbrough	42D	NHS North Yorkshire CCG	0.0%	0.2%
E0600042	Milton Keynes	04F	NHS Milton Keynes CCG	95.5%	96.2%
E0600042	Milton Keynes	06F	NHS Bedfordshire CCG	1.5%	2.5%
E0600042	Milton Keynes	78H	NHS Northamptonshire CCG	0.5%	1.3%
E0800021	Newcastle upon Tyne	00L	NHS Northumberland CCG	0.9%	0.8%
E0800021	Newcastle upon Tyne	13T	NHS Newcastle Gateshead CCG	59.5%	95.2%
E0800021	Newcastle upon Tyne	99C	NHS North Tyneside CCG	5.9%	3.9%
E0900025	Newham	07L	NHS Barking and Dagenham CCG	0.6%	0.3%
E0900025	Newham	07T	NHS City and Hackney CCG	0.1%	0.1%
E0900025	Newham	08C	NHS Hammersmith and Fulham CCG	1.3%	0.9%
E0900025	Newham	08M	NHS Newham CCG	96.6%	96.1%
E0900025	Newham	08N	NHS Redbridge CCG	0.3%	0.2%
E0900025	Newham	08V	NHS Tower Hamlets CCG	0.3%	0.3%
E0900025	Newham	08W	NHS Waltham Forest CCG	1.7%	1.3%
E0900025	Newham	09A	NHS Central London (Westminster) CCG	0.7%	0.4%
E0900025	Newham	72Q	NHS South East London CCG	0.0%	0.1%
E0900025	Newham	93C	NHS North Central London CCG	0.0%	0.2%
E1000020	Norfolk	06H	NHS Cambridgeshire and Peterborough CCG	0.6%	0.7%
E1000020	Norfolk	06L	NHS Ipswich and East Suffolk CCG	0.2%	0.1%
E1000020	Norfolk	07K	NHS West Suffolk CCG	2.5%	0.7%
E1000020	Norfolk	26A	NHS Norfolk and Waveney CCG	87.7%	98.6%
E0600012	North East Lincolnshire	03H	NHS North East Lincolnshire CCG	95.9%	98.5%
E0600012	North East Lincolnshire	03K	NHS North Lincolnshire CCG	0.2%	0.2%
E0600012	North East Lincolnshire	71E	NHS Lincolnshire CCG	0.3%	1.3%
E0600013	North Lincolnshire	02Q	NHS Bassetlaw CCG	0.2%	0.2%
E0600013	North Lincolnshire	02X	NHS Doncaster CCG	0.0%	0.2%
E0600013	North Lincolnshire	02Y	NHS East Riding of Yorkshire CCG	0.0%	0.2%
E0600013	North Lincolnshire	03H	NHS North East Lincolnshire CCG	1.4%	1.4%
E0600013	North Lincolnshire	03K	NHS North Lincolnshire CCG	94.8%	96.8%
E0600013	North Lincolnshire	71E	NHS Lincolnshire CCG	0.3%	1.4%
E0600024	North Somerset	11X	NHS Somerset CCG	0.0%	0.2%
E0600024	North Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	21.5%	98.3%
E0600024	North Somerset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.4%	1.5%
E0800022	North Tyneside	00L	NHS Northumberland CCG	0.7%	1.1%
E0800022	North Tyneside	13T	NHS Newcastle Gateshead CCG	1.0%	2.5%
E0800022	North Tyneside	99C	NHS North Tyneside CCG	93.3%	96.5%
E1000023	North Yorkshire	01A	NHS East Lancashire CCG	0.1%	0.0%
E1000023	North Yorkshire	01K	NHS Morecambe Bay CCG	1.8%	1.0%
E1000023	North Yorkshire	02X	NHS Doncaster CCG	0.2%	0.1%
E1000023	North Yorkshire	02Y	NHS East Riding of Yorkshire CCG	1.5%	0.7%
E1000023	North Yorkshire	03Q	NHS Vale of York CCG	32.8%	19.0%
E1000023	North Yorkshire	03R	NHS Wakefield CCG	1.9%	1.2%
E1000023	North Yorkshire	15F	NHS Leeds CCG	0.9%	1.3%
E1000023	North Yorkshire	16C	NHS Tees Valley CCG	0.3%	0.4%
E1000023	North Yorkshire	36J	NHS Bradford District and Craven CCG	8.1%	8.3%
E1000023	North Yorkshire	42D	NHS North Yorkshire CCG	99.4%	67.9%
E1000023	North Yorkshire	84H	NHS County Durham CCG	0.1%	0.1%
E1000021	Northamptonshire	03W	NHS East Leicestershire and Rutland CCG	2.0%	0.8%
E1000021	Northamptonshire	04F	NHS Milton Keynes CCG	3.1%	1.1%
E1000021	Northamptonshire	05A	NHS Coventry and Rugby CCG	0.3%	0.2%
E1000021	Northamptonshire	06F	NHS Bedfordshire CCG	0.1%	0.0%
E1000021	Northamptonshire	06H	NHS Cambridgeshire and Peterborough CCG	1.5%	1.9%
E1000021	Northamptonshire	10Q	NHS Oxfordshire CCG	1.0%	1.0%
E1000021	Northamptonshire	71E	NHS Lincolnshire CCG	0.2%	0.2%
E1000021	Northamptonshire	78H	NHS Northamptonshire CCG	99.0%	94.8%
E0600057	Northumberland	00L	NHS Northumberland CCG	97.9%	98.7%
E0600057	Northumberland	01H	NHS North Cumbria CCG	0.1%	0.1%
E0600057	Northumberland	13T	NHS Newcastle Gateshead CCG	0.3%	0.4%
E0600057	Northumberland	84H	NHS County Durham CCG	0.0%	0.2%
E0600057	Northumberland	99C	NHS North Tyneside CCG	0.8%	0.6%
E0600018	Nottingham	52R	NHS Nottingham and Nottinghamshire CCG	33.5%	100.0%
E1000024	Nottinghamshire	02Q	NHS Bassetlaw CCG	96.9%	13.5%
E1000024	Nottinghamshire	02X	NHS Doncaster CCG	1.6%	0.6%
E1000024	Nottinghamshire	03W	NHS East Leicestershire and Rutland CCG	0.3%	0.1%
E1000024	Nottinghamshire	15M	NHS Derby and Derbyshire CCG	1.4%	1.7%
E1000024	Nottinghamshire	52R	NHS Nottingham and Nottinghamshire CCG	64.7%	83.8%
E1000024	Nottinghamshire	71E	NHS Lincolnshire CCG	0.2%	0.2%
E0800004	Oldham	00Y	NHS Oldham CCG	94.6%	96.3%
E0800004	Oldham	01D	NHS Heywood, Middleton and Rochdale CCG	1.5%	1.4%
E0800004	Oldham	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E0800004	Oldham	14L	NHS Manchester CCG	0.8%	2.1%

E1000025	Oxfordshire	05R	NHS South Warwickshire CCG	0.7%	0.3%
E1000025	Oxfordshire	10Q	NHS Oxfordshire CCG	97.4%	96.6%
E1000025	Oxfordshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E1000025	Oxfordshire	14Y	NHS Buckinghamshire CCG	2.5%	1.8%
E1000025	Oxfordshire	15A	NHS Berkshire West CCG	0.4%	0.3%
E1000025	Oxfordshire	78H	NHS Northamptonshire CCG	0.1%	0.1%
E1000025	Oxfordshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.7%	0.8%
E0600031	Peterborough	06H	NHS Cambridgeshire and Peterborough CCG	23.2%	96.4%
E0600031	Peterborough	71E	NHS Lincolnshire CCG	1.1%	3.6%
E0600026	Plymouth	15N	NHS Devon CCG	21.9%	100.0%
E0600044	Portsmouth	10K	NHS Fareham and Gosport CCG	1.6%	1.4%
E0600044	Portsmouth	10R	NHS Portsmouth CCG	95.5%	98.3%
E0600044	Portsmouth	10V	NHS South Eastern Hampshire CCG	0.2%	0.2%
E0600038	Reading	10Q	NHS Oxfordshire CCG	0.3%	1.0%
E0600038	Reading	15A	NHS Berkshire West CCG	35.3%	99.0%
E0900026	Redbridge	07H	NHS West Essex CCG	1.8%	1.6%
E0900026	Redbridge	07L	NHS Barking and Dagenham CCG	4.8%	3.2%
E0900026	Redbridge	08C	NHS Hammersmith and Fulham CCG	0.3%	0.3%
E0900026	Redbridge	08F	NHS Havering CCG	0.8%	0.7%
E0900026	Redbridge	08M	NHS Newham CCG	1.3%	1.6%
E0900026	Redbridge	08N	NHS Redbridge CCG	92.2%	89.5%
E0900026	Redbridge	08W	NHS Waltham Forest CCG	3.2%	3.0%
E0900026	Redbridge	93C	NHS North Central London CCG	0.0%	0.1%
E0600003	Redcar and Cleveland	16C	NHS Tees Valley CCG	19.9%	98.8%
E0600003	Redcar and Cleveland	42D	NHS North Yorkshire CCG	0.4%	1.2%
E0900027	Richmond upon Thames	07Y	NHS Hounslow CCG	4.7%	6.8%
E0900027	Richmond upon Thames	08C	NHS Hammersmith and Fulham CCG	0.6%	0.7%
E0900027	Richmond upon Thames	08Y	NHS West London CCG	0.0%	0.1%
E0900027	Richmond upon Thames	36L	NHS South West London CCG	12.3%	92.2%
E0900027	Richmond upon Thames	92A	NHS Surrey Heartlands CCG	0.0%	0.1%
E0800005	Rochdale	00V	NHS Bury CCG	0.7%	0.6%
E0800005	Rochdale	00Y	NHS Oldham CCG	0.9%	1.0%
E0800005	Rochdale	01A	NHS East Lancashire CCG	0.2%	0.3%
E0800005	Rochdale	01D	NHS Heywood, Middleton and Rochdale CCG	96.6%	96.5%
E0800005	Rochdale	14L	NHS Manchester CCG	0.6%	1.6%
E0800018	Rotherham	02P	NHS Barnsley CCG	3.2%	3.1%
E0800018	Rotherham	02Q	NHS Bassetlaw CCG	0.9%	0.4%
E0800018	Rotherham	02X	NHS Doncaster CCG	1.0%	1.1%
E0800018	Rotherham	03L	NHS Rotherham CCG	97.9%	93.5%
E0800018	Rotherham	03N	NHS Sheffield CCG	0.8%	1.9%
E0600017	Rutland	03W	NHS East Leicestershire and Rutland CCG	10.0%	86.6%
E0600017	Rutland	06H	NHS Cambridgeshire and Peterborough CCG	0.0%	0.4%
E0600017	Rutland	71E	NHS Lincolnshire CCG	0.6%	12.5%
E0600017	Rutland	78H	NHS Northamptonshire CCG	0.0%	0.5%
E0800006	Salford	00T	NHS Bolton CCG	0.3%	0.3%
E0800006	Salford	00V	NHS Bury CCG	1.8%	1.3%
E0800006	Salford	01G	NHS Salford CCG	94.1%	94.5%
E0800006	Salford	02A	NHS Trafford CCG	0.2%	0.2%
E0800006	Salford	02H	NHS Wigan Borough CCG	0.9%	1.1%
E0800006	Salford	14L	NHS Manchester CCG	1.1%	2.6%
E0800028	Sandwell	05C	NHS Dudley CCG	3.0%	2.7%
E0800028	Sandwell	05L	NHS Sandwell and West Birmingham CCG	55.5%	88.5%
E0800028	Sandwell	05Y	NHS Walsall CCG	1.7%	1.4%
E0800028	Sandwell	06A	NHS Wolverhampton CCG	0.3%	0.3%
E0800028	Sandwell	15E	NHS Birmingham and Solihull CCG	1.9%	7.2%
E0800014	Sefton	01J	NHS Knowsley CCG	1.9%	1.1%
E0800014	Sefton	01T	NHS South Sefton CCG	95.9%	51.6%
E0800014	Sefton	01V	NHS Southport and Formby CCG	96.7%	41.8%
E0800014	Sefton	02G	NHS West Lancashire CCG	0.2%	0.0%
E0800014	Sefton	99A	NHS Liverpool CCG	2.9%	5.4%
E0800019	Sheffield	02P	NHS Barnsley CCG	0.9%	0.4%
E0800019	Sheffield	03L	NHS Rotherham CCG	0.4%	0.2%
E0800019	Sheffield	03N	NHS Sheffield CCG	98.5%	99.1%
E0800019	Sheffield	15M	NHS Derby and Derbyshire CCG	0.2%	0.4%
E0600051	Shropshire	05G	NHS North Staffordshire CCG	0.5%	0.4%
E0600051	Shropshire	05N	NHS Shropshire CCG	96.7%	95.3%
E0600051	Shropshire	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	1.3%	0.9%
E0600051	Shropshire	05X	NHS Telford and Wrekin CCG	2.4%	1.5%
E0600051	Shropshire	18C	NHS Herefordshire and Worcestershire CCG	0.6%	1.6%
E0600051	Shropshire	27D	NHS Cheshire CCG	0.2%	0.4%
E0600039	Slough	07W	NHS Ealing CCG	0.0%	0.2%
E0600039	Slough	07Y	NHS Hounslow CCG	0.0%	0.2%
E0600039	Slough	08G	NHS Hillingdon CCG	0.0%	0.1%
E0600039	Slough	14Y	NHS Buckinghamshire CCG	1.7%	5.7%
E0600039	Slough	15D	NHS East Berkshire CCG	34.3%	93.7%
E0600039	Slough	92A	NHS Surrey Heartlands CCG	0.0%	0.1%
E0800029	Solihull	05A	NHS Coventry and Rugby CCG	0.0%	0.1%
E0800029	Solihull	05H	NHS Warwickshire North CCG	0.2%	0.2%
E0800029	Solihull	05R	NHS South Warwickshire CCG	0.3%	0.4%
E0800029	Solihull	15E	NHS Birmingham and Solihull CCG	16.9%	99.0%
E0800029	Solihull	18C	NHS Herefordshire and Worcestershire CCG	0.0%	0.3%
E1000027	Somerset	11J	NHS Dorset CCG	0.4%	0.6%
E1000027	Somerset	11X	NHS Somerset CCG	98.5%	97.4%
E1000027	Somerset	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.3%
E1000027	Somerset	15N	NHS Devon CCG	0.2%	0.5%
E1000027	Somerset	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.8%	1.2%
E0600025	South Gloucestershire	11M	NHS Gloucestershire CCG	0.9%	1.9%
E0600025	South Gloucestershire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	28.2%	97.6%
E0600025	South Gloucestershire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.2%	0.6%
E0800023	South Tyneside	00N	NHS South Tyneside CCG	99.2%	99.2%
E0800023	South Tyneside	00P	NHS Sunderland CCG	0.3%	0.6%
E0800023	South Tyneside	13T	NHS Newcastle Gateshead CCG	0.0%	0.2%
E0600045	Southampton	10X	NHS Southampton CCG	95.1%	99.5%
E0600045	Southampton	11A	NHS West Hampshire CCG	0.2%	0.5%
E0600033	Southend-on-Sea	99F	NHS Castle Point and Rochford CCG	4.7%	4.5%
E0600033	Southend-on-Sea	99G	NHS Southend CCG	96.6%	95.5%

E09000028	Southwark	08C	NHS Hammersmith and Fulham CCG	1.9%	1.5%
E09000028	Southwark	09A	NHS Central London (Westminster) CCG	2.6%	1.7%
E09000028	Southwark	36L	NHS South West London CCG	0.0%	0.2%
E09000028	Southwark	72Q	NHS South East London CCG	17.7%	95.9%
E09000028	Southwark	93C	NHS North Central London CCG	0.1%	0.6%
E08000013	St. Helens	01F	NHS Halton CCG	0.2%	0.2%
E08000013	St. Helens	01J	NHS Knowsley CCG	2.4%	2.2%
E08000013	St. Helens	01X	NHS St Helens CCG	91.6%	96.3%
E08000013	St. Helens	02E	NHS Warrington CCG	0.1%	0.1%
E08000013	St. Helens	02H	NHS Wigan Borough CCG	0.7%	1.2%
E10000028	Staffordshire	04Y	NHS Cannock Chase CCG	99.4%	14.9%
E10000028	Staffordshire	05C	NHS Dudley CCG	2.9%	1.1%
E10000028	Staffordshire	05D	NHS East Staffordshire CCG	92.1%	14.9%
E10000028	Staffordshire	05G	NHS North Staffordshire CCG	94.9%	23.1%
E10000028	Staffordshire	05H	NHS Warwickshire North CCG	1.2%	0.3%
E10000028	Staffordshire	05N	NHS Shropshire CCG	0.9%	0.3%
E10000028	Staffordshire	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	96.1%	23.0%
E10000028	Staffordshire	05V	NHS Stafford and Surrounds CCG	99.7%	16.7%
E10000028	Staffordshire	05W	NHS Stoke on Trent CCG	9.2%	3.0%
E10000028	Staffordshire	05X	NHS Telford and Wrekin CCG	1.0%	0.2%
E10000028	Staffordshire	05Y	NHS Walsall CCG	1.7%	0.6%
E10000028	Staffordshire	06A	NHS Wolverhampton CCG	2.5%	0.8%
E10000028	Staffordshire	15E	NHS Birmingham and Solihull CCG	0.3%	0.4%
E10000028	Staffordshire	15M	NHS Derby and Derbyshire CCG	0.5%	0.6%
E10000028	Staffordshire	27D	NHS Cheshire CCG	0.3%	0.2%
E08000007	Stockport	01W	NHS Stockport CCG	94.7%	96.7%
E08000007	Stockport	01Y	NHS Tameside and Glossop CCG	0.2%	0.2%
E08000007	Stockport	14L	NHS Manchester CCG	1.0%	2.1%
E08000007	Stockport	27D	NHS Cheshire CCG	0.4%	1.0%
E06000004	Stockton-on-Tees	16C	NHS Tees Valley CCG	28.5%	99.3%
E06000004	Stockton-on-Tees	42D	NHS North Yorkshire CCG	0.0%	0.1%
E06000004	Stockton-on-Tees	84H	NHS County Durham CCG	0.2%	0.6%
E06000021	Stoke-on-Trent	05G	NHS North Staffordshire CCG	3.4%	2.7%
E06000021	Stoke-on-Trent	05V	NHS Stafford and Surrounds CCG	0.3%	0.1%
E06000021	Stoke-on-Trent	05W	NHS Stoke on Trent CCG	90.8%	97.2%
E10000029	Suffolk	06H	NHS Cambridgeshire and Peterborough CCG	0.1%	0.2%
E10000029	Suffolk	06L	NHS Ipswich and East Suffolk CCG	99.6%	52.9%
E10000029	Suffolk	06T	NHS North East Essex CCG	1.4%	0.7%
E10000029	Suffolk	07K	NHS West Suffolk CCG	90.5%	29.8%
E10000029	Suffolk	26A	NHS Norfolk and Waveney CCG	12.0%	16.4%
E08000024	Sunderland	00N	NHS South Tyneside CCG	0.5%	0.3%
E08000024	Sunderland	00P	NHS Sunderland CCG	98.5%	95.9%
E08000024	Sunderland	13T	NHS Newcastle Gateshead CCG	0.5%	0.9%
E08000024	Sunderland	84H	NHS County Durham CCG	1.6%	3.0%
E10000030	Surrey	07Y	NHS Hounslow CCG	0.8%	0.2%
E10000030	Surrey	08C	NHS Hammersmith and Fulham CCG	0.2%	0.0%
E10000030	Surrey	10C	NHS Surrey Heath CCG	98.7%	7.6%
E10000030	Surrey	10J	NHS North Hampshire CCG	0.1%	0.0%
E10000030	Surrey	10V	NHS South Eastern Hampshire CCG	0.1%	0.0%
E10000030	Surrey	15D	NHS East Berkshire CCG	3.4%	1.3%
E10000030	Surrey	36L	NHS South West London CCG	1.2%	1.6%
E10000030	Surrey	70F	NHS West Sussex CCG	1.4%	1.0%
E10000030	Surrey	72Q	NHS South East London CCG	0.0%	0.1%
E10000030	Surrey	92A	NHS Surrey Heartlands CCG	97.3%	84.1%
E10000030	Surrey	99M	NHS North East Hampshire and Farnham CCG	22.8%	4.1%
E09000029	Sutton	08C	NHS Hammersmith and Fulham CCG	0.0%	0.1%
E09000029	Sutton	36L	NHS South West London CCG	12.7%	97.8%
E09000029	Sutton	72Q	NHS South East London CCG	0.0%	0.3%
E09000029	Sutton	92A	NHS Surrey Heartlands CCG	0.4%	1.8%
E06000030	Swindon	11M	NHS Gloucestershire CCG	0.1%	0.2%
E06000030	Swindon	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	24.9%	99.8%
E08000008	Tameside	00Y	NHS Oldham CCG	3.6%	3.9%
E08000008	Tameside	01W	NHS Stockport CCG	1.8%	2.4%
E08000008	Tameside	01Y	NHS Tameside and Glossop CCG	85.2%	87.9%
E08000008	Tameside	14L	NHS Manchester CCG	2.1%	5.8%
E06000020	Telford and Wrekin	05N	NHS Shropshire CCG	1.8%	2.9%
E06000020	Telford and Wrekin	05X	NHS Telford and Wrekin CCG	96.6%	97.1%
E06000034	Thurrock	07G	NHS Thurrock CCG	98.4%	98.7%
E06000034	Thurrock	07L	NHS Barking and Dagenham CCG	0.4%	0.4%
E06000034	Thurrock	08F	NHS Havering CCG	0.3%	0.4%
E06000034	Thurrock	08M	NHS Newham CCG	0.0%	0.1%
E06000034	Thurrock	99E	NHS Basildon and Brentwood CCG	0.2%	0.3%
E06000027	Torbay	15N	NHS Devon CCG	11.6%	100.0%
E09000030	Tower Hamlets	07T	NHS City and Hackney CCG	1.2%	1.1%
E09000030	Tower Hamlets	08C	NHS Hammersmith and Fulham CCG	2.6%	2.2%
E09000030	Tower Hamlets	08M	NHS Newham CCG	0.2%	0.3%
E09000030	Tower Hamlets	08V	NHS Tower Hamlets CCG	98.6%	94.5%
E09000030	Tower Hamlets	09A	NHS Central London (Westminster) CCG	0.7%	0.5%
E09000030	Tower Hamlets	72Q	NHS South East London CCG	0.0%	0.2%
E09000030	Tower Hamlets	93C	NHS North Central London CCG	0.3%	1.3%
E08000009	Trafford	01G	NHS Salford CCG	0.1%	0.2%
E08000009	Trafford	02A	NHS Trafford CCG	95.9%	92.3%
E08000009	Trafford	02E	NHS Warrington CCG	0.1%	0.1%
E08000009	Trafford	14L	NHS Manchester CCG	2.8%	7.4%
E08000036	Wakefield	02P	NHS Barnsley CCG	0.8%	0.6%
E08000036	Wakefield	03J	NHS North Kirklees CCG	0.6%	0.3%
E08000036	Wakefield	03R	NHS Wakefield CCG	94.5%	98.0%
E08000036	Wakefield	15F	NHS Leeds CCG	0.4%	1.1%
E08000030	Walsall	04Y	NHS Cannock Chase CCG	0.6%	0.3%
E08000030	Walsall	05L	NHS Sandwell and West Birmingham CCG	1.7%	3.3%
E08000030	Walsall	05Y	NHS Walsall CCG	92.7%	90.4%
E08000030	Walsall	06A	NHS Wolverhampton CCG	1.5%	1.4%
E08000030	Walsall	15E	NHS Birmingham and Solihull CCG	1.0%	4.7%
E09000031	Waltham Forest	07T	NHS City and Hackney CCG	0.4%	0.4%
E09000031	Waltham Forest	08C	NHS Hammersmith and Fulham CCG	0.8%	0.8%
E09000031	Waltham Forest	08M	NHS Newham CCG	1.3%	1.7%

E0900031	Waltham Forest	08N	NHS Redbridge CCG	1.3%	1.4%
E0900031	Waltham Forest	08W	NHS Waltham Forest CCG	94.2%	95.3%
E0900031	Waltham Forest	93C	NHS North Central London CCG	0.0%	0.4%
E0900032	Wandsworth	08C	NHS Hammersmith and Fulham CCG	1.9%	1.4%
E0900032	Wandsworth	08Y	NHS West London CCG	0.9%	0.6%
E0900032	Wandsworth	09A	NHS Central London (Westminster) CCG	1.3%	0.8%
E0900032	Wandsworth	36L	NHS South West London CCG	22.0%	93.3%
E0900032	Wandsworth	72Q	NHS South East London CCG	0.8%	3.8%
E0900032	Wandsworth	93C	NHS North Central London CCG	0.0%	0.1%
E0600007	Warrington	01F	NHS Halton CCG	0.3%	0.2%
E0600007	Warrington	01G	NHS Salford CCG	0.5%	0.6%
E0600007	Warrington	01X	NHS St Helens CCG	2.2%	1.9%
E0600007	Warrington	02E	NHS Warrington CCG	97.5%	97.0%
E0600007	Warrington	02H	NHS Wigan Borough CCG	0.2%	0.2%
E1000031	Warwickshire	04V	NHS West Leicestershire CCG	0.5%	0.3%
E1000031	Warwickshire	05A	NHS Coventry and Rugby CCG	25.1%	21.6%
E1000031	Warwickshire	05H	NHS Warwickshire North CCG	96.6%	30.4%
E1000031	Warwickshire	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	0.8%	0.3%
E1000031	Warwickshire	05R	NHS South Warwickshire CCG	96.0%	46.0%
E1000031	Warwickshire	10Q	NHS Oxfordshire CCG	0.3%	0.3%
E1000031	Warwickshire	11M	NHS Gloucestershire CCG	0.2%	0.2%
E1000031	Warwickshire	15E	NHS Birmingham and Solihull CCG	0.2%	0.5%
E1000031	Warwickshire	18C	NHS Herefordshire and Worcestershire CCG	0.2%	0.2%
E1000031	Warwickshire	78H	NHS Northamptonshire CCG	0.2%	0.2%
E0600037	West Berkshire	10J	NHS North Hampshire CCG	0.6%	0.9%
E0600037	West Berkshire	10Q	NHS Oxfordshire CCG	0.2%	1.1%
E0600037	West Berkshire	15A	NHS Berkshire West CCG	29.7%	97.7%
E0600037	West Berkshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	0.0%	0.4%
E1000032	West Sussex	09D	NHS Brighton and Hove CCG	1.1%	0.4%
E1000032	West Sussex	10V	NHS South Eastern Hampshire CCG	4.0%	1.0%
E1000032	West Sussex	70F	NHS West Sussex CCG	97.7%	97.4%
E1000032	West Sussex	92A	NHS Surrey Heartlands CCG	0.8%	1.0%
E1000032	West Sussex	97R	NHS East Sussex CCG	0.3%	0.2%
E0900033	Westminster	07P	NHS Brent CCG	1.3%	2.0%
E0900033	Westminster	08C	NHS Hammersmith and Fulham CCG	1.5%	1.7%
E0900033	Westminster	08Y	NHS West London CCG	22.4%	21.6%
E0900033	Westminster	09A	NHS Central London (Westminster) CCG	77.6%	70.8%
E0900033	Westminster	72Q	NHS South East London CCG	0.0%	0.2%
E0900033	Westminster	93C	NHS North Central London CCG	0.6%	3.7%
E0800010	Wigan	00T	NHS Bolton CCG	0.2%	0.2%
E0800010	Wigan	01G	NHS Salford CCG	0.8%	0.7%
E0800010	Wigan	01X	NHS St Helens CCG	3.5%	2.1%
E0800010	Wigan	02E	NHS Warrington CCG	0.4%	0.3%
E0800010	Wigan	02G	NHS West Lancashire CCG	2.9%	1.0%
E0800010	Wigan	02H	NHS Wigan Borough CCG	96.7%	95.9%
E0600054	Wiltshire	11A	NHS West Hampshire CCG	0.1%	0.2%
E0600054	Wiltshire	11J	NHS Dorset CCG	0.2%	0.4%
E0600054	Wiltshire	11M	NHS Gloucestershire CCG	0.4%	0.5%
E0600054	Wiltshire	11X	NHS Somerset CCG	0.4%	0.4%
E0600054	Wiltshire	15A	NHS Berkshire West CCG	0.2%	0.2%
E0600054	Wiltshire	15C	NHS Bristol, North Somerset and South Gloucestershire CCG	0.2%	0.5%
E0600054	Wiltshire	92G	NHS Bath and North East Somerset, Swindon and Wiltshire CCG	51.0%	97.8%
E0600040	Windsor and Maidenhead	10C	NHS Surrey Heath CCG	0.2%	0.1%
E0600040	Windsor and Maidenhead	10Q	NHS Oxfordshire CCG	0.0%	0.2%
E0600040	Windsor and Maidenhead	14Y	NHS Buckinghamshire CCG	0.3%	1.0%
E0600040	Windsor and Maidenhead	15A	NHS Berkshire West CCG	0.4%	1.3%
E0600040	Windsor and Maidenhead	15D	NHS East Berkshire CCG	33.7%	96.9%
E0600040	Windsor and Maidenhead	92A	NHS Surrey Heartlands CCG	0.0%	0.5%
E0800015	Wirral	12F	NHS Wirral CCG	99.7%	99.6%
E0800015	Wirral	27D	NHS Cheshire CCG	0.2%	0.4%
E0600041	Wokingham	10Q	NHS Oxfordshire CCG	0.1%	0.4%
E0600041	Wokingham	15A	NHS Berkshire West CCG	32.1%	97.0%
E0600041	Wokingham	15D	NHS East Berkshire CCG	1.0%	2.5%
E0800031	Wolverhampton	05C	NHS Dudley CCG	1.3%	1.4%
E0800031	Wolverhampton	05L	NHS Sandwell and West Birmingham CCG	0.2%	0.3%
E0800031	Wolverhampton	05Q	NHS South East Staffordshire and Seisdon Peninsula CCG	1.9%	1.4%
E0800031	Wolverhampton	05Y	NHS Walsall CCG	3.4%	3.4%
E0800031	Wolverhampton	06A	NHS Wolverhampton CCG	94.0%	93.4%
E1000034	Worcestershire	05C	NHS Dudley CCG	0.7%	0.4%
E1000034	Worcestershire	05N	NHS Shropshire CCG	0.3%	0.1%
E1000034	Worcestershire	05R	NHS South Warwickshire CCG	2.4%	1.1%
E1000034	Worcestershire	11M	NHS Gloucestershire CCG	0.5%	0.6%
E1000034	Worcestershire	15E	NHS Birmingham and Solihull CCG	0.9%	2.0%
E1000034	Worcestershire	18C	NHS Herefordshire and Worcestershire CCG	74.6%	95.8%
E0600014	York	03Q	NHS Vale of York CCG	59.8%	99.9%
E0600014	York	42D	NHS North Yorkshire CCG	0.0%	0.1%

Produced by NHS England & Improvement using data from National Health Applications and Infrastructure Services (NHAIS) as supplied by NHS Digital.

HEALTH AND HOUSING SCRUTINY COMMITTEE 20 OCTOBER 2021

PREVENTING HOMELESSNESS AND ROUGH SLEEPING STRATEGY UPDATE

SUMMARY REPORT

Purpose of the Report

1. For Members to consider progress against the Preventing Homelessness and Rough Sleeping Strategy and receive an update on homeless services provision during the Covid-19 lockdown period.

Summary

2. The Preventing Homelessness and Rough Sleeping Strategy was approved by Cabinet in July 2019 and an update was provided to this Scrutiny Committee in October 2020. **Appendix 1** of this report provides an update on the Strategy's action plan.
3. The Covid-19 pandemic has continued to place significant demands on the Council's Housing Options service with occupation of bed and breakfast and emergency accommodation during 2020-21 increasing by over 176% compared to 2019-20. This level of demand for emergency accommodation has remained the same for the first quarter of 2021-22.

Recommendation

4. It is recommended that Members note the contents of this report.

Anthony Sandys
Assistant Director – Housing and Revenues

Background Papers

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

Anthony Sandys: Extension 6926

S17 Crime and Disorder	There is no impact on the Council’s Crime and Disorder responsibilities as a result of this report
Health and Well Being	Protecting the health and well-being of homeless people and rough sleepers is a key priority of the Council’s strategy
Carbon Impact and Climate Change	There is no impact on Carbon Impact and Climate Change as a result of this report
Diversity	The Council’s strategy supports the promotion of diversity
Wards Affected	All wards will be affected by this report
Groups Affected	Homeless people, rough sleepers and those at risk of homelessness
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 review of the Preventing Homelessness and Rough Sleeping Strategy
Efficiency	Increased demands on the Council’s homeless services will continue to have budget implications
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

Covid-19 Pandemic

5. In response to the Covid-19 pandemic, the Council has continued to deal with a significant increase in demand for Homeless and Housing Options services. Whilst these services would normally work in a proactive way with clients to prevent homelessness, the increase in presentations and demand for emergency accommodation has meant that services have had to be more reactive to ensure that no-one was left homeless or having to rough sleep as a result of the Covid-19 pandemic. The risk of infection and the risk of not being able to self-isolate or shield are high for people in this situation.

6. As part of the Council’s ‘Everybody In’ agreement, anyone who presents to the Council as homeless, regardless of their need, has been placed in emergency temporary accommodation. Our existing temporary accommodation provision includes temporary Council housing, emergency supported accommodation, hotels and out of area placements.

7. As a result of our commitment to ensure everyone who is homeless is offered accommodation, in 2020-21 we placed 230 households in emergency accommodation compared to 174 for the previous year, as well as increasing our self-contained temporary accommodation from 11 to 15 units. In the first quarter of 2021-22 this demand has

remained high with 110 households being placed in emergency accommodation.

8. Whilst the overall numbers requiring emergency accommodation in 2020-21 has increased by 32% compared to the previous year, the Covid-19 pandemic has also presented different challenges to the Council. Ordinarily, a person placed in emergency accommodation would only stay a few nights, before moving to more permanent accommodation. This then frees up that emergency accommodation for someone else. However, during the pandemic people placed in emergency accommodation have had to stay there for several weeks at a time to ensure they remain safe. Sourcing permanent move on accommodation during the pandemic for these people has also been very challenging.
9. As a result, for 2020-21 there were 4,116 nights spent in emergency accommodation recorded, compared to 1,486 for the previous year (a 176% increase). Again, this has continued into the first quarter of 2021-22 with 1,134 nights spent in emergency accommodation. This has meant that our existing emergency accommodation provision has been rapidly used up, meaning that we have had to find a number of alternatives (such as more expensive hotel and out of area accommodation).
10. Whilst most of the placements in emergency accommodation are single people, we are seeing increasing numbers of families presenting as homeless. Since April 2021, 19 families have been placed in emergency accommodation although 13 of these have moved on to permanent accommodation. The average stay in emergency accommodation for these families has been 83 days, which is well in excess of the target of 6 weeks (42 days). The length of time in moving families into permanent accommodation is adding to the workload of the Housing Options Team and we currently have 8 other families staying with friends or sofa surfing waiting for temporary accommodation to become available.
11. Our approach to dealing with homeless clients is unchanged in that every person matters and can, with the appropriate intervention, move from rough sleeping into long-term, sustainable accommodation. However, during the Covid-19 pandemic, we have found the options available to rehousing people from temporary accommodation has decreased.
12. An emerging challenge for the Housing Options Team has been finding suitable accommodation and support for those individuals with complex needs. This includes clients with multiple needs, repeat homeless presentations and clients who have lost their accommodation due to their behaviour.
13. To illustrate this point, in 2020-21:
 - (a) 18.5% of clients presenting had a mental health need.
 - (b) 10.3% of clients presenting had a drug dependency.
 - (c) 10.0% of clients presenting had an offending history.
 - (d) 23.3% of clients had presented more than once.
 - (e) 67.0% of clients presenting had more than one need.

14. However, despite the challenges of Covid-19 over the past 18 months, good progress has been achieved as follows:
- (a) We have recruited a specialist Housing Options (Mental Health) Officer who will work alongside Mental Health teams to specifically support those homeless clients with complex needs.
 - (b) We have linked in with Public Health for Housing Options staff to work alongside the new ACCESS Workers, which aims to fast track clients into Drug and Alcohol services and supports the rough sleeping agenda.
 - (c) We have purchased and refurbished 4 empty properties to provide up to 8 units of temporary accommodation as part of the Next Steps project. Support for clients placed in that accommodation is being provided by the 700 Club.
 - (d) We have Successfully bid for additional funding through the Rough Sleeper Initiative to fund:
 - (i) An Outreach Support Worker, to deliver street support and floating support to prevent someone from rough sleeping.
 - (ii) A Housing Options Navigator, to carry out triage, duty to refer and low level case work.
 - (iii) A Rough Sleeper Co-ordinator, to work across the Tees Valley to support Local Authorities in delivering their homelessness and rough sleeping strategies, coordinate rough sleeper counts and analysing data and returns for Government.
 - (iv) Deliver the Housing First Model in 2 properties, which prioritises getting people quickly into stable homes. From this point, any other support needs they might have, such as alcohol and drug dependency, physical and/or mental health problems are addressed through co-ordinated and intensive support.
 - (e) We have secured additional Government funding to support ex-offenders, which will provide private rented accommodation for a 12 month secure tenancy.
 - (f) We are currently working with Adult Social Care in their commissioning review of housing related support services, to ensure that they better meet the complex needs of individuals in the future.
15. Despite the significant challenges of the Covid-19 pandemic, everyone in need of emergency accommodation has been provided with somewhere to stay. In addition, most of the people placed in emergency accommodation have now moved on to more permanent housing. Council staff have proved typically resilient in dealing with these issues and ensuring that people who find themselves homeless or at the risk of homelessness continue to receive an excellent service.

Table 1 – Households placed in emergency accommodation for Quarter 1 of 2021-22 compared to 2019-20 and 2020-21

	2019-20 Total	2020-21 Total	2021-22			
			April	May	June	Q1 Total
The number of households placed in emergency accommodation	174	230	36	36	38	110
The number of days spent in emergency accommodation	1,486	4,116	442	299	393	1,134

Preventing Homelessness and Rough Sleeping Strategy

16. Section 1(1) of the Homelessness Act 2002 requires housing authorities to carry out a homelessness review for their area and formulate and publish a homelessness strategy based on the results of the review every five years. Darlington’s Preventing Homelessness and Rough Sleeping Strategy for 2019-2024 was approved by Cabinet on 9 July 2019.
17. The strategy consists of four main sections to satisfy the requirements of the regulations: A review, strategy, action plan and a new requirement to have a specific statement on rough sleeping. In recent years the Government has become increasingly concerned about the growth of rough sleeping. In 2018 the Government published its Rough Sleeping Strategy and later in December its supporting guidance required homelessness strategies to be rebadged as Preventing Homelessness and Rough Sleeping Strategies.
18. There are five key supporting objectives to the Strategy:
 - (a) Those at risk of homelessness will be made aware of and have access to the services they may need to prevent it.
 - (b) Suitable accommodation and support options will be provided for people who are, or who may become homeless.
 - (c) Rates of repeat homelessness will be reduced.
 - (d) The right support and services will be provided so that no person needs to sleep rough.
 - (e) Strong partnerships will be built to deliver our aims.
19. The emphasis on prevention is not new but the Homeless Reduction Act 2017 introduced new challenges and a requirement for much greater co-operation across agencies.
20. The Strategy also sets out a “holistic” approach to assessing needs, recognising that a solution may not be directly related to housing and again requiring greater co-operation with other agencies. As a consequence, an important element of the Strategy is to

establish a new monitoring group to help provide a focus for co-ordination.

21. Progress on the Strategy's action plan is monitored through the multi-agency Preventing Homelessness and Rough Sleeping Forum.
22. **Appendix 1** of this report provides an update on the Strategy's action plan. Of the 28 actions in the Strategy:
 - (a) 19 have been completed.
 - (b) 7 are progressing and are on track to meet the timescales for delivery.
 - (c) 2 are progressing but are not on track to meet the timescales for delivery.
23. Overall, progress against the Strategy's action plan is good. The main reason for the actions that are progressing but not on track to meet the timescales for delivery is due to the Covid-19 pandemic. However, the complex needs of some individuals presenting as homeless are significantly challenging and will require continued multi-agency working and the commissioning of specialist services and accommodation.

Preventing Homelessness and Rough Sleeping Strategy action plan update

1. Those at risk of homelessness will be made aware of and have access to the services they may need to prevent it

Action	Comments	Status
1.1 Establish an effective Duty to Refer	All information on the website and awareness raised with other partners	Complete
1.2 Improve Needs assessment to address individual issues	Gateway in place with holistic needs assessment	Complete
1.3 Improve information on the website	All information is on the website and regularly updated	Complete
1.4 Increase use of social media	Regular updates and information now available through social media	Complete
1.5 Address issues around discharges from hospital that lead to homeless applications	Homeless Duty to Refer procedure has been added to the discharge protocols for physical and mental health hospitals	Complete
1.6 Reduce risk of young people becoming homeless	Joint Protocol for 16/17 Year Old Housing and Children's Services signed off by MHCLG	Complete
1.7 Improve Support to people with mental health issues	Regular meetings with Adult Social Care and Housing to consider cases and improve processes. Housing Options (Mental Health) Officer is currently being recruited	Ongoing and on track

2. Provide suitable accommodation and support options for people who are, or who may become homeless

Action	Comments	Status
2.1 Develop the allocations process to meet the needs of the Homelessness Reduction Act	Common Allocations Policy now updated and new system in place to deliver this from August 21	Complete
2.2 Maintain and if possible, improve access to private sector housing	Following a successful bid through the MHCLG Next Steps programme, Housing Options have worked with voluntary organisations, Private Sector Housing and Building Services to bring 4 empty homes back into use. The properties have been refurbished and repurposed for those at risk of rough sleeping	Complete

Action	Comments	Status
2.3 Improve access to private sector housing for those who have difficulties funding a bond	Bond scheme in in place but has been suspended during the Covid-19 pandemic	Complete
2.4 Address the housing and support implications of the Homelessness Reduction Act	The majority of the Housing Related Support commissioned services contracts have been extended, however there are some that will be completed for review by October 21	Ongoing and on track
2.5 Review existing support contracts	As above	Ongoing and on track
2.6 Support the development of appropriate supported housing	As above	Ongoing and on track
2.7 Address the challenges of Universal Credit	Effective links with DWP maintained and good quality information is available to those who need it	Complete

3. Reduce rates of repeat homelessness

Action	Comments	Status
3.1 Improve the chances of people avoiding repeat homelessness	<ul style="list-style-type: none"> • Information on the website. • No First Night Out initiative delivered. • Joint working with other services. • Regular begging meetings. • Good pathways from prison with Project Beta and Through the Gate 	Complete
3.2 Address the issues of those who have the most challenging behaviour	<p>This will be considered as part of the commissioning thematic review which has been delayed by Covid-19 and is due to be completed in October 21</p> <p>This is an issue that has been difficult to address during the Covid-19 pandemic and needs to be fully addressed by the review</p> <p>Additional properties available through the Next Steps programme</p> <p>Additional funding secured through the ex-offender programme</p> <p>Ault Social Care and Housing meetings are addressing this issue, but it is recognised that there are a handful of individuals who lose their</p>	Ongoing and on track

Action	Comments	Status
	accommodation due to behaviour which includes a mix of offending, substance misuse and mental health issues	
3.3 Identify and address the needs of those who are vulnerable but not eligible for additional support	Issues being addressed through regular meetings with Adult Social Care and Housing	Ongoing and on track
3.4 Analyse case management for occurrence of repeat homelessness	Analysis done through the statistics in the main report. New opportunities for individuals to progress through Next Steps and ex-offender funding	Complete
3.5 Analyse overall approach to repeat homelessness	Using the Gateway system to track “customer journey” and developing new responses to improve the process	Ongoing and overdue
3.6 Recognise the specific needs of those with dual diagnosis	When the Housing Options Mental Health Worker is in place this work will continue. The intention is that they will work closely with the Mental Health teams and Public Health through the Drug and Alcohol Services and with the new Access Workers in Public Health	Ongoing and overdue

4. Provide the right support and services so that no person needs to sleep rough

Action	Comments	Status
4.1 Reduce the number of people sleeping rough	<ul style="list-style-type: none"> • Regular begging meetings • Street link service • Information on the website • No First Night Out • Have a heart campaign • Outreach service • Additional funding secured through the Rough Sleeping Initiative for additional staffing resources • Bi-monthly rough sleeper counts 	Complete
4.2 Reduce the number of people sofa surfing	No First Night Out has been delivered by Darlington since 2018. However, throughout the Covid-19 pandemic we have been following the Governments ‘Everyone In’ agenda and continue to do so. All approaches to us will be assessed appropriately and if the person is homeless and has	Complete

Action	Comments	Status
	a local connection, offers of temporary accommodation will be made regardless of priority need	
4.3 Develop a new preventative approach to those rough sleeping	Awareness of Duty to Refer and information in 4.1 are in place. Agencies throughout Darlington work together proactively to reduce rough sleeping	Complete
4.4 Improve response to those who rough sleep	All the services listed above are in place. The Housing First and Next Steps projects are in place. Additional temporary accommodation and prevention tools are also in place	Complete
4.5 Review pathways to independence	This is on the agenda for the next Preventing Homelessness and Rough Sleeping Forum. Following the commissioned review this will be completed	Ongoing and on track

5. Build a strong partnership to deliver our aims

Action	Comments	Status
5.1 Support and improve partnership development planning and information exchange	Preventing Homelessness and Rough Sleeping Forum established	Complete
5.2 Improve partnership working	Good links established through: <ul style="list-style-type: none"> • Preventing Homelessness Forum • Preventing Begging • Working alongside commissioned providers • Regular meetings with commissioning • Adult Social Care and Housing Meetings • Sub-Regional Meetings • North East Regional Homeless Group • MHCLG Rough Sleeper Advisors 	Complete
5.3 Improve internal Council joint working	Regular meetings taking place between Adult Social Care and Housing	Complete

**HEALTH AND HOUSING SCRUTINY COMMITTEE
20 OCTOBER 2021**

HEALTH AND SAFETY COMPLIANCE IN COUNCIL HOUSING

SUMMARY REPORT

Purpose of the Report

1. To update Members on role of the Regulator of Social Housing (RSH), particularly relating to the requirements for social housing providers to meet health and safety standards for their tenants. To explain how the Council meets those standards, how compliance is currently monitored and propose how Members will scrutinise performance against those standards.

Summary

2. The RSH sets a number of consumer standards, which social housing providers must comply with. Included in the Home Standard is a requirement that we meet all applicable statutory requirements that provide for the health and safety of our tenants in their homes.
3. The Council has well established and robust processes in place to monitor health and safety compliance in relation to its Council housing stock. Monthly compliance meetings are held between Housing Services and Building Services, the purpose of which is to monitor compliance against health and safety regulatory requirements, address any areas of non-compliance and prepare and plan for any future changes in legislation.
4. The RSH will expect that Members will play a significant role in ensuring that our Council housing meets those health and safety regulatory standards.

Recommendation

5. It is recommended that Members:-
 - (a) Consider the contents of the report, and
 - (b) Ensure that regular reports on health and safety compliance in Council housing are included in the Scrutiny Committee work programme.

**Anthony Sandys
Assistant Director – Housing and Revenues**

Background Papers

(i) The Regulator of Social Housing Economic and Consumer Standards

Anthony Sandys: Extension 6926

S17 Crime and Disorder	There are no implications
Health and Well Being	Compliance with statutory requirements for health and safety in Council housing is essential for the health and well-being of our tenants
Carbon Impact and Climate Change	There are no implications
Diversity	There are no implications
Wards Affected	All wards with Council housing
Groups Affected	Council tenants and leaseholders
Budget and Policy Framework	There are no implications
Key Decision	This is an Executive 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 health and safety compliance in Council housing.
Efficiency	There are no implications
Impact on Looked After Children and Care Leavers	There are no implications

MAIN REPORT

Information and Analysis

The Regulator of Social Housing

6. The RSH regulates registered providers of social housing (including stock holding Councils) to “promote a viable, efficient and well-governed social housing sector, able to deliver homes that meet a range of needs”
7. Part of the RSH’s role is to set economic and consumer regulatory standards that social housing providers must comply with. Regulatory standards contain specific expectations and the outcomes that providers are expected to achieve. For Council’s with housing stock, Members who govern service delivery are responsible for meeting the relevant standards and determining how this is done.

Economic Standards

8. The RSH proactively seeks assurance from providers that they are meeting its economic standards. These apply to all registered providers except for Councils, because the regulator has no power to set economic standards for Councils (except in relation to rents).
9. The three economic standards are:
 - (a) *The Governance and Viability Standard* (excludes Councils)
 - (b) *The Value for Money Standard* (excludes Councils)
 - (c) *The Rent Standard* sets requirements for social housing providers (including Councils) to set and increase rents for all their social housing stock in line with government policy.

Consumer Standards

10. The RSH also sets consumer standards, all of which apply to Councils. The four consumer standards are:
 - (a) *The Home Standard* sets expectations for social housing providers to provide tenants with good quality accommodation and a cost-effective repairs and maintenance service.
 - (b) *The Tenancy Standard* sets expectations for social housing providers to let their homes to tenants in a fair, transparent and efficient way.
 - (c) *The Neighbourhood and Community Standard* sets expectations for social housing providers to keep the neighbourhood and communal areas associated with the homes they own clean and safe, co-operate with relevant partners to promote the wellbeing of the local area and help prevent and tackle anti-social behaviour.
 - (d) *The Tenant Involvement and Empowerment Standard* sets expectations for social housing providers to provide choices, information and communication that is appropriate to the diverse needs of their tenants, a clear approach to complaints and a wide range of opportunities for tenants to have influence and be involved.

11. Specifically, in relation to the Home Standard, social housing providers must:
 - (a) Provide a cost-effective repairs and maintenance service to homes and communal areas that responds to the needs of, and offers choices to, tenants, and has the objective of completing repairs and improvements right first time.
 - (b) Meet all applicable statutory requirements that provide for the health and safety of the occupants in their homes.

12. In addition, the Government's recent Social Housing White Paper (The Charter for Social Housing Residents) states:

We will require all landlords to have a person within the organisation responsible for compliance with their statutory health and safety responsibilities. This person should be visible and accessible to tenants. As such, we will legislate to require landlords to identify and make public a nominated person responsible for compliance with their health and safety requirements. The health and safety responsible person should be sufficiently senior to drive a culture of safety throughout the landlord organisation, and would have specific responsibility for issues such as:

- (a) Driving a strong culture across the organisation for prioritising and delivering health and safety requirements
 - (b) Ensuring robust health and safety systems are in place
 - (c) Providing assurance that health and safety risks are being managed effectively.
13. The RSH's role is to monitor the performance of social housing providers and to intervene where failure to meet the standards has caused, or could have caused, serious harm to tenants. The RSH has not yet determined the 'operating model' (inspection regime) for how it intends to monitor the performance of Councils in meeting the standards, but it is likely to want to see evidence of how the Council has adopted the standards, how it complies with health and safety requirements and how Council Members have scrutinised performance.

Health and Safety Compliance

14. The Council has well established and robust processes in place to monitor health and safety compliance in relation to its Council housing stock. Monthly compliance meetings are held between Housing Services and Building Services, the purpose of which is to monitor compliance against health and safety regulatory requirements, address any areas of non-compliance and prepare and plan for any future changes in legislation.
15. Regulatory organisations that carry out regular challenging audits include the National Inspection Council for Electrical Installation Contracting (NICEIC) and Gas Safe. Building Services also hold International Organisation for Standardisation (ISO) 9001 and 14001, The Contractors Health and Safety Assessment Scheme (CHAS) Accreditation and are currently updating the Construction Line registration.
16. In addition, Health and Safety champions are utilised throughout the Council. The roles are undertaken by people at various levels in the organisation and they report directly to Assistant Directors at monthly meetings.

17. The monthly Compliance meetings are chaired by the Performance and Compliance Manager and the areas covered are as follows.

Asbestos

18. Some of our properties built prior to the 1990's feature some building products with Asbestos Containing Materials (ACMs). Prior to undertaking any planned maintenance, we will survey properties to identify any ACMs, if these haven't been carried out in the past.
19. Survey details are kept on our asbestos register, so that we can prevent disturbing ACMs in the future, as and when we carry out repair work. Most ACMs are perfectly safe if left alone and will probably be left in place if they are likely to remain undisturbed.
20. Where the only safe option is removal, or where work on a property is likely to disturb ACMs, we will arrange for ACMs to be removed by a licenced contractor.
21. Asbestos surveys are therefore carried out on an ad hoc basis as and when they are required and any issues are reported through the compliance meetings.
22. In 2020-21, 405 asbestos surveys were carried out and none of those properties are out of compliance.

Electrical Safety

23. Electrical installations in our properties are subject to an Electrical Installation Condition Report at 5-year intervals, or 10-year intervals for new build properties. Testing and inspection is completed in accordance with BS7671, the Institution of Engineering and Technology (IET) Guidance Note 3 Inspection and Testing, and guidance from the NICEIC.
24. All portable electrical appliances owned by the Council undergo a Portable Appliance Test (PAT) at a frequency specified in guidance from the Health and Safety Executive. These tests, along with repairs to electrical equipment and electrical installation work are carried out by suitably qualified staff, Guidance provided by IET Code of practice for the In Service Inspection and Testing of Electrical Equipment.
25. Health and safety checks and inspections include basic checks to ensure electrical equipment, cables, switches and sockets are free from obvious damage and that sockets are not overloaded. Any issues from these checks and inspections are reported through the compliance meetings.
26. All new build housing is designed in accordance with the BS7671 and Part P of the Building Regulations.
27. In 2020-21, 1,018 electrical safety checks were due. Of these, only 113 were completed in 2020-21 with a total of 509 checks having been completed to date. The electrical safety testing programme was suspended from April 2020 to December 2020, mainly due to a lack of available operatives due to Covid-19. Building Services recommenced the programme in January 2021 and recruited an additional Electrician to carry out additional tests per day to complete the backlog. We have also introduced a 5-year plan for the

testing of all properties.

Fire Safety

28. Fire risk assessments are carried out on all communal areas in sheltered housing and apartment blocks. The purpose of the assessment is to ensure that adequate and appropriate fire safety measures are in place to minimise the risk of injury or loss of life in the event of a fire. Risk assessments include:
 - (a) *How a fire could start* – the condition of gas and electrical appliances, heaters and the general condition of the building.
 - (b) *People affected by a fire* – any tenants who may require assistance to evacuate the building.
 - (c) *Evacuation plans in place* – ensuring fire alarms have been tested, exits and corridors are free from obstruction and the correct fire signage is in place.
29. Fire risk assessments are carried out by Building Services staff at least every 3 years. In apartment blocks tenancy management carry out a review every 12 months or following a change to the building or in the event of an incident or near miss.
30. Regular testing and servicing is also in place for fire detection and warning equipment, emergency lighting and fire-fighting equipment. The compliance meetings will ensure fire risk assessments have been completed when due and address any issues reported.
31. Specialist fire inspectors (the private arm of the Durham Fire and Rescue service) provide the regulatory reform audits for the extra care and sheltered housing schemes and this is in recognition of the greater risks they present. All documents received are reviewed by a qualified risk assessor.
32. In 2020-21, 73 fire risk assessments were due to be reviewed for apartment blocks and 9 for Sheltered. All of these risk assessments reviews have been completed, but there were some delays, the main reasons being:
 - (a) Access issues due to Covid restrictions
 - (b) Some of our tenants were shielding
 - (c) Our contractors were unable to operate due to lockdowns.

Gas Safety

33. All gas systems and equipment are properly specified, designed by qualified staff and installed by Gas Safe Engineers. By law, all gas appliances including gas boilers in tenant's homes are serviced at least every 12 months by a qualified Gas Safe engineer. Once completed, the tenant is provided with a Landlord's Gas Safety Certificate.
34. Compliance with gas servicing is monitored through a performance indicator (HBS072 – the percentage of Council dwelling without a gas service within 12 months of the last service date) and reported to Members on a quarterly basis.
35. Unvented Cylinders are serviced annually. To guarantee future access, they are now linked to the gas boiler service or air source heat pump service and this consists of; inspection to

see the system conforms to the building regulations, cylinder condition, temperature controls, pressure controls, relief valves operation and testing other safety devices.

36. The compliance meetings will ensure gas services have been completed within 12 months and address any issues reported.
37. In 2020-21, 4,518 Council properties were due for their annual gas service and all of these have been completed. 308 gas services (6.8%) were completed out of the 12 month compliance period. Normally, the number of properties where a gas service is completed outside of the compliance period would be less than 1%. Typically, these would be cases where an appointment could not be arranged with the tenant and in some cases a court order has to be obtained to gain access to the property.
38. For 2020-21, most of the gas servicing completed out of the compliance period was during the first quarter and the main reasons for non-compliance were:
 - (a) The first Covid lockdown delayed the start of gas servicing as we awaited clearer Government guidance
 - (b) Some of our tenants were shielding
 - (c) Court dates were postponed, so we were unable to obtain court orders to enter a tenant's property where they had failed to make an appointment
 - (d) We had a reduced workforce as some of the operatives were having to self-isolate.
39. For Sheltered accommodation, extra care schemes and Community Centres, all 16 buildings are currently within the service date. Sheltered accommodation and extra care schemes display the latest safety check/service certification in common areas of buildings where the gas appliance serves a communal heating system to multiple homes.

Water Safety (Legionella)

40. Risk assessments are carried out on the water systems for all communal areas in sheltered housing by a suitably qualified member of staff. A separate policy for the Control of Legionella Bacteria in Council premises sets out the responsibilities and arrangements for managing Legionella risks.
41. The Council must ensure that the health risk from Legionella bacteria in Council premises is assessed, managed and controlled in order to protect employees and residents who may be affected by its undertaking. Risk assessments will include:
 - (a) The identification and assessment of the risks of Legionella,
 - (b) How the use of systems that give rise to a reasonably foreseeable risk of Legionella can be avoided or the risk minimised, and
 - (c) The implementation and management of a scheme of precautions to manage any risks.
42. The compliance meetings will ensure Legionella risk assessments have been completed when due and address any issues reported.
43. In 2020-21, visits to the sheltered schemes were suspended due to Covid and didn't recommence until November 2020. During this time, Lifeline staff undertook weekly

housekeeping visits and flushed all outlets. As a result, the completion rate for all sheltered scheme visits in 2020-21 was 98%.

Recommendations

44. It is recommended that regular updates are provided to Members through this Scrutiny Committee to ensure appropriate oversight and monitoring of health and safety arrangements for Council housing that meet the RSH's standards.

**HEALTH AND HOUSING SCRUTINY COMMITTEE
20 OCTOBER 2021**

**CHILDHOOD OBESITY PLANNING OPTIONS IN RELATION
TO HOT FOOD TAKEAWAYS**

SUMMARY REPORT

Purpose of the Report

1. To update the Scrutiny Committee on the available planning powers that could be used to support the Councils objectives of achieving the targets set in the Childhood Healthy Weight Plan for Darlington.

Summary

2. Planning can influence the built environment to improve health and reduce obesity and excess weight in local communities. Local planning authorities can have a role in enabling a healthier environment by supporting opportunities for communities to access a wide range of healthier food production and consumption choices.
3. Local planning authorities can consider bringing forward, where supported by an evidence base, local planning policies and supplementary planning documents, which limit the proliferation of certain use classes in identified areas, where planning permission is required. In doing so, evidence and guidance produced by local public health colleagues and Health and Wellbeing Boards may be relevant.
4. Policies may also request the provision of allotments or allotment gardens, to ensure the provision of adequate spaces for food growing opportunities.

Local planning authorities and planning applicants could have particular regard to the following issues:

- proximity to locations where children and young people congregate such as schools, community centres and playgrounds
 - evidence indicating high levels of obesity, deprivation and general poor health in specific locations
 - over-concentration and clustering of certain use classes within a specified area
 - odours and noise impact
 - traffic impact
 - refuse and litter
5. In order to establish and an adopt an appropriate spatial planning approach to address the impacts of childhood obesity any policy changes need to be informed through evidence and intelligence of impact of hot food takeaways on childhood obesity the local area. A clear evidence base and justified policy wording should result in the policies being found to be 'sound' by the Planning Inspectorate and subsequently become the adopted policy. It is

important that any adopted policy provides strong grounds that enable the policy to be used as grounds for refusal in planning application decision making and that the decision is capable of being upheld at any subsequent appeal proceedings.

6. **Appendix 1** provides Members with a presentation outlining the some of factors that contribute towards obesity, the evidence base for tackling childhood obesity and specific planning policies and guidance which can contributed towards reducing obesity in a population.
7. **Appendix 2** provides members with an example of another authorities experiences of using planning powers as part of their approach to tackling childhood obesity.

Recommendation

8. It is recommended that:-
 - (i) Members review the data and information provided by Darlington Health and Wellbeing Board around the explores the merits or otherwise of adopting the available planning powers through the development of an evidence base and the analysis of good practice elsewhere in the country which will assist in addressing childhood obesity.

James Stroyan
Group Director of People

Background Papers

No background papers were used in the preparation of this report

author : Ken Ross
Extension 6200

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This will impact positive on all children and family's health and well-being.
Carbon Impact and Climate Change	This will impact on climate change priorities associated with development, green spaces and active travel.
Diversity	There are no issues relating to diversity which this report needs to address
Wards Affected	There are no specific Wards which are affected by this report.
Groups Affected	All

Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	Not a key decision
Urgent Decision	Not an urgent decision
Council Plan	To enable children and families to be more healthy and independent, to enable children with the best start in life and to provide a safe and caring community
Efficiency	The outcome of this report does not impact on the Council efficiency agenda
Impact on Looked After Children and Care Leavers	This report has no direct impact on Looked After Children or Care Leavers

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DARLINGTON
Borough Council

Childhood Obesity Planning Options in relation to Hot Food Takeaways

Clare Iley-Christie
Policy Research Officer

Ken Ross
Public Health Principal

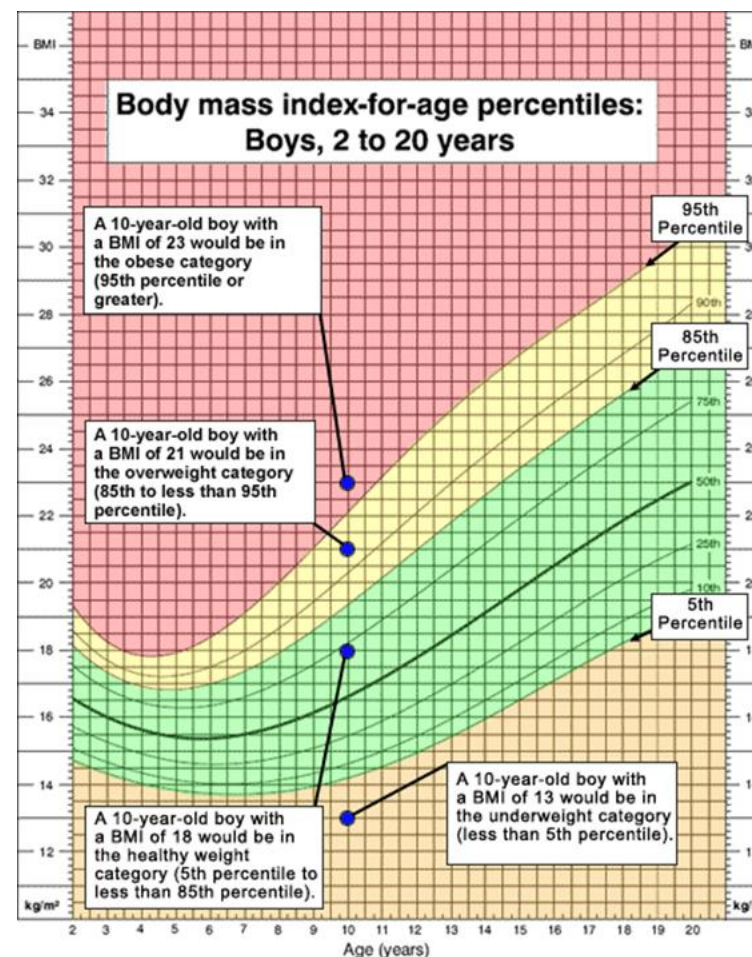
David Nelson
Principal Planning Officer

Health and Housing Scrutiny Committee
20th October 2021

Defining Overweight and Obesity In Children

Page 80

- Defining children as overweight or obese is a complex process, given that children of different ages and sexes grow and develop at different rates.
- This means that a different method is used for children than for adults.
- BMI is calculated by dividing their weight (in kilograms) by the square of their height (in metres), and for children, this is then compared to a reference sample of measurements gathered in 1990, which takes age and sex into account.



Causes of Obesity

- There is no single cause of overweight and obesity, it is down to a multitude of factors, including (but not limited to):
 - access to healthy food;
 - proximity to fast food outlets;
 - advertising and marketing of unhealthy, calorie dense food and drink
 - opportunities for physical activity.
- Therefore, healthy weight needs to be ‘everybody’s business’, everyone have a role to play. Having strong support across the system can help to drive change, ensuring that healthy weight is considered in all policies and practice.



Burden of Disease in Children

This document was classified as: OFFICIAL

Child obesity in Darlington

Prevalence of obesity by age, 2019/20

Reception (aged 4-5 years) and Year 6 (aged 10-11 years)

Over 1 in 10 children (12.0%) in Reception were living with obesity



Over 1 in 5 children (22.5%) in Year 6 were living with obesity



Source: National Child Measurement Programme 2019/20



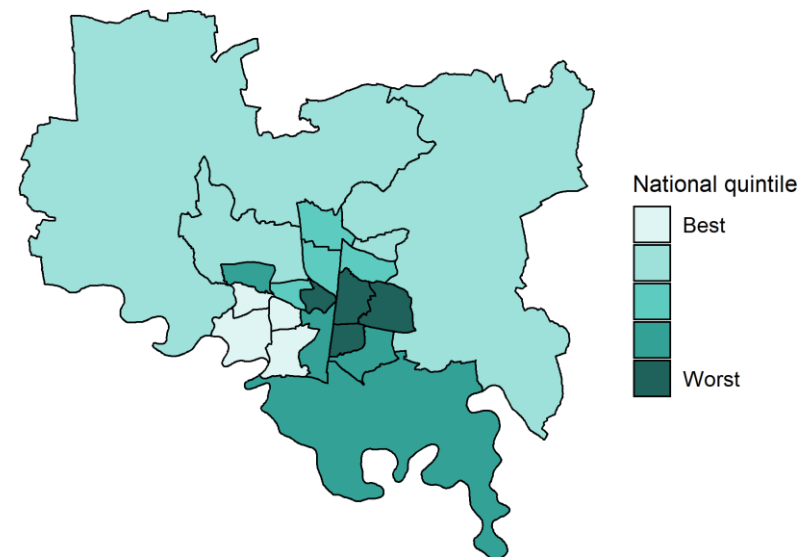
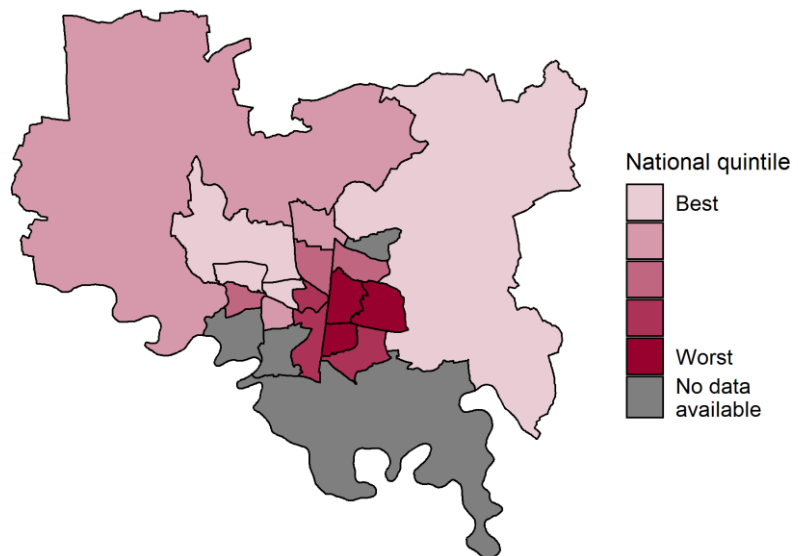
Child Obesity In Darlington

Prevalence of obesity by age 2017/18-2019/20

Darlington Wards

Children in Reception (aged 4-5 years)

Children in Year 6 (aged 10-11 years)



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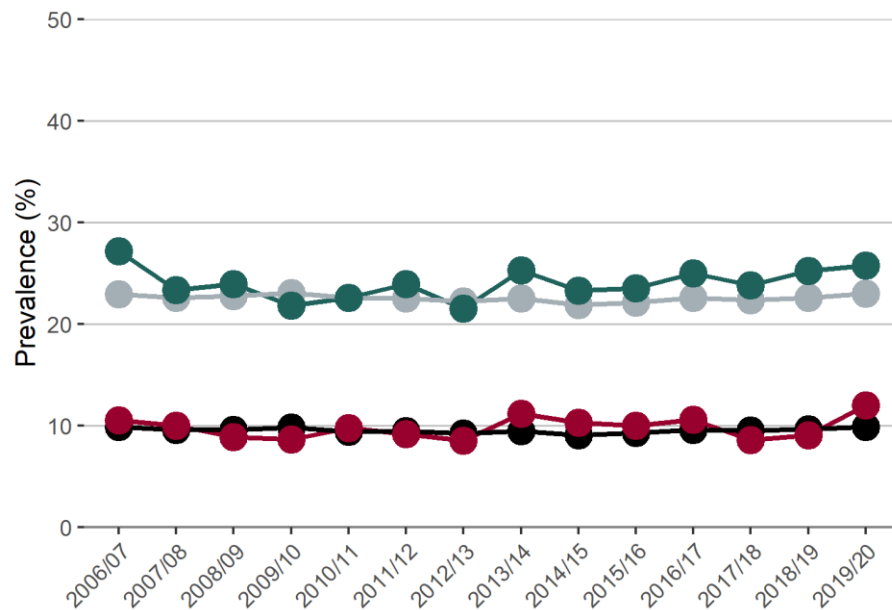
Source: National Child Measurement Programme 2017/18-2019/20

Data combined 3-years,

Child Obesity In Darlington

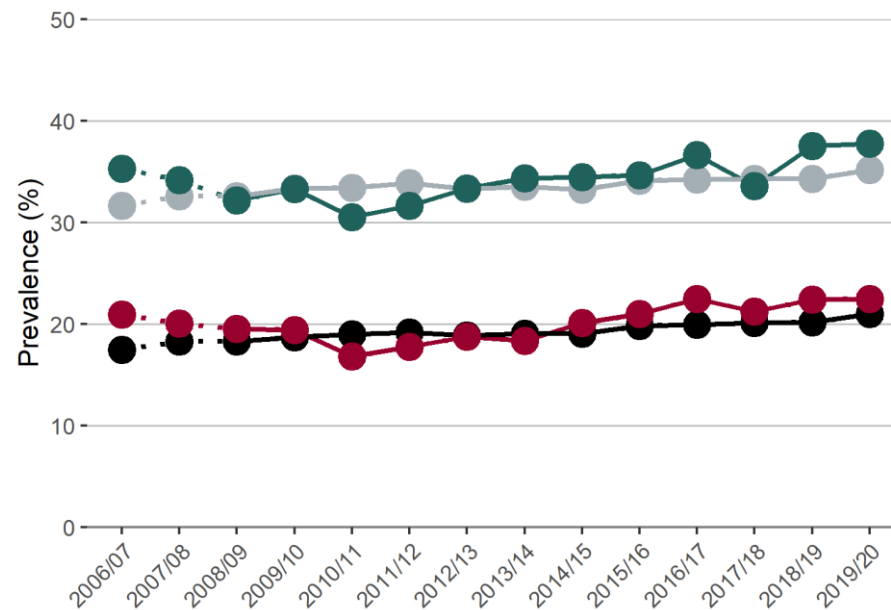
Trend in the prevalence of obesity and excess weight by age

Children in Reception (aged 4-5 years)



● obesity ● obesity – England
● excess weight ● excess weight – England

Children in Year 6 (aged 10-11 years)



● obesity ● obesity – England
● excess weight ● excess weight – England

Source: National Child Measurement Programme

Note: for Year 6, comparisons are not possible with the first years of the NCMP (2006/07 to 2008/09) as low participation levels led to underestimation of obesity prevalence

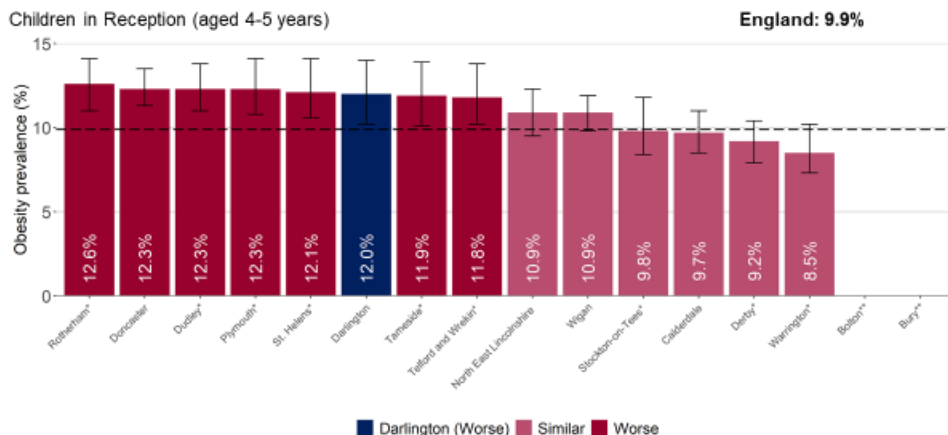
How Do We compare?



Child obesity in Darlington

Prevalence of obesity, 2019/20

Darlington compared to its statistical nearest neighbours, CIPFA 2019



95% confidence intervals are shown

Local authorities are compared to England value shown as a dashed line on the chart

Source: National Child Measurement Programme 2019/20

*Interpret with caution: see notes on slide 3 for more information

and download [Excel file for LA data](#)

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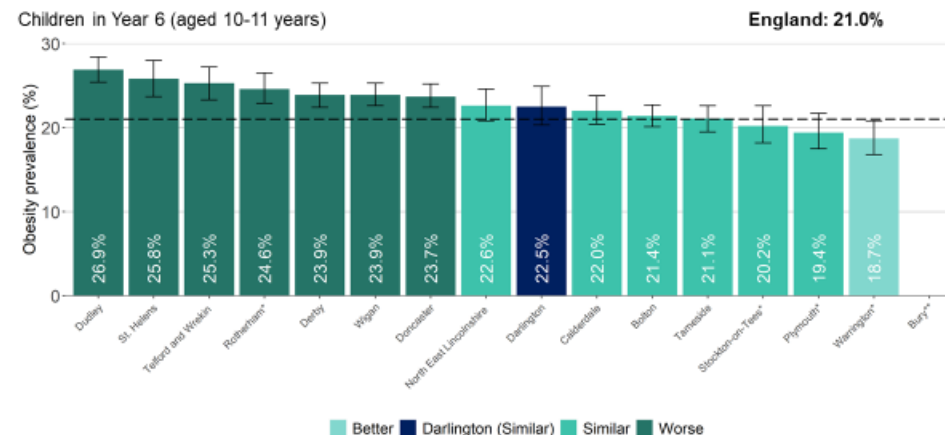
10 Patterns and trends in child obesity in Darlington



Child obesity in Darlington

Prevalence of obesity, 2019/20

Darlington compared to its statistical nearest neighbours, CIPFA 2019



95% confidence intervals are shown

Local authorities are compared to England value shown as a dashed line on the chart

Source: National Child Measurement Programme 2019/20

*Interpret with caution: see notes on slide 3 for more information

and download [Excel file for LA data](#)

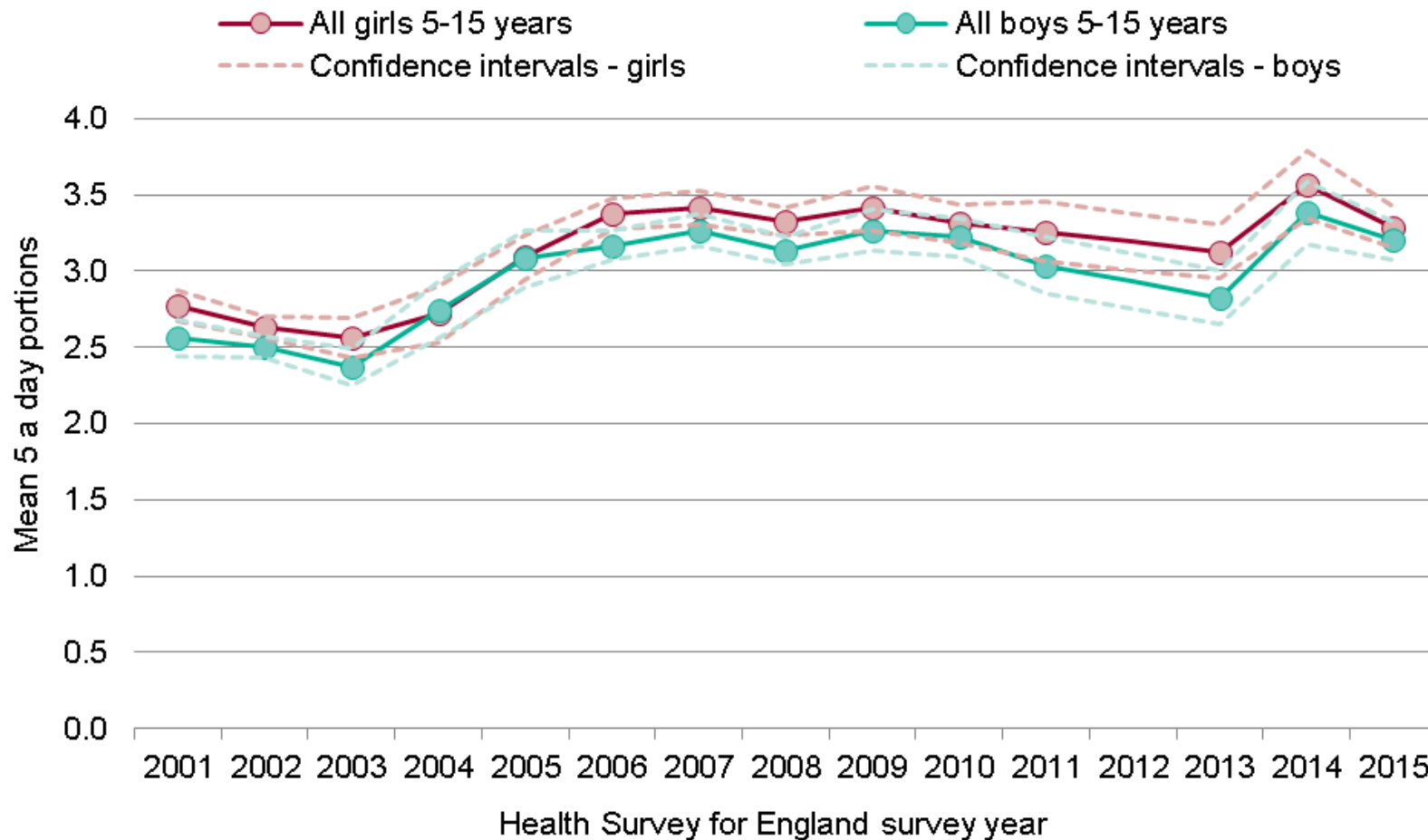
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11 Patterns and trends in child obesity in Darlington

Contributory Factors

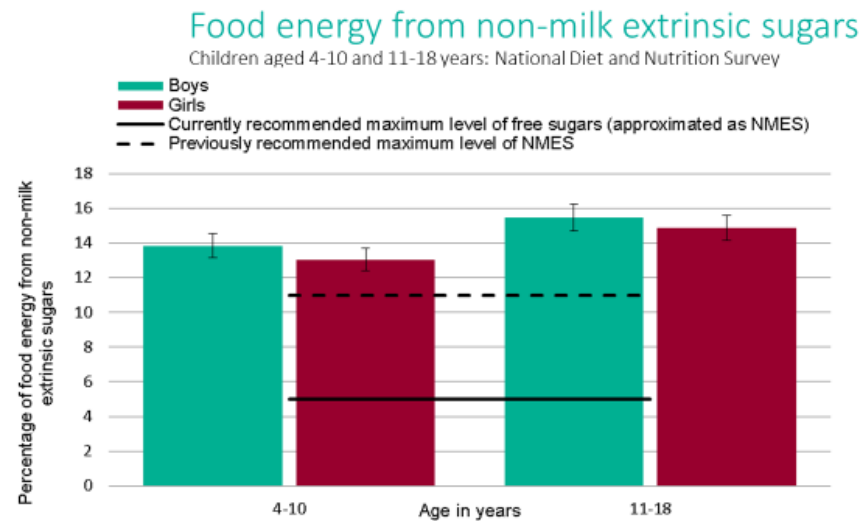
Trend in fruit and vegetable intake

Boys and girls aged 5-15 years: Health Survey for England 2001 to 2015



Contributory Factors

This document was classified as: OFFICIAL

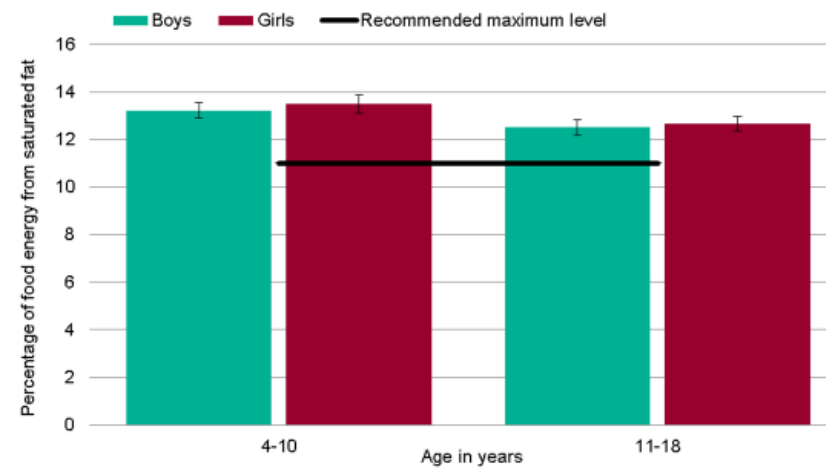


10

This document was classified as: OFFICIAL

Food energy from saturated fat

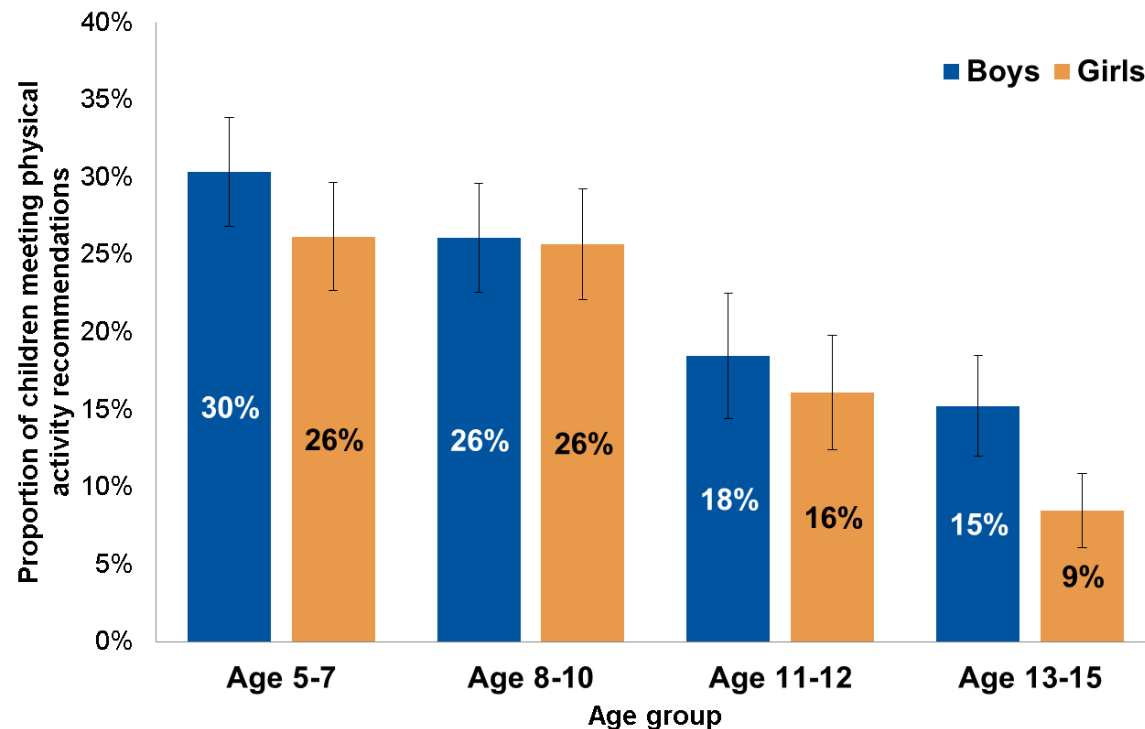
Children aged 4-10 and 11-18 years: National Diet and Nutrition Survey (2012/13 to 2013/14)



11

Physical Activity In Children By Age

Proportion of children aged 5 to 15 meeting physical activity recommendations (excluding activities in school lessons), by age and sex, 2015



Source: Health Survey for England 2015, NHS Digital <http://www.content.digital.nhs.uk/catalogue/PUB22610>

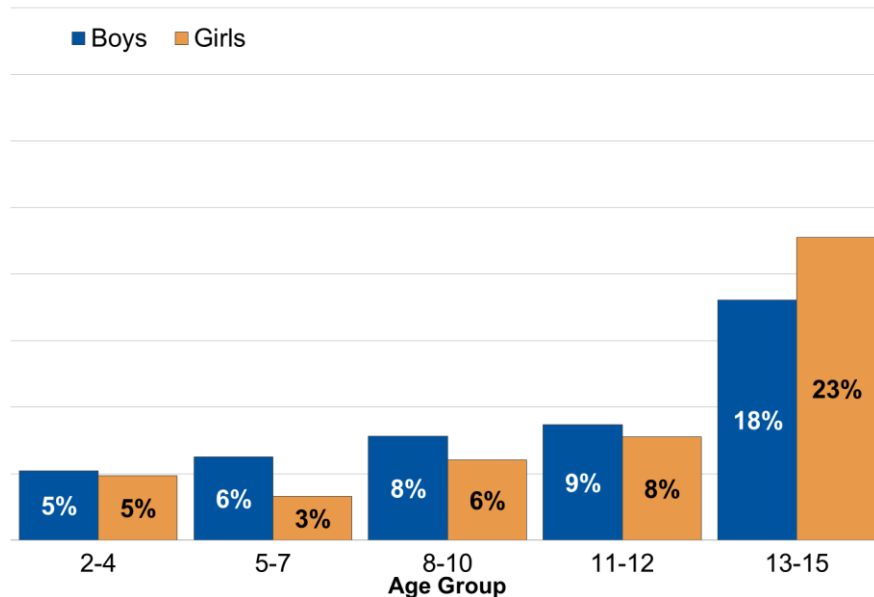
Meets
recommendations

At least 60 minutes (1 hour) of moderate to vigorous physical activity (MVPA) on all 7 days in the last week.

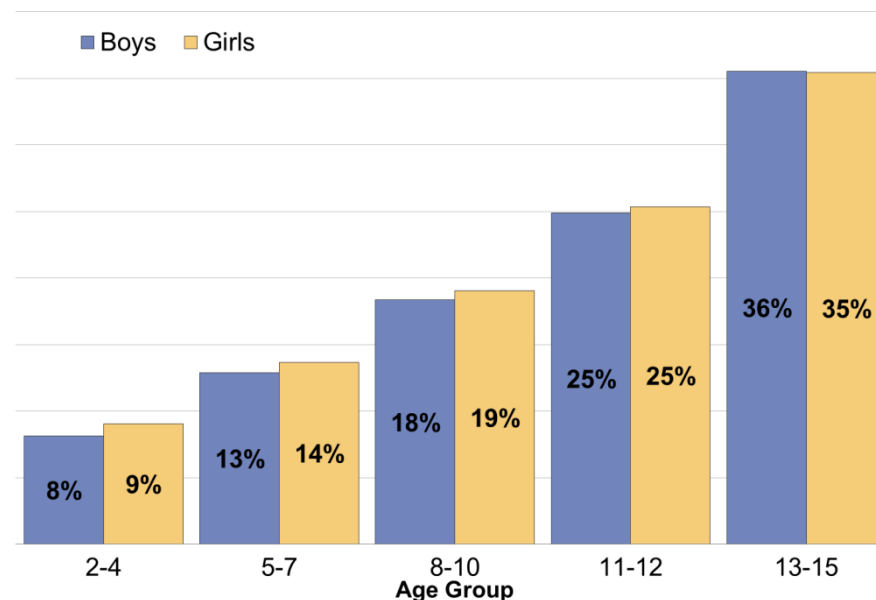
Time Spent Sedentary In Leisure Time

Proportion of children aged 2 to 15 who were sedentary for 6 or more hours per day on weekdays and weekend days, by age and sex, 2015

Weekdays



Weekends



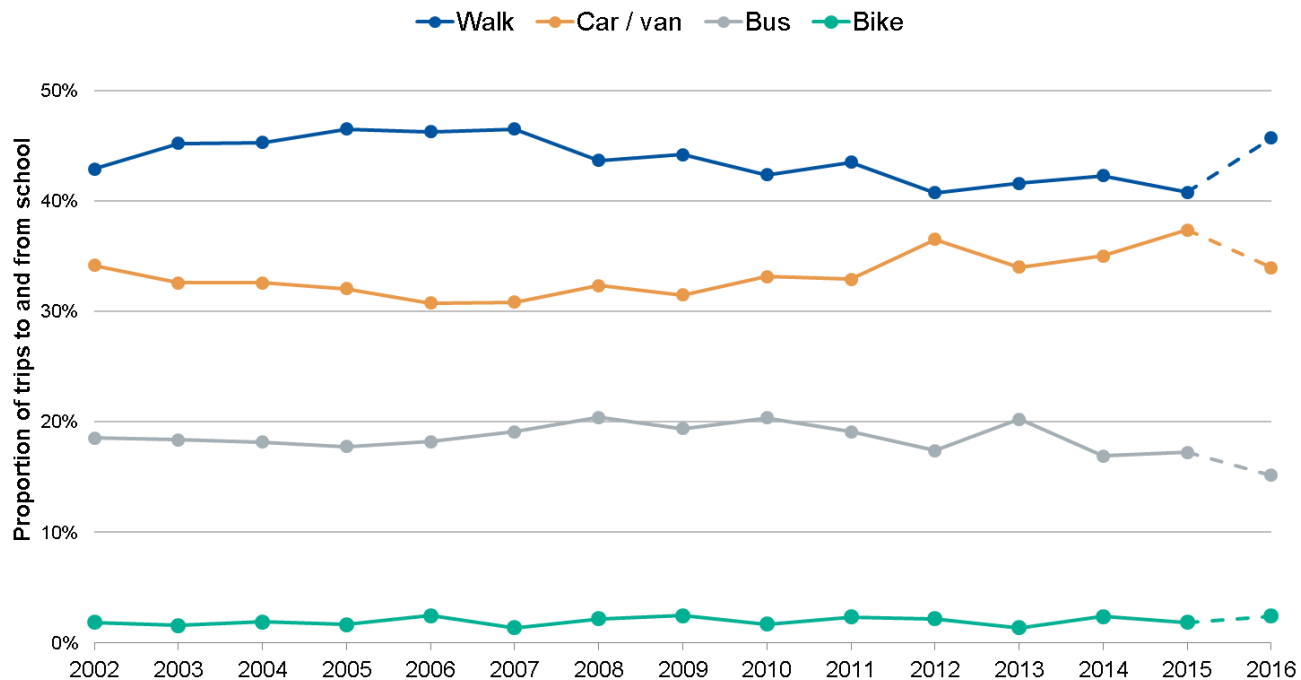
Source: Health Survey for England 2015, NHS Digital <http://www.content.digital.nhs.uk/catalogue/PUB22610>

Sedentary time

Average time children spend watching TV or sitting down doing any other activity. For example, reading, doing homework, using a computer, or playing video games. Sedentary time excludes time at school.

Trends In Travel to School

Proportion of trips to and from school for children (aged 5–16 years) by main mode of transport, 2002 to 2016^a

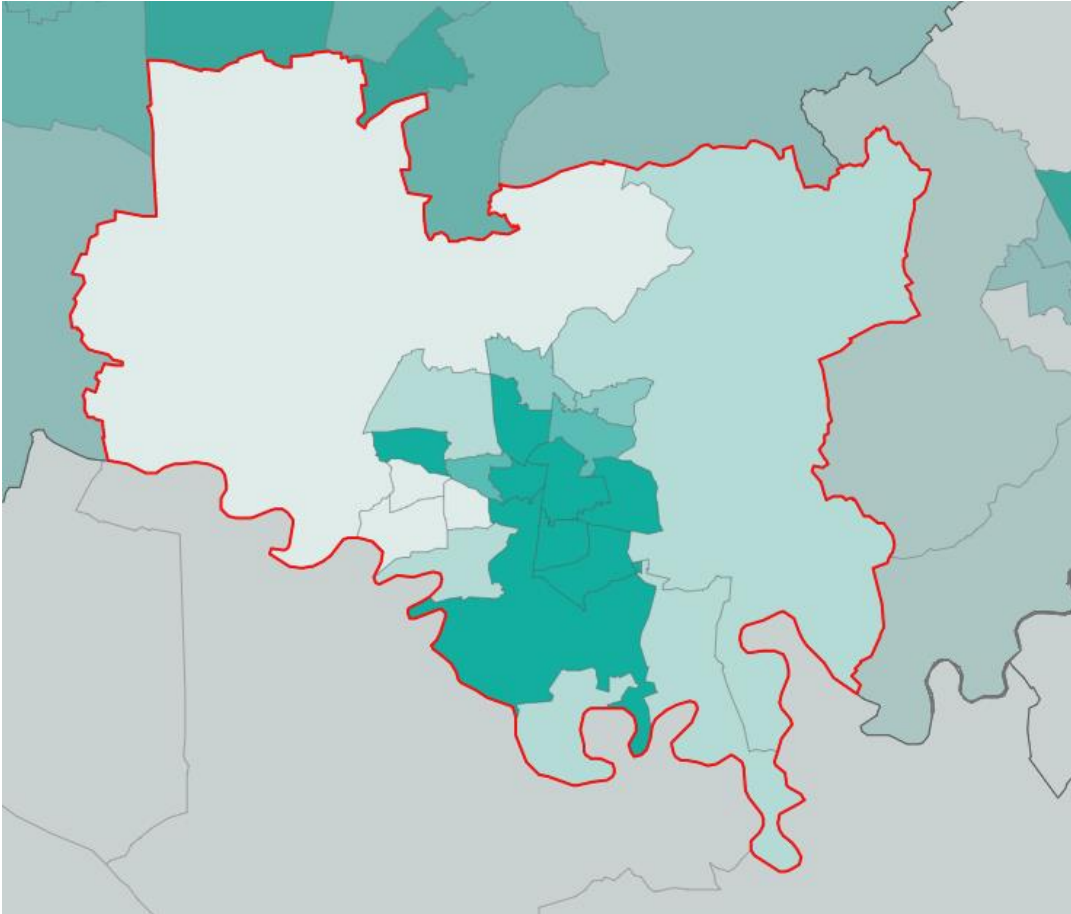


Source: National Travel Survey 2016, Department for Transport <https://www.gov.uk/government/statistics/national-travel-survey-2016>

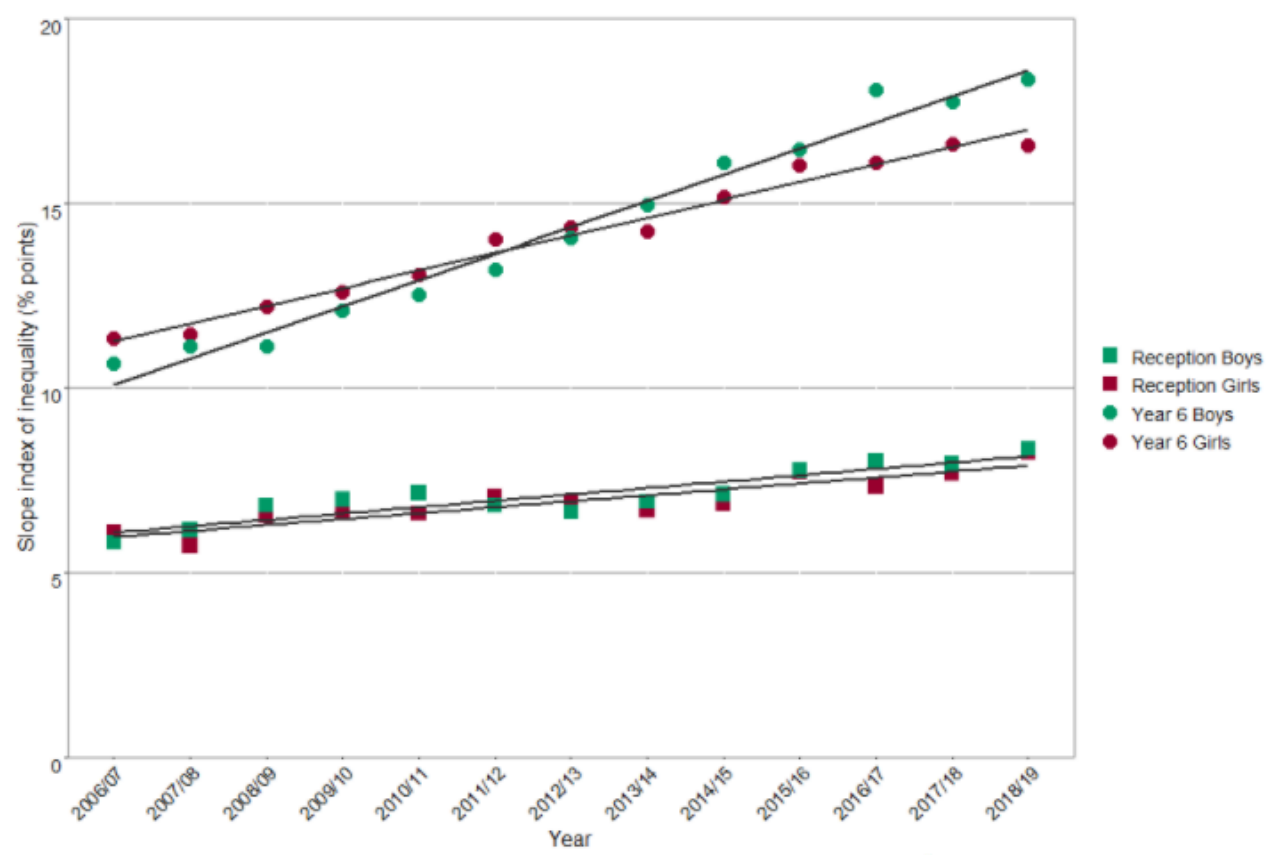
^a In 2016 short walks (of less than a mile in length or less than 20 minutes duration) were recorded on day one for half the sample, and day 7 for the other half of the sample. In previous years, short walks have only been recorded on day 7 of the travel diary. Collecting data on short walks on day one of the travel week has increased the number of short walks reported, which means a break in the time series between 2016 and earlier years.

Contributory Factors Deprivation

Deprivation by Ward Darlington



Trend in Slope Index of Inequality for obesity, by school year and sex



Policy and Guidance

- **National Planning Policy Framework (NPPF)** - sets out explicit policy requirements pertinent to promoting healthy weight environments
- **Planning Practice Guidance (PPG)** support planners with ways to apply the policy in the NPPF. This includes promoting active travel and physical activity, as well as access to healthier food, high quality open spaces, green infrastructure and opportunities for play, sport and recreation.
- **NICE, Cardiovascular disease prevention, Public Health Guideline [PH25]**. June 2010 - recommends actions for local planning authorities to help prevent Cardiovascular disease in their local population.
- **Using the planning system to promote healthy weight environments PHE 2020** - provide practical support for local authorities that wish to use the planning system to achieve important public health outcomes around diet, obesity and physical activity. It

Guidance

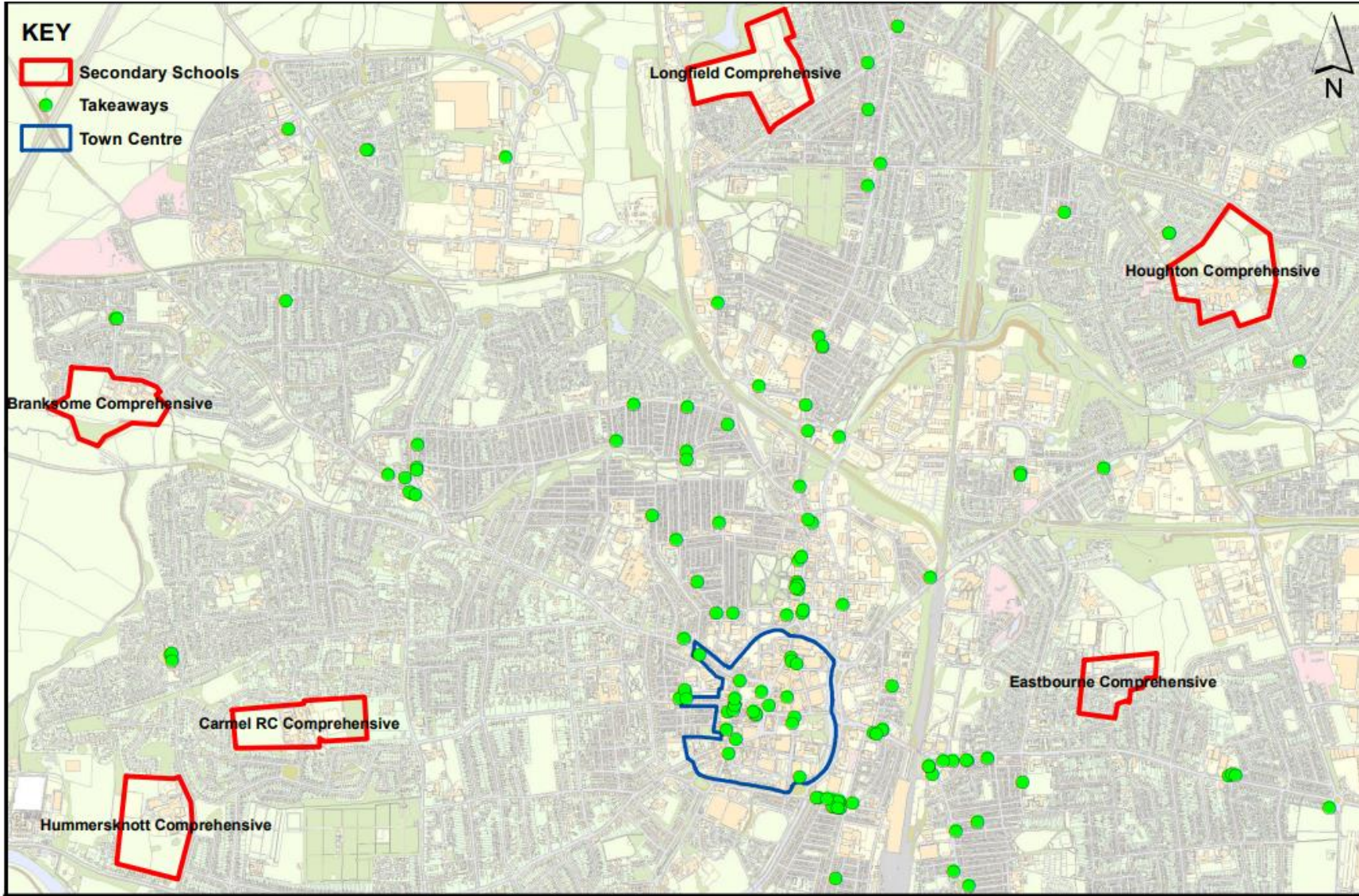
The Town and Country Planning Association (TCPA) and PHE have set out 6 elements to help achieve healthy weight environments through planning in the 2014 publication '**Planning Healthy Weight Environments**'.

These are:

- movement and access - promoting active travel and physical activity
- open spaces, recreation and play - providing informal and formal spaces and spaces necessary for leisure, recreation and play Using the planning system to promote healthy weight environments
- food - improving the food environment for both consumption and production of healthier food options
- neighbourhood spaces - improving public realm and provision of community facilities to run local programmes such as for weight reduction
- building design - improving the internal design and quality of homes and building to promote living healthier lifestyles
- local economy - supporting people into local employment in accessible and healthy town centres or high streets

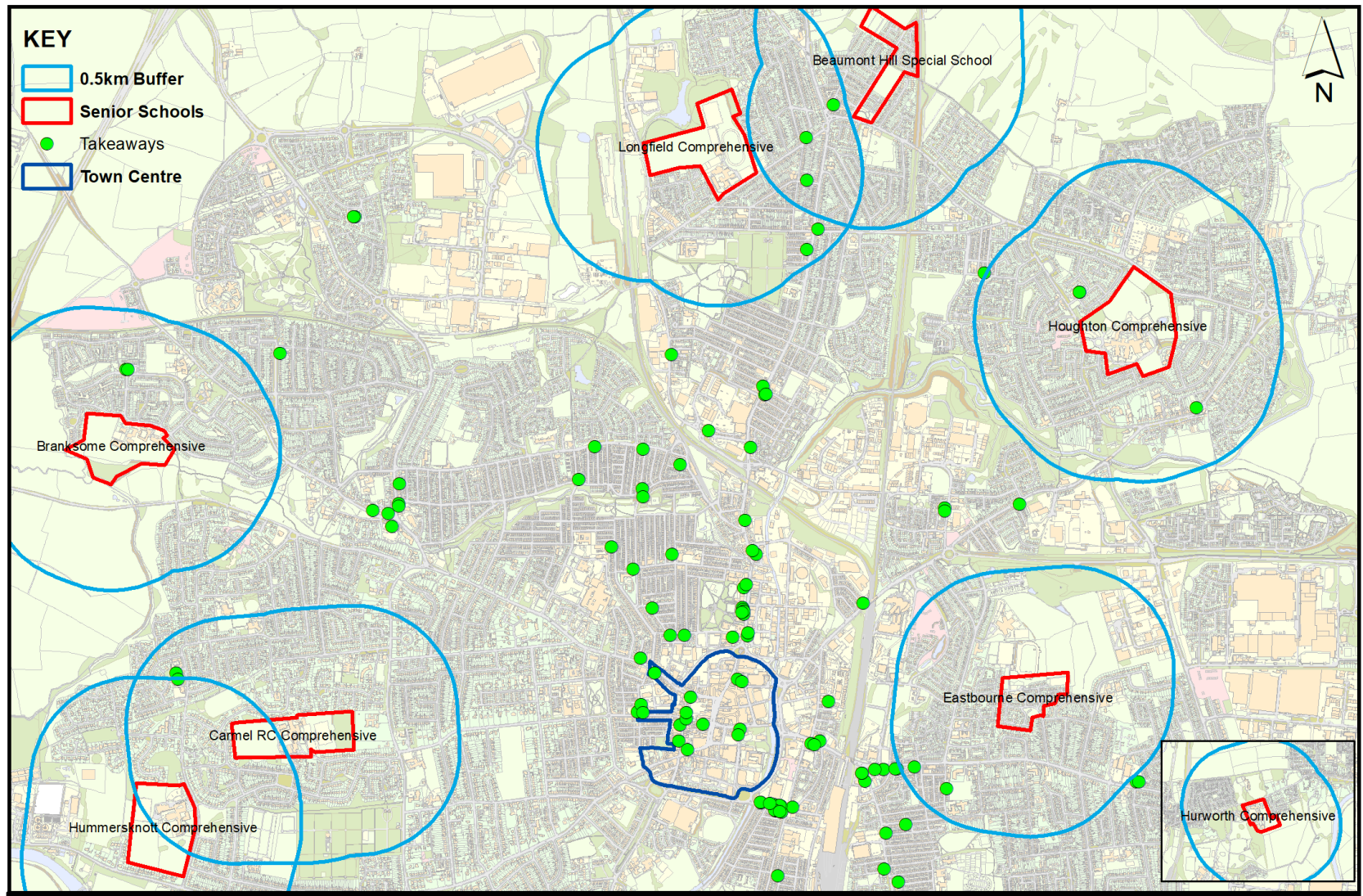
Exclusion Zones

- Evidence for planning restrictions on fast food takeaways The NICE Public Health Guideline on Cardiovascular disease prevention recommends action to encourage local planning authorities to restrict planning permission for takeaways and other food retail outlets in specific areas ,for example, within walking distance of schools.
- The single most common planning policy adopted to promote health has been the introduction of takeaway food outlet exclusion zones around locations often frequented by children and families such as schools.
- Exclusion zone buffer sizes are often 400 metres, which has been considered a reasonable 5-minute walk. The 400-metre distance is outlined within the Urban Design Compendium and the guidelines for providing journeys on foot as a reasonable walking distance



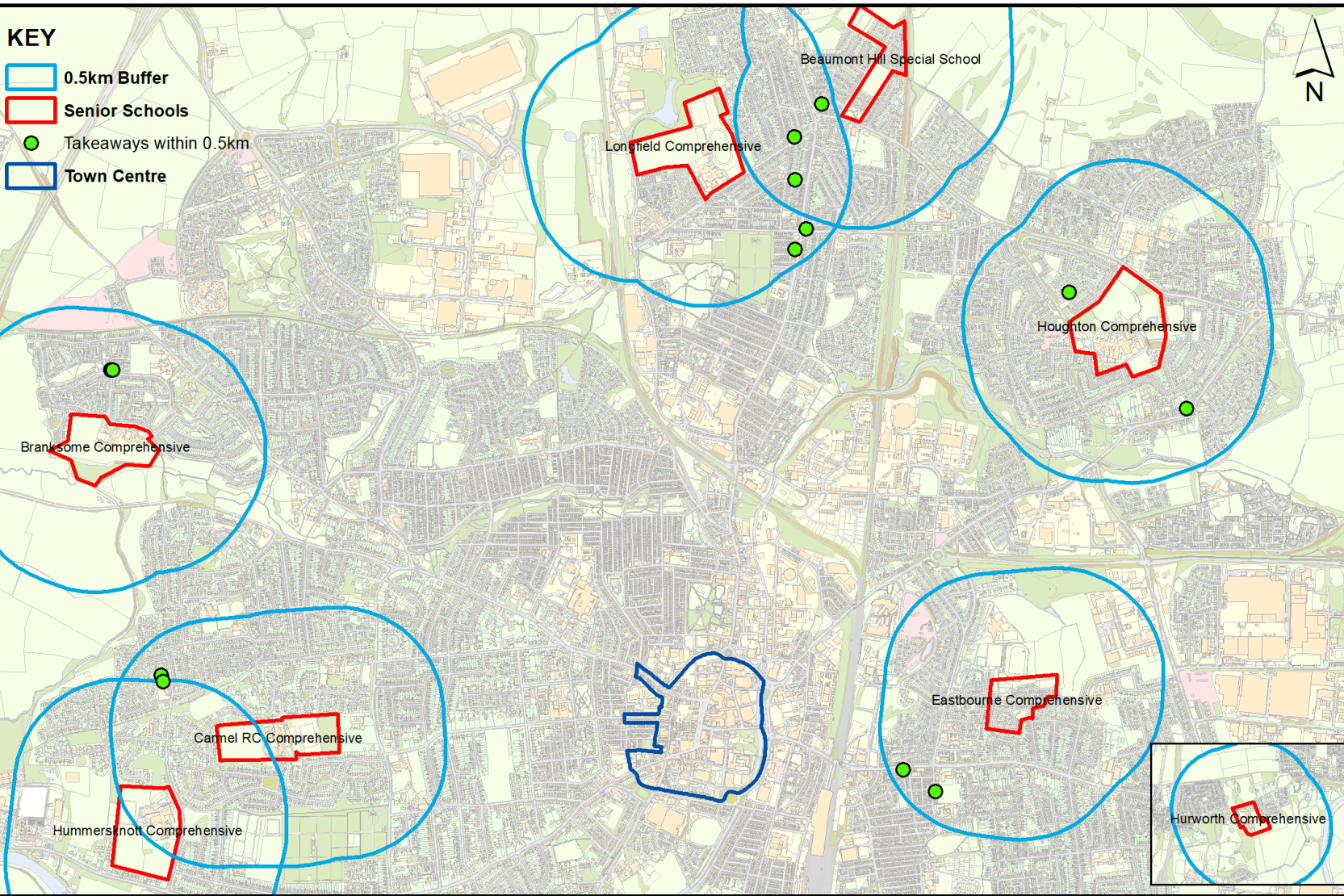
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	Drawing Title:	TAKEAWAYS PROXIMITY TO SECONDARY SCHOOLS (Map 1 of 3)	Date:	02/09/21	Area:	DBC
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	Drawing Title:	TAKEAWAYS WITHIN 0.5km OF SENIOR SCHOOLS IN DARLINGTON	Date:	13/09/21	Area:	DBC
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 Co. DURHAM, DL1 5QT

Project Title: **DARLINGTON BOROUGH COUNCIL**
 Drawing Title: **TAKEAWAYS WITHIN 0.5km OF SENIOR SCHOOLS IN DARLINGTON**

Scale: **1:23,000**
 Date: **13/09/21**
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Ref: **A3**
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Healthier Food Environments

- Although planning cannot directly control the type of food being sold, it is appropriate to highlight the issue to food operators during the planning process.
- Improving the quality of the food environment around schools has the potential to influence children's behaviour through their food and drink purchasing habits. It is important to note that taking action on hot food takeaways is only part of the solution, as it does not address confectionery and other food and drinks that children can buy in shops near or on the way to and from schools
- A council can demonstrate how it is working as part of a whole system approach, where planning forms part of a wider approach to addressing obesity.

Childhood Healthy Weight Plan for Darlington 2019 – 2024

Page 99



Childhood Healthy Weight Plan for Darlington 2019 – 2024

Objectives and Actions

Objectives

- **To transform the environment so that:**
 - it supports healthy lifestyles by increasing and maintaining use of green space for play and recreation.
 - that healthier choices are available in the provision of out of home food.
 - by supporting the public sector to lead by example with food choices.
- **Increase making healthier choices easier by:**
 - providing information and practical support on active travel.
 - by delivering an awareness raising campaign.
- **To support the services needed to tackle excess weight:**
 - by increasing breastfeeding rates.
 - by Making Every Contact Count (MECC).

Action Planning

- Understanding and Adapting the Obesogenic Environment
- Out of Home Food Provision
- Access to Green Space
- Active Travel



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Nottingham Council forced to remove fast food restriction policy from local plan

8 July 2019 by Colin Marrs

Nottingham City Council has removed a draft local plan policy banning new fast food takeaways within 400 metres of schools following the recommendation of an inspector who questioned the evidence behind the proposal and after objections from fast food giants KFC and McDonalds.



Council forced to remove proposed ban on takeaways near schools. Image by Martin Burrow, Flickr

The council had proposed the policy in its emerging local plan part two as a response to the problem of obesity in the city.

The draft policy said planning applications for fast food outlets within 400m of school gates would not be allowed "unless it can be clearly demonstrated that the proposal will not have a negative impact on health and wellbeing".

It cited public health guidance from the National Institute for Health and Care Excellence, published in 2010, which recommends councils set limits for the number of takeaways and food outlets near schools.

The deleted policy also said that Nottingham has 111 hot food takeaways for every 100,000 people compared to averages of 88 for England and 74 for the East Midlands.

However, a letter to the council from the inspector examining the plan, sent in January, recommended removing the policy as one of a number of main modifications required to make the plan sound.

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She said: "There is insufficient evidence to support the link between childhood obesity and the concentration or siting of A3, A4 and A5 uses within 400m of a secondary school..." and that "the criterion and justification should therefore be deleted/amended".

The council has now removed the policy from the plan and a consultation on the amendments closed at the end of last month.

Councillor Linda Woodings, portfolio holder for housing, planning and heritage at the council, said: "In a city with more than 350 takeaways, we thought it would be helpful for us to be able to control new applications for fast-food outlets that were within 400m of a school.

"We worked up a detailed proposal to be considered by the Planning Inspector for inclusion in the draft local plan – we received objections from both McDonald's and KFC.

"The inspector has taken a look and feels that there is insufficient 'locally-specific evidence' to prove a link between child obesity and proximity of takeaways. Her suggestion is that this is removed from the draft local plan.

"While the council will now respect this view, we feel we need a much clearer direction from the government and a policy which works across the country if we want to tackle child obesity properly."

A Planning Inspectorate spokesperson said: "The council's policy referred to is being considered through the examination and was discussed during a hearing session at the end of last year."

"The letter, which has been published on the council's website, sets out a brief indication of why the Inspector considers the modification to amend this policy is necessary.

"A fuller reasoning will be set out in her final report."

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**HEALTH AND HOUSING SCRUTINY COMMITTEE
20 OCTOBER 2021**

CHILDHOOD HEALTHY WEIGHT PLAN

SUMMARY REPORT

Purpose of the Report

1. To update the Scrutiny Committee on progress made against the Childhood Healthy Weight Plan.

Summary

2. The Childhood Healthy Weight Plan is attached as **Appendix 2** and was developed in 2019, prior to the Covid 19 pandemic. The pandemic has impacted on the delivery of the actions contained within the plan.
3. **Appendix 1** provides Members with a full update on progress made post Covid recovery in 2021.

Recommendation

4. It is recommended that the update be noted and welcomed.

**James Stroyan
Group Director of People**

Background Papers

No background papers were used in the preparation of this report

author : Ken Ross
Extension 6200

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	The Childhood Healthy Weight Plan will impact positive on all children and family's health and well-being.
Carbon Impact and Climate Change	There are no issues which this report needs to address

Diversity	There are no issues relating to diversity which this report needs to address
Wards Affected	There are no specific Wards which are affected by this report.
Groups Affected	All
Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	Not a key decision
Urgent Decision	Not an urgent decision
Council Plan	To enable children and families to be more healthy and independent, to enable children with the best start in life and to provide a safe and caring community
Efficiency	The outcome of this report does not impact on the Council efficiency agenda
Impact on Looked After Children and Care Leavers	This report has a positive impact on Looked After Children or Care Leavers

Darlington Childhood Healthy Weight Plan

PUBLIC HEALTH BRIEFING REPORT

September 2021

Background

1. The scope and vision of the Darlington Childhood Healthy Weight Plan is to ensure that more children leave primary school aged 10-11 years with a healthy weight. It sets out a whole system approach recognising the complex relationship between the social, economic and physical environment coupled with individual factors that underpin the development of obesity.
2. In Darlington childhood obesity sits above the national average at both reception and year 6 age groups. The percentage of children at year 6 (2019/20) who are categorised as living with obesity in Darlington is 22.5%. This figure is 12% at reception age.
3. Childhood obesity and excess weight carry significant health risks for children. They can have serious implications for the physical and mental health of a child. Children with obesity are more likely to track unhealthy lifestyle behaviours into adulthood, with a higher risk of morbidity and premature mortality. Obesity and overweight are linked to a range of diseases including type 2 diabetes, asthma, hypertension, cancer, heart disease and stroke. Living with obesity at age 7 is a risk factor for emotional distress at age 11, and mental health problems predicting high BMI at age 14.
4. The trends demonstrate the prevalence of excess weight in least deprived Children and Young People (CYP) is decreasing or stabilising, whilst for most deprived CYP levels are increasing.
5. COVID-19 has had a detrimental impact on emotional eating, increased snacking and eating disorders.

Darlington Childhood Healthy Weight Plan 2019

6. In 2019, the following objectives were collaboratively set by multiple stakeholders across the borough to:
 - a) Transform the environment so that it supports healthy lifestyles by increasing and maintaining use of green space for play and recreation;

- b) Transform the environment so that healthier choices are available in the provision of food consumed out of the home;
- c) Transform the environment by supporting the public sector to lead by example with healthier options;
- d) Make healthier choices easier by providing information and support on active travel
- e) Deliver consistent messages to increase awareness around healthy lifestyles and maximise the use of Making Every Contact Count (MECC)
- f) Support services needed to tackle excess weight by increasing breastfeeding rates

Post COVID recovery actions and progress 2021

- 7. Reconnecting with partners, existing and new stakeholders resulted in the redefining of the Childhood Healthy Weight Plan objectives within the evidence and as relevant to Darlington priorities.
- 8. In January 2021, five separate Action Task Groups (ATGs) were established Healthy Early Years (HEY), Physical activity, Whole school nutrition, Food in care and Out of home food. The purpose was to identify and leverage changes to local environments in which children and young people live play and socialise.
- 9. In order to create opportunities for environmental-behavioural synergy, which promotes increased healthy weight and reduced BMI in children and young people across the borough. Defined collaborative objectives going forward:

The goal is to promote:
 - The best start – the first 1000 days, maternal health and nutrition, community promotion of breastfeeding and nutrition education.
 - Increased food familiarity in children as early as possible – weaning, post weaning, nursery, primary school etc.
 - Improvements in the proportion of children and young people meeting national UK fibre targets.
 - Improvements in the proportion of children and young people consuming a minimum of 5 fruits/vegetables per day.
 - Improvements in the proportion of children and young people meeting the 60 minutes a day of physical activity.
- 10. The childhood healthy weight plan outcomes place the child and young person as the central focus, using 'I am' terminology:

- I am a child who feels emotionally and physically healthy, with lots of opportunities to actively play and enjoy healthy foods.

I am a young person who feels safe and nourished, able to live a positive life, looking forward to the future.

11. The following outlines the progress made within each of the action task groups.

Food in Care; Implementation stage

12. A children's home food policy, guidance and workable menus have been coproduced with children's care home staff and Public Health.
13. Childrens care home staff have been developing training on specific dietary requirements, implementing menus and utilising behaviour change techniques to improve dietary outcomes for children and young people.
In addition to coproducing a 'working with children and young people nutrition toolkit' and undertaking nutrition education sessions/videos with Public Health and Workforce development team.
14. Working with families; nutrition toolkits have been coproduced with the foster care team, eating disorder dietitia and approved by 0-19 service manager.
15. Training was developed and implemented with all DBC staff having access on the Public Health nutrition section of the website. All of the videos and resources produced are replicated on the Living Well page of the DBC website, to include tips for parents on shopping and ideas for healthy eating in addition to tips for fussy eating and importance of nutrition for children and young people.

Healthy Early Years (HEY); Working towards a published strategy

16. Firstly feedback from early years services, practitioners, parents/carers informed actions to keep consistent healthy messages to support families.
17. A digital newsletter was coproduced with DBC and early years settings, allowing for a consistent approach and sharing of the Darlington Childhood Healthy Weight Plan objectives.
18. The language used to engage parents has been a significant focus. Healthy packed lunches wer a barrier recognised, and aPDF colourful simple guide has been produced.
19. The group are working together on guidance to improve physical literacy in early years, and also oral health and inclusion of sensory food experiences as included in the overall Darlington HEY strategy.
20. A draft version of a HEY food policy and guidance to ensure consistency in all early years provision across Darlington has been coproduced and three ealry years setting

are currently working with Public Health and Early years teams for applied evaluation purposes.

21. A HEY catering award checklist has been coproduced with settings. Three nursery settings are working through to achieve the award, and the checklist has been adapted to trial with an initial 10 childminders. This will form one of the healthy catering awards as part of a wider plan to improve out of home food options.

Whole school approach to nutrition; trialling stages

22. The approach of the school action task group has resulted in the coproduction of a 'whole school approach to health', including a food policy/guidance, the embedding of healthy eating principles (increasing fibre, fruit and vegetables, healthy packed lunches, breakfast and hydration) across the curriculum, including the delivery of a 'gut bug' educational resource developed by 'microbiome and nutrition experts for primary school children. A trial of the approach which also includes a parent/carer course to fit with the children's learning (developed by Learning and skills and Public Health) is being carried out in Autumn/winter term in two primary schools (Harrowgate Hill and St Teresa's)
23. The Darlington School Food Award, is a five module training programme produced by Public Health and Environmental Health, with school catering managers and school catering staff.
24. The evidence shows secondary schools in particular are not adhering fully to national school food standards, and COVID has exacerbated the existing challenges.
25. The purpose of the staff training is to increase awareness and educate school catering staff on the importance of nutrition, and to empower them to follow school food standards.
26. Carmel College trialled a first version of the training. Feedback demonstrated the staff increased knowledge, but were aware that without a whole school approach and support from staff it would be a challenge for them to meet the school food standards.
27. Interest has been established from Polam Hall in a staff group to trial a whole school approach to include the training.
28. Learning and skills are working on adding the content to Equal, an online platform to make it ease of access and to complete. This will then be available to all school catering staff across Darlington, and linked to a healthy school catering award going forward.

Out of home food; healthy families

29. Two restaurants in Darlington worked with Public Health and Environmental health to produce menus which meet the government standards and targets for children's calorie, sugar, fat and salt recommendations, in addition to incorporating behaviour change techniques on to their children's menus, such as colourful images and games of fruits and vegetables, promoting water firstly, with low sugar options as secondary.
30. All food businesses across Darlington can now apply for the 'Healthy Families Catering Award' via the DBC website.
31. From July 21 relaxation of COVID rules resulted in a busy time for EH and food outlets, therefore, the progress of promoting the award has been temporarily halted. However, feedback from parents, where children have ordered from the menu in both restaurants has been extremely positive.
32. Evidence of practical ways to improve healthy vending and healthy families catering have been shared with public sector partners.
33. A partnership has been established with Darlington Memorial Hospital catering, and plans have been discussed in improving nutrition content of patient food options, in addition to highlighting healthy options in Hollie's restaurants and increasing the use of behaviour change techniques. This will inform a wider healthy catering award.

Healthy places; a healthy food strategy in our communities

34. The work in this group has been based on sharing of consistent healthy and evidenced based messages across services and partners.
35. In the June healthy eating week, resources were shared with all partners, including the library, holiday and food activities and leaders of community groups and The Bread and Butter Thing, in addition to PCN, schools, early years and youth engagement partners.
36. The Cornmill have taken on board the displaying of 'Change4life' weaning and healthy lifestyle messages in the form of posters and vinyls.
37. In addition to taking on some of the evidence for 'Play on the way' ideas and fitting a colourful hopscotch with use of 'affective messaging' sharing simple messages of

why physical activity is good for children. Making stairs more attractive in Council buildings and Cornmill through behaviour change is ongoing.

38. Public Health have supported the 'Move More' team with providing of consistent health messages, links and coproduced educational videos and ideas for food related activities. This was targeted towards families with low income as per Government funded holiday and activities programme requirements.

Physical activity; developing a map of actions together

39. A working group has been established with services and partners across Darlington, which include schools, local Physical Activity providers. A map of actions to share consistent messages and encouraging children and young people to be more physically active within daily habits is being developed.
40. A treasure hunt took place over May half term in partnership with town centre team. A route was mapped around local businesses in Darlington using characters competing in sports events. This route was 2.4 miles. Entries were handed in at the Dolphin Centre, who provided a prize of a family swim and a family bowl.

Darlington Children and Young People Healthy Weight Plan

A community systems-based approach action plan

Aims

To increase the healthy weight of year 6 pupils

To enable **all** children and young people to have opportunities to be active and have access to healthy food choices

We will achieve this together by identifying and leveraging changes to local environments in which children and young people live play and socialise

Defining the goals of obesity prevention in children and young people

To create opportunities for environmental-behavioural synergy, which promotes increased healthy weight and reduced BMI in children and young people across the borough.

The goal is to promote:

- The best start – the first 1000 days, maternal health and nutrition, community promotion of breastfeeding and nutrition education
- Increased food familiarity in children as early as possible – weaning, post weaning, nursery, primary school etc.
- Improvements in the proportion of children and young people meeting national UK fibre targets
- Improvements in the proportion of children and young people consuming a minimum of 5 fruits/vegetables per day
- Improvements in the proportion of children and young people meeting the 60 minutes a day of physical activity

Healthy weight plan CYP outcomes

I am a child who feels emotionally and physically healthy, with lots of opportunities to actively play and enjoy healthy foods.

I am a young person who feels safe and nourished, able to live a positive life, looking forward to the future.

A 10-year Healthy children weight strategy; themes

- 1) Healthy CYP settings – healthy food policy and practices enabling healthy food choices in schools, nurseries, children’s care homes, community hubs, leisure/club settings
- 2) Healthy environment – increased opportunities to play, exercise and make healthy food choices across all areas children and young people live and socialise
- 3) Leadership driving change – Whole system approach starting from leadership and accountability across all sectors for a Healthy Darlington

A 3-year strategy to relaunch the Children’s Healthy Weight Plan – Post COVID recovery action plan

2021 -2024

See Let’s thrive together Darlington

6 action plan key themes – Healthy early years - HEY, Nutrition across the age stages, Whole School Approach ‘Nourish to thrive, out of home family healthy choices, systems health approach ‘Nourish, move, play’

AP Theme	Objectives	Milestones	Metrics / Indicators	Ideas/Actions, dates, who
<p>Healthy Early Years 'HEY'</p>	<p>To support services with educating staff, parents/carers; weaning and post weaning</p> <p>To ensure consistent messaging and awareness of nutrition across all services</p> <p>Increase physical literacy and include sensory opportunities to increase food familiarity in EY</p>	<p>Co-producing HEY catering award and food policy guidelines 'eat better, start better' guidelines for nurseries.</p>	<p>Early years settings x 3 trial HEY catering award process – Environment health to add checklist to their audit</p> <p>Add to DBC awards website</p> <p>Roll out and gain commitment from all early year's settings</p> <p>Early years strategy – co produced and published – communicated</p>	<p>HEY catering award checklist</p> <p>JC and KRO Draft August 2021</p> <p>*</p> <p>Early years strategy</p> <p>TBC (HEY Action task group)</p> <p>*</p> <p>Community hub piloting of initiatives e.g. Nudges to encourage breastfeeding, portion size and sugar displays, workshops etc. TBC</p>
<p>Nutrition 'Closing the gap of inequalities'</p>	<p>To increase awareness of neophobic tendencies and strategies to improve food acceptance in children and young people</p> <p>To increase food familiarity throughout early school years</p>	<p>Co-production of a primary nutrition education toolkit (linked with 'Nutrition4youngsters – Medical students)</p> <p>Co-production of a 'working with families' toolkit, alongside DBC staff training videos</p> <p>HAF – sharing consistent messages – family friendly video content</p>	<p>Whole school approach to nutrition – trial with 2 primary schools</p> <p>HAF – Digital Newsletter, Video content,</p> <p>Food in care coproduce:</p> <p>Working with family's toolkit</p> <p>Working with young people toolkit</p> <p>Children's care home food policy</p>	<p>Pack together coproduced by Kelly and nutrition4youngsters pilot in primary school</p> <p>Working together to increase opportunities to try/taste different foods – fruits and vegetables in a range of ways</p> <p>Toolkits produced with social worker, foster services and eating disorders dietitian - Samantha Stabler, Michelle Newman, Kirsty Thompson</p> <p>Children's care home policy and menus</p> <p>Food in care complete by August 2021</p>
<p>Whole School Approach 'Nourish to thrive' School food provision</p>	<p>To ensure all schools in Darlington follow the national school food standards</p> <p>To increase awareness and knowledge of good practise and improve morale of school food catering staff</p>	<p>Coproduction of school catering staff training modules to upskill, shape knowledge and empower staff</p>	<p>Darlington School Food Qualification (DSFQ) – all school catering and lunch time supervisors to complete</p> <p>Environmental Health nutrition checks – report to PH</p>	<p>Coproduce training (JC and CR) Pilot with Carmel (secondary) by May 2021</p> <p>Evaluation July 2021</p> <p>Content adjusted as per feedback and uploaded onto equal (online platform). Second pilot November 2021.</p>

				Tammy Firth, Simon Moore, KRO, JC and Carmel trust.
'Out of home' Family healthy choices	<p>To increase healthy choices in 'out of home' food for families</p> <p>To develop a Family Darlington standard (award) to roll out to all food businesses</p>	<p>Develop a children's menu standard checklist meeting with Government buying standards and behaviour change techniques</p> <p>Enable all food outlets to apply and achieve across Darlington</p>	<p>Coproduction of the first 'good practice' menu</p> <p>Collaborate with 2 restaurants to support them in developing children's menus which meet the 'Darlington Standard' – healthy family catering award</p> <p>Environmental health – assess and award</p> <p>Page created on DBC</p>	<p>Collaborate with restaurants to support them in developing children's menus which meet the 'Darlington Standard' – healthy family catering award achieved completed menus and awards May 2021</p> <p>Next steps to promote and extend award to public sector including hospital and leisure</p>
<p>Systems health approach</p> <p>'Nourish, move and play'</p>	<p>To enable more opportunities for CYP to be active and increase awareness of healthy lifestyle choices</p> <p>To engage with whole town in actions to help children and families to eat and move well</p> <p>To enable shared SM campaigns across town – schools, public and private sector</p>	<p>Nudge and SM theories informing campaign</p> <p>Present to town centre business and COVID recovery partners</p> <p>Vending nudges informed by Behavioural insights evidence</p>	<p>Comms strategy in place – linked in with school campaigns</p> <p>Public health messaging in town centre plans</p> <p>Stairway and play one the way strategies implemented</p> <p>Active travel approaches</p> <p>Food Active Healthy Weight Declaration</p>	<p>Comms strategy</p> <p>Town centre, Dolphin centre, schools and Cornmill partners agreement of actions to increase opportunities to move more (physical activity ATG led by Joanne Hennessey)</p>
<p>Leadership</p> <p>Driving change through leadership across all sectors in Darlington</p>	<p>To engage with leadership to enable system change</p> <p>Create accountability and strong leadership to drive and shape behavioural change, considering the multiple influences which result in a healthy weight outcome.</p>	<p>Leadership commitment and support of CHWP post COVID recovery plan via Action task groups and DBC processes</p>	<p>Setting of collaborative actions – acceptance of leadership accountability across partners and stakeholders</p>	<p>Overarching focus across each ATG and project planning</p> <p>To include each stage of plan: needs assessment, APPEASE, agreed actions, leadership accountability, implementation, PR/Comms plan, evaluation plan, reviewing</p>

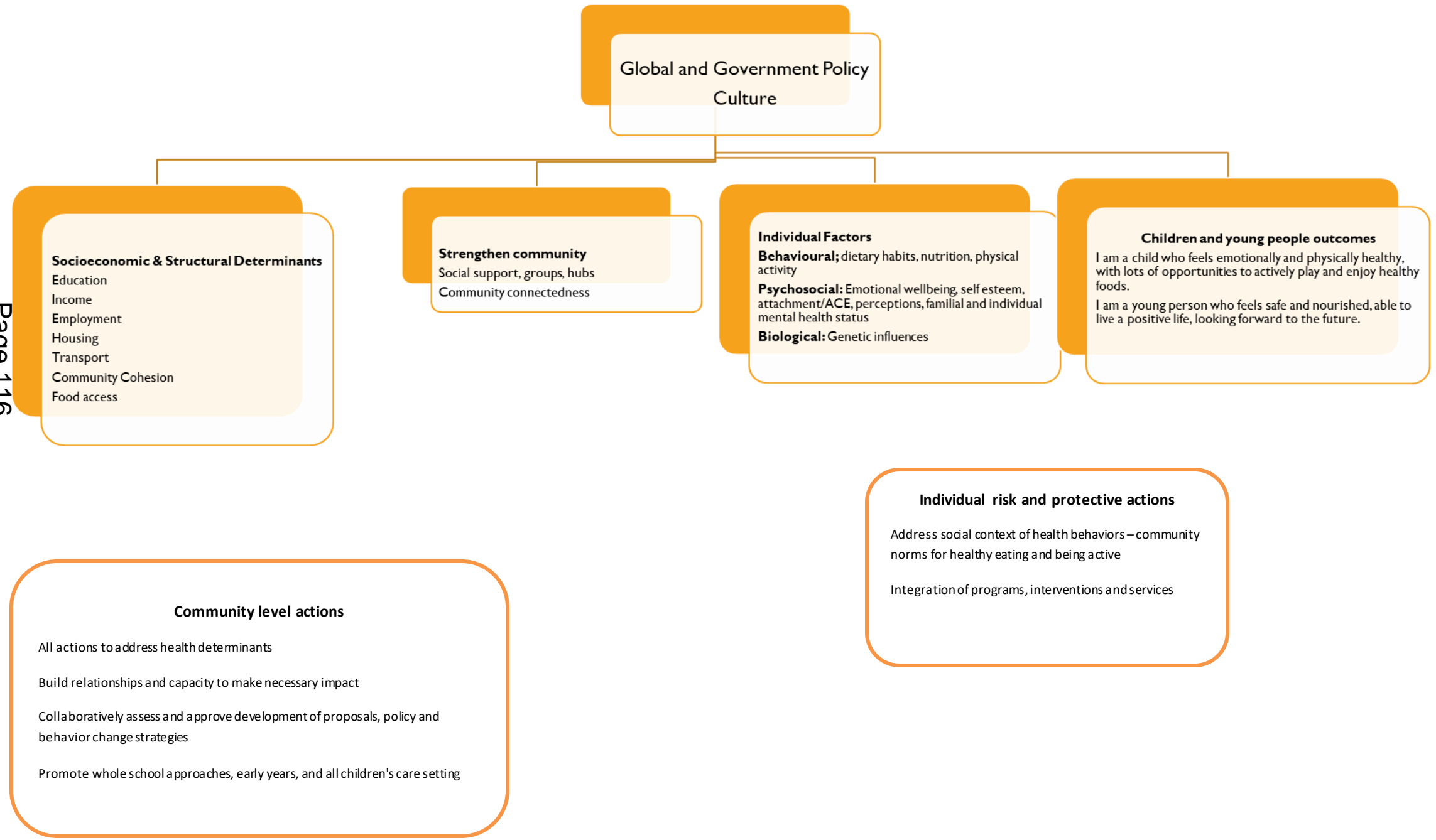
Focus on outcome and work backwards to develop actions and evaluation priorities

STP (Situation, Target, Path) process to develop strategy and COM-B and APPEASE utilised to inform action planning/interventions.

FRAMEWORK TO A WHOLE DARLINGTON APPROACH TO HEALTHY WEIGHT

THE DEVELOPMENT OF HEALTHY WEIGHT IN OUR BOROUGH CANNOT BE SEPARATED FROM THE SOCIAL, CULTURAL AND ECONOMIC

Page 116



LET'S THRIVE TOGETHER

2021-2024 'NOURISH, MOVE AND PLAY'



- Upskilling workforce and leaders in understanding development of obesity, tackling inequalities and improving health outcomes for all
- Training for staff working with children and families across local services to improve policy and practice around healthy eating and physical activity

Training

- Joined up approach to communications – consistent messaging
- Sharing of good practice effectively across the Borough
- Engaging whole community in codesigning, developing effective tools, and sharing campaigns and resources

Positive story communications

- Mapping actors across the communities, taking an asset-based development approach – voluntary, public and private partners
- Partnerships across all sectors and communities working together to identify, and set actions to shape a healthy local environment

Partnership action task groups (ATG)

- Driving change through leadership and common goals – healthy children, healthy families, healthy future
- Engaging leaders in whole community actions, identifying priorities for local action together
- Taking bold actions to structural approaches e.g., marketing restrictions

Leadership together actions

2024 -2026 plan - Revisit in 2023

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Key Theme	Objectives	Milestones	Metrics / Indicators	Systems based approach	Notes/ to think about:
<p>Collaborative working to implement whole systems approach</p>	<ul style="list-style-type: none"> Commitment from all partners across the system to take forward the objectives of the healthy weight plan Partners sign up to contract/ pledge to support action linked to leadership, shared communication, MECC and key activity that supports healthy weight 	<ul style="list-style-type: none"> Development of pledge for partners to sign up to Evidence of objectives of the CHWP linked to organisational plans and activity 	<ul style="list-style-type: none"> Number of partners engaged 	<ol style="list-style-type: none"> Develop systems map of all influencers/actors involved in children and young people’s health and wellbeing outcomes in the town Action: Speak to a range of partners (seek to understand; learn views and perceptions – perceived barriers and solutions) Build relationships and strong trust with diverse agencies for steering group Leverage existing relationships – snowballing (Assess progress and development areas from past 2-year key themes and actions) Ask partners if I should speak to potential influences in the community Provide briefing paper to all partners of the problems Include updated statistics from Fingertips and Socioecological Model Define the problem/s together – mutually agree terms Leverage points – How can we help? Develop the pledges together from the nudge/leverage points identified by the group The current themes were developed by the original partners for the development of the HWP 2019-2024 – revisited and reframed – renewed agreement to include any further factors/identified leverage points in the system Community action planning 	<p>Schools – leadership, catering teams, welfare, youth voice and youth parliament members, College and QE, early ears practitioners, school nurse, local CYP mental health and wellbeing support services, community hubs e.g. Firthmoor, Foster care agencies, social workers, GPs, local businesses</p> <p>All partners viewpoints are valuable</p> <p>Keep referring to co-created materials e.g. pledges (look at the 8 AAGG city pledges) to reinforce community ownership</p> <p>Think about how to share the wider determinants to children’s health – a socioecological model within the briefing – to display influences? (macro, local, school, child/yp)</p> <p>Firstly, need to think about how and who/communication happens in steps 1-6 – important to get the relationships right (finding out and leveraging on existing Public health team’s knowledge and successful working partnerships already developed)</p>
<p>Targeted approach with schools</p>	<ul style="list-style-type: none"> Develop standard approach to offering healthier choices within catering – school meals, breakfast club provision, vending machines Roll out of Healthy Points System Daily Mile implementation at scale Explore Active Travel opportunities across schools 	<ul style="list-style-type: none"> Carry out mapping exercise to look at baseline provision across all schools Develop proposal to roll out Healthy Points system across schools 	<ul style="list-style-type: none"> Number of schools offering Breakfast Club provision Number of schools promoting Healthy Points System Number of schools promoting Daily Mile 	<p>Developing a ‘whole school’ standard approach for Darlington schools – joined up approach, so that levels of nutrition education, mental health toolkit etc. (personal strategy development and self-awareness, resilience development and reinforcement) are built on through primary, transition into secondary</p> <p>A standard school food policy which is a ‘whole school’ approach to food (I have one developed, but would be good to provide a template and collaborate with schools and pupils) – possibly include traffic light system (always, sometimes, rarely)</p> <p>Including in the point system; food,</p>	<p>Has the mapping exercise been carried out? (if not, may be better to focus on best practice and base the point system/pledges around lifting each school to the point where development areas are improved, and good practice is shared to give every child the best health outcomes possible.</p> <p>Think about co creating (with schools include pupil voice) a name (to not include the word healthy)</p> <p>Primary schools generally have year 5/6 council group – could they come together and come up with a name for primary school healthy point system - Could be a catchy acronym or just a name which represents healthy kids!</p> <p>Think about sharing policy briefing from my effective school intervention/policy review</p>

	<ul style="list-style-type: none"> Sharing of best practice between schools –peer support 		<ul style="list-style-type: none"> Active Travel indicators 		<p>Speak to all school leads for initial conversation –what they would like to improve on, where they are doing well within the whole systems approach)</p> <p>Q. Ask if school food policy? Wellbeing policy? Mental health strategy etc?</p>
<p>Work with regulatory services</p>	<ul style="list-style-type: none"> Work towards implementing takeaway restrictions Work towards implementing advertising restrictions on unhealthy foods within exclusion zone areas 	<ul style="list-style-type: none"> Exploratory workshop held with key stakeholders and to learn lessons from neighbouring authorities 	<ul style="list-style-type: none"> Reduction in the number of takeaway in hotspot areas Exclusion zones 		

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Healthwatch Darlington



Health and Housing Scrutiny Committee
20th October 2021

Here to make health and care better

We are the independent champion for people who use health and social care services in Darlington. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals



Supporting you to have your say



Providing a high quality service



Ensuring your views help improve health & care

Highlights from our year

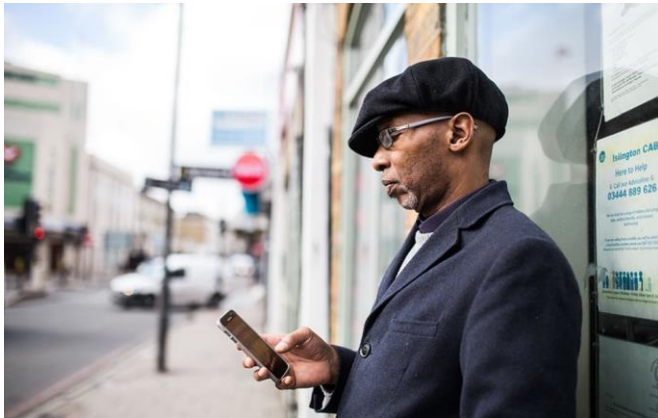
<p>Reaching out</p> 	<p>We heard from 1,269 people this year about their experiences of health and social care. We provided advice and information to 32,874 people this year.</p>
<p>Responding to the pandemic</p> 	<p>We engaged with and supported 115 people during the COVID-19 pandemic this year.</p>
<p>Making a difference to care</p> 	<p>We published 2 reports about the improvements people would like to see to health and social care services. From these, we made 22 recommendations for improvements.</p> <p>50% of recommendations we made last year have been acted upon, at the point where we reviewed progress.</p>
<p>Health and care that works for you</p> 	<p>32 volunteers helped us to carry out our work. In total, they contributed 154 days! We employ 4 part-time staff which is the same as the previous year. We received £73,400 in funding from our local authority in 2020-21, 0.55% more than the previous year</p>

Then and Now



Children and Young Peoples Mental Health

- Then:** Access to information and support during the waiting period or in general
- Now:** Children & young peoples mental health issues



Accessible Primary Care Services

- Then:** Accessing your local GP
- Now:** Accessing your GP before and during the pandemic

All reports can be found at www.healthwatchdarlington.co.uk

Responding to Covid-19

This year we helped and supported **32,874** people by:

- Providing up to date advice on the COVID-19 response
- Linking people to reliable up-to-date information
- Supporting the vaccine roll-out
- Supporting the community volunteer response
- Helping people to access the services they need
- Holding weekly Live Facebook “Wellbeing Wednesday” sessions
- Providing a thrice weekly e-newsletter at the height of the pandemic

In addition we reached people with information **741,712** times via our social media posts



New way of working



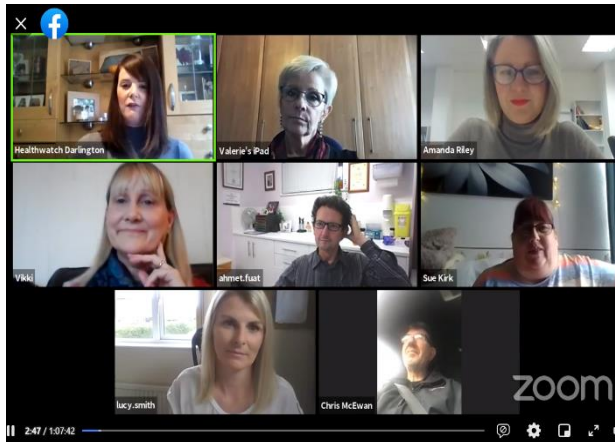
Due to demand during the pandemic we increased our popular weekly e-newsletter to thrice weekly editions. Each issue contained the most up to date local, regional and national health, wellbeing and community news to ensure individuals and organisations were well supported

Thrice weekly Newsletter

We designed a new way to connect with our online community. "Wellbeing Wednesday" was launched including special 'one off' live sessions connecting patients, service users and their families with health professionals, clinicians and the voluntary and community sector in Darlington.



Wellbeing Wednesdays



Online engagement

Our new model during the pandemic was based on sharing information and encouraging individuals to share feedback connecting them with services.

Some of the top sessions included:

- Primary Care & Flu Vaccines
- NSPCC & Kooth
- CAMHS and Mind
- Women's refuges and domestic abuse
- Unemployment and mental wellbeing
- Access to services across the winter

Top four areas that people have contacted us about:



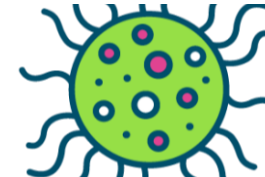
37% on Vaccines



23% on GP services



20% on Hospital Care



20% on Covid-19

Our Volunteers

- Helped people have their say from home, sharing and carrying out surveys either on the telephone or online.
- Created digital content such as advice and information on our website and social media helping us to reach individuals with important information during the pandemic.
- Carried out information and communication reviews for local services on the information they provide especially messages about the pandemic.
- Supported our projects and work by attending meetings, sharing ideas, creating plans and representing us within their communities.
- Shared information by word of mouth with people in Darlington helping to signpost people to the right support
- Shared awareness raising campaigns and assisted us in the launch of a new social media information session ensuring that we were able to engage with our community even further from home.



Volunteer Impact, Awards & Recognition



Volunteers helped their community during the pandemic by designing information campaigns which involved creating advice pages, posters, blogs, gathering the best information in relation to seldom heard and minority patients, loneliness/isolation, access to services during the winter, during and after lockdown advice, and mental health. Not only this but they shared generic health & care information all throughout the year.

Created 15 wellbeing campaigns and shared health information all year.

Volunteers listened to their community about children and young people's mental health, general covid-19 experiences and digital exclusion. Not to mention reporting back 'word on the street' news keeping us connected with Darlington during remote working.



Gathered 748 experiences and held 6 online focus groups.



Early in the pandemic our volunteers recognised the importance of sharing helpful information with the community. Not only this but they also recognised this needed to be inclusive by removing barriers for those who experience inequalities due to health conditions or demographics. Information has been shared online, in poster/leaflet format and in audio format.

Information campaigns

Volunteer Impact, Awards & Recognition

Community recognition



Volunteers were recognised locally and regionally. Youthwatch Darlington received a thank you letter from HM Lord Lieutenant, they showcased projects across the North East and volunteers were praised for their input during our popular Wellbeing Wednesday live sessions.

Volunteer recognition



During 2020/21 individual volunteers were recognised for their incredible support during the pandemic: Faith Miller, Sue Kirk, Amy Adams and Jessica Mather all received a volunteer of the month award. Faith was named a 'Healthwatch Hero' by Healthwatch England at the end of 2020.



Volunteer with us

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



www.healthwatchdarlington.co.uk



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info@healthwatchdarlington.co.uk

National Awards and Recognition!



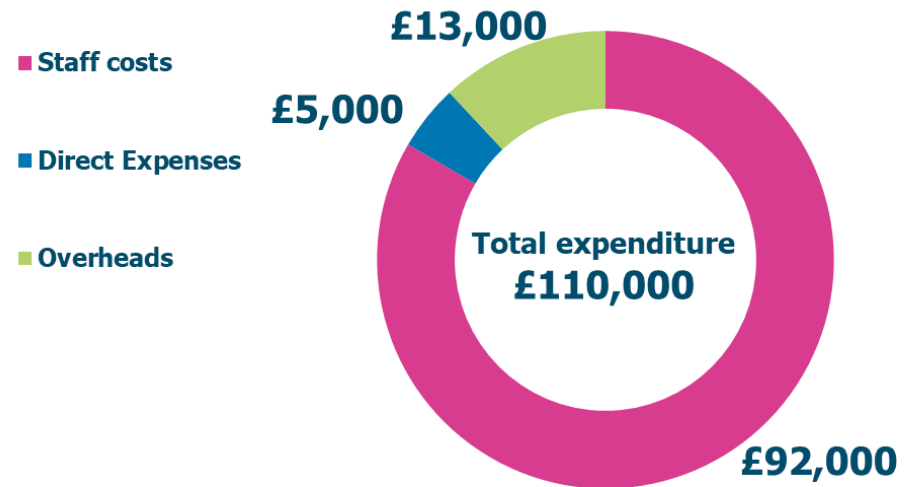
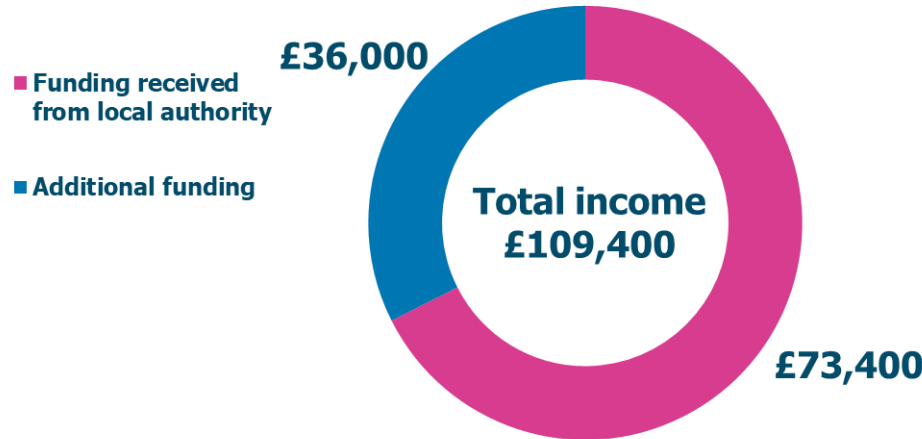
In November 2020 Healthwatch England awarded our volunteers from Youthwatch Darlington with the 'Highly Commended' award during the annual conference. The award celebrated our volunteers and we were one of only 12 Healthwatch to receive this award out of 152 across England.



In January 2021 we submitted the fantastic work that Youthwatch Darlington have carried out over the last year to feature in the Royal College of Paediatrics and Child Health Annual Conference. A panel of parents, young people and health professionals selected Youthwatch Darlington to feature in the conference gallery showcasing their work to improve mental health information for young people. This has been seen by over 1400 delegates from across 37 countries.

Our Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.



Top three priorities for 2021-22

- Children and Young People's Mental Health – we will continue to influence local strategies by following up recommendations and evidencing impact.
- Understanding the experiences and impact of Covid pandemic and vaccinations and lessons learned
- Digitally Excluded and Seldom Heard Groups



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On equal terms

Then and now

Healthwatch Darlington Annual Report 2020-21



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Message from our Chair

Welcome to the 2021 Annual Report for Healthwatch Darlington. Just as for everyone else, 2020/2021 has been a challenging year for us, but this report details how well we have responded despite the restrictions and how we have continued to help and support our community throughout the pandemic.

Covid rules have meant that we have had to work differently and be imaginative and innovative. All our staff and volunteers rose to the challenge and although working remotely, have enjoyed regular online meetings not only to support members of the public but to support each other through uncertain times. One of our successful innovations has been our live Facebook sessions 'Wellbeing Wednesdays' where we have hosted a multitude of guest speakers and covered issues such as mental health, musculoskeletal, children's development, LGBT+ and much more.

We have supported town wide initiatives ensuring people have received help and support and the most up to date information to keep them safe and well. The NHS has been forced to bring forward innovations such as telephone triage and on line consultations, and this has begged the question as to how well equipped the community is to respond to this new way of working. We worked closely with Healthwatch England and our local GP practices to research just how much of an issue digital exclusion can be for local people. We also looked into patients' experiences of Primary Care in Darlington and Children and Young Peoples' mental health including the effects of Covid rules on them.

I have to make a special mention of Youthwatch Darlington. These are young people who are between 14 and 25, who volunteer to work to improve the health of their peers and the community as a whole. Their work was recognised in a letter from the Lord Lieutenant of County Durham, Mrs Sue Snowdon and they also received a 'Highly Commended' award at Healthwatch England's annual awards ceremony. We were one of just 12 out of 152 Healthwatch around the country to receive such an award this year. Well done to them and the staff that have supported them.

Finally, I would like to thank all our staff, volunteers and Board Members who have persevered throughout these very difficult times and challenging working conditions and commend this report to you.



Dr Robert Upshall

Our project from Youthwatch Darlington to improve the provision of information for children and young people's mental health was selected to be showcased to over 1400 paediatricians, nurses and health workers from across 37 countries at this year's on-line annual conference of the Royal College of Paediatrics and Child Health.

About us

Here to make health and care better

We are the independent champion for people who use health and social care services in Darlington. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals



1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



2 Providing a high quality service

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference their views make.



3 Ensuring your views help improve health & care

We want more services to use your views to shape the health and care support you need today and in the future.



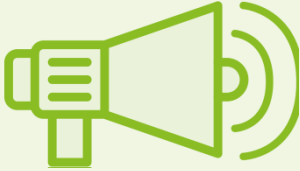
“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”

Sir Robert Francis QC, Chair of Healthwatch England

Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



We heard from

1,269 people

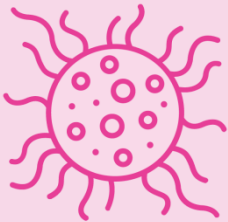
this year about their experiences of health and social care.

We provided advice and information to

32,874 people

this year.

Responding to the pandemic



We engaged with and supported

115 people

during the COVID-19 pandemic this year.

Making a difference to care



We published

2 reports

about the improvements people would like to see to health and social care services. From these, we made **22** recommendations for improvements.

50% of recommendations

we made last year have been acted upon, at the point where we reviewed progress.

Health and care that works for you



32 volunteers

helped us to carry out our work. In total, they contributed **154** days!

We employ 4 part-time staff

which is the same as the previous year.

We received

£73,400 in funding

from our local authority in 2020-21, 0.55% more than the previous year.



Children & Young Peoples Mental Health: Then and now



Then: Access to information and support during the waiting period or in general

Thanks to people sharing their experiences of children and young peoples mental health services in 2018 we were able to help providers and commissioners address the need to improve information and support available for patients, carers and families both in the waiting period for diagnosis and within the community in general.

Our report found that almost 1 in 2 young people and 7 out of 10 parent carers were unsatisfied with the information and support available during the waiting period for mental health services. Additionally young people who don't use mental health services said that more information should be accessible within the community. We identified that some parents and carers were not receiving the support they needed during the waiting period. In particular, parents and carers were asking for accessible peer support.

It became clear that the provision of information for children and young people's mental health services within health settings, in the community and online needed to be significantly improved. We lead a programme of work supported by our young volunteers in collaboration with NHS services such as GPs and CAMHS to up date the information provided in waiting rooms and on websites. We shared further information across social media, with schools, colleges and community settings focusing on a wide range of mental health topics. Our young volunteers wanted to raise awareness and to ask all organisations to consider how to improve their mental health information and communications across Darlington.



Now: Children & young peoples mental health issues

Thanks to young people and parent carers sharing their experience before and during the pandemic we have continued to ensure that providers and commissioners consider the improvement of children & young peoples mental health information and that more emphasis is placed on support during the waiting period for mental health support.

Between January 2020 and October 2020 we spoke to 478 young people and parent carers. Their main issues included:

- More information and support needed during the waiting period for the whole family
- Lack of support available for parent carers
- More information & awareness of mental health offer needed across Darlington as a whole

People told us that when they were unable to access alternative support or information during the waiting period or in general that it can then be difficult to know where to start without education and signposting from services and organisations. It became clear that nothing had changed since our last report



“The wait lists and lack of support are beyond words, parents need help and support even after diagnose there is zero support”

Parent carer Darlington

“I have no idea what support is available through school”

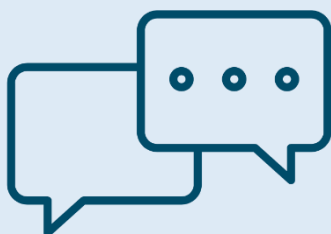
Young person Darlington

We shared our report with the NHS Tees Valley Clinical Commissioning Group (CCG) to highlight the issues faced by young people and their families and to ensure that information sharing across Darlington was improved across sectors. This has now been placed as a priority action on the local transformation plan which means this will finally be improved using a whole system approach.

This has never been more important as we face an increasing demand on NHS mental health services following the unprecedented impact of the pandemic on mental health. Ensuring that appropriate solutions are offered will decrease pressures on the NHS whilst supporting our young people and families when they need it the most.

We also worked collaboratively with the CCG to successfully secure funding which will establish new mental health support teams within schools providing more early intervention and low level support for young people. This also means more support can now be offered to parent carers. A new parent peer support group is being implemented in the coming months.

Share your views with us



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



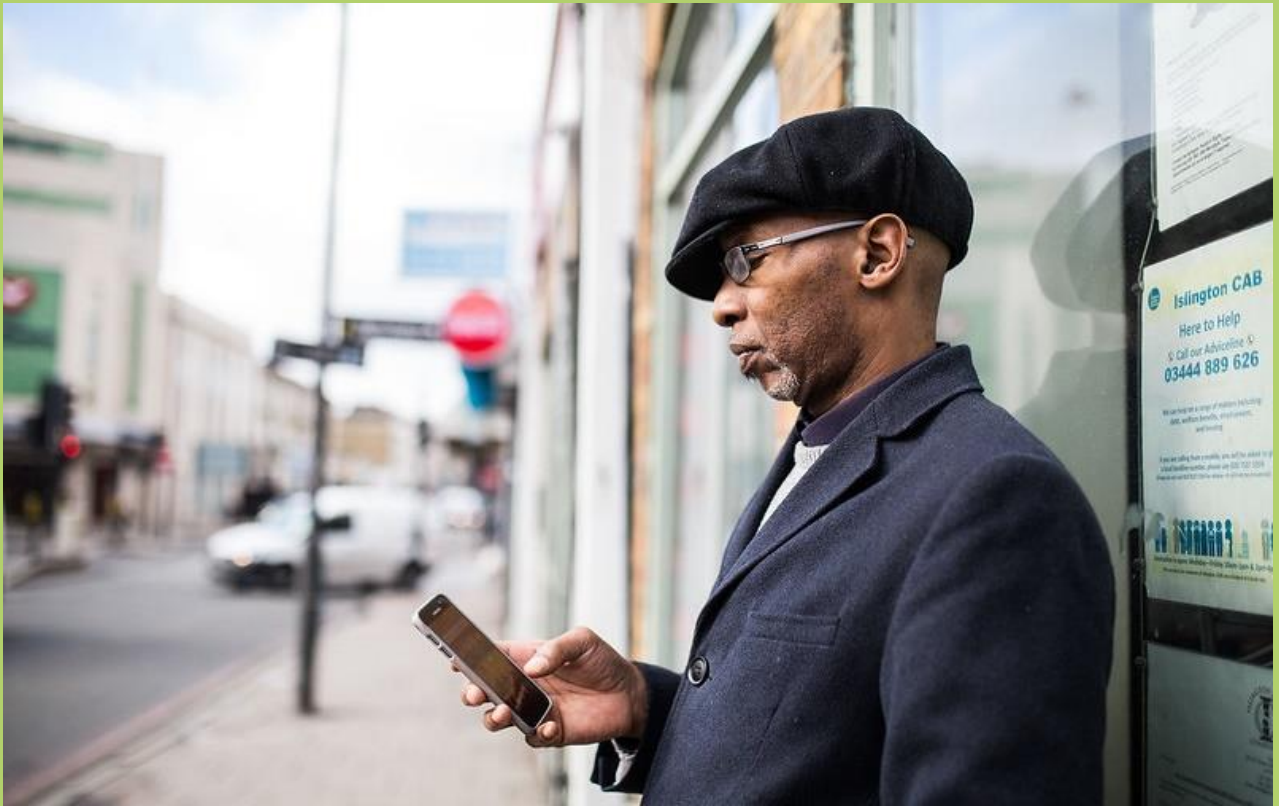
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Accessible Primary Care Services: Then and now



Then: accessing your local GP

GP services that are accessible for all has been a priority of Healthwatch Darlington for the last three years.

In 2018, our research had identified minority and ethnic group patients were finding it difficult to book an appointment and access GP services due to problems with translators and information not being provided in a suitable format. Local patient representatives from ethnic communities in Darlington raised their concerns and called out for change. As a result of the feedback from patients we were able to do the following:

- 1) Call for NHS England North to improve the delivery of the local translation service with the view to recruiting translators with local dialects making it easier for ethnic patients to use.
- 2) Call for GP practices to review their accessible information policy.

In 2020 NHS England North contacted Healthwatch Darlington and told us that our findings helped to inform the decision for them to retender the translation service contract. This meant that a new interpreting and translation service would be implemented in autumn 2020. The process was slightly delayed due to Covid-19, however we helped to share their patient survey in November 2020 providing local patients with the opportunity to share their experiences even further.



Now: accessing your GP before and during the pandemic

We asked local Just before the pandemic we worked with GP practices to further understand patient and carer experiences of primary care services. In 2019/20 some service users identified issues when using GP websites. People felt that GP practices could improve their online information as they found their websites difficult to use, difficult to navigate and highlighted confusing information. Furthermore, patients with a learning disability felt that consistency with access to their GP was important and that unexpected changes to this due to seeing specialist clinicians at another venue was very stressful.

GP practices to improve their websites ensuring they were accessible and easy to use. As a result the Primary Care Network (PCN) which consists of all of our 11 local GP Practices working together to improve the health of the borough's population, were able to learn from patients' experiences which has helped them to develop a Darlington wide website.

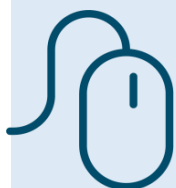
During a year of unprecedented times NHS GP services have had to make extraordinary changes to how they manage access to their services whilst maintaining the safety needed for patients and carers during the Covid-19 pandemic. People began to get in touch with us identifying barriers with the new digital way of accessing their GP practices. We heard from those with sensory impairments as well as people who needed translator services.

“I wear hearing aids and found it very difficult hearing what the doctor said on the phone consultation. I did ask him to speak louder but he didn't.”

The PCN contacted us asking to work together with some of Darlington's marginalised groups who may have been struggling with access during the pandemic. The PCN were keen to understand the challenges faced by our population and to make care as accessible as possible.

Together we explored the potential inequalities surrounding the shift to remote GP appointments and considered the impact of the new ways of working on people who may find it more challenging to access care remotely or virtually with a particular emphasis on social deprivation.

In our research we found that for the most part, remote consultations have worked well and have created some great opportunities for a different way of working for professionals, and a more convenient way for patients to access services. However it also highlighted some of the difficulties faced by local people especially those who may not have access to digital equipment such as laptops, tablets and smart phones, or who cannot afford the extra data needed.



Share your views with us

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

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Now: accessing your GP before and during the pandemic

People whose first language is not English have found making appointments or speaking to a practice's GP over the phone challenging, and for those with learning disabilities most felt a face to face appointment was better especially as facial expressions were important to them.

During the pandemic and the vaccination programme, the Primary Care Network have ensured they have listened to and acted upon the needs of our population as expressed through Healthwatch Darlington, the voluntary and community sector and public sector partners to ensure they are reaching those most vulnerable.



“Darlington Primary Care Network are committed to working in partnership with Healthwatch Darlington to identify and address gaps in service access due to digital technology; in particular those from deprived and excluded communities. We acknowledge that these groups are at a greater risk of poorer health outcomes and we want to improve access for all and reduce inequalities regarding those who are digitally excluded, allowing greater flexibility for Darlington patients and an opportunity to engage with those who may previously have struggled to access GP services”

Dr Amanda Riley, Clinical Director of Darlington PCN

Going forward, it will be necessary for services to take into account individual needs and circumstances whilst embracing the convenience of in a more digitally enabled service for those that wish to interact in this way. Health and care services need to continue working together with an increased focus on tackling digital inclusion to support individuals and communities, particularly those most vulnerable or experiencing disadvantage.



“Darlington Primary Care Network welcome the digital exclusion report and its findings. The report has highlighted areas for improvement and also new ways of working which have had both a positive and negative impact on individuals. We will review the findings and recommendations and aim to implement changes where possible in order to improve access to general practice and continue our work to reduce inequalities and improve access for all.”

**Vikki Bailey, Advanced Nurse Practitioner,
Executive Board of Darlington PCN.**



Responding to COVID-19

Healthwatch plays an important role in helping people to get the information they need, especially through the pandemic. The insight we collect is shared with both Healthwatch England and local partners to ensure services are operating as best as possible during the pandemic.

This year we helped and supported 32,874 people by:

- Providing up to date advice on the COVID-19 response
- Linking people to reliable up-to-date information
- Supporting the vaccine roll-out
- Supporting the community volunteer response
- Helping people to access the services they need
- Holding weekly Live Facebook “Wellbeing Wednesday” sessions
- Providing a thrice weekly e-newsletter at the height of the pandemic

In addition we reached people with information 741,712 times via our social media posts

New way of working



Due to demand during the pandemic we increased our popular weekly e-newsletter to thrice weekly editions. Each issue contained the most up to date local, regional and national health, wellbeing and community news to ensure individuals and organisations were well supported.

Thrice weekly Newsletter

We designed a new way to connect with our online community. "Wellbeing Wednesday" was launched including special 'one off' live sessions connecting patients, service users and their families with health professionals, clinicians and the voluntary and community sector in Darlington.



Wellbeing Wednesdays

Online engagement



Our new model during the pandemic was based on sharing information and encouraging individuals to share feedback connecting them with services.

Some of the top sessions included:

- Primary Care & Flu Vaccines
- NSPCC & Kooth
- CAMHS and Mind
- Women's refuges and domestic abuse
- Unemployment and mental wellbeing
- Access to services across the winter

"I was able to share the video about CAMHS with my friend so they could find out more about the service."



Contact us to get the information you need

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Top four areas that people have contacted us about:



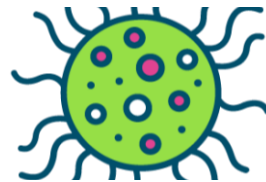
37% on Vaccines



23% on GP services



20% on Hospital Care



20% on Covid-19

Seldom Heard



Early in the pandemic, it was highlighted that some people were unable to access information in a suitable format.

Working with other organisations we were able to share more accessible information in our newsletter and on social media by:

- Linking to Doctors of the World and translated Covid-19 Government guidance
- Providing video links in BSL from SignHealth
- Sharing local authority accessible Covid communications.
- Providing easy read information and guidance



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Volunteers

At Healthwatch Darlington we are supported by 32 volunteers to help us share information, raise awareness within the community, find out what people think is working, and what improvements people would like to make to services.

This year our volunteers:

- Helped people have their say from home, sharing and carrying out surveys either on the telephone or online.
- Created digital content such as advice and information on our website and social media helping us to reach individuals with important information during the pandemic.
- Carried out information and communication reviews for local services on the information they provide especially messages about the pandemic.
- Supported our projects and work by attending meetings, sharing ideas, creating plans and representing us within their communities.
- Shared information by word of mouth with people in Darlington helping to signpost people to the right support
- Shared awareness raising campaigns and assisted us in the launch of a new social media information session ensuring that we were able to engage with the community even further from home.

Volunteer Impact, Awards & Recognition

Volunteers helped their community during the pandemic by designing information campaigns which involved creating advice pages, posters, blogs, gathering the best information in relation to seldom heard and minority patients, loneliness/isolation, access to services during the winter, during and after lockdown advice, and mental health. Not only this but they shared generic health & care information all throughout the year.



Created 15 wellbeing campaigns and shared health information all year.



Volunteers listened to their community about children and young people's mental health, general covid-19 experiences and digital exclusion. Not to mention reporting back 'word on the street' news keeping us connected with Darlington during remote working.

Gathered 748 experiences and held 6 online focus groups.

Information campaigns

This new normal can be worrying

Things have been quite uncertain this year...

What can help?

- Wear a face covering based on your likes, hobbies and style
- Focus on the things you like and enjoy, maybe even turn it into a hobby
- Exercise at home
- Limit social media if it's affecting you
- Rest if needed
- Going to your GP (This is okay to do, make sure to wear a face covering)

Useful links

- Mental health foundation www.mentalhealth.org.uk
- Beat www.beateatingdisorders.com
- Shout 24/7 Text: 85258
- Youngminds <https://youngminds.org.uk/>
- NHS Live Well <https://www.nhs.uk/live-well/>
- The Listening Post ListeningPost@dacym.co.uk

Early in the pandemic our volunteers recognised the importance of sharing helpful information with the community. Not only this but they also recognised this needed to be inclusive by removing barriers for those who experience inequalities due to health conditions or demographics. Information has been shared online, in poster/leaflet format and in audio format.

"I just wanted to say what a wonderful resource this is and to commend the Youthwatch team in particular. We have a lot of employees with young families and the worries that young people have are all too real to be sure. This kind of peer support is invaluable.

Thanks to everyone!
Staff member, Darlington



Volunteer with us

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



www.healthwatchdarlington.co.uk



01325 380145



j.austin@healthwatchdarlington.co.uk

Volunteer Impact, Awards & Recognition

During 2020/21 individual volunteers were recognised for their incredible support during the pandemic: **Faith Miller, Sue Kirk, Amy Adams and Jessica Mather** all received a volunteer of the month award. **Faith** was named a 'Healthwatch Hero' by Healthwatch England at the end of 2020.



Volunteer Recognition



Volunteers were recognised locally and regionally. Youthwatch Darlington received a thank you letter from HM Lord Lieutenant, they showcased projects across the North East and volunteers were praised for their input during our popular Wellbeing Wednesday live sessions.

Community Recognition

National Awards and Recognition!



In November 2020 Healthwatch England awarded our volunteers from Youthwatch Darlington with the 'Highly Commended' award during the annual conference. The award celebrated our volunteers and we were one of only 12 Healthwatch to receive this award out of 152 across England.



In January 2021 we submitted the fantastic work that Youthwatch Darlington have carried out over the last year to feature in the Royal College of Paediatrics and Child Health Annual Conference. A panel of parents, young people and health professionals selected Youthwatch Darlington to feature in the conference gallery showcasing their work to improve mental health information for young people. This has been seen by over 1400 delegates from across 37 countries.



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Youthwatch Darlington volunteer, Amy Adams

Amy has been a volunteer for two years. Amy has helped to improve NHS waiting areas, listened to young patients, represented young patient voices and represented us nationally.

"I've listened to young people who have struggled to find information about mental health services and worked with others to change this."



Health Connector- Jamie Odgers

Jamie has been a volunteer for almost four years and in that time, he has listened to service users experiences over eight research projects, ensuring patients and carer views are listened to and shared.

"We bridge the gap and help to make services better by sharing service user views."



Health Connector - Sue Kirk

Sue has been a volunteer for one year joining us during lockdown. Sue has helped to ensure vital information is shared right across the community helping people during the pandemic. Sue also represents the voice of other service users.

"I can be the voice for other parent carers in the community. I also share information with others who might not be online or who may have a learning disability."



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Health Connector – Gill Waite

Gill has been a volunteer for around 5 years. In her time she has conducted enter & view visits within care homes and hospital wards, assisted with community outreach, supported our administrative functions and listened to countless patient voices.

"I've enjoyed enter & view visits as I have been able to use my skills grown over the years. I love interviewing patients to find out their experiences."



Youthwatch Darlington volunteer- Jessica Mather

Jess has been a volunteer for almost two years. Jess has supported a number of our projects ensuring that young people are more aware of support available. Not to mention Jess hosted a live Facebook session with NSPCC and Kooth.

"Young people sometimes don't feel listened too but as volunteers we act as champion for those voices."



Youthwatch Darlington volunteer – Jaden Kirk

Jaden has been a volunteer for one year. In Jaden's time as a volunteer, he has taken a lead role in creating podcasts, graphics and other media formats. This has made Youthwatch Darlington more accessible during a period of uncertainty.

"My role means I am able to contribute to sharing information more widely in the community and raise awareness."



Volunteer with us

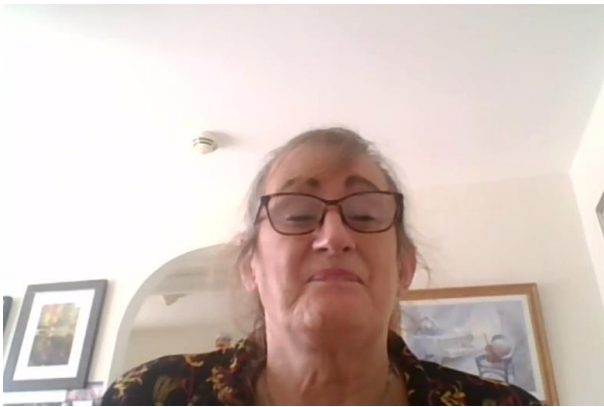
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Health Connector – Jen Mason

Jen shares her experience and passion advocating for the LGBT+ community to assist us in our work.

"I've been able to share my views on how Healthwatch Darlington can develop their advice and information on their website ensuring that the information shared is helpful for all and is inclusive."



Health Connector – Rachel Harrington

Rachel shares her interest and skills in the area of research and data, assisting us with our research projects the most recent being our 'Covid-19 vaccine' project.

"Sharing my skills and experiences in research means I have helped ensure that surveys are reaching as many people possible and that they are structured in a way that makes them more understandable for people in Darlington."



Youthwatch Darlington Volunteer – Ellie McLernon

Ellie supports the research element of Youthwatch Darlington's projects and has an interest in mental health. Ellie is a university student and also shares information with others her own age.

"The information I learn about health services and wellbeing can be shared with others which will help them in the future."



Volunteer with us

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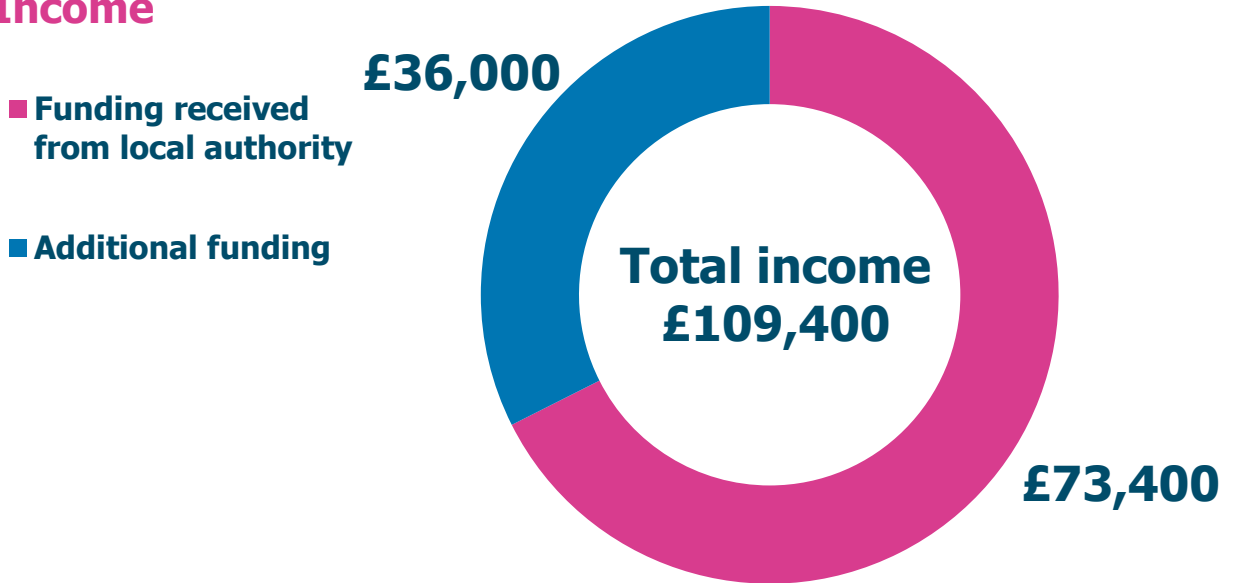
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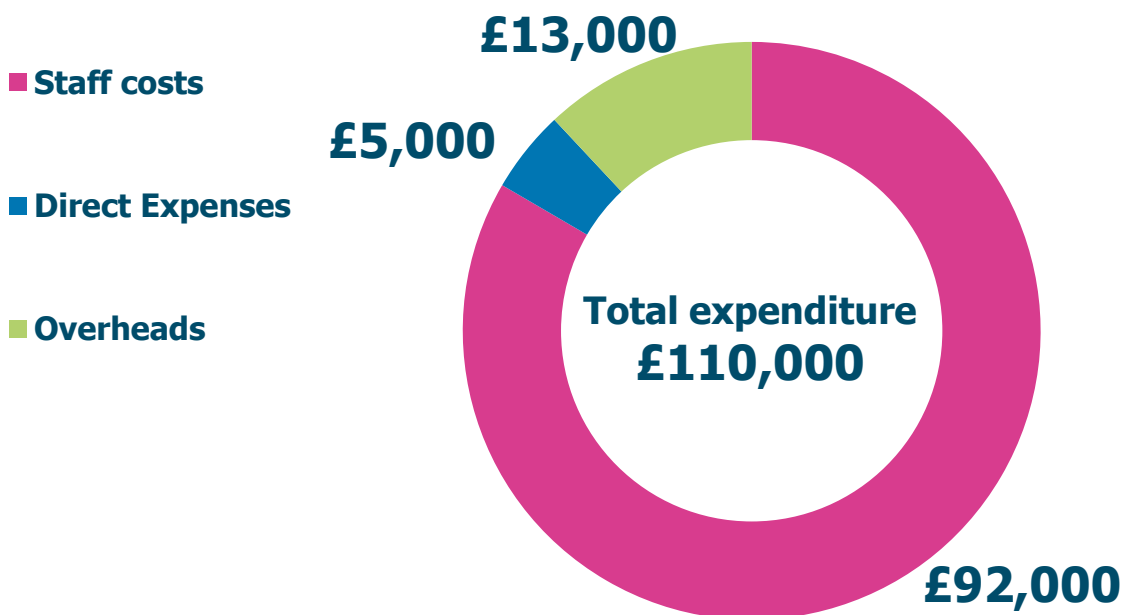
Finances

To help us carry out our work we receive funding from our local authority under the Health and Social Care Act 2012.

Income



Expenditure





Statutory statements

About us

Healthwatch Darlington Limited, Jubilee House, 1 Chancery Lane, Darlington, DL1 5QP

Healthwatch Darlington uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch board consists of five members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities. Our board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2020/21 the board met 12 times and made decisions on matters such as the business continuity plans and the working arrangements due to the pandemic.

We ensure wider public involvement in deciding our work priorities by holding focus groups and various surveys throughout the year, as well as logging every contact we have via our Customer Relationship Management (CRM) system which enables us to keep track of trends. We actively involve our volunteers and the community via social media and our Wellbeing Wednesday sessions by encouraging honest and open conversations about particular topics and interests. We also work closely with Healthwatch England regarding national matters which might affect our local population and our priorities may also be influenced by the priorities of local commissioners and providers of health and care services, especially if there is the likelihood of service change which could affect access to local services.

Methods and systems used across the year's work to obtain people's views and experience.

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2020/21 we have been available by phone, by email, provided a webform on our website, attended virtual meetings of community groups and forums, provided our own virtual activities, provided a popular weekly e-newsletter and engaged with the public through social media.

We are committed to taking additional steps to ensure we obtain the views of people from diverse backgrounds who are often not heard by health and care decision makers. This year we have done this by, for example, our work with accessing primary care services, our research on people who are digitally excluded, our work with NHS England North and the translation and interpreter service and via our Darlington Organisations Together (DOT) network which includes many of the smaller community groups who reach out to those that are seldom heard.

Community Testimonies for online engagement

- *“Really enjoyed this and some great information well done Healthwatch.” - Viewer*
- *“Congratulations to Healthwatch Darlington for being an amazing an inspirational organisation, your work is invaluable well done.” - Viewer*
- *“Brilliant informative session” - Viewer*
- *“These sessions have been really helpful thank you” - Viewer*
- *“I think that went really well, thank you for inviting us and giving us this opportunity. If there is anything else we can perhaps to look to work together on, going forward, please do reach out.” - NSPCC*
- *“Thank you for hosting this meeting so well. I really enjoyed it and hope patients benefited from it. I wonder whether we should make it a regular event especially as the NHS landscape is changing so rapidly often from day to day.” - Local GP professional*

Responses to recommendations and requests

We had no providers who did not respond to requests for information or recommendations.

This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers due to Covid restrictions. Consequently, no recommendations or other actions resulted from this area of activity.

There were no issues or recommendations escalated by our Healthwatch to Healthwatch England Committee and so no resulting special reviews or investigations.

Health and Wellbeing Board

Healthwatch Darlington is represented on the Darlington Health and Wellbeing Board by Michelle Thompson BEM, Chief Executive Officer. During 2020/21 our representative has effectively carried out this role by building up a local picture of community needs and experiences of people who use services and reporting any concerns about services to commissioners, providers and council health scrutiny.

Michelle also presents information for the Strategic Needs Assessment and discusses and agrees with other members of the Board a Health and Wellbeing Strategy. During this year a number of meetings were cancelled due to the pandemic but Michelle was still able to input by ensuring the importance of clear, consistent messaging by all organisations regarding the response to Covid-19 and the local outbreak control plan.

2020-21 priorities

Project / activity area	Changes made to services
Academic Health Science Network Great North Care Record Trusted Research Environment Strategy.	To gain an understanding of the public's view on data sharing and what they thought about the concept of a Trusted Research Environment. The information gathered informed the regional strategy.
Darlington Health Protection Board Weekly Meetings	Key partner in the town wide Covid response including providing information and feedback from the public and working in partnership with other key stakeholders to ensure consistent messages and information was used and shared throughout the pandemic and vaccination programme.
Substance misuse	We previously worked with service users to co-produce a leaflet for the Tees Esk and Wear Valleys NHS Mental Health Trust to use as a source of support for future users of the service. Service users felt that information sharing was over whelming and they wanted something that easy to understand and provides them with the information they needed so they could use mental health services confidently. We ensured this information was being shared widely within the Trust and it can also be found on their website. .
Youthwatch visit to CAMHS	Youthwatch Darlington continued their work with CAMHS following on from an observation visit to the waiting area. They shared their ideas to make improvements to the environment for young people. They took part in an online video session with CAMHS community support worker where they discussed how to make the waiting area welcoming for different age groups and talked about what information should be shared with young people. They have designed new art work which is now on display and showcased this during a live Facebook session.
NHS Clinical Research	Healthwatch Darlington has led on various projects across the North East and North Cumbria with our 12 other Healthwatch neighbours. This project gathered a snapshot in each area of what local people think about clinical research. What people told us was shared with the NHS and will be used to help develop a plan for our area. We will update once the plan is published..



"Thank you so much for hosting yesterday. I really enjoyed it and had fun. I know a lot of my family and friends gave us great feedback!! Hopefully we had a high number of views. Then Youthwatch Volunteers are great, it's really nice to know Darlington is in good hands with proactive young people"

Next steps

Top three priorities for 2021-22

- Children and Young People's Mental Health – we will continue to influence local strategies by following up recommendations and evidencing impact.
- Understanding the experiences and impact of Covid pandemic and vaccinations and lessons learned
- Digitally Excluded and Seldom Heard Groups

Next steps

- As we move away from restrictions, we hope to resume our face to face meetings for those that do not want to or cannot use digital approaches.
- We intend to continue our work with mental health services especially community solutions and with primary care services due to the effect that the pandemic has had on services and the back log created.
- We will continue to reach out to our seldom heard communities including the LGBT+ community to gain a better understanding of their experiences and needs when using local health and care services.



“We have experienced a very challenging but positive year collaborating with others to ensure those facing inequality are listened to, and those with the power to make change have acted to improve services.

Thank you to everyone for sharing your views and experiences, to organisations who worked with us to reach out to those most vulnerable, and to our fantastic team of staff and volunteers who worked tirelessly to help and support our community in a crisis.

Our approach is guided by placing individuals and communities at the heart of everything we do so as to develop a health and care system which is truly person centred and meets the needs of our diverse population.

I hope the momentum of communities working together is supported going forward for more joined-up approaches and sharing of resources and community assets to help and care for those most in need”.

Michelle Thompson BEM, Chief Executive Officer, Healthwatch Darlington

Thank you!

- To the people of Darlington
- Our wonderful volunteers
- Our amazing staff team members
- Our supportive Board Members
- Healthwatch England
- All our North East & North Cumbria Healthwatch colleagues
- Darlington’s Voluntary and Community Sector
- Darlington Organisations Together (DOT) Network
- Darlington Borough Council
- Darlington Health and Housing Scrutiny Committee
- Darlington Health Protection Board
- Tees Valley Clinical Commissioning Group
- Darlington Primary Care Network
- Primary Healthcare Darlington
- Tees, Esk and Wear Valleys NHS Foundation Trust
- County Durham and Darlington NHS Foundation Trust
- NHS North East Commissioning Support
- North East Academic Health Science Network
- Care Quality Commission
- North East Independent Complaints Advocacy (ICA)





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Email: info@healthwatchdarlington.co.uk

Website: www.healthwatchdarlington.co.uk

Facebook: [@HealthwatchDarlington](https://www.facebook.com/HealthwatchDarlington)

[@youthwatchdarlo](https://www.facebook.com/youthwatchdarlo)

Twitter: [@healthwatchDton](https://twitter.com/healthwatchDton)

Instagram: [@healthwatchdarlington](https://www.instagram.com/healthwatchdarlington)

[@youthwatchdarlington](https://www.instagram.com/youthwatchdarlington)

**HEALTH AND HOUSING SCRUTINY COMMITTEE
20 OCTOBER 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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HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Better Care Fund	20 October 2021	Paul Neil		To receive an update on the position of the Better Care Fund for Darlington
Preventing Homelessness and Rough Sleeping Strategy Update	20 October 2021	Anthony Sandys		To look at progress following the implementation of the strategy. 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 Obesity Planning Options in relation to Hot Food Takeaways	20 October 2021	Ken Ross		To update Members on the findings of the review into Childhood Obesity Planning Options in relation to Hot Food Takeaways
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		To update Scrutiny Members undertake any further work if necessary.
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.

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
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.
Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	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
Integrated Care System (ICS) (Formerly Sustainability and Transformation Plan (STP) including the Better Health Programme (BHP)) Engagement and Communication Strategy	15 December 2021 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
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
<p>Primary Care (to include GP Access to appointments)</p> <p>Digital Health</p>	<p>23 February 2022</p> <p>Last considered 31 October 2019</p> <p>23 February 2022</p> <p>Last considered 19 December 2018 ; and by Review Group 16 Nov 2016</p>	<p>Sue Greaves CCG</p> <p>CDDFT</p>		<p>To scrutinise development around Primary Care Network and GP work, including digital health and its application, including signposting to services.</p>
Crisis Service Changes	<p>23 February 2022</p> <p>Last considered 21 October 2020</p>	<p>Jennifer Illingworth, TEWV</p>		<p>To receive a briefing and undertake any further detailed work if necessary.</p>
Housing Management Policy	<p>27 April 2022</p>	<p>Anthony Sandys</p>		
Affordable Home Ownership Policy	<p>27 April 2022</p>	<p>Anthony Sandys</p>		
Housing Services Anti-Social Behaviour Policy Review	<p>27 April 2022</p>	<p>Anthony Sandys</p>		
NHS Clinical Commissioning Group Financial Challenges and Impact on Services	<p>June 2022</p> <p>Last considered 23 June 2021</p>	<p>Mark Pickering, NHS Darlington CCG</p>		<p>To scrutinise and monitor the CCG to ensure delivery of the necessary QIPP required in order to achieve its financial duties and service delivery</p>

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Housing Revenue Account 2022-23	To be agreed	Anthony Sandys		
Strategic Housing Needs Assessment	To be agreed	Anthony Sandys		
Impact of Covid-19 on Mental Health	To agree how to proceed			
CCG Stroke Services/Review of Stroke Rehabilitation Services	Last considered 25 August 2021	Katie McLeod CCG		To scrutinise and challenge the CCG's and review of Stroke Rehabilitation Services in the community following discharge from Bishop Auckland Hospital
West Park Update	Last considered 25 August 2021	Brent Kilmurray, TEWV		To update Scrutiny Members undertake any further work if necessary.
Our Big Conversation – Strategic Framework and Business Plan	Last considered 25 August 2021	TEWV		To update Scrutiny Members undertake any further work if necessary.

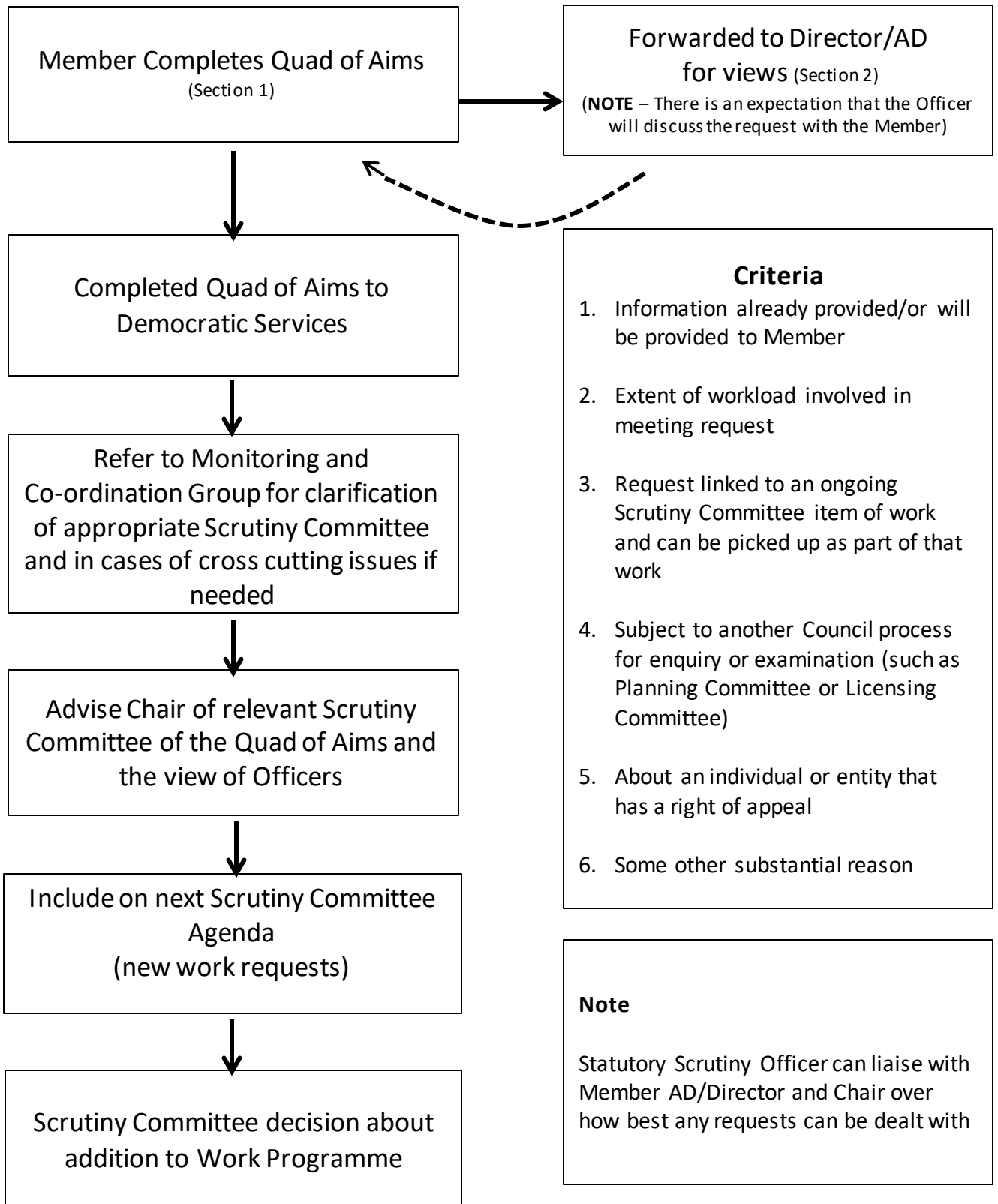
JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

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

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

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



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

SECTION 1 TO BE COMPLETED BY MEMBERS

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

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

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Signed Councillor

Date

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS
(NOTE – There is an expectation that Officers will discuss the request with the Member)

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

Signed **Position** **Date**

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DARLINGTON BOROUGH COUNCIL
FORWARD PLAN



DARLINGTON

Borough Council

FORWARD PLAN
FOR THE PERIOD: 6 OCTOBER 2021 - 28 FEBRUARY 2022

Title	Decision Maker and Date
Council Tax Support - Scheme Approval 2022/23	Council 25 Nov 2021 Cabinet 9 Nov 2021
Eastbourne Sports Complex - Release of Capital	Council 25 Nov 2021 Cabinet 9 Nov 2021
Feethams House - European Regional Development Fund	Cabinet 9 Nov 2021
Land at Sparrowhall Drive	Cabinet 9 Nov 2021
Project Position Statement and Capital Programme Monitoring - Quarter Two	Cabinet 9 Nov 2021
Proposed Waiting Restrictions on Woodland Road, Outram Street and Duke Street	Cabinet 9 Nov 2021
Revenue Budget Monitoring - Quarter 2	Cabinet 9 Nov 2021
Schedule of Transactions - November	Cabinet 9 Nov 2021
Special Educational Needs and Disabilities (SEND) Capital Projects	Cabinet 9 Nov 2021
Complaints Made to Local Government Ombudsman	Cabinet 7 Dec 2021
Housing Revenue Account 2022/23	Cabinet 7 Dec 2021
Mid-Year Prudential Indicators and Treasury Management 2020/21	Council 27 Jan 2022 Cabinet 7 Dec 2021
Medium Term Financial Plan 2022/23 to 2025/26	Cabinet 7 Dec 2021
Rail Heritage Quarter Update	Cabinet 7 Dec 2021
Schedule of Transactions - December	Cabinet 7 Dec 2021
Customer Services and Digital Strategy 2021/24	Cabinet 11 Jan 2022
Maintained Schools Capital Programme - Summer 2022	Cabinet 11 Jan 2022
Tees Valley Energy Recovery Facility	Cabinet 11 Jan 2022
Annual Audit Letter 2020/21	Cabinet 8 Feb 2022

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Calendar of Council and Committee Meetings 2022/23	Cabinet 8 Feb 2022
Housing Revenue Account 2022/23	Council 17 Feb 2022 Cabinet 8 Feb 2022
Medium Term Financial Plan 2022/23 to 2025/26	Council 17 Feb 2022 Cabinet 8 Feb 2022
Project Position Statement and Capital Programme Monitoring - Quarter 3	Cabinet 8 Feb 2022
Prudential Indicators and Treasury Management Strategy	Council 17 Feb 2022 Cabinet 8 Feb 2022
Revenue Budget Monitoring - Quarter 3	Cabinet 8 Feb 2022
Local Transport Plan	Cabinet 8 Mar 2022
Regulatory Investigatory Powers Act (RIPA)	Cabinet 8 Mar 2022
Restoration of Locomotion No 1 Replica	Cabinet 8 Mar 2022