



**DARLINGTON**

Borough Council

# Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 15 December 2021

Via Microsoft Teams

As a result of concerns around the Omicron variant, this meeting will be held on a virtual basis.

Members of the public can view a live stream of the meeting at:

<https://www.darlington.gov.uk/livemeetings>.

Members of the public wanting to make representations at the meeting can do so by e-mailing [Hannah.Miller@darlington.gov.uk](mailto:Hannah.Miller@darlington.gov.uk) no later than 10.00 a.m. on Tuesday 14 December 2021.

Members of the public may also approach their Ward Councillors (who can attend this virtual meeting) and request that they put their views to the Committee

1. Introduction/Attendance at Meeting
2. Declarations of Interest
3. To approve the Minutes of the meeting of this Scrutiny held on 20 October 2021 (Pages 3 - 8)
4. Primary Care: An Update on National Policy Changes 2020/21 –  
Presentation by Commissioning Lead – Primary Care, NHS Tees Valley Clinical  
Commissioning Group  
(Pages 9 - 18)
5. Community Transformation NHS England: Tees Valley –  
Presentation by Associate Director, MH/LD Partnerships and Strategy, Tees, Esk and  
Wear Valley NHS Foundation Trust and Programme Manager, Community  
Transformation Tees Valley  
(Pages 19 - 30)

6. Customer Engagement Strategy 2021-2024 Update –  
Presentation by Assistant Director Housing and Revenues  
(Pages 31 - 42)
7. Performance Indicators - Quarter 2 2021/22 –  
Report of Assistant Director – Housing and Revenues, Assistant Director – Community  
Services and Director of Public Health  
(Pages 43 - 86)
8. Work Programme –  
Report of Assistant Director Law and Governance  
(Pages 87 - 104)
9. Health and Wellbeing Board –  
The Board last met on 16 September 2021. The next meeting is scheduled for 16  
December 2021.
10. 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.
11. Questions



**Luke Swinhoe**  
**Assistant Director Law and Governance**

**Tuesday, 7 December 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 Miller, 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.miller@darlington.gov.uk](mailto:hannah.miller@darlington.gov.uk) or telephone 01325 405801

## HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 20 October 2021

**PRESENT** – Councillors Bell (Chair), Heslop, Layton, Lee, McEwan and Newall

**APOLOGIES** –

**ABSENT** – Councillors Bartch, Dr. Chou and Wright

**ALSO IN ATTENDANCE** – Jill Foggin (Communications Officer, County Durham and Darlington Foundation Trust) and Michelle Thompson (Healthwatch Darlington)

**OFFICERS IN ATTENDANCE** – Penny Spring (Director of Public Health), Anthony Sandys (Assistant Director - Housing and Revenues), Ken Ross (Public Health Principal), Paul Neil (Programme Manager) and Hannah Fay (Democratic Officer)

### HH23 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

### HH24 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 25 AUGUST 2021

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 25 August 2021.

**RESOLVED** – That the Minutes of the meeting of this Scrutiny Committee held on 25 August 2021 be approved as a correct record.

### HH25 BETTER CARE FUND 2021/22 UPDATE

The Group Director of People submitted a report (previously circulated) updating Members on the progress of the 2021/22 Better Care Fund Programme.

It was reported that the Better Care Fund (BCF) was a programme spanning the NHS and Local Government which sought to join up health and care services; and that clinical commissioning groups and local government were required to agree a joint plan which was owned by the Health and Wellbeing Board.

It was stated that the 2021/22 BCF policy framework had been published on 18 August 2021 with minimal changes; publication of the planning guidance for the 2021/22 programme had been delayed and was published in early October; and details were provided of the priority areas of the Darlington Plan for 2021/22.

Details were also provided of the four national conditions for funding and the key metrics that the Plan should focus on; confirmation of funding for 2021/22 was still awaited; and the funding package was not new monies.

Members were informed that the planning guidance had been published and submission

requirements confirmed in October; the draft Plan for Darlington was being developed and would be shared with Members for sign off by the deadline of 16 November.

Discussion ensued in respect of discharge planning and scenario planning; Members were assured that scenario planning was being undertaken for all schemes; this included funding implications and impact on services; and an update would be provided to a future meeting of this Scrutiny Committee.

**RESOLVED** – (a) That the contents of the policy framework for 2021/22 be noted.

(b) That the delays in publication of the planning guidance be noted.

(c) That the draft Plan for Darlington be circulated to Members for comments.

## **HH26 PREVENTING HOMELESSNESS AND ROUGH SLEEPING STRATEGY UPDATE**

The Assistant Director Housing and Revenues submitted a report (previously circulated) updating Members on the progress against the Preventing Homelessness and Rough Sleeping Strategy; and updating Members on the homeless service provision during the Covid-19 lockdown period.

It was reported that Darlington's Preventing Homelessness and Rough Sleeping Strategy for 2019-2024 was approved by Cabinet on 9 July 2019; the strategy consisted of four main sections to satisfy the requirements of Section 1(1) of the Homelessness Act 2002; and reference was made to the five key supporting objectives to the Strategy.

The progress of the strategy's action plan was monitored through the multi-agency Preventing Homelessness and Rough Sleeping Forum; and Members noted that of the 28 actions in the strategy, 19 had been completed; seven were progressing and on track to meet timescales for delivery; and that due to the Covid-19 pandemic, two were progressing but were not on track to meet timescales for delivery.

It was reported that in response to the Covid-19 pandemic, the council had continued to deal with a significant increase in demand for homeless and housing options services; that as part of the Council's 'Everybody's In' agreement, anyone who presented to the Council as homeless had been placed in emergency accommodation; in 2020-21 230 households were placed in emergency accommodation, compared to 174 for the previous year, an increase of 32 percent; and that demand had remained high, with 110 households placed in emergency accommodation for the first quarter in 2021-22.

It was also reported that the length of stay in emergency accommodation for 2020-21 had seen a 176 per cent increase when compared to the previous year; that an increasing number of families were presenting as homeless, with 19 families placed in emergency accommodation since April 2021; and an emerging challenge had been finding accommodation and support for individuals with complex needs. Details were also provided of the progress that had been achieved despite the challenges of Covid-19.

Following a question, Members were advised that the position in respect of demand for emergency accommodation was similar across the Tees Valley; there was very limited

availability of properties to move people on from emergency accommodation; and the 700 Club provided an outreach service for those that were homeless and not wanting accommodation. Members were assured that there was good partnership working in Darlington; and housing services had close links with Adult Social Care and health colleagues; and worked closely with the discharge team at West Park.

**RESOLVED** – (a) That the contents of the report be noted.

(b) That the thanks of this Scrutiny Committee be extended to the Housing Services Team and 700 Club for their work.

## **HH27 HEALTH AND SAFETY COMPLIANCE IN COUNCIL HOUSING**

The Assistant Director Housing and Revenues submitted a report (previously circulated) updating Members on the role of the Regulator of Social Housing (RSH), particularly relating to requirements for social housing providers to meet health and safety standards for their tenants; explaining how the Council met those standards, how compliance was currently monitored; and proposing how Members would scrutinise performance against those standards.

It was reported that the RSH set a number of consumer standards, which social housing providers must comply with; details were provide of the three economic and four consumer regulatory standards; and particular reference was made to the Home Standard which sets expectations for social housing providers to provide tenants with good quality accommodation and a cost-effective repairs and maintenance service.

Reference was also made to the requirements set out in the Government's recent Social Housing White Paper (The Charter for Social Housing Residents); the role of the RSH in monitoring the performance of social housing providers; and that the RSH had not yet determined an inspection regime, but that it was likely to want to see evidence of how the Council adopted the standards, how it complied with health and safety requirements and how Council Members scrutinised performance.

Details were provided of the Council's well established and robust processes that were in place to monitor health and safety compliance in relation to its Council housing stock; and details were provided of the areas covered by the monthly compliance meetings which were chaired by the Performance and Compliance Manager.

**RESOLVED** – (a) That the contents of the report be considered.

(b) That reports on health and safety compliance in Council housing be included in the Scrutiny Committee work programme on an annual basis.

## **HH28 CHILDHOOD OBESITY PLANNING OPTIONS IN RELATION TO HOT FOOD TAKEAWAYS**

The Group Director of People submitted a report (previously circulated) updating Members 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.

It was reported that planning could influence the built environment to improve health and reduce obesity and excess weight in local communities; that local planning authorities could consider bringing forward, where supported by an evidence base, local planning policies and supplementary planning documents, which limited the proliferation of certain use classes in identified areas, where planning permission was required.

Reference was made to the presentation (also previously circulated) which was received by Health and Wellbeing Board on 16 September 2021; and the example of another authorities experiences of using planning powers as part of their approach to tackling childhood obesity (also previously circulated).

Following concerns raised regarding the obesity problem across the whole population, the Public Health Principal advised Members that the direct link to hot food takeaways and obesity, which was required to change planning policy, had not been demonstrated; and work was being undertaken to lobby the government regarding input from Directors of Public Health in planning applications. Members were assured that the Childhood Healthy Weight Plan had a number of actions to ensure Darlington residents were able to make healthy choices; and that a system wide approach was required to tackle this issue.

**RESOLVED** – That the report, outlining data and information provided by Darlington Health and Wellbeing Board on 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 would assist in addressing childhood obesity, be noted.

## **HH29 CHILDHOOD HEALTHY WEIGHT PLAN**

The Group Director of People submitted a report (previously circulated) updating Members on the progress made against the Childhood Healthy Weight Plan (also previously circulated).

It was reported that the Childhood Healthy Weight Plan was developed in 2019 prior to the Covid-19 pandemic; and that the pandemic had impacted on the delivery of the actions contained within the plan.

Members were informed of the scope and the vision of the Darlington Childhood Healthy Weight Plan; that the percentage of children at year 6 (2019/20) who were categorised as living with obesity in Darlington was 22.5 per cent, with a figure of 12 per cent at reception age; that childhood obesity and excess weight carried significant health risks for children; and the prevalence of excess weight in least deprived children and young people was decreasing whilst for more deprived children and young people this was increasing. Members also noted that Covid-19 had had a detrimental impact on emotional eating, increased snacking and eating disorders.

Details were provided of the objectives of the Childhood Healthy Weight Plan and of five separate Action Task Groups (ATGs) which were established in January 2021; and the post covid recovery actions and progress made within each of the five ATG's was outlined.

**RESOLVED** – That the update be noted.

### **HH30 HEALTHWATCH DARLINGTON ANNUAL REPORT 2020 2021**

The Chief Executive Officer, Healthwatch gave a PowerPoint Presentation to update Members on Healthwatch Darlington Annual Report 2020/21.

The presentation outlined the purpose and goals of Healthwatch Darlington; detailed the key highlights from 2020/2021 and the work undertaken by Healthwatch Darlington responding to Covid-19; and Members noted that vaccines, GP services, hospital care and CCoVID-19 were top four areas that people had contacted Healthwatch Darlington about.

Members were informed of the work undertaken by volunteers along with the volunteer impact, awards and recognition. Detailed information was also given on the funding and expenditure for 2020/21; and the top three priorities for 2021/22 were outlined.

**RESOLVED** – (a) That the update be noted.

(b) That the thanks of this Scrutiny Committee be extended to Healthwatch Darlington for their work.

### **HH31 WORK PROGRAMME**

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

Members agreed that the item 'Primary Care (to include GP access to appointments) be brought forward to the next meeting of this Scrutiny Committee.

**RESOLVED** – That the work programme be updated to reflect discussions.

### **HH32 HEALTH AND WELLBEING BOARD**

Members were informed that the Board last met on 16 September 2021. The main discussion items included an update from the Tees Valley NHS Clinical Commissioning Group on the Darlington vaccination programme and an update from on Integrated Care System; a presentation detailing the planning options in relation to hot food takeaways; and a presentation on the Needs Led Neurodevelopmental Pathway.

Members also noted that the next meeting of the Board was scheduled for 16 December 2021.

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

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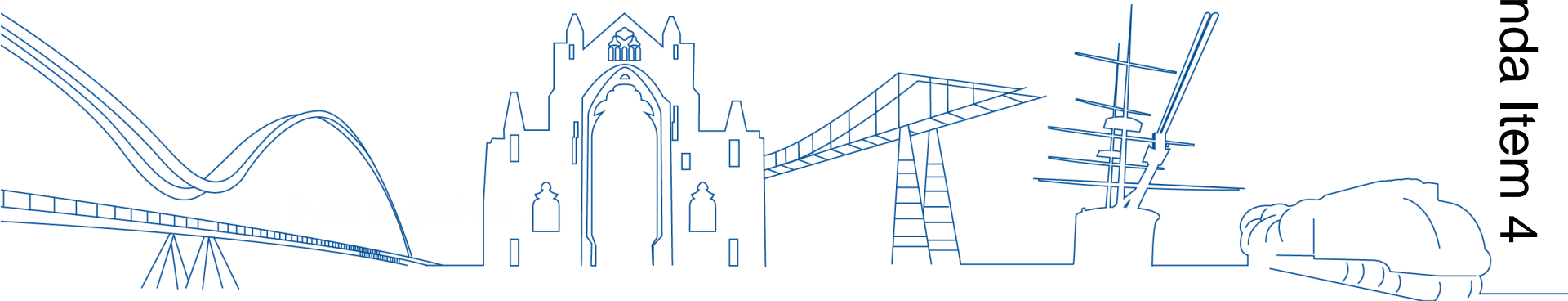


# Primary Care: An Update on National Policy Changes 2020/21

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**Emma Joyeux – Commissioning Lead, Primary Care**

Agenda Item 4



# https://www.england.nhs.uk/coronavirus/primary-care/general-practice/

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**NHS** NHS England and NHS Improvement coronavirus

Our advice for clinicians on the coronavirus is here. If you are a member of the public looking for information and advice about coronavirus (COVID-19), including information about the COVID-19 vaccine, go to the NHS website. You can also find guidance and support on the GOV.UK website.

## Primary care

Home > Coronavirus > Primary care

NICE is now the single point of advice on caring for people with coronavirus and the management of COVID-19 in different healthcare settings. 24 of the COVID-19 specialty guides have now moved to its website and NICE will begin a process of mapping the recommendations against its suite of COVID-19 rapid guidelines and integrating them where possible.

- About Coronavirus (COVID-19)
- Testing
- Prevention
- Infection prevention and control (IPC)
- Assessment
- Management - confirmed Coronavirus (COVID-19)
- Discharge
- Isolation
- Workforce
- Finance
- General practice
- Dental practice
- Community pharmacy
- Optical settings
- Mental health, learning disabilities and autism
- Cancer
- Clinical policies
- Health and Justice
- Other resources

**NHS** NHS England and NHS Improvement coronavirus

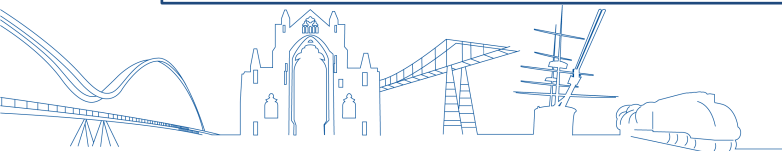
Our advice for clinicians on the coronavirus is here. If you are a member of the public looking for information and advice about coronavirus (COVID-19), including information about the COVID-19 vaccine, go to the NHS website. You can also find guidance and support on the GOV.UK website.

## Updates and guidance for general practice

Document first published: 11 March 2020  
Page updated: 30 March 2021  
Topic: Coronavirus, COVID-19  
Publication type: Guidance

Regular updates to general practice regarding COVID-19.

- Document**  
Freeing up practices to support COVID vaccination - further details  
PDF 133 KB 3 pages  
Summary: Published 3 February 2021. Letter from Robert Kettell and Dr Ursula Montgomery.
- Document**  
Freeing up practices to support COVID vaccination  
PDF 102 KB 4 pages  
Summary: Published 7 January 2021. Letter from Dr Nikki Kanani, Ian Dodge and Ed Waller.
- Document**  
Urgent preparing for general practice to contribute to a potential COVID-19 vaccination programme  
PDF 102 KB 7 pages  
Summary: Letter from Dr Nikki Kanani, Emily Lawson and Ed Waller.
- Document**  
Urgent preparing for general practice to contribute to a potential COVID-19 vaccination programme: Annex A: Indicative Enhanced Service Specification: COVID-19 Vaccination Programme 2020/21 Reference Guide  
PDF 281 KB 16 pages  
Summary: Indicative Enhanced Service Specification: COVID-19 Vaccination Programme 2020/21 Reference Guide




# Standard Operating Procedure (SOP)

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Classification: Official

Publications approval reference: C1175  
3 March 2021, Version 4.1



## Guidance and standard operating procedures

### General practice in the context of coronavirus (COVID-19)

Version 4.1

This guidance is correct at the time of publishing, but may be updated to reflect changes in advice in the context of COVID-19. Any changes since v4.0 (24 December 2020) are **highlighted in yellow**.

Please use the hyperlinks to confirm the information you are disseminating to the public is accurate. The document is intended to be used as a PDF and not printed: weblinks are hyperlinked and full addresses not given.

The latest version of this guidance is available [here](#).

To provide feedback about this SOP [please complete this email template](#).

Operational queries should be directed to your commissioner.

- First published 19<sup>th</sup> March 2020
- Withdrawn 19<sup>th</sup> July 2021 in line with step 4 of the covid recovery



# Key operational changes – Part 1

- March 20 – move to total triage system; capacity freed up nationally & locally (e.g. QOF, DES)
- April 20 – Easter bank holiday GP provision
- May 20 – GP support to care homes
- July 20 – national services mostly reinstated
- September 20 – QOF income protection introduced
- October 20 – new contract requirements
- November 20 – workload prioritisation and additional funding to expand capacity in 7 priority areas
- January 21 – nationally stood back down QOF, DES
- March 21 – additional £120m funding nationally (Apr-Sep)



# Covid vaccination programme Phase 1

- December 2020 – cohorts 1 & 2 (care homes and front line staff)
- January 2021 – cohorts 3 & 4 (over 75s and over 70s, plus CEV)
- February 2021 – cohort 5 & 6 (over 65s and all 18-64s with underlying health condition)
- March 2021 – cohort 7, 8 & 9 (over 60s, over 55s, over 50s)

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# Covid vaccination programme Phase 2

- April 2021 – cohorts 10 (over 40s)
- May 2021 – cohort 11 (over 30s)
- *May 2021 – 2<sup>nd</sup> doses for 1-9 accelerated*
- *June 2021 – 2<sup>nd</sup> dose for cohort 10 accelerated*
- June - August 2021 – cohort 12 (all over 16s)
- *July 2021 – 2<sup>nd</sup> dose for all cohorts accelerated*
- August 2021 – cohort 13 (12-15yrs at risk and household contacts of immunosuppression)

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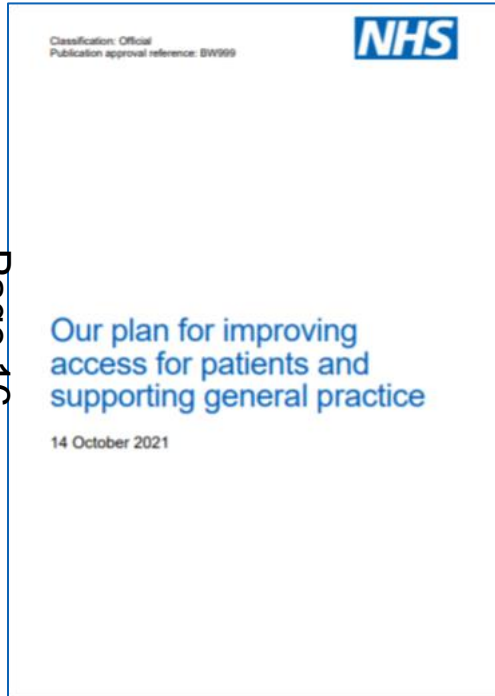
# Covid vaccination programme Phase 3

- September 2021 – all healthy 12-15yr olds
- September 2021 – booster for cohorts 1-9 (over 50s)
- *September 2021 – 3<sup>rd</sup> dose for immunosuppressed*
- November 2021 – booster for cohort 10 (over 40s) and 2<sup>nd</sup> dose for 16 & 17yr olds
- December 2021 – booster for cohorts 11 and 12 (over 30s and over 16s)



# Key operational changes – Part 2

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- 17<sup>th</sup> May 2021 – social distancing legislation changed; GPs encouraged to see patients face to face again
- 19<sup>th</sup> July 2021 - GPs to continue to offer a blended approach of face-to-face and remote appointments, with digital triage where possible
- 14<sup>th</sup> October 2021 – winter access fund published to improve access, in particular face to face appointments with a GP





# Summary

Despite the challenges, GPs have been committed to maintaining vital primary care services and had to rapidly adapt to meet the demands of delivering these during a pandemic.

General Practice has evolved over the pandemic and this new way of working has many benefits although appreciate it can cause some frustrations for patients.

Please continue to support our practices and GPs positively.



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# Working collectively to review the mental health system

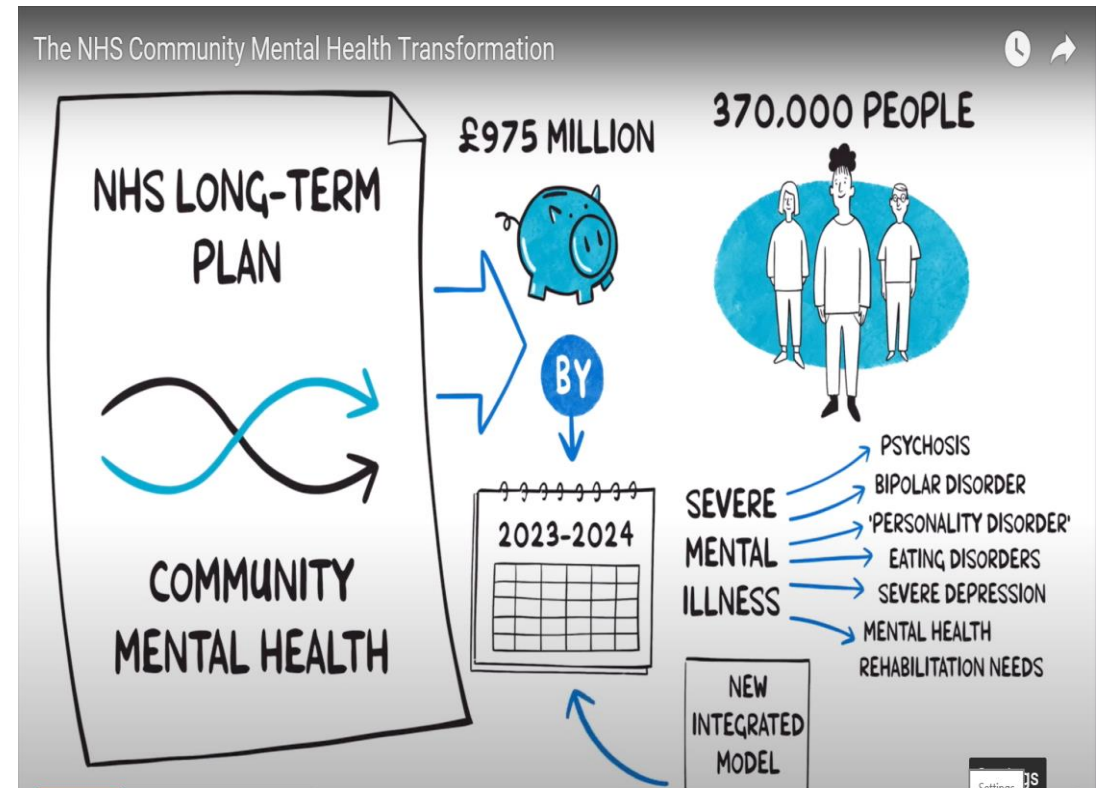
COMMUNITY TRANSFORMATION  
NHS ENGLAND: TEES VALLEY



# Core aims of Community Transformation

## Background:

- Driven by NHS England long term plan offering significant investment to enable those with severe mental health illness better access to integrated primary and community mental health care
- Move from fragmented silo working to integrated, holistic, person-centered care model
- Services and care pathways should be co produced with service users, carers and local communities.



# What has been happening across the Tees Valley?







# Healthwatch findings

## Purpose of the report:

**Understand each of the five local communities' needs:** what keeps people well and how communities would like to access mental health services in each area.

**Establish a baseline** of what local people's knowledge of current services are and your expectations of mental health services.

Enable local communities to have **greater choice** and control over their care, and to live well within each community.

Develop **localised place-based** action plans that are held collaboratively as partners to meet the needs of local populations

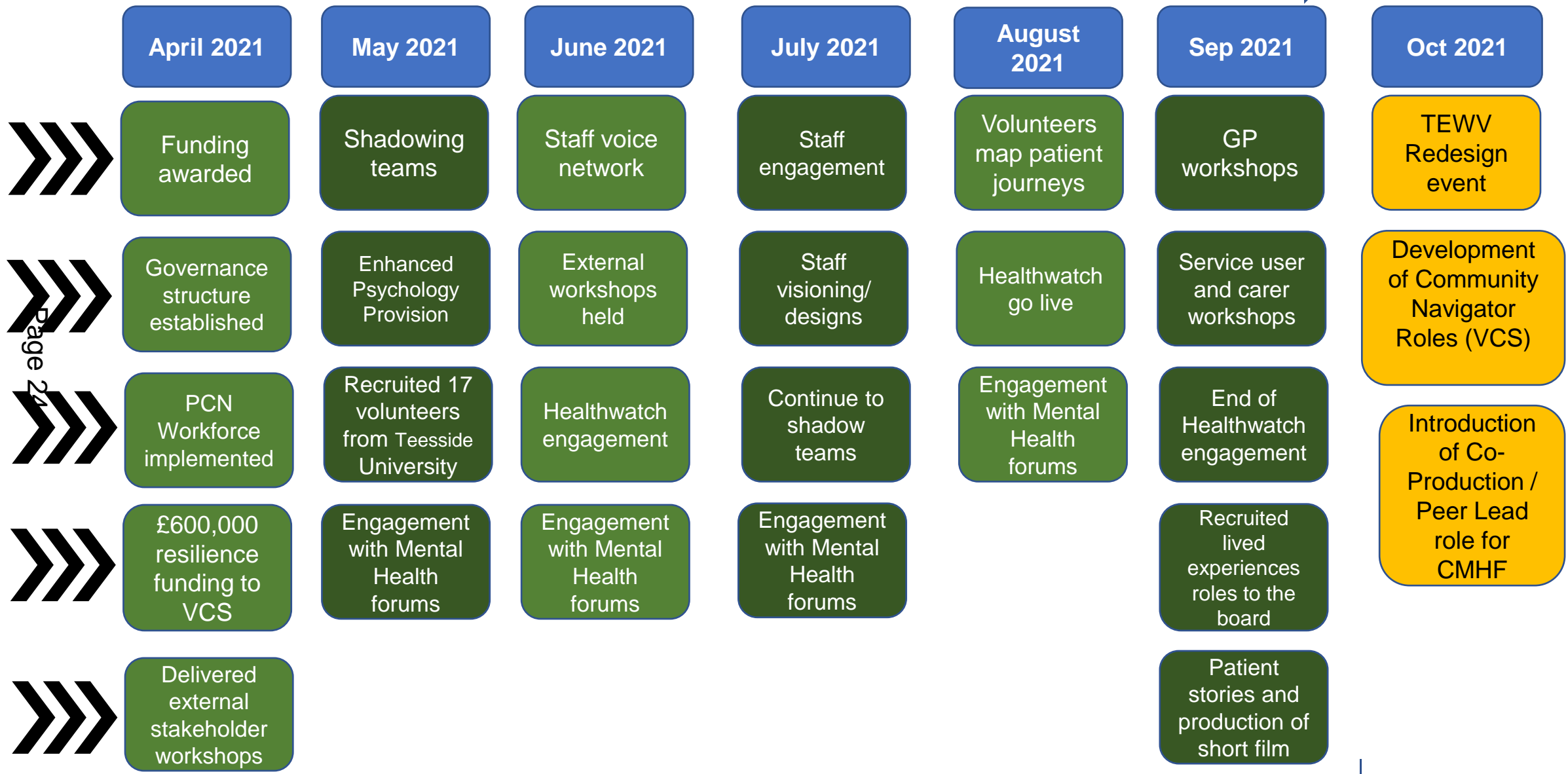
- **Better communication** to the public of what is available in terms of wellbeing support.
- **Awareness raising** in communities to reduce the stigma of mental health.
- **Easier access** through local community venues or supporting transport needs.
- **Greater accessibility** for those who face physical and mental health challenges.
- Provision of **more creative activity**, exercise, and social activity groups.
- **Shorter waiting lists**.
- **Longer therapy pathways** – for example more than 6 sessions.
- **Greater exploration of therapies** rather than medication.
- **More empathy, understanding, respect and awareness** of mental health conditions.
- **Supporting those who have caring responsibilities**, to attend wellbeing sessions themselves: care for the carer.

<b>Darlington</b>	Men (over 18)	Parent Carers and Carers (over 18)	Young people aged 16 to 25 in transition from child to adult mental health services
<b>Hartlepool</b>	Deaf community	Blind and Visually Impaired	Older People LGBT
<b>South Tees</b>	Carers	Visually Impaired	Refugees and Asylum Seekers
	Ethnic Minority groups (2)		Older People
<b>Stockton on Tees</b>	People with a learning difficulty / disability	Substance misuse	Carers


 The logo for healthwatch features the word "healthwatch" in a bold, sans-serif font. The "h" is dark blue, the "e" is pink, the "a" is dark blue, the "l" is dark blue, the "t" is dark blue, the "h" is dark blue, the "w" is dark blue, the "a" is green, the "t" is dark blue, and the "c" is dark blue.

**900 people engaged in consultation across the Tees Valley**

# Staff and service user/ carer led design



## Information and mapping phase 1



**Principles:**  
We accept each other's assessments.  
We do not refuse a referral

Assessment, triage, support and advice

Intervention and treatment

**Getting advice**

**Getting Help**

**Getting more help**

Local community support

Primary Care networks

Libraries/ leisure centres

Parks/ recreation

Education

Places of worship



Family/Friends

Work/Colleagues

Online support/ self help

Social Media

Aligned by PCNs

**Primary Care Network Mental Health Team**  
Based in GP surgeries

**Community Hub**  
Senior clinical staff including peers and community navigators.  
Co-located with VCS and LA

Physical health Review offer/ medication

**Treatment and Intervention Services**  
One team per locality

EIP

ADHD/ ASD

Personality & Relational

MHSOP & Dementia Ax

Rehab

Eating Disorders

Perinatal

SUPPORTED BY NAVIGATORS

System one recording

CITO recording

# What else has been happening in Darlington?



# Darlington Resilience projects

- Eight resilience projects funded non recurrently to support COVID recovery across Darlington
- Age UK, Darlington Association on Disability, First Stop Darlington, Groundwork NE, Theatre Hullabaloo, Primms and Needles, St Teresa Hospice, Arts Culture and Heritage Adventures CIC
- Projects involve increasing capacity in counselling for those who have experienced bereavement, social connections and artistic sessions for individuals with low mood or anxiety, befriending services, female and male allotment sessions and social prescribing.

# PCN Mental Health Practitioners

## Background:

- Practice Aligned Service rolled out in 2019 following the success of this service in the Durham area.
- Principles: offer a timely assessment for mild to moderate mental health conditions for adults 18 plus.
- Timely assessment at the patients local GP practice
- Referrals are triaged and offered a face to face appointment within 14days

## ARRS roles:

- Appointed a further x2 full time Mental Health Nurses to support adults aged 18 plus, additional posts being considered for CYP
- 12 slots per day per practitioner
- Patients will be supported and signposted to community services that best
- Good relationships in place with Darlington community sector



# Darlington next steps



- Working groups established for each area at place based- Darlington January 2022- funding resource allocated for Community work
- Shadowing Darlington TEWV Teams
- Co production of services through the introduction of Peer Lead role (recruited Dec 21 – expected start date Feb 2022)
- Possible expansion of the PCN-based workforce
- Sign off internally and externally to progress the model

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# Customer Engagement Strategy 2021-2024 Update

December 2021



**DARLINGTON**  
Borough Council

# The aims of the Customer Engagement Strategy 2021-2024

- To provide tenants with the right information
- To improve tenants involvement in decision making
- To improve how we engage with our tenants through digital and social media
- To learn from complaints, put things right and be open and honest when things haven't gone so well
- To improve training opportunities for our tenants
- To give our tenants feedback following consultation
- To empower tenants to make a meaningful contribution to Housing Services and their community





# Our 4 point plan

1. Provide the right information
2. Listen to our tenants
3. Make decisions with our tenants
4. Maximise scrutiny and accountability of our service



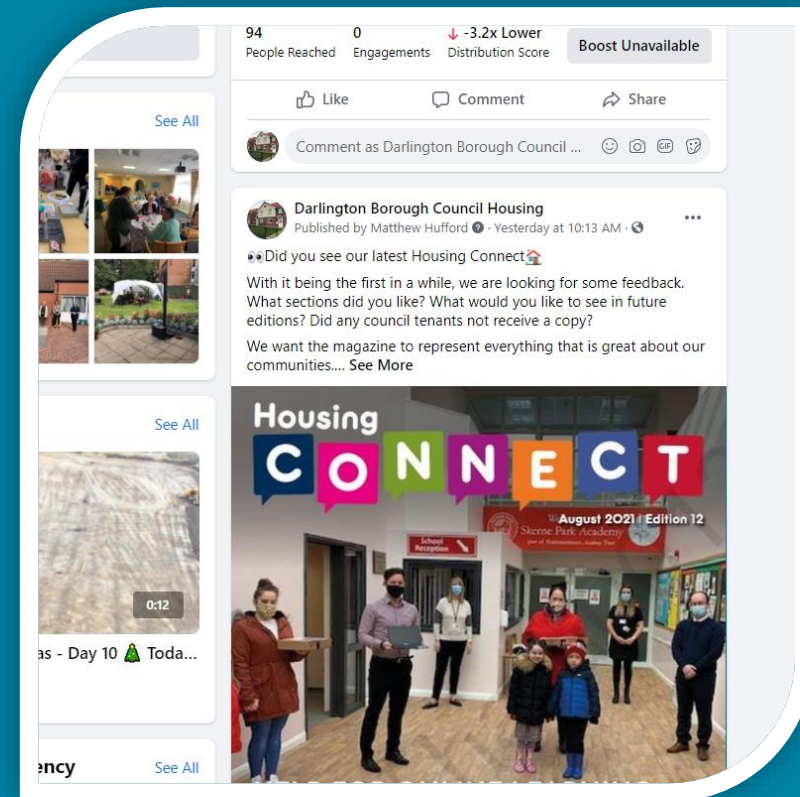
# Priorities and how they are being addressed



# Priority 1 – Providing the right information

## What we have done so far?

- Introduced an ICT programme to help us to keep our online written communication easy to read
- Expanded the Housing Facebook Page – this is updated daily to give up to date and relevant information. Followed by 1000 subscribers (around 20% of Council tenants)
- Introduced Step by Step guide for programs such as Darlington Home Online within the Customer Services Centre
- Ensured we have a dedicated team of Customer Services Advisors available in the Town Hall for those who most need help to access services online
- Recently delivered the Housing Connect magazine to all our tenants





# Priority 2 –Listening to our tenants

## What we have done so far?

- Listened to feedback from social media, emails, phone calls and meetings to start to plan for future engagement events
- Signed our Tenants Panel up for the North East Tenants Voice and invited them onto training courses.
- Set up Community events in Park Place and Bank Top to look at Anti Social Behaviour and improving multi-agency work
- Housing Officers all involved with building and promoting resident groups



# Building Safety

- Since Covid 19 we have realised that we needed to change how we communicate our Building Safety
- Hugely important in Engagement
- Fire Assessment, Electrical Safety and Gas Safety
- We want to liaise with our tenants and find out how we can communicate this
- Tenants Panel (Starting in 2021), Surveys and Mystery Shopper



# Priority 3 – Making decisions with our tenants

## What we have done so far?

- Set up events for tenants to be able to tell us what they want from us as a landlord
- Re-started estate inspections with professional agencies – tenants to attend in 2022
- When we're replacing doors and kitchens we've made sure tenants can have a choice
- Engagement champions within Tenants Panel to carry out fire safety checks – to expand in 2022
- We have consulted our Tenants about a new Tenancy Agreement and are reviewing their comments
- We are currently running a consultation with our tenants about next years rent charges





# The role of the Tenants Panel

- To attend and help with estate inspections
- To promote fire safety to their neighbours and community through helping with fire safety checks
- To review our literature and website before it goes out to make sure its easy to read and understand
- To attend training courses to improve their skills around things such as ICT, decision making etc
- To promote and take part in customer surveys
- To attend Tenants Panel meetings
- To carry out Mystery Shopping on our services
- To give us their views about our policies and processes
- To challenge us where necessary



# Priority 4 – Maximising scrutiny and accountability

## What we have done so far ?

- Introduced interactive forums for consultation and feedback (Covid has taught us not to be so linear and to have numerous options)
- Provided regular Facebook posts about our performance and services and asked for feedback
- Started to provide ASB performance to ensure tenants know what we are doing to tackle problems
- Carried out a follow up Equality Impact Assessment and asked for feedback with residents around trees after further complaints
- Annual Report produced and advertised
- Introduced a new system for dealing with complaints and reduced the response time to 10 days





# The affects of Covid 19 on our plans

- Unable to carry out face to face meetings, delayed our plans for these
- Tenants Panel Meeting started Sept 2021
- PACT and Community meetings suspended, now re-started
- More information online provided
- Estate Inspections and Fire Risk Assessments – tenants unable to attend
- Delayed training opportunities for tenants to attend
- Looked at more flexible ways of engaging



# The Next 12 months

- Aim to set up Engagement Champion program for tenants to be involved in their area
- Set up a new webpage and report on our performance quarterly.
- Offer the opportunity for all tenants to attend more community events
- Improve our website to provide more information and show when we have learnt from issues and concerns from tenants (you said, we did)
- Introduce a new Housing Management Policy and review the Anti-Social Behaviour policy – giving tenants the opportunity to comment on both
- Introduce new IT systems to help us and our tenants such as DocuSign (a system which allows tenants to sign documents online rather than coming into the office)
- Carry out more customer surveys so we can get feedback from tenants to make sure we are on the right track and performing well



**HEALTH AND HOUSING SCRUTINY COMMITTEE  
15 DECEMBER 2021**

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**PERFORMANCE INDICATORS QUARTER 2 - 2021/22**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To provide Members with performance data against key performance indicators for 2021/22 at Quarter 2.

**Summary**

2. This report provides performance information in line with an indicator set and scrutiny committee distribution agreed by Monitoring and Coordination Group on 4 June 2018, and subsequently by scrutiny committee chairs. Following agreement at Council on 5 December 2019 to align Scrutiny Committees to the updated Cabinet Portfolios, the indicator set has been re-aligned accordingly.
3. The indicators included in this report are aligned with key priorities. Other indicators may be referenced when appropriate in narrative provided by the relevant Assistant Directors, when providing the committee with performance updates.
4. Advice and support offered to housing tenants has helped achieve a reduction of £150,000 in rent arrears compared to the same period last year. Despite having the highest ever number of tenants claiming Universal Credit, the rent arrears from these tenants is lower than average.
5. The housing options team has continued to help homeless people including negotiating with landlords, friends, family and other providers to find suitable accommodation. The team has also been successful in a number of Government funding bids to help with homelessness and was recognised by the NEPACS Ruth Cranfield Award for its dedication in tackling homelessness during the pandemic
6. Within our housing stock we are working towards a MOT style gas servicing, completing more services in the summer which will allow us to focus on repairs during the busy winter months. Work has started to improve the Energy Performance Certificate ratings of council homes by upgrading insulation and double glazing.
7. We were one of only 15 local councils to be awarded government funding to help ex-offenders to secure rented accommodation.
8. The new Homefinder allocations system is making it easier for customers to apply for housing.

9. Under-18 conception continues to decrease as does smoking in under-18s which is now the fourth lowest in the region. Alcohol related admissions to hospital have also fallen and are statistically better than the region.
10. Thirty-six indicators are reported to the committee, nine of them on a six-monthly basis and twenty-seven annually.
11. Six indicators are reported by both services Housing or Culture and twenty-four by Public Health.

### Housing and Culture

12. Nine of the twelve indicators are reported six-monthly and have current year data.
  - (a) Of the nine indicators reported quarterly two have a target to be compared against.

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

- (b) HBS 013 had a target of 3.4%, the actual performance of 2.7% is therefore better than the target.
- (c) HBS 016 had a target of 100%, the actual of 97.36% is therefore not as good as the target.
- (d) Of the nine indicators reported quarterly all can be compared against their data at Qtr. 2 2020/21.
- (e) Six indicators are showing performance better than at the same period last year.

CUL 030	Total number of visits to the Dolphin Centre (all areas)
CUL 064	Number of individuals participating in the community sports development programme
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)
HBS 025	Number of days spent in Bed and Breakfast
HBS 072	% of dwellings not with a gas service within 12 months of last service date

- (f) Three indicators are showing performance not as good as at the same period last year:

CUL 063	Number of school pupils participating in the sports development programme
HBS 027i	Number of positive outcomes where homelessness has been prevented
HBS 034	Average number of days to re-let dwellings

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

(h) Two indicators are showing performance not as good as Qtr 1.

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

13. A detailed performance scorecard is attached at **Appendix 1**.

### Public Health

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

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

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

PBH 009	(PHOF 2.01) Low birth weight of term babies
PBH 016	(PHOF 2.04) Rate of under-18 conceptions
PBH 033	(PHOF 2.14) Prevalence of smoking among persons aged 18 years and over
PBH 052	(PHOF 3.08) Antimicrobial Resistance

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

PBH 044	(PHOF 2.18) Alcohol related admissions to hospital
PBH 046	(PHOF 2.22iv) Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period
PBH 048	(PHOF 3.02) Rate of chlamydia detection per 100,000 young people aged 15 to 24
PBH 058	(PHOF 4.05i) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population

16. The Public Health Q1 and Q2 Performance Highlight report is attached as **Appendix 2** and a scorecard as **Appendix 3**, providing more detailed information about the Public Health indicators (ref PBH).

### Recommendation

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

**Anthony Sandys**  
AD – Housing and Revenues

**Ian Thompson**  
AD – Community Services

**Penny Spring**  
Director of Public Health

### Background Papers

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

S17 Crime and Disorder	This report supports the Councils Crime and Disorder responsibilities
Health and Well Being	This report supports performance improvement relating to improving the health and wellbeing of residents
Carbon Impact and Climate Change	There is no impact on carbon and climate change as a result of this report
Diversity	This report supports the promotion of diversity
Wards Affected	This report supports performance improvement across all Wards
Groups Affected	This report supports performance improvement which benefits all groups
Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
Council Plan	This report contributes to the Council Plan by involving Members in the scrutiny of performance.
Efficiency	Scrutiny of performance is integral to optimising outcomes.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

## MAIN REPORT

### Information and Analysis

#### Housing

18. HBS 013 and HBS 016 – Performance for rent arrears has been achieved this quarter and continues to be at a similar level to quarter 4 of 2020-21. During quarter 2, comparisons with other regional social landlords show that our rent arrears are reducing whilst the region has seen a slight increase. There has been a significant reduction in rent arrears compared to quarter 2 of 2020-21 of over £150k. Collection rates have reduced slightly in quarter 2 compared to quarter 1, but this is within expected levels. We continue to promote help and guidance, making affordable repayment plans with customers, assisting them with benefit claims and budgeting skills. The number of Council tenants receiving Universal Credit (UC) is at its highest since UC was introduced (1,650), but average rent arrears for tenants receiving UC is lower than the region average. Court hearings have recommenced and enforcement and eviction warrants have been carried out where court orders have continued to be breached; but levels of evictions remain low as this is our last option.
19. HBS 025 – Whilst we have seen a decrease in homeless placements during quarter 2, there has still been an increase in the number of nights that individuals are staying in emergency accommodation. This is mainly due to lack of move on accommodation as a result of landlords in the private sector still having to serve a 4-month notice period until Oct 2021. In addition, we have seen an increased number of landlords who require higher bonds and a guarantor, meaning it is more challenging re-housing this cohort. Our Housing Options team continues to experience high levels of demand and this is likely to increase during the winter months. Additional staffing resource has been recruited to help us cope with demand.
20. HBS 027i – Despite the challenges and restrictions, the Housing Options team has continued to achieve an increase in positive outcomes for homeless customers during quarter 2. This has included negotiating with landlords, friends and family and support providers to find sustainable accommodation. We have also been successful in a number of Government funding bids, which has enabled us to find the best outcomes for customers experiencing homelessness or who are at risk of being homeless.
21. HBS 034 – The average re-let times for Council properties has increased during quarter 2 for a number of reasons. In September, we had a 2-week period where no new housing allocations were made as we transitioned from the old Compass allocations system to the new Homefinder system. In addition, our Building Services team has continued to experience recruitment difficulties across a number of trades impacting our ability to refurbish void properties to the required standard during quarter 2. However, additional resources has now been allocated to void properties and we are confident that re-let times will return to expected levels during quarter 3.
22. HBS 072 – The percentage of dwellings without a gas service within 12 months of last service date is 0.5% in Quarter 2. This is an improvement from 2020-21 and since quarter 1 of 2021-22. 2,175 gas services were undertaken in quarter 2, compared to 1,463 for the same period in 2020-21. Staffing issues, with the availability of qualified gas fitters, was a



major factor preventing us from booking in as many gas servicing appointments during quarter 1. However, additional resource has been brought in and performance has significantly improved. We are now working towards a MOT style servicing, completing more services in the summer months and less in the winter months. This will allow us to focus more on our repairs and maintenance during the busy winter months. Overall performance in this key area continues to be excellent.

### Housing Achievements for Quarter 2

23. Housing Services started to undertake the work to improve the Energy Performance Certificate (EPC) rating of Council homes during quarter 2, as part of the first phase of the Local Authority Delivery (LAD) programme. Work commenced in June 2021 to upgrade loft insulation and double glazing to 765 Council homes.
24. In addition, a further successful bid for LAD funding was also achieved in quarter 2 to double glaze another 110 Council properties and brings the total Government funding received for this work to £1.26m.
25. Housing Services were also successful in bidding for an additional £52,000 to assist ex-offenders to secure rented accommodation in Darlington, one of only 15 successful bids in the country. The funding will provide rent guarantees to allow up to 22 customers to access private sector tenancies.
26. Our Housing Options team were recognised by the NEPACS Ruth Cranfield Award for their dedication in housing and tackling homelessness during the pandemic. Each year, the NEPACS Ruth Cranfield Awards highlight and celebrate examples of exceptional work by people in the North East in the cause of rehabilitating prisoners into society and helping to cut the risk of re-offending.
27. The new Homefinder allocations system went live in quarter 2. The new system will make it easier for customers to apply for housing, speeding up the registration process, providing customers with better information about available properties and enabling customers to track their bids for properties.
28. Sheltered and extra care housing schemes started to re-open during quarter 2 as a result of the relaxation of Covid restrictions. Extra care schemes started to serve meals in the restaurants in arranged sittings and tenants are being encouraged to have their lunch together again. Move More facilitated small group exercises and larger activities were organised in the communal garden areas. The activity sessions have had 761 attendees since the easing of restrictions.

### **Culture**

29. CUL 030, CUL 063, CUL 064 - As COVID restrictions have been relaxed, the Dolphin Centre reopened in line with ongoing national restrictions with customers returning to use the facilities. Last year's Schools Sports programme figures included the Virtual Tees Valley School Games, which this year's figures don't. Going forward there will be a marked improvement in the School Games figures as all of the events/festivals are back up and running. For the Community Sports Development programme, the holiday programme

which was extremely successful over the summer has seen a marked improvement in this indicator.

## Public Health

30. PBH 009 - Low birth weight of term babies. There has been a decrease in the proportion of low birthweight babies in 2019 compared to 2018 (2.85% to 2.56%). Darlington remains statistically similar to both England and the North East. The table above ranks Darlington's position in comparison to region. Darlington has the 3rd lowest percentage of low birth weight babies compared to the region. The 0-19 year's contract includes a specific action for Health Visitors to visit an expectant mother by 24 weeks of their pregnancy. This visit provides an opportunity to provide the mother with information, advice and support to maximise the mother's health and provide the optimum conditions for a healthy pregnancy. This includes screening for alcohol consumption and smoking as well as access to Healthy Start vitamins including folic acid. Other services in Darlington that are commissioned by the Authority, including stop smoking support and substance misuse, prioritise support for pregnant women. Partner agencies such as local GPs and maternity services also support healthy pregnancies through providing access to high quality maternity care and support for pregnant women. Health professionals also provide pre-conception advice and support for women who are trying for a baby. This includes access to lifestyle advice and support including alcohol consumption, smoking and diet.
31. PBH 016 - Rate of under-18 conceptions – Under 18 years teenage conception rates continue to decrease, following both the national and regional trend. Statistically, Darlington's rate has decreased in recent years and is now 4th lowest compared to the region. The Authority commissions a range of different services which contribute to the continued decrease in teenage conceptions. These include increasing access to and improving uptake of contraception, including Long Acting Reversible Contraception (LARCs), emergency contraception and the provision of condoms. The Authority also works with schools and academies through the Relationships, Education and Sexual Health (RESH) Co-ordinator to coordinate and support the development and provision of high quality Sex and Relationships Education in Darlington and ensure that all schools are ready to meet the new national mandate in the provision of Relationships and Sex Education (RSE) curriculum in the new academic year. Next year, the RESH Coordinator will be refreshing the Teenage Pregnancy and Sexual Health Strategy and action plan.
32. PBH 033 - Prevalence of smoking among persons aged 18 years and over: Smoking prevalence in over 18s is showing a decrease which is positive. The proportion of adults smoking in Darlington in most recent data (2019) is 13.7% and is 4th lowest compared to the region. The Authority commissions a specialist Stop Smoking Service that offers intensive, evidence based targeted support to those who have been identified as accruing the greatest benefit from quitting. This includes pregnant women, and individuals with high risk of developing diseases such as heart disease, due to their smoking. The Service has been offering virtual appointments and attendance as increased throughout the pandemic. The School Nursing service that the Authority commissions supports schools to provide effective preventative messages for young people, using the PHSE curriculum, to provide them with the knowledge and information about the harms and risks of smoking to prevent new smokers. The Healthy Lifestyle Survey (HLS) also includes questions about the attitudes and behaviours of young people about smoking. The results of the HLS help schools target support and interventions and are used to de-normalise smoking

behaviours in young people and understand the sources of exposure. Trading Standards work with other agencies including the police and customs to remove the supplies of illicit tobacco in local communities. Illicit tobacco sales and unregulated and remove significant barriers to accessing tobacco particularly for young people and children.

33. PBH 044 - Alcohol related admissions to hospital: In previous years Darlington has had a greater rate of admissions to hospital due to diseases caused by alcohol consumption compared to England average, but in 2019/20 this has improved and is now statistically similar to the England average and statistically better than the region. Compared to our geographical neighbours in the North East, Darlington has a lower rate of admissions to hospital due to diseases caused by alcohol consumption. The Authority commissions NHS Health Checks where an "Audit C" alcohol screening tool is conducted as part of every NHS Health Check. This can help identify hazardous drinking or alcohol related disorders. GP's can then provide individualised advice and support to the patient or refer them on for specialist treatment. The Council also supports national campaigns aimed at raising awareness and reducing alcohol consumption in the population. Examples include Dry January which was widely promoted by partners and via Council media channels. Wider partnership work with other organisations support this wider awareness work. For those with hazardous or harmful drinking that require support, the Council commissions STRIDE (Support, Treatment Recovery in Darlington through Empowerment) which provides evidence-based interventions to stabilise and support individuals to make the changes in their behaviours that may reduce their harmful drinking and the associated risks. There is evidence that one of the wider effects of the COVID pandemic may be an increase in hazardous drinking within our communities.
34. PBH 048 - Rate of chlamydia detection per 100,000 young people aged 15 to 24: The latest reported data for 2020 shows there is no significant change (trend based on the most recent 5 points) but is higher than the North East (1,515) and higher than England (1,408). The authority commissions a specialist Sexual Health Service is commissioned. The Service has been working to improve access and screening by targeting younger people under 25 yrs. The Sexual Health Service has recently introduced an online testing service for those over 16years and this has increased the number of people getting tests. The majority of results are feedback within 24hours; positive and negative. If positive people are referred to the Specialist Service for treatment. The School Nursing Service is also working with schools and PHSE leads to ensure that Chlamydia screening is promoted within the PHSE curriculum to young people in schools and colleges in Darlington.
35. PBH 052 - Antimicrobial Resistance: The rate of reduction of antibiotic prescribing within the local NHS is statistically similar to both England and the North East average. In terms of performance against the North East region, Darlington is 2nd lowest in the ranking. The Tess Clinical Commissioning Group has an action plan to help reduce antibiotic prescribing and is working with individual GP Practices to support them to reduce their prescribing of antibiotics. The CCG is also working with NHS England and other CCGs and hospitals in supporting information campaigns to reduce the demand and expectations for antibiotics from patients for relatively minor and self-limiting illnesses. This includes the regular winter pressures campaigns and plans. The public health team in Darlington continues to support the local CCG, NHS England and the UK Health Security Agency in promoting awareness campaigns such as World Antibiotic Awareness Week and the seasonal influenza vaccination campaigns over the winter period. The Authority's role in providing animal health inspections also supports efforts to reduce AMR through ensuring animal

welfare standards are applied locally. The Pharmaceutical Needs Assessment (PNA) for Darlington stresses that pharmacies have a key role in providing advice and guidance to the public on medicine use including antibiotics and can influence reduction in use. The PNA is due to be refreshed during 2022. The Director of Public Health sits on the County Durham and Darlington Healthcare Associated Infections Steering Group. This is a multiagency group that includes membership from UK Health Security Agency CCGs and NHS Trusts that reviews risks, actions and policy in relation to health protection across County Durham and Darlington, including AMR.

36. PBH 058 - Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population: The rate of premature mortality from cancer has been reducing in Darlington steadily since 2001 to 2018, then increased slightly in 2019, but at a slower rate than England, but in 2016-18 onwards similar to England. Darlington is statistically similar to the average for NE Region with a similar rate of reduction. Compare to region Darlington is ranked 2nd lowest for this indicator. The public health team supports a range of partners in their work to contribute to reducing early deaths from cancer in Darlington. Some specific activities include: The provision of Brief Advice and Very Brief Advice training to community partners to maximise the numbers of individuals who are encouraged to quit smoking. The development of an online behaviour change coaching app. This will provide even more people who are quitting smoking with the support and advice they need to maximise their chance of a successful quit. The provision of information advice and support to the Authority's workforce by HR and Occupational Health, including campaigns to promote cancer awareness, healthy lifestyles and smoking cessation. Regulatory Services are working with partners in providing campaigns and action to stop illegal sales of tobacco in local communities. The implementation of the Cancer Plan by the CCG in Darlington to provide better uptake of screening, early detection, quick access to diagnosis and treatment to maximise those who survive a diagnosis of cancer.

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### SCRUTINY - HEALTH AND HOUSING 2021/22 QUARTER 2

Indicator	Title	Return Format	Reported	What is best	2018 / 2019	2019 / 2020	2020 / 2021	2021/22 - Q1	2021/22 - Q2	Qtr 2 compared to Qtr 1	2020/21 Qtr 2	2021/22 compared to 2020/21
CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week	Percentage	Annually	Lower	32.5%	26.9%	No data available	Annual indicators no data to report for these quarters		NA	Annual indicators no data to report for these quarters	NA
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Percentage	Annually	Higher	57.5%	61.7%	No data available			NA		NA
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Percentage	Annually	Higher	78.0%	70.0%	No data available			NA		NA
CUL 030	Total number of visits to the Dolphin Centre (all areas)	Number	Monthly	Higher	905,076	789,100	74,259	69,986	247,820	NA	36,978	↑
CUL 063	Number of school pupils participating in the sports development programme	Number	Monthly	Higher	23,459	19,665	10,675	1,677	3,056	NA	4,279	↓
CUL 064	Number of individuals participating in the community sports development programme	Number	Monthly	Higher	6,842	4,964	4,157	1,430	3,756	NA	1,516	↑
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)	Percentage	Quarterly	Lower	3.1%	2.9%	2.5%	2.5%	2.7%	NA	3.3%	↑
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd	Percentage	Quarterly	Higher	96.9%	97.5%	101.6%	98.1%	97.4%	↓	96.6%	↑
HBS 025	Number of days spent in Bed and Breakfast	Days	Monthly	Lower	3,137	1,486	4,116	1,134	2,261	NA	2,633	↑
HBS 027i	Number of positive outcomes where homelessness has been prevented	Number	Monthly	Higher	722	656	645	118	252	NA	327	↓
HBS 034	Average number of days to re-let dwellings	Average Days	Monthly	Lower	20.66	17.62	38.91	35.27	51.10	↓	44.12	↓
HBS 072	% of dwellings not with a gas service within 12 months of last service date	Percentage	Monthly	Lower	0.18%	1.00%	0.76%	1.99%	0.50%	NA	0.66%	↑
PBH 009	(PHOF C04) Low birth weight of term babies	Percentage	Annually	Lower	2.9%	2.6%	No data available			NA		NA
PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth - current method	Percentage	Annually	Higher	37.3%	33.5%	34.4%			NA		NA
PBH 014	(PHOF C06) Smoking status at time of delivery	Percentage	Annually	Lower	15.6%	16.4%	14.4%			NA		NA
PBH 016	(PHOF C02a) Rate of under-18 conceptions	Per 1,000 pop	Annually	Lower	19.5	19.3	No data available			NA		NA
PBH 018	(PHOF 2.05ii) Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	Percentage	Annually	Higher	97.8%	99.4%	No data available			NA		NA
PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)	Number	Annually	Lower	25.3	25.8	No data available			NA		NA
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)	Number	Annually	Lower	37.6	37.8	No data available			NA		NA
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Per 10,000 pop	Annually	Lower	245.1	207.3	No data available			NA		NA
PBH 026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Per 10,000 pop	Annually	Lower	147.6	135.0	No data available			NA		NA



SCRUTINY - HEALTH AND HOUSING 2021/22 QUARTER 2												
Indicator	Title	Return Format	Reported	What is best	2018 / 2019	2019 / 2020	2020 / 2021	2021/22 - Q1	2021/22 - Q2	Qtr 2 compared to Qtr 1	2020/21 Qtr 2	2021/22 compared to 2020/21
PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Per 10,000 pop	Annually	Lower	175.9	159.0	No data available	Annual indicators no data to report for these quarters	NA	Annual indicators no data to report for these quarters	NA	NA
PBH 031	(PHOF C14b) Emergency Hospital Admissions for Intentional Self-Harm	Per 100,000 pop	Annually	Lower	220.8	217.8	No data available					NA
PBH 033	(PHOF C18) Prevalence of smoking among persons aged 18 years and over	Percentage	Annually	Lower	13.8%	13.7%	No data available					NA
PBH 035i	(PHOF C19a) Successful completion of drug treatment - opiate users	Percentage	Annually	Higher	4.8%	3.1%	No data available					NA
PBH 035ii	(PHOF C19b) Successful completion of drug treatment - non-opiate users	Percentage	Annually	Higher	33.1%	19.3%	No data available					NA
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment	Percentage	Annually	Higher	33.2%	30.7%	No data available					NA
PBH 044	(PHOF C21) Admission episodes for alcohol-related conditions (narrow) (new method from 2019/20)	Per 100,000 pop	Annually	Lower	596	501	504					NA
PBH 046	(PHOF C26b) Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period	Percentage	Annually	Higher	49.9%	50.7%	48.9%					NA
PBH 048	(PHOF D02a) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Per 100,000 pop	Annually	Higher	1,723	2,108	1,665					NA
PBH 050	(PHOF D07) HIV late diagnosis (%)	Percentage	Annually	Lower	20.0%	No data available	No data available					NA
PBH 052	(PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS	Number	Annually	Lower	1.21	0.78	No data available					NA
PBH 054	(PHOF E02) Percentage of 5 year olds with experience of visually obvious dental decay	Percentage Value	Biennial	Lower	22.3%	No data available	No data available					NA
PBH 056	(PHOF E04b) Under 75 mortality rate from cardiovascular diseases considered preventable (1 year range)	Per 100,000 pop	Annually	Lower	32.0	32.6	No data available					NA
PBH 058	(PHOF E05a) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population (1 year range)	Per 100,000 pop	Annually	Lower	145.7	160.9	No data available					NA
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease (1 year range)	Per 100,000 pop	Annually	Lower	59.9	38.9	No data available	NA				
										Better than =		↑
										Not as good as =		↓
										The same as =		↔



# **Darlington Borough Council**

## **Public Health**

### **April – September (Quarter 1&2)**

### **Performance Highlight Report**

**2021 - 22**

## **Public Health Performance Introduction**

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

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

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

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

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

### Timetable for "Key" Public Health Indicators

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

#### Q1 Indicators

Indicator Num	Indicator description
PBH 009	(PHOF C04) Low birth weight of term babies
PBH 016	(PHOF C02a) Under 18's conception rate/1,000
PBH 033	(PHOF C18) Smoking prevalence in adults (18+) - current smokers (APS)
PBH 048	(PHOF D02a) Chlamydia detection rate/ 100,000 aged 15 to 24
PBH 058	(PHOF E05a) Under 75 mortality rate from cancer (1 year range)

#### Q3 Indicators

Indicator Num	Indicator description
PBH 013c	(PHOF C05b) % of all infants due a 6-8 week check that are totally or partially breastfed
PBH 014	(PHOF C06) Smoking status at time of delivery
PBH 018	(PHOF 2.05ii) Child development -Proportion of children aged 2-2.5 years offered ASQ-3 as part of the Healthy Child programme or integrated review
PBH035i	(PHOF C19a) Successful completion of drug treatment-opiate users
PBH 035ii	(PHOF C19b) Successful completion of drug treatment-non opiate users
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment
PBH 050*	(PHOF D07) HIV late diagnosis (%)
PBH 056	(PHOF E04b) Under 75 mortality rate from cardiovascular disease considered preventable
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease

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

#### Q2 Indicators

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

#### Q4 Indicators

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

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

PBH 029	(PHOF 2.09) Smoking Prevalence-15-year-old
PBH 031	(PHOF C14b) Emergency Hospital admissions for intentional Self-Harm)
PBH 054	(PHOF E02) % of 5 year old's with experience of visible obvious dental decay

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## Quarter 1&2 Performance Summary

### Key Indicators reported in Q1 & Q2 are:

- PBH 009 (PHOF C04) Low birth weight of term babies – this is showing a decrease compared to the last data and remains similar to both England and the North East.
- PBH 016 (PHOF C02a) Under 18s conception rate/1,000 – this continues to decrease and is similar to England and the North East.
- PBH 033 (PHOF C18) Smoking prevalence in adults (18+) current smokers (APS) – this is showing a decrease compared to the last data.
- PBH 044 (PHOF C21) Admission episodes for alcohol-related conditions (Narrow): new method (Persons) - In previous year Darlington has had a greater rate of admissions compared to England, however in 2019/20 this is similar to England's average and better than the region.
- PBH 046 PHOF C26b) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check - Darlington ranks 5<sup>th</sup> out of 16 authorities.
- PBH 048 (PHOF D02a) Chlamydia detection rate /100,000 aged 15 to 24 – latest reported data shows no significant change but is higher than the North East and England.
- PBH 052 (PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS - Darlington is ranked 2<sup>nd</sup> lowest compared to the region.
- PBH 058 (PHOF E05a) Under 75 mortality rate from cancer (1 year range) – this continued to reduce until 2018, increased slightly in 2019. Compared to the region ranked 4<sup>th</sup> lowest.

### Contract Indicators highlighted in Q1 & Q2 are:

- PBH 037b: Number of young people (<19yrs) seen by genitourinary medicine (GUM) service (cumulative)
- PBH 037c: Number of young people (<19yrs) seen by contraception and sexual health (CASH) service (cumulative)
- PBH 038, 039, 040, 041: Waiting times: Number of adult's opiate, non-opiate, alcohol and non-opiate and alcohol only waiting over 3 weeks to start first intervention
- PBH 045: Number of adults in alcohol treatment
- PBH 047: Total number of NHS Health Checks completed
- PBH 057: Number of NHS Health Checks offered



## KEY INDICATORS

### KEY PBH 009- (PHOF C04) Low birth weight of term babies

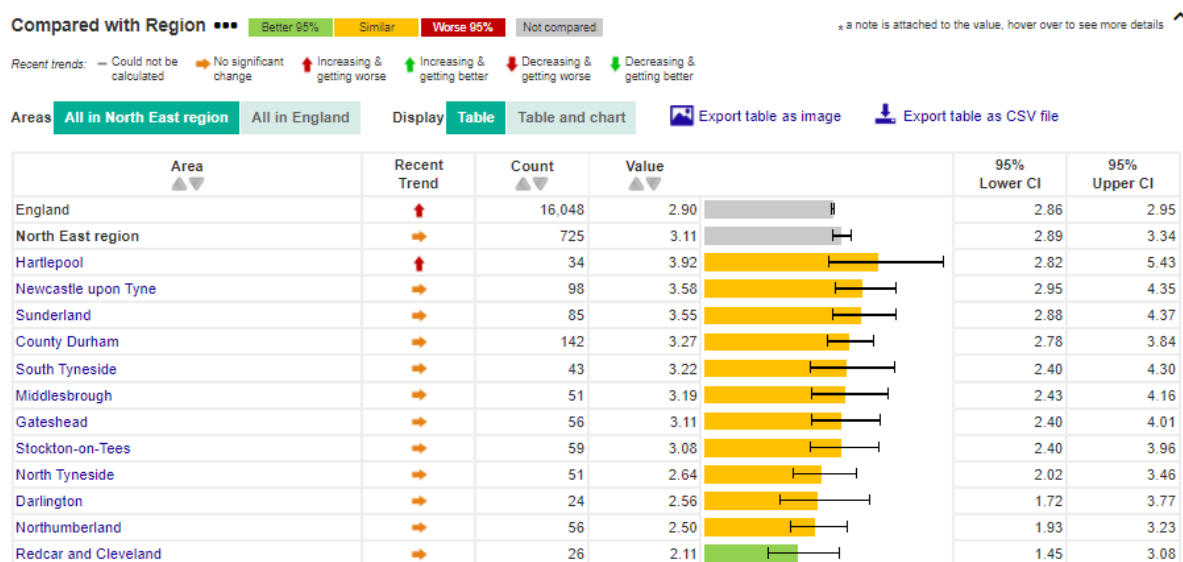
**Definition:** Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks as a percentage of all live births with recorded birth weight and a gestational age of at least 37 complete weeks.

**Numerator-** Number of live births at term ( $\geq 37$  gestation weeks) with low birth weight (<2500g)

**Denominator-** Number of live births at term ( $\geq 37$  weeks) with recorded birth weight

**Latest data available:** 2.56% (2019)

#### All North East region comparison



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

### What is the data telling us?

There has been a decrease in the proportion of low birthweight babies in 2019 compared to 2018 (2.85% to 2.56%). Darlington remains statistically similar to both England and the North East. The table above ranks Darlington's position in comparison to region. Darlington has the 3rd lowest percentage of low birth weight babies compared to the region.

### Why is this important to inequalities?

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health outcomes throughout life. At a population

level there are inequalities in the distribution of low birth weight babies with a correlation with deprivation. A high proportion of low birth weight births is indicative of external factors that affect the development of the child. This can include maternal smoking, excessive alcohol consumption, substance misuse or poor diet.

**What are we doing about it?**

The 0-19 year's contract includes a specific action for Health Visitors to visit an expectant mother by 24 weeks of their pregnancy. This visit provides an opportunity to provide the mother with information, advice and support to maximise the mother's health and provide the optimum conditions for a healthy pregnancy. This includes screening for alcohol consumption and smoking as well as access to Healthy Start vitamins including folic acid. Other services in Darlington that are commissioned by the Authority, including stop smoking support and substance misuse, prioritise support for pregnant women. Partner agencies such as local GPs and maternity services also support healthy pregnancies through providing access to high quality maternity care and support for pregnant women. Health professionals also provide pre-conception advice and support for women who are trying for a baby. This includes access to lifestyle advice and support including alcohol consumption, smoking and diet.

## **KEY PBH 016 – PHOF C02a) Under 18s conception rate /1,000**

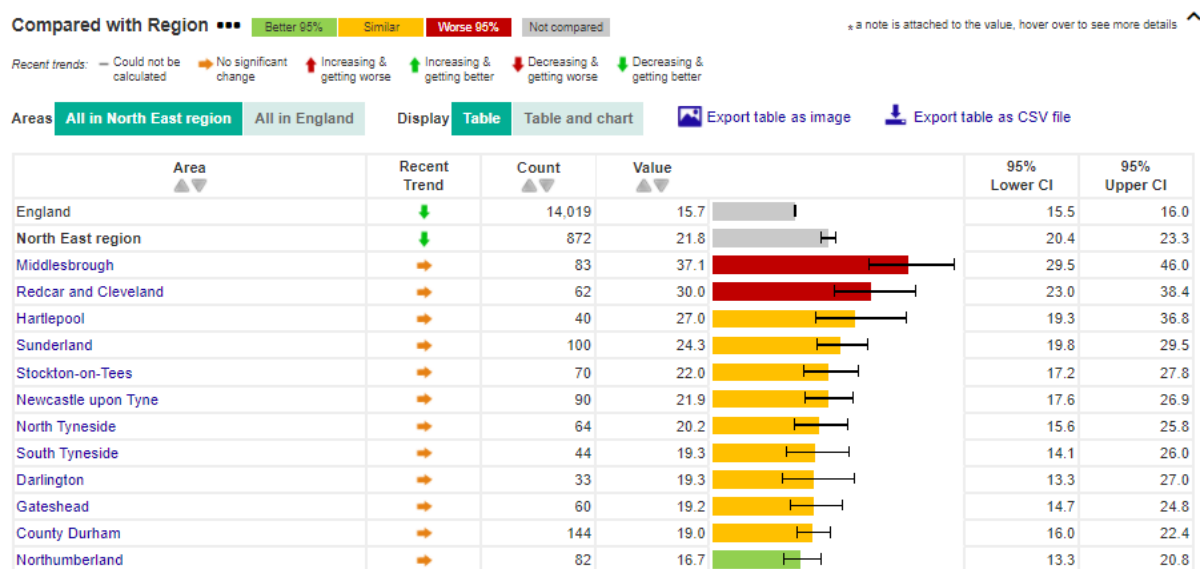
Definition: Conceptions in women aged under 18 per 1,000 females aged 15-17

Numerator: Number of pregnancies that occur in women aged under 18 and result in either one or more live or still births or a legal abortion under the Abortion Act 1967.

Denominator: Number of women aged 15-17 living in the area

**Latest data available: 19.3 per 1,000 (2019)**

### All North East region comparison



### What is the data telling us?

Under 18 years teenage conception rates continue to decrease, following both the national and regional trend. Statistically, Darlington's rate has decreased in recent years and is now 4th lowest compared to the region.

### Why is this important to inequalities?

Having a child when young can represent a positive turning point in the lives of some young women. However, the evidence shows that that bringing up a child is extremely difficult and can result in poor outcomes for both many teenage parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers.

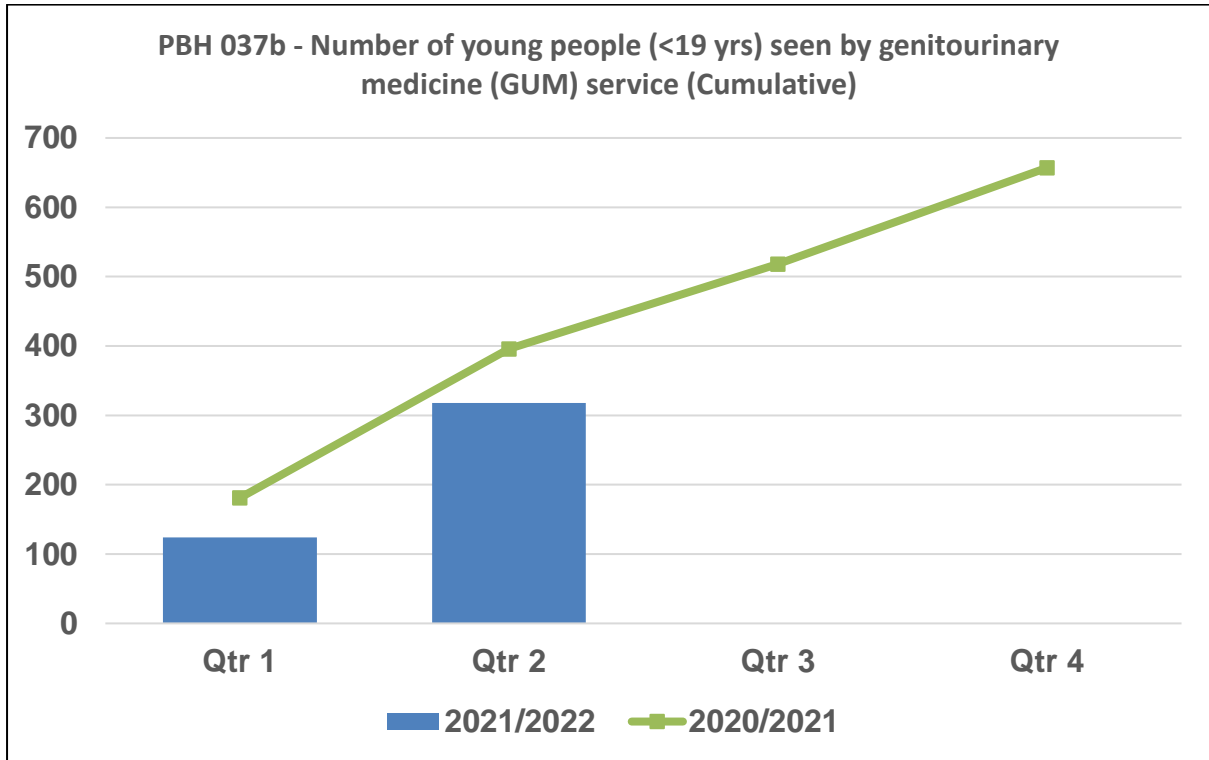
### What are we doing about it?

The Authority commissions a range of different services which contribute to the continued decrease in teenage conceptions. These include increasing access to and improving uptake

of contraception, including Long Acting Reversible Contraception (LARCs), emergency contraception and the provision of condoms.

The Authority also works with schools and academies through the Relationships, Education and Sexual Health (RESH) Co-ordinator to coordinate and support the development and provision of high quality Sex and Relationships Education in Darlington and ensure that all schools are ready to meet the new national mandate in the provision of Relationships and Sex Education (RSE) curriculum in the new academic year. Next year, the RESH Coordinator will be refreshing the Teenage Pregnancy and Sexual Health Strategy and action plan .

**Contract - PBH 037b: Number of young people (<19yrs) seen by genitourinary medicine (GUM) service (cumulative)**



**Service Provider: County Durham and Darlington NHS Foundation Trust (CDDFT)**

**What is the data is telling us?**

The data shows that in cumulatively since April 2021 there are 318 young people who have accessed the service, this has shown a decrease from last year.

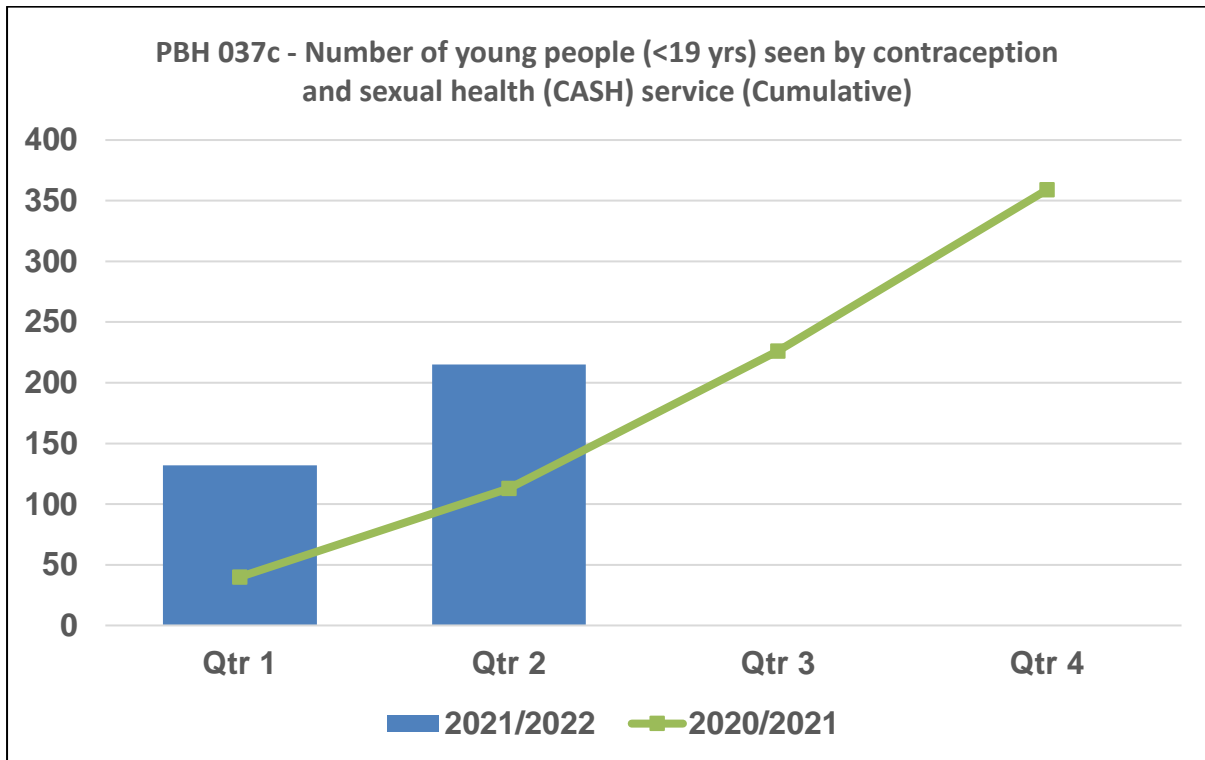
**What more needs to happen?**

The Service are offering virtual appointments and young people only need to go into the service collect any medication. Advice and support can be provided over the telephone.

For young people over 16years condoms are available online after registering for C-card via Darlington Sexual Heath Service and condoms will be sent out in the post.

The Service also offer online testing and young people are able to register and request testing kits and results can be sent via post or text.

**Contract - PBH 037c: Number of young people (<19yrs) seen by contraception and sexual health (CASH) service (cumulative)**



**Service Provider: County Durham and Darlington NHS Foundation Trust (CDDFT)**

**What is the data is telling us?**

The data shows that in cumulatively since April 2021 215 young people have accessed the service, this has shown an increase from last year.

**What more needs to happen?**

The Service are offering virtual appointments and young people only need to go into the service collect any medication. Advice and support can be provided over the telephone.

For young people over 16years condoms are available online after registering for C-card via Darlington Sexual Health Service and condoms will be sent out in the post.

## **KEY PBH 033- (PHOF C18) Smoking Prevalence in adults (18+) – current smokers (APS)**

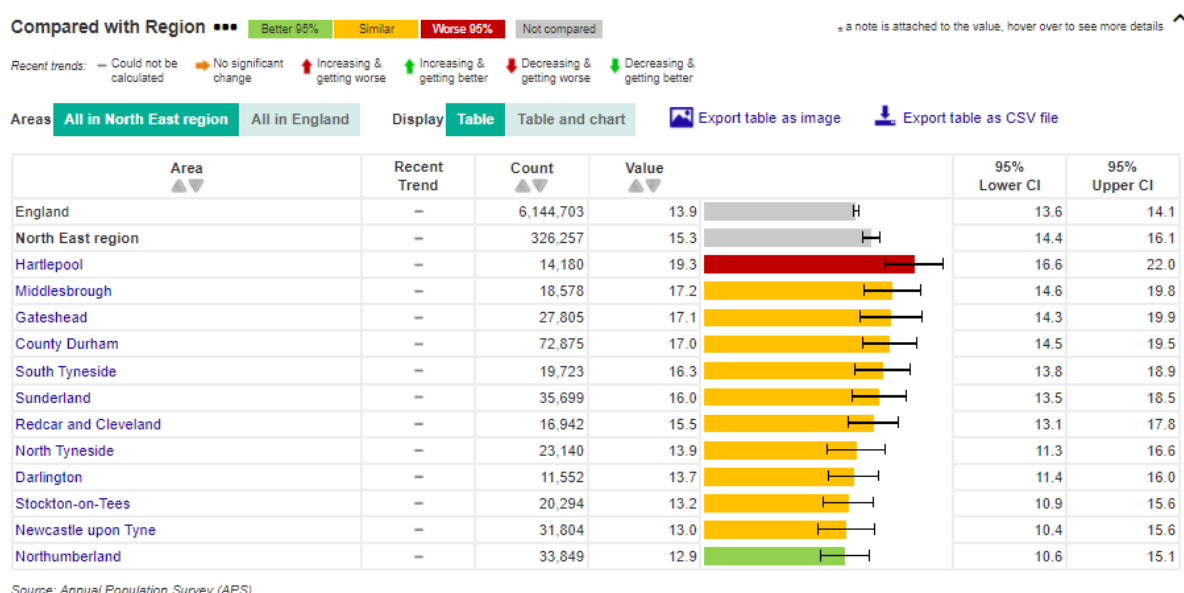
Definition: Prevalence of smoking among persons 18 years and over

Numerator: The number of persons aged 18 + who are self-reported smokers in the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.

Denominator: Total number of respondents (with valid recorded smoking status) aged 18+ from the Annual Population Survey. The number of respondents has been weighted in order to improve representativeness of the sample. The weights take into account survey design and non-response.

**Latest data available: 13.7% (2019)**

### All North East region comparison



### What is the data telling us?

Smoking prevalence in over 18s is showing a decrease which is positive. The proportion of adults smoking in Darlington in most recent data (2019) is 13.7% and is 4th lowest compared to the region.

### Why is this important to inequalities?

Smoking is a modifiable lifestyle risk factor and is the single greatest cause of preventable ill health and premature mortality in Darlington and the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and



heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

Smoking prevalence is higher in the most deprived communities with males being more likely to smoke than females. The highest prevalence of smoking in all groups is found in those aged 25-39 years.

### **What are we doing about it?**

The Authority commissions a specialist Stop Smoking Service that offers intensive, evidence based targeted support to those who have been identified as accruing the greatest benefit from quitting. This includes pregnant women, and individuals with high risk of developing diseases such as heart disease, due to their smoking. The Service has been offering virtual appointments and attendance as increased throughout the pandemic.

The School Nursing service that the Authority commissions supports schools to provide effective preventative messages for young people, using the PHSE curriculum, to provide them with the knowledge and information about the harms and risks of smoking to prevent new smokers.

The Healthy Lifestyle Survey (HLS) also includes questions about the attitudes and behaviours of young people about smoking. The results of the HLS help schools target support and interventions and are used to de-normalise smoking behaviours in young people and understand the sources of exposure. Trading Standards work with other agencies including the police and customs to remove the supplies of illicit tobacco in local communities. Illicit tobacco sales and unregulated and remove significant barriers to accessing tobacco particularly for young people and children.

**PBH 044 – (PHOF C21) Admission episodes for alcohol-related conditions (Narrow): new method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons)**

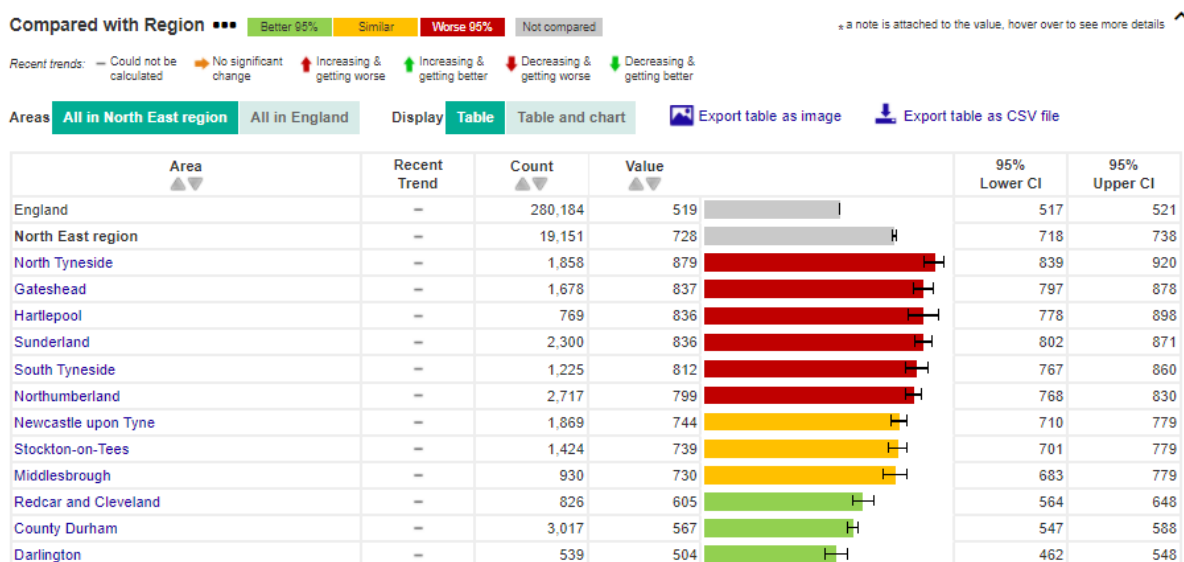
Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code, or a secondary diagnosis is an alcohol-attributable external cause code. Directly age standardised rate per 100,000 population (standardised to the European standard population).

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

Denominator- ONS mid-year population estimates.

**Latest data available: 504 per 100,000 (2019/20)**

All North East region comparison



Source: Calculated by Public Health England: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

**What is the data is telling us?**

In previous years Darlington has had a greater rate of admissions to hospital due to diseases caused by alcohol consumption compared to England average, but in 2019/20 this has improved and is now statistically similar to the England average and statistically better than the region. Compared to our geographical neighbours in the North East, Darlington has a lower rate of admissions to hospital due to diseases caused by alcohol consumption.

**Why is this important to inequalities?**

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion

per year and £2 billion annually to wider society through lost working days, costs for social care, housing, police and the criminal justice services.

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

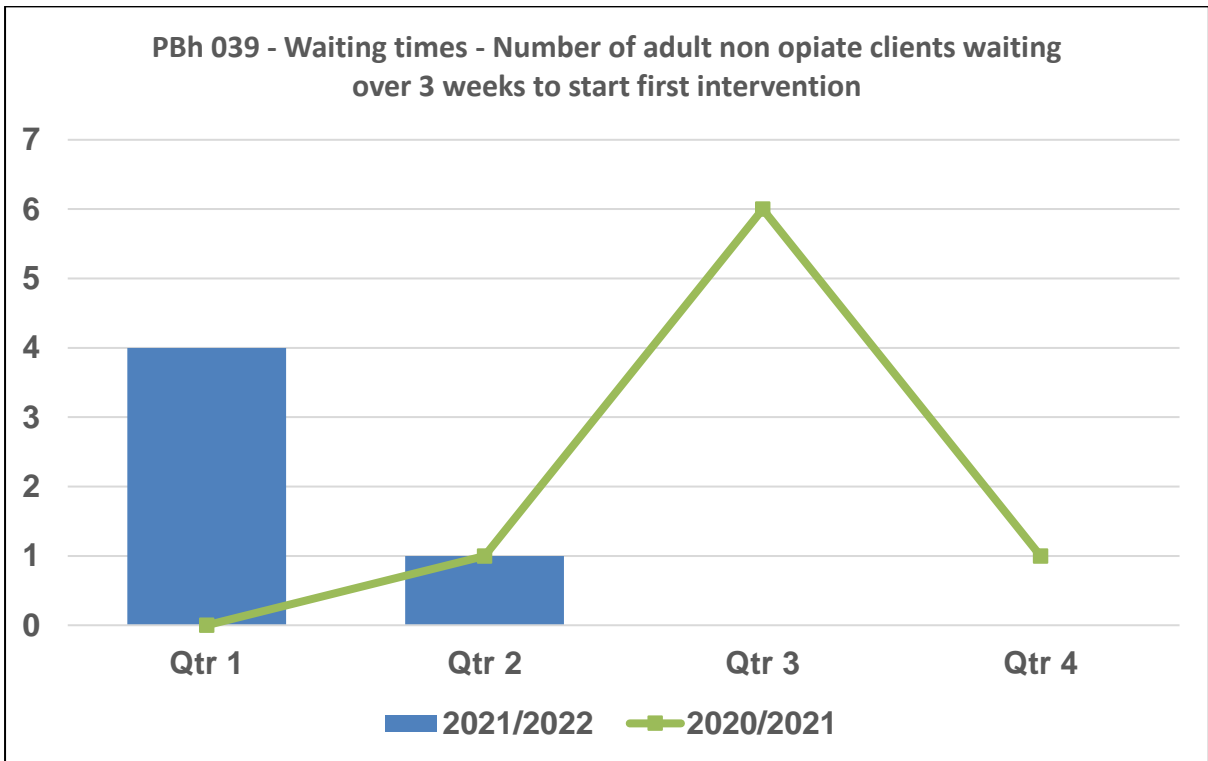
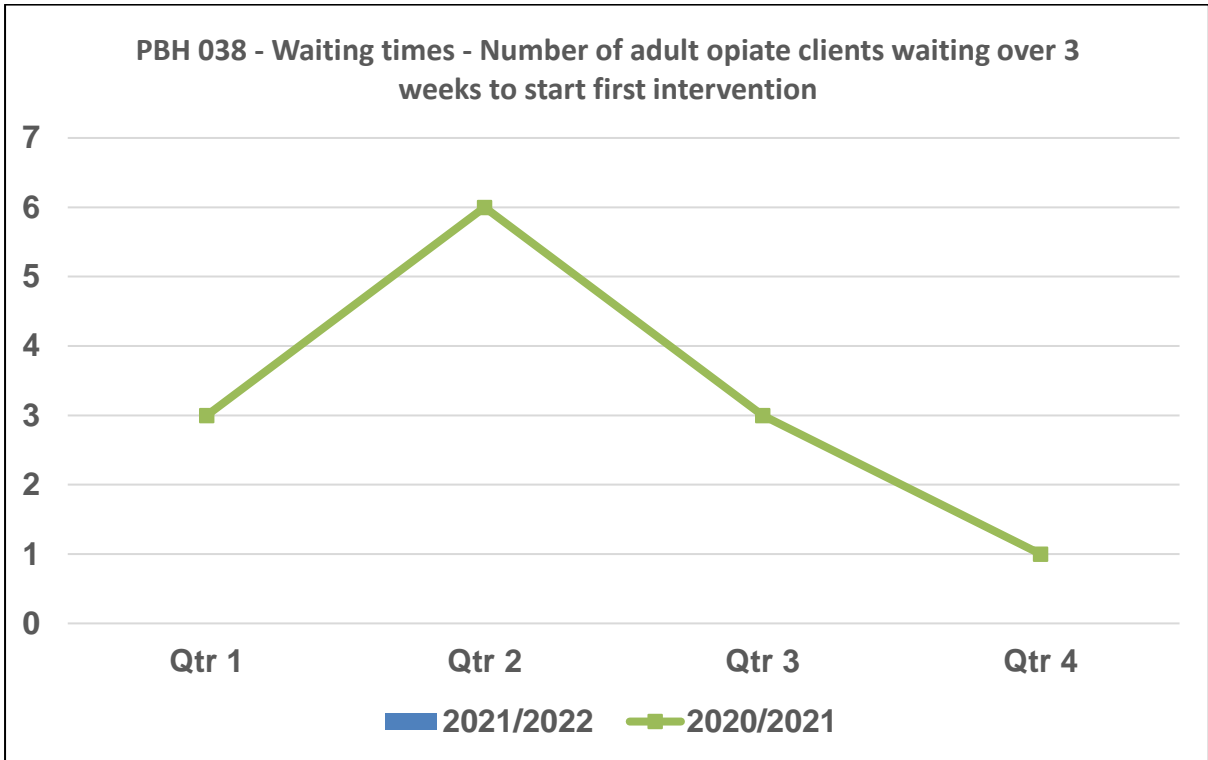
### **What are we doing about it?**

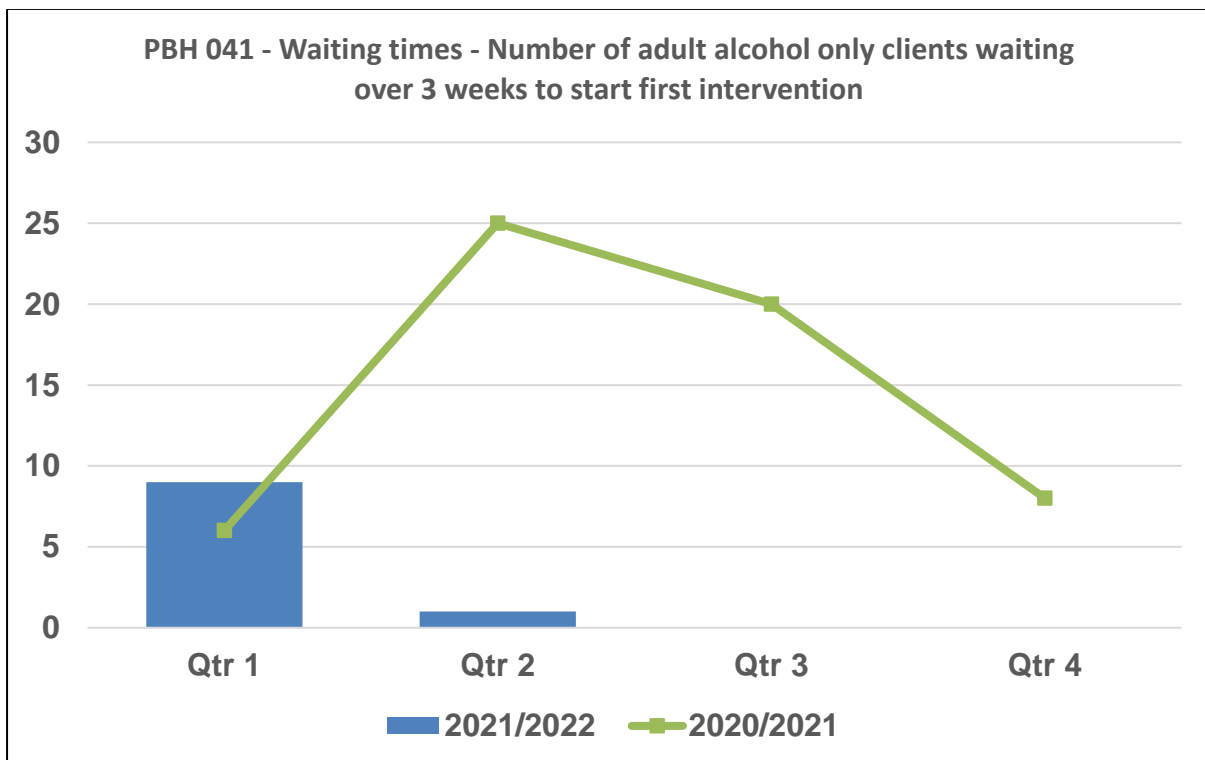
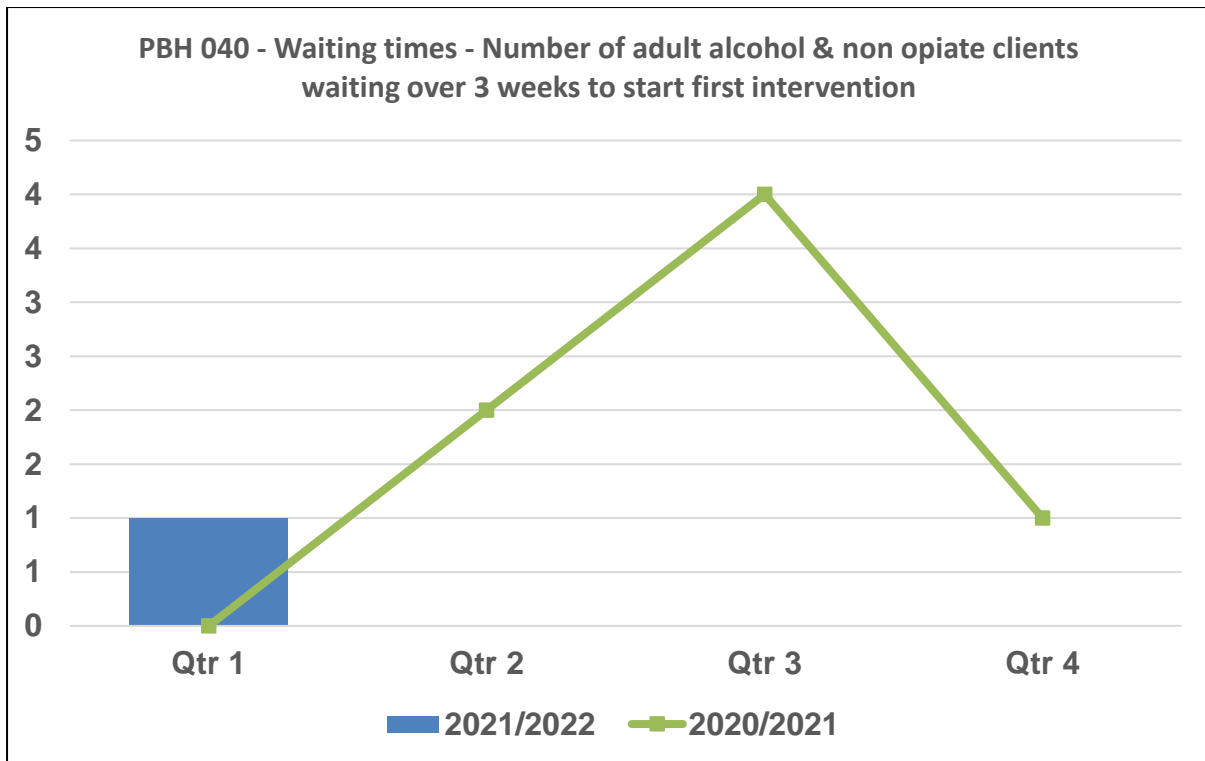
The Authority commissions NHS Health Checks where an "Audit C" alcohol screening tool is conducted as part of every NHS Health Check. This can help identify hazardous drinking or alcohol related disorders. GP's can then provide individualised advice and support to the patient or refer them on for specialist treatment.

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

For those with hazardous or harmful drinking that require support, the Council commissions STRIDE (Support, Treatment Recovery in Darlington through Empowerment) which provides evidence-based interventions to stabilise and support individuals to make the changes in their behaviours that may reduce their harmful drinking and the associated risks. There is evidence that one of the wider effects of the COVID pandemic may be an increase in hazardous drinking within our communities .

**Contract - PBH 038, 039, 040, 041: Waiting times: Number of adult's opiate, non-opiate, alcohol and non-opiate and alcohol only waiting over 3 weeks to start first intervention**





**Service Provider: We Are With You (WAWY)**

**What is the data is telling us?**

The data for PBH 038 shows no clients waiting over 3 weeks for Q1 and Q2. PBH 039 shows a total of 5 clients waiting over 3 weeks for Q1 and Q2. PBH 040 shows 1 client waiting over

3 weeks for Q1 and no clients waiting over 3 weeks in Q2. PBH 041 shows a total of 10 clients waiting over 3 weeks for Q1 and Q2.

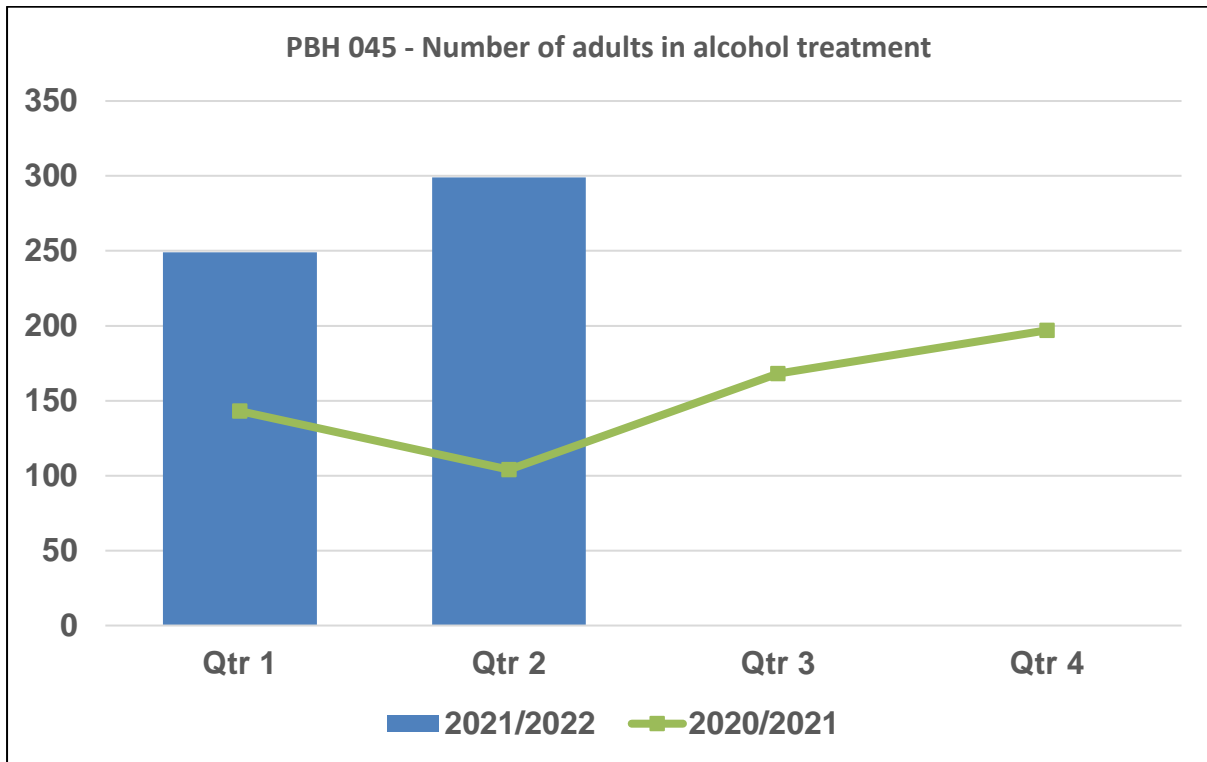
Delays in starting structured treatment include the client cancelling their appointment or the client requiring referral for other clinical or non clinical interventions first which can mean that they start this phase later than anticipated.

**What more needs to happen?**

WAWY took over the Service on 17th August 2020 from the previous provider and implemented a completely new service STRIDE (Support, Treatment Recovery in Darlington through Empowerment). Despite the impact of the pandemic on the service they have been successful in increasing access to treatment and better meeting demand.

The Service continues to work hard to build on this success and further increase access to treatment and reduce waiting times now most of the restrictions from the pandemic have been lifted.

**Contract - PBH 045: Number of adults in alcohol treatment**



**Service Provider: We Are With You**

**What is the data is telling us?**

The data shows that in Q2 there are 299 adults in treatment for alcohol, this has shown an increase from Q1 (249) as well as showing an increase for last year.

**What more needs to happen?**

WAWY took over the Service on 17<sup>th</sup> August 2020 from the previous provider and implemented a completely new service STRIDE (Support, Treatment Recovery in Darlington through Empowerment). Despite the impact of the pandemic on the service they have been successful in increasing access to treatment for alcohol and better meeting demand.

The Service continues to work hard to build on this success and further increase access to treatment now most of the restrictions from the pandemic have been lifted.



## **PBH 046 - (PHOF C26b) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check**

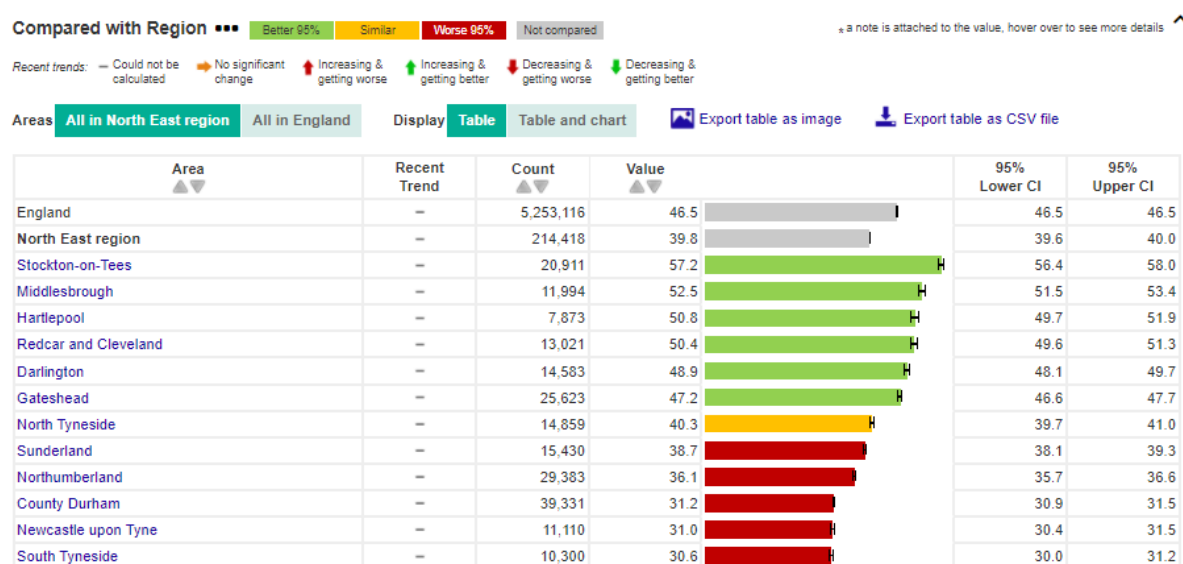
Definition: The rolling 5 year cumulative percent of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check.

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

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

**Latest data available: 48.9% crude rate (2016/17 to 2020/21)**

### All North East region comparison



### What is the data telling us?

The data above shows that compared to our region Darlington ranks 5<sup>th</sup> out of 16 North East authorities.

For this indicator Darlington is performing statistically better to the England average, and better than the North East averages.

### Why is this important to inequalities?

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

The NHS Health Check programme is a mandated service. It aims to help prevent heart disease, stroke, and diabetes and kidney disease. All those aged between 40 and 74, who

have not been diagnosed with one of these conditions are invited to have an NHS Health Check once every five years.

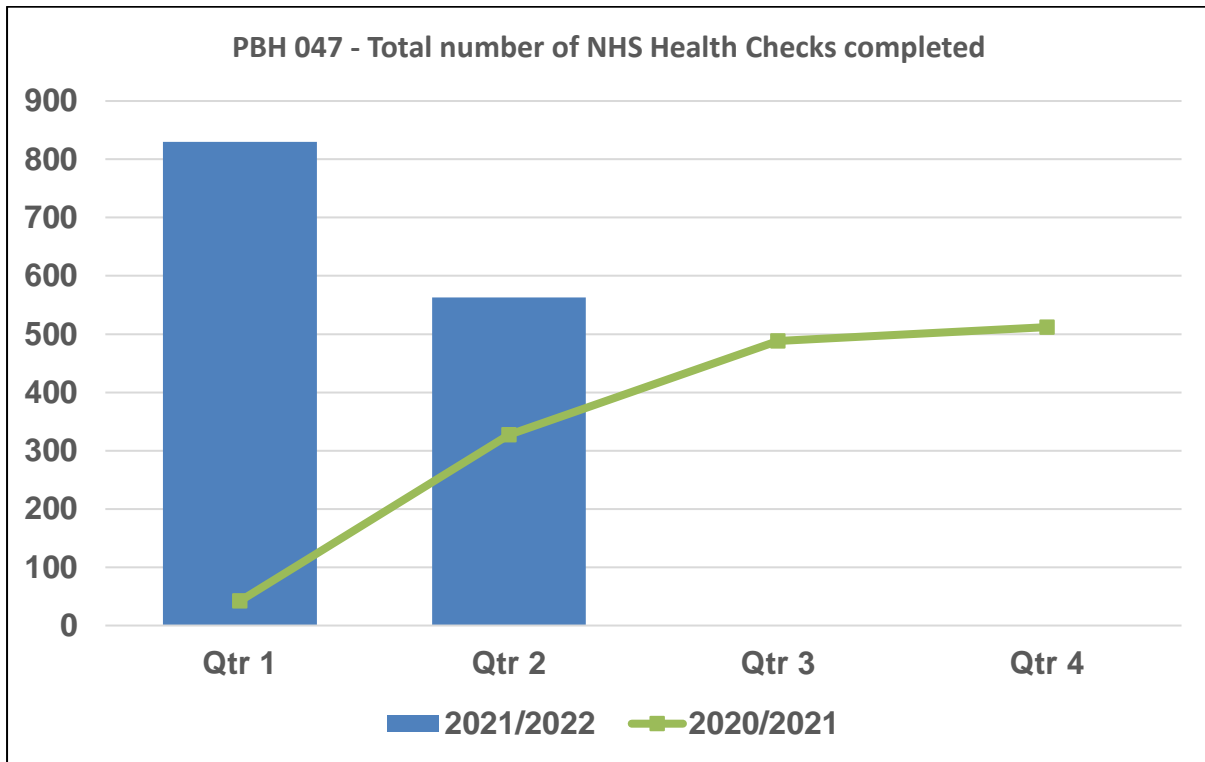
The burden of heart disease is not equally shared in the population with a greater morbidity and mortality from heart disease in the more deprived communities.

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

**What are we doing about it?**

Performance is monitored quarterly, with an annual target for each GP Practice to offer a health check to 20% of the eligible population (40-74 year olds) annually. This is incentivised to encourage the GP Practices to offer a health check to the maximum number eligible.

**Contract - PBH 047: Total number of NHS Health Checks completed**



**Service Provider: Primary Healthcare Darlington**

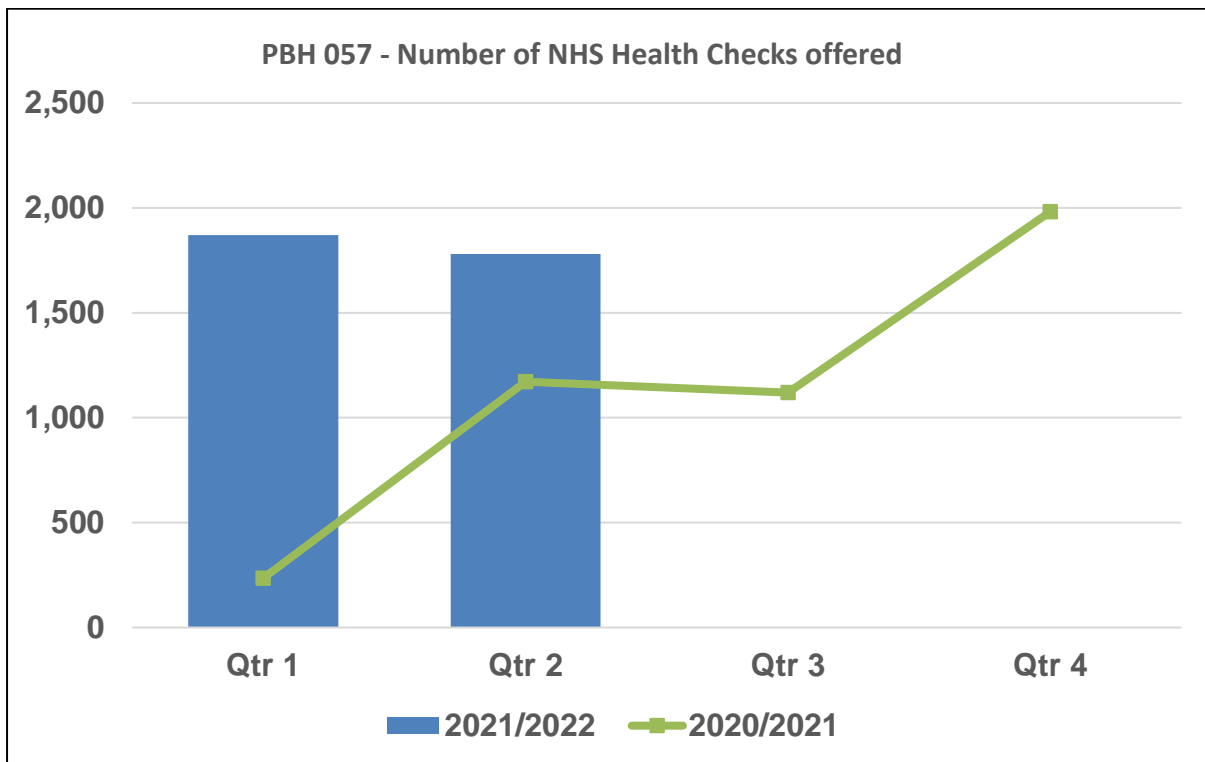
**What is the story the data is telling us?**

The data shows that to date a total of 1,393 (combined total), 830 in Q1 and 563 in Q2, of eligible individuals have received a NHS Health Check in Darlington since April 2021. This is a higher number compared to the same period last year (369). Last year this was due to the impact of Covid 19 as the NHS Health Checks programmes was suspended during Q1.

**What more needs to happen?**

The Provider is working with all 11 GP Practices in Darlington to increase the number offered. Recent initiatives have included virtual appointments, which only require the service user to attend a GP Practice for blood to be taken and all of the other information gathered can be done virtually. This should increase uptake and reduce the burden on busy GP practices and ensure more of those who are eligible for an NHS Health Check can safely access one.

**Contract - PBH 057: Number of NHS Health Checks offered**



**Service Provider: Primary Healthcare Darlington**

**What is the data is telling us?**

The data shows that to date a total of 3,651 (combined total) 1,871 in Q1 and 1,780 in Q2, of eligible individuals have been offered an NHS Health Check in Darlington since April 2021. This is a higher number compared to the same period last year (1,406). Due to the impact of Covid 19 on GP practices the NHS Health Checks programmes was suspended during Q1.

**What more needs to happen?**

The Provider is working with all 11 GP Practices in Darlington to increase the number offered. Recent initiatives have included virtual appointments, which only require the service user to attend a GP Practice for blood to be taken and all of the other information gathered can be done virtually. This should increase uptake and reduce the burden on busy GP practices and ensure more of those who are eligible for an NHS Health Check can safely access one.

## **KEY PBH 048 – (PHOF D02a) Chlamydia detection rate /100,000 aged 15 to 24**

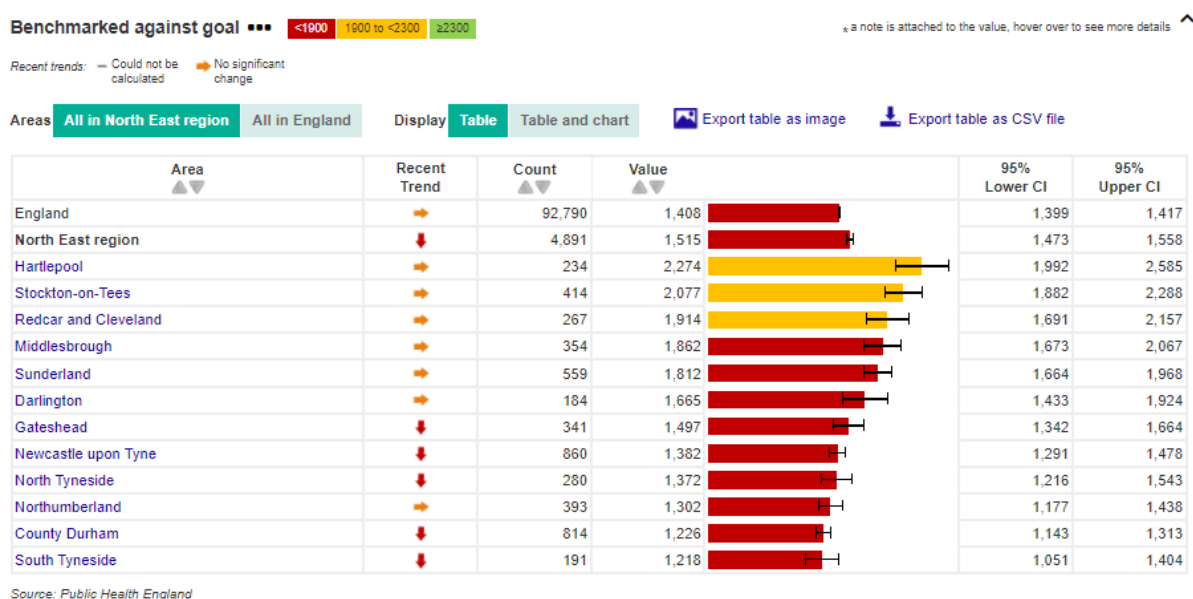
Definition: All chlamydia diagnoses in 15 to 24 year olds attending sexual health services (SHSs) and community-based settings\*, who are residents in England, expressed as a rate per 100,000 population.

Numerator: The number of diagnoses of chlamydia among 15-24 year olds in England.

Denominator: Resident population aged 15-24.

**Latest data available:** 1,665 per 100,000 crude rate (2020)

Benchmarked against goal



### **What is the data telling us?**

The latest reported data for 2020 shows there is no significant change (trend based on the most recent 5 points) but is higher than the North East (1,515) and higher than England (1,408).

### **Why is this important to inequalities?**

Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. The rates of diagnosis are also different between males and females with females having a much greater detection rate, indicating that they are accessing testing services more than males. This means that males are less likely to be tested and diagnosed and much more likely to experience poor sexual health.

### **What are we doing about it?**

The authority commissions a specialist Sexual Health Service is commissioned. The Service has been working to improve access and screening by targeting younger people under 25 yrs.

The Sexual Health Service has recently introduced an online testing service for those over 16years and this has increased the number of people getting tests. The majority of results are feedback within 24hours; positive and negative. If positive people are referred to the Specialist Service for treatment.

The School Nursing Service is also working with schools and PHSE leads to ensure that Chlamydia screening is promoted within the PHSE curriculum to young people in schools and colleges in Darlington.

## **PBH 052 – (PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS**

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

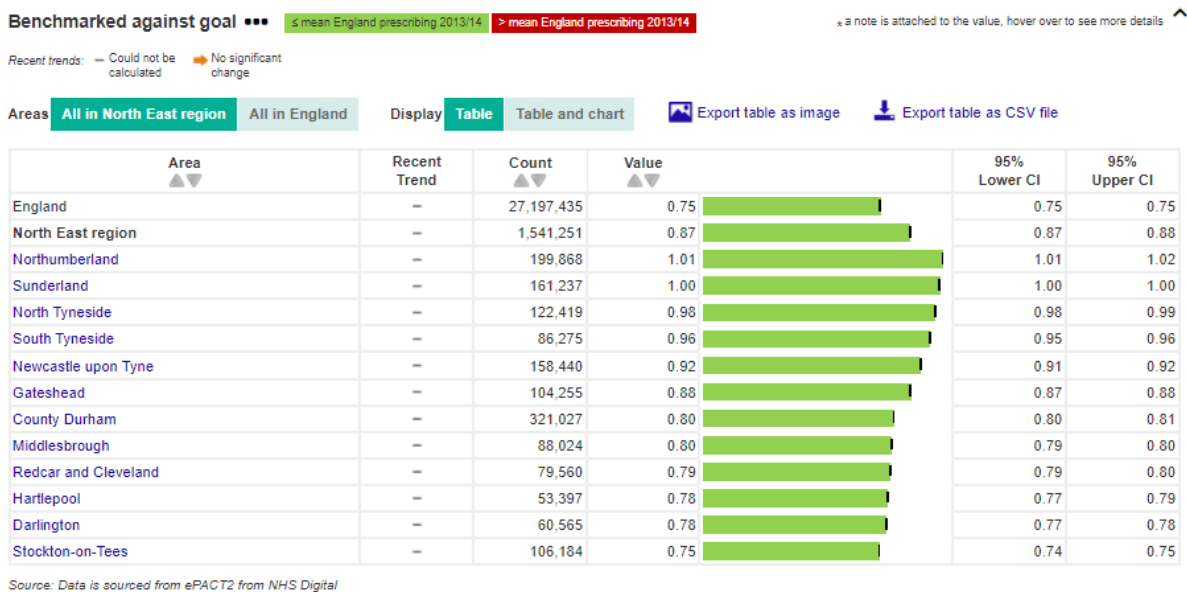
Numerator: Total number of antibiotic items prescribed in practices located within the area. An item is an antibiotic (from British National Formulary Section 5.1) that is prescribed in a primary care setting.

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

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

**Latest data available: 0.78 per STAR-PU (2020)**

### Benchmarked against goal



### What is the data telling us?

The rate of reduction of antibiotic prescribing within the local NHS is statistically similar to both England and the North East average. In terms of performance against the North East region, Darlington is 2<sup>nd</sup> lowest in the ranking.

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



### **Why is this important to inequalities?**

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

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

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

### **What are we doing about it?**

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

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

The Pharmaceutical Needs Assessment (PNA) for Darlington stresses that pharmacies have a key role in providing advice and guidance to the public on medicine use including antibiotics and can influence reduction in use. The PNA is due to be refreshed during 2022.

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

### **KEY PBH 058 - (PHOF E05a) Under 75 mortality rate from cancer (1 year range)**

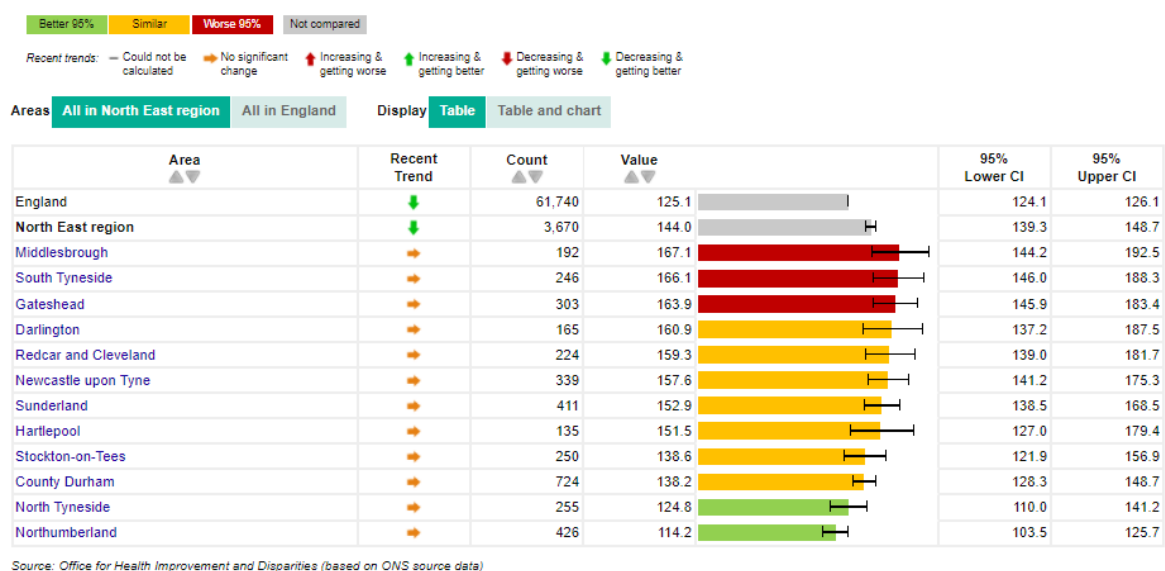
Definition: Age-standardised rate of mortality from all cancers in persons less than 75 years per 100,000 population.

Numerator: Number of deaths from all cancers (classified by underlying cause of death recorded as ICD codes C00-C97) registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands.

Denominator: Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands.

**Latest data available:** 160.9 per 100,000 (2020)

#### All North East region comparison



#### What is the data telling us?

The rate of premature mortality from cancer has been reducing in Darlington steadily since 2001 to 2018, then increased in 2019 onwards. Darlington is statistically similar to the average for NE Region with a similar rate of reduction. Compare to region Darlington is ranked 4<sup>th</sup> lowest for this indicator.

#### Why is this important to inequalities?

Cancer is the greatest cause of premature death in England. The burden of this mortality is greatest in the most deprived communities with statistically worse premature mortality rates in the most deprived communities when compared to the least deprived communities. There are also significant inequalities between males and females with males having a statistically worse premature mortality rates due to cancer than females. This inequality in

premature mortality also contributes to the inequalities in life expectancy between males and females more generally.

### **What are we doing about it?**

The public health team supports a range of partners in their work to contribute to reducing early deaths from cancer in Darlington. Some specific activities include:

- The provision of Brief Advice and Very Brief Advice training to community partners to maximise the numbers of individuals who are encouraged to quit smoking.
- The development of an online behaviour change coaching app. This will provide even more people who are quitting smoking with the support and advice they need to maximise their chance of a successful quit.
- The provision of information advice and support to the Authority's workforce by HR and Occupational Health, including campaigns to promote cancer awareness, healthy lifestyles and smoking cessation.
- Regulatory Services are working with partners in providing campaigns and action to stop illegal sales of tobacco in local communities.
- The implementation of the Cancer Plan by the CCG in Darlington to provide better uptake of screening, early detection, quick access to diagnosis and treatment to maximise those who survive a diagnosis of cancer.

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Indicator	Title	Reported	What is best	2018 / 2019	2019 / 2020	2020 / 2021	2021 - Q1	2021 - Q2	2021 - Q3	2021 - Q4	Trend Last Reported All	Data from last year	12 Month Comp
PBH 002	% of children who received a 2 - 2.5 year health review (quarterly)	Quarterly	Higher	97.17%	99.00%	97.55%	98.51%	97.05%			↓	97.55%	
PBH 009	(PHOF C04) Low birth weight of term babies	Annually	Lower	2.85%	2.56%						↑		
PBH 010	Number of antenatal referrals received in the locality	Quarterly	Not Applicable	717	727	152	212	150				152	
PBH 012	% of infants for whom feeding status is recorded at 10-14 days	Quarterly	Higher	100.00%	100.00%	100.00%	99.57%	100.00%			↑	100.00%	
PBH 012a	% of infants for whom feeding status is recorded at 10-14 days who are being totally breastfed	Quarterly	Higher	34.84%	30.00%	30.65%	30.64%	25.76%			↓	30.65%	
PBH 012b	% of infants for whom feeding status is recorded at 10-14 days who are partially breastfed	Quarterly	Higher	11.07%	12.00%	17.09%	49.36%	16.67%			↓	17.09%	
PBH 013	% of all infants for whom feeding status is recorded at 6-8 week check	Quarterly	Higher	100.00%	100.00%	100.00%	100.00%	100.00%			↔	100.00%	
PBH 013a	% of all infants for whom feeding status is recorded at 6-8 week check totally breastfed at 6-8 weeks	Quarterly	Higher	25.10%	24.00%	23.56%	25.11%	17.58%			↓	23.56%	
PBH 013b	% of all infants for whom feeding status is recorded at 6-8 week check partially breastfed at 6-8 weeks	Quarterly	Higher	10.98%	6.00%	12.00%	12.99%	12.82%			↓	12.00%	
PBH 015	Number of adults identified as smoking in antenatal period	Quarterly	Lower	33	0	25	27	20			↑	25	
PBH 015a	Number of smoking quit dates set	Quarterly	Higher	191	160	62	31	52				62	
PBH 015b	% of successful smoking quitters at 4 weeks	Quarterly	Higher	52.94%	64.86%	66.13%	12.90%	46.15%			↑	66.13%	
PBH 016	(PHOF C02a) Rate of under-18 conceptions	Annually	Lower	19.5	19.3						↑		
PBH 017	Number of young people (<19years) given emergency contraception	Quarterly	Lower	45	50	0	2	0			↑	0	
PBH 025	The number of A&E notifications received by the 0-5 service that required follow up	Quarterly	Not Applicable	5	0	4	3	5				4	
PBH 028	Number of children / young people identified as requiring a follow by the 5-19 service	Quarterly	Not Applicable	3	0	3	0	3				3	
PBH 033	(PHOF C18) Prevalence of smoking among persons aged 18 years and over	Annually	Lower	13.80%	13.70%						↑		
PBH 036	Waiting times - number of young people (<18 yrs) drug clients waiting over 3 weeks to start first intervention	Quarterly	Lower	0	0		0				↔		
PBH 037	Waiting times - number of young people (<18 yrs) alcohol clients waiting over 3 weeks to start first intervention	Quarterly	Lower	0	0		0				↔		
PBH 037b	Number of young people (<19 yrs) seen by genitourinary medicine (GUM) service (Cumulative)	Quarterly	Higher	825	743	657	124	318				657	
PBH 037c	Number of young people (<19 yrs) seen by contraception and sexual health (CASH) service (Cumulative)	Quarterly	Higher	294	413	359	132	215				359	

Indicator	Title	Reported	What is best	2018 / 2019	2019 / 2020	2020 / 2021	2021 - Q1	2021 - Q2	2021 - Q3	2021 - Q4	Trend Last Reported All	Data from last year	12 Month Comp
PBH 038	Waiting times - Number of adult opiate clients waiting over 3 weeks to start first intervention	Quarterly	Lower	0	9	1	0	0			↔	1	
PBH 039	Waiting times - Number of adult non opiate clients waiting over 3 weeks to start first intervention	Quarterly	Lower	0	0	1	4	1			↑	1	
PBH 040	Waiting times - Number of adult alcohol & non opiate clients waiting over 3 weeks to start first intervention	Quarterly	Lower	1	0	1	1	0				1	
PBH 041	Waiting times - Number of adult alcohol only clients waiting over 3 weeks to start first intervention	Quarterly	Lower	4	12	8	9	1			↑	8	
PBH 044	(PHOF C21) Admission episodes for alcohol-related conditions (narrow) (new method)	Annually	Lower	596.00	501.00	504.00					↓		
PBH 045	Number of adults in alcohol treatment	Quarterly	Higher	150	163	197	249	299			↑	197	
PBH 046	(PHOF C26b) Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period	Annually	Higher	49.90%	50.70%	48.90%					↓	48.90%	
PBH 047	Total number of NHS Health Checks completed	Quarterly	Higher	3,658	3,312	512	830	563				512	
PBH 048	(PHOF D02a) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Annually	Higher	1,723.00	2,108.00	1,665.00					↓		
PBH 049	% of those tested for chlamydia are notified within 10 days	Quarterly	Higher	94.85%	84.00%	90.00%	100.00%	89.25%			↓	90.00%	
PBH 051	% uptake of HIV testing	Quarterly	Higher	78.65%	80.00%	87.07%	85.43%	88.84%			↑	87.07%	
PBH 052	(PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS	Annually	Lower	1.21	0.78						↑		
PBH 057	Number of NHS Health Checks offered	Quarterly	Higher	7,232	7,380	1,982	1,871	1,780				1,982	
PBH 058	(PHOF E05a) - Under 75 mortality rate from cancer (1 year range)	Annually	Lower	145.70	160.90						↓		

**HEALTH AND HOUSING SCRUTINY COMMITTEE  
15 DECEMBER 2021**

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**WORK PROGRAMME**

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**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.

**Luke Swinhoe  
Assistant Director Law and Governance**

Background Papers

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

Author : Hannah Miller 5801



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.

### **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**

<b>Topic</b>	<b>Timescale</b>	<b>Lead Officer/ Organisation Involved</b>	<b>Link to PMF (metrics)</b>	<b>Scrutiny's Role</b>
<b>Customer Engagement Strategy 2021-2024 Update (Presentation)</b>	15 December 2021 (April 22)	Anthony Sandys		To provide six monthly progress reports to Scrutiny. To look at work being done within communities and how the Customer Panel engage with new communities.
<b>Community Mental Health Transformation (Right Care, Right Place)</b>	15 December 2021	Jennifer Illingworth, TEWV		To receive a briefing and undertake any further detailed work if necessary.
<b>Drug and Alcohol Service Contract</b>	15 December 2021 (To be covered as part of Performance Management Report)	Abbie Metcalfe		To update Scrutiny Members undertake any further work if necessary.
<b>Performance Management and Regulation/ Management of Change</b>  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
<b>Primary Care (to include GP Access to appointments)</b>	15 December 2021  Last considered 31 October 2019	Sue Greaves CCG/Amanda Riley		To scrutinise development around Primary Care Network and GP work
<b>Housing Revenue Account 2022-23</b>	Special 5 January 2022	Anthony Sandys		

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
<b>Integrated Care System (ICS) (Formerly Sustainability and Transformation Plan (STP) including the Better Health Programme (BHP)) Engagement and Communication Strategy</b>	Briefing TBC 23 February 2022  Last considered 3 March 2021	Simon Clayton, NECS/ David Gallagher, CCG		To scrutinise and challenge progress of the principles underpinning the ICS and BHP and timelines for progress
<b>Director of Public Health Annual Report and Health Profile</b>	23 February 2022	Penny Spring		Annual report
<b>Digital Health</b>	23 February 2022  Last considered 19 December 2018 ; and by Review Group 16 Nov 2016	Andrew Izon, CDDFT		To scrutinise digital health and its application, including signposting to services.
<b>Crisis Service Changes</b>	23 February 2022  Last considered 21 October 2020	Jennifer Illingworth, TEWV		To receive a briefing and undertake any further detailed work if necessary.
<b>Better Care Fund</b>	27 April 2022  Last considered 20 October 2021	Paul Neil		To receive an update on the position of the Better Care Fund for Darlington

<b>Topic</b>	<b>Timescale</b>	<b>Lead Officer/ Organisation Involved</b>	<b>Link to PMF (metrics)</b>	<b>Scrutiny's Role</b>
<b>Housing Management Policy</b>	27 April 2022	Anthony Sandys		
<b>Affordable Home Ownership Policy</b>	27 April 2022	Anthony Sandys		
<b>Housing Services Anti-Social Behaviour Policy Review</b>	27 April 2022	Anthony Sandys		
<b>Health and Safety Compliance in Council Housing</b>	June 2022  Last considered 20 October 2021	Anthony Sandys		To provide annual updates Scrutiny Members undertake any further work if necessary.
<b>Strategic Housing Needs Assessment</b>	To be agreed	Anthony Sandys		
<b>Impact of Covid-19 on Mental Health</b>	To agree how to proceed			
<b>CCG Stroke Services/Review of Stroke Rehabilitation Services</b>	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
<b>West Park Update</b>	Last considered 25 August 2021	Brent Kilmurray, TEWV		To update Scrutiny Members undertake any further work if necessary.
<b>Our Big Conversation – Strategic Framework and Business Plan</b>	Last considered 25 August 2021	TEWV		To update Scrutiny Members undertake any further work if necessary.

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
<b>Preventing Homelessness and Rough Sleeping Strategy Update</b>	Last considered 20 October 2021	Anthony Sandys		To look at progress following the implementation of the strategy. Update on current position within Darlington
<b>Healthwatch Darlington - The Annual Report of Healthwatch Darlington</b>	To be agreed  Last considered 20 October 2021	Michelle Thompson, HWD		To scrutinise and monitor the service provided by Healthwatch – Annual
<b>Childhood Obesity Planning Options in relation to Hot Food Takeaways</b>	Last considered 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
<b>Childhood Healthy Weight Plan (Childhood Obesity Strategy)</b>	Last considered 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.

**JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE**

<b>Topic</b>	<b>Timescale</b>	<b>Lead Officer/ Organisation Involved</b>	<b>Link to PMF (metrics)</b>	<b>Scrutiny's Role</b>
<p><b>Loneliness and Connected Communities</b></p> <p><b>Adults and Housing to Lead</b></p>	<p>Scoping meeting 28 January 2020</p> <p>Meeting on 5 October 2020</p> <p>Meeting on 15 December 2020</p>			



**MEMBERS BRIEFINGS**

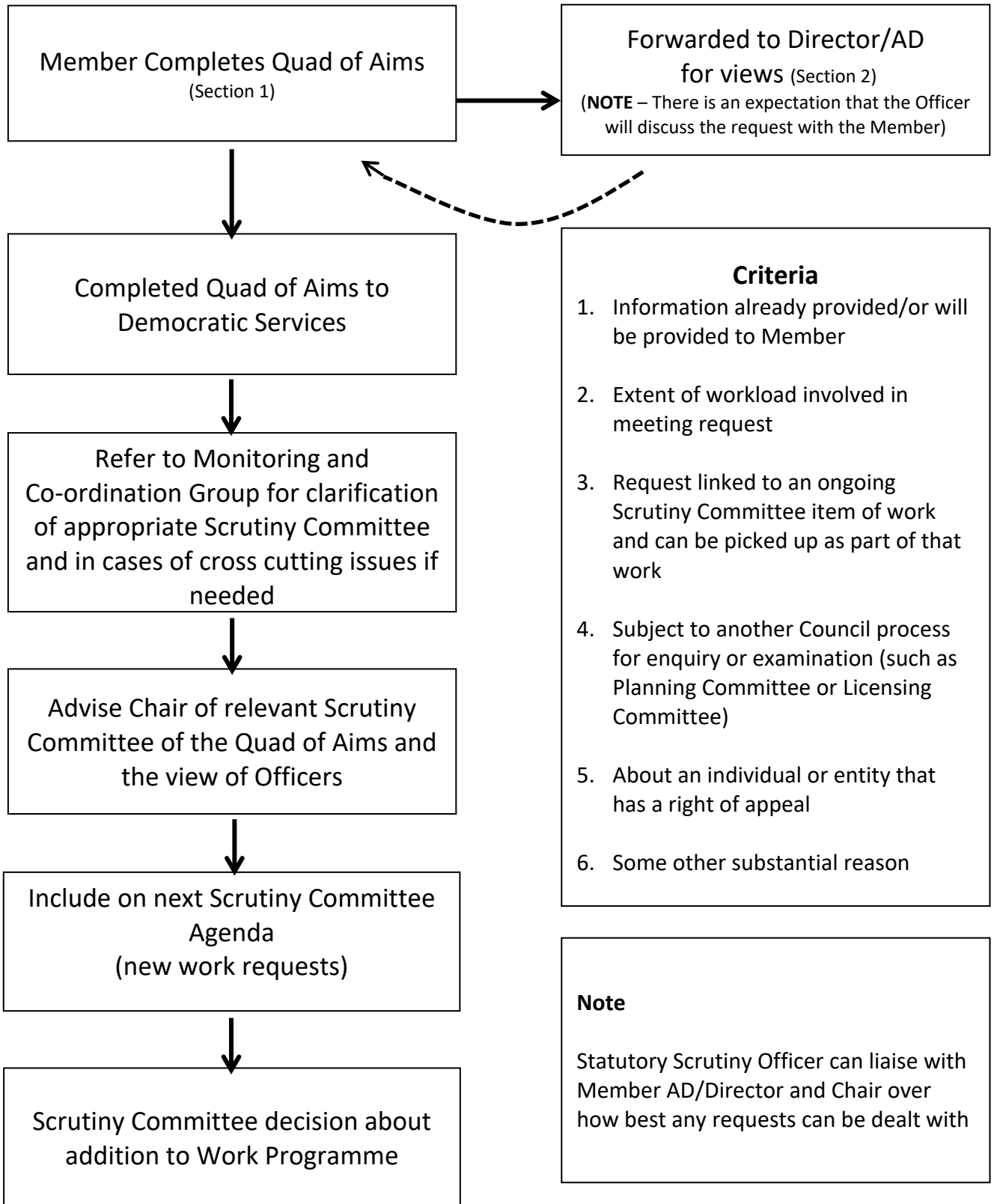
<b>Topic</b>	<b>Timescale</b>	<b>Lead Officer/ Organisation Involved</b>	<b>Link to PMF (metrics)</b>	<b>Scrutiny's Role</b>
<p><b>Voluntary Sector Funding</b>  (Adults, CYP, Health and CLS Scrutiny)</p>	<p>March 2022  Joint briefings 14 October 2020 and 10 March 2021</p>	<p>Christine Shields</p>	<p>Full PMF suite of indicators</p>	<p>To update Members following the monitoring and evaluation of this funded projects</p>
<p><b>CQC Ratings in the Borough of Darlington</b></p>	<p>October 2022  Scoping Meeting held 18 November 2019  Briefing note circulated 21 October 2020  Briefing note circulated October 2021</p>			<p>To monitor and evaluate CQC scoring across the Borough for health and care settings.</p>

**ARCHIVED**

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

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



PLEASE RETURN TO DEMOCRATIC SERVICES

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

**SECTION 1 TO BE COMPLETED BY MEMBERS**

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

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

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)**

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

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

**PLEASE RETURN TO DEMOCRATIC SERVICES**

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**DARLINGTON BOROUGH COUNCIL  
FORWARD PLAN**



DARLINGTON

Borough Council

**FORWARD PLAN  
FOR THE PERIOD: 1 DECEMBER 2021 - 30 APRIL 2022**

Title	Decision Maker and Date
Review of Outcome of Complaints Made to Ombudsman	Cabinet 7 Dec 2021
Housing Revenue Account - Medium Term Financial Plan 2022/23 to 2025/26	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
The Care Leaver Covenant	Cabinet 7 Dec 2021
Council Plan Performance Report 2021/22 – Quarters 1 and 2	Cabinet 11 Jan 2022
Customer Services and Digital Strategy 2021/24	Cabinet 11 Jan 2022
Feethams House - European Regional Development Fund	Cabinet 11 Jan 2022
Land at Sparrowhall Drive	Cabinet 11 Jan 2022
Levelling Up Darlington	Cabinet 11 Jan 2022
Maintained Schools Capital Programme - Summer 2022	Cabinet 11 Jan 2022
Rail Heritage Quarter Update	Council 27 Jan 2022 Cabinet 11 Jan 2022
Schedule of Transactions - January	Cabinet 11 Jan 2022
Youth Unemployment	Cabinet 11 Jan 2022
Annual Audit Letter 2020/21	Cabinet 8 Feb 2022
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
Local Plan Adoption	Council 17 Feb 2022 Cabinet 8 Feb 2022



**DARLINGTON BOROUGH COUNCIL  
FORWARD PLAN**

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
Proposed Waiting Restrictions on Woodland Road, Outram Street and Duke Street	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
Supplementary Planning Guidance (SPD) Design Code - Burtree Garden Village	Council 12 May 2022 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
Tees Valley Energy Recovery Facility	Cabinet 8 Mar 2022
Annual Procurement Plan 2022/23	Cabinet 5 Apr 2022