DARLINGTON
Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am
Wednesday, 29 June 2022
Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting

2. Appointment of Chair for the Municipal Year 2022/23

3. Appointment of Vice-Chair for the Municipal Year 2022/23

4. Declarations of Interest

5. To consider the times of meetings of this Committee for the Municipal Year 2022/23 on the dates agreed in the Calendar of Meetings by Cabinet at Minute C100/Feb/22

6. To approve the Minutes of the meeting of this Scrutiny held on :-

   (a) 27 April 2022: and (Pages 3 - 8)

   (b) 18 May 2022 (Pages 9 - 10)

7. CAMHS Update –
   Presentation by the Director of Operations and Transformation (CAMHS and Learning Disability services) Durham Tees Valley, Tees, Esk and Wear Valley NHS Foundation Trust
   (Pages 11 - 18)

8. Health and Safety Compliance in Council Housing –
   Presentation by the Assistant Director, Housing and Revenues
   (Pages 19 - 26)

9. Housing Services Anti-Social Behaviour Policy –
   Report of the Assistant Director, Housing and Revenues
   (Pages 27 - 44)

10. Performance Indicators - Quarter 4 2021/2022 –
    Report of the Assistant Director Housing and Revenues, Assistant Director Community Services and Director of Public Health
    (Pages 45 - 100)

11. Work Programme –
    Report of the Assistant Director Law and Governance
    (Pages 101 - 116)

12. Health and Wellbeing Board –
    The Board last met on 17 March 2022. The next meeting is scheduled for 7 July 2022.

13. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at the meeting.

14. Questions

Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 21 June 2022

Town Hall
Darlington.

Membership
Councillors Bell, Dr. Chou, Heslop, Layton, McEwan, Mills, Newall, Preston, Mrs H Scott and Wright

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HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 27 April 2022

PRESENT – Councillors Bell (Chair), Layton, Newall and Wright

APOLOGIES – Councillors Heslop, Lee and McEwan,

ABSENT – Councillors Bartch and Dr. Chou

ALSO IN ATTENDANCE – Councillors Jill Foggin (Communications Officer, County Durham and Darlington Foundation Trust), Dominic Gardner (Tees, Esk and Wear Valley NHS Foundation Trust), Rebecca O'Keeffe (Tees, Esk and Wear Valley NHS Foundation Trust), Nichola Kenny (County Durham and Darlington NHS Foundation Trust), Jon Murray (We Are With You), Gary Besterfield (We Are With You) and Dr Thomas Adams

OFFICERS IN ATTENDANCE – Penny Spring (Director of Public Health), Anthony Sandys (Assistant Director - Housing and Revenues), Ken Ross (Public Health Principal), Abbie Kelly (Public Health Portfolio Lead) and Hannah Miller (Democratic Officer)

HH49 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH50 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 23 FEBRUARY 2022

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 23 February, 2022.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 23 February, 2022 be approved as a correct record.

HH51 COUNTY DURHAM AND DARLINGTON ADULT MENTAL HEALTH REHABILITATION AND RECOVERY SERVICE: REPROVISION OF PRIMROSE LODGE, CHESTER LE STREET INPATIENT SERVICE - UPDATE

The Director of Mental Health and Learning Disability, Durham Tees Valley Partnership and the Director of Operations County Durham and Darlington, Tees, Esk and Wear Valley NHS Foundation Trust submitted a report (previously circulated) updating Members of the outcome of the further targeted engagement to support the proposal to relocate Primary Lodge Inpatient Rehabilitation and Recovery unit from Chester le Street to Shildon.

The submitted report stated that an initial paper was presented to this Scrutiny Committee in January, explaining the rationale for the change, the engagement that had taken place up to that point and the plan to undertake further targeted engagement in February and March before finalising the relocation.

The report outlined the key factors for the change; the targeted engagement plan which

included a briefing document and bespoke surveys for service users, families, carers and referring organisations; and two forums were held to explain the proposal further and seek direct feedback.

Reference was made to the survey responses; the average rating for the proposal was 3.9, with 5 being fully support the proposal, with recognition and support of the importance of an improved environment of the Shildon unit and the ability of the staff to continue to support service users recovery. The engagement identified concerns regarding the bed reduction from 15 to eight beds, however this would be safely and effectively managed through a phased bed reduction; and overall there was a high level of rated support for the proposal.

Following a question, Members were informed that significant investment into community mental health services would help service users transition into the community.

RESOLVED – (a) That the report, detailing the outcome of the targeted engagement to support the proposal to re-provide the Primrose Lodge unit from Chester le Street to Shildon with a reduction from 15 to 8 beds, be received.

(b) That the proposal and relocation of the inpatient rehabilitation service to Shildon, be supported.

HH52 CARE QUALITY COMMISSION - UPDATE

The Care Group Director for Adult Mental Health services, Tees, Esk and Wear Valley NHS Foundation Trust provided an update to Members on the work undertaken by the Trust following the Care Quality Commission (CQC) inspections of the Adult Mental Health (AMH) and Psychiatric Intensive Care Units (PICU) in January and May and visits of CAMHS, Forensic, Community Adult Mental Health and the Crisis Team in June 2021.

It was reported that following the inspection, work had been undertaken across the organisation, including community services, to improve systems and processes to safely assess and mitigate patient risk; that this included all key risk information for patients being contained in one place and a range of quality assurance measures; and a further visit was expected in the coming months.

Following a question regarding staffing levels, Members were informed that significant work had been undertaken to address staffing levels and a range of incentives were in place to recruit staff; and following concerns raised regarding CAMHS, the Care Group Director for Adult Mental advised Members of the actions in place, including a Keeping In Touch (KIT) process for those on a waiting list and improved mental health support in schools, including online resources.

RESOLVED – (a) That the Care Group Director for Adult Mental Health services, Tees, Esk and Wear Valley NHS Foundation Trust, be thanked for his update on the CQC inspections.

(b) That Members receive an update on CAMHS at a future meeting of this Scrutiny Committee.

HH53 A & E WAIT TIMES

The Director of Performance, County Durham and Darlington NHS Foundation Trust, gave a presentation (previously circulated) updating Members on Accident and Emergency (A&E) wait times.

Reference was made to the A&E four hour standard, Members were informed that following the peak of the winter pressure period, performance had been improving throughout March; and there had been no 12 hour trolley waits during March.

The presentation outlined the new Emergency Department (ED) measures; Members were informed that there had been a reduction in patients waiting more than 12 hours in Darlington Memorial Hospital (DMH) ED, with a decreased from 9.3 a per cent in January to 5.5 per cent in March; and overall in March, 72 per cent of patients had been assessed within 15 minutes of arrival.

It was reported that a key area of focus was ED and ambulance handover and Members noted that handover times for March were 37 minutes for Darlington and 33 minutes for Durham, against a target of less than 30 minutes. Reference was made to the range of improvement actions in place, including dedicated clinical and management support for the ED to enhance the quality and safety of the services, recruitment of junior doctors and increased bed base; and details were provided of rag ratings for the improvement actions.

Members questioned the impact of pressures in other regional ED's on Darlington and were informed that a Local Delivery Board was in place to monitor A&E performance and work was being undertaken by the ICB to ensure the right infrastructure was in the right place.

Discussion ensued regarding the timeline for the additional wards in Durham and Darlington and triage and discharge pathways.

RESOLVED – That the Director of Performance, County Durham and Darlington NHS Foundation Trust, be thanked for her informative presentation.

HH54 DARLINGTON DRUG AND ALCOHOL SERVICE

The Contracts Manager and Executive Director of Services, We Are With You gave a presentation (previously circulated) updating Members on the Darlington drug and alcohol service.

It was reported that the service was founded in 1967 as Association for Parents of Addicts, became Addaction and following a rebrand was now known as With You.

The presentation gave a service overview, detailing the three key components which were clinical support, treatment and care and abstinence, recovery and wellbeing; and the priorities of the service were outlined. Reference was made to the challenges associated with the delivery site and to the need for partnership working was highlighted.

Members raised concern regarding the perceived lack of work by the new service; the Executive Director of Services acknowledged the need for improved communication with the local authority and stakeholders to ensure the work being delivered by the service was

evident.

Members questioned the option of heroin assisted treatment; the Public Health Principal informed Members that this option was not in the current service specification, that national policy did not support this as a mainstream treatment and that it was not a cost effective treatment.

Discussion ensued regarding the location of the delivery site; access for vulnerable residents; and Members were assured that there was no waiting list to access the service.

Following a question regarding partnership working, Members were advised of a dual diagnosis pathway with TEWV and this would be extended to include Darlington; and Members were reminded of the outreach work of the ACCESS Team.

RESOLVED – That the Contracts Manager and Executive Director of Services, We Are With You, be thanked for their informative presentation.

HH55 HOUSING MANAGEMENT POLICY

The Assistant Director Housing and Revenues submitted a report (previously circulated) requesting that consideration be given to the draft Housing Management Policy (also previously circulated) prior to its consideration at Cabinet on 14 June 2022.

The submitted report stated that Darlington Borough Council provides over 5,300 high quality homes for local residents; that to enable the Council to manage these properties effectively, rental and service charge income from Council tenants need to be maximised to ensure comprehensive range of good quality housing management and support services is provided to tenants; and the Housing Management Policy sets out how the Council would do this.

The housing management policy was divided into two main sections; Income Management, which details how the Council collects rent and service charges and recover arrears and debts from current and former Council tenants; and Tenancy Management, which details how the Council manages its properties and how decisions are made by the Council across a range of issues.

It was reported that the Tenants Panel had been consulted on the draft policy in March 2022; that overall the Panel supported the proposed Housing Management Policy; and reference was made to examples of the Panel's comments.

RESOLVED – That Members support the onward submission of the draft Housing Management Policy to Cabinet.

HH56 WORK PROGRAMME

The Assistant Director Law and Governance 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 'Affordable Home Ownership Policy' scheduled for the next meeting of this Scrutiny Committee, be deferred to a later date.

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

HH57 HEALTH AND WELLBEING BOARD

Members were informed that the Board last met on 17 March 2022 and that the next meeting of the Board was scheduled for 30 June, 2022.

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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HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 18 May 2022

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

APOLOGIES – Councillors Bartch and Newall

ABSENT – Councillor Dr. Chou

ALSO IN ATTENDANCE – Warren Edge (County Durham and Darlington NHS Foundation Trust), Lisa Ward (County Durham and Darlington NHS Foundation Trust), Dr Chris Lanigan (Tees, Esk and Wear Valleys NHS Foundation Trust) and Leanne McCrindle (Tees, Esk and Wear Valleys NHS Foundation Trusts)

OFFICERS IN ATTENDANCE – Penny Spring (Director of Public Health) and Hannah Miller (Democratic Officer)

HH58 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH59 QUALITY ACCOUNTS 2021/2022

The Assistant Director Law and Governance submitted a report (previously circulated) on the Quality Accounts 2021/2022 for Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) and County Durham and Darlington NHS Foundation Trust (CDDFT), seeking Members input into the draft commentaries.

The submitted report stated Members had been more involved with the local Foundation Trusts Quality Accounts to enable them to have a better understanding and knowledge of performance when submitting the commentaries on the Quality Accounts at the end of the Municipal Year 2021/2022; and had received regular performance reports from both TEWV and CDDFT.

The Associate Director of Strategic Planning and Programmes and the Head of Quality Governance and Compliance, TEWV, provided a PowerPoint presentation for Members on the Trust's Quality Account and responded to Members' questions on various aspects of the Accounts.

Members were thanked for their commitment to responding to the Quality Account.

The Senior Associate Director of Assurance and Compliance and Associate Director of Nursing (Patient Safety and Governance), CDDFT, presented the Trust's Quality Accounts and in doing so responded to Members' questions on various aspects of the Accounts.

The Trust welcomed Members comments and thanked them for their input.

RESOLVED – That draft commentaries for the Quality Accounts 2021/2022 for County

Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust be drafted and submitted to the respective Trusts for inclusion in the Quality Accounts for 2021/2022.

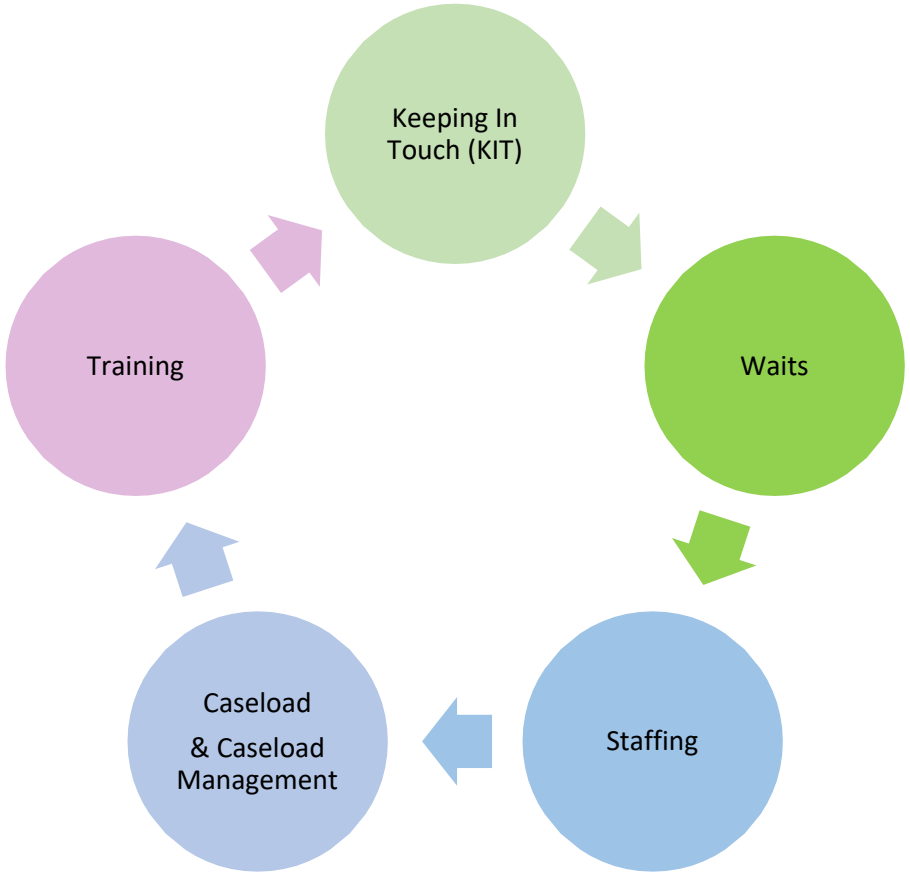
Tees, Esk and Wear Valleys
NHS Foundation Trust

Children & Young People's Services Darlington

Children & young people's services

Tees, Esk and Wear Valleys
NHS Foundation Trust

Work programme- key areas



Children & young people's services – i-THRIVE

1 in 6 YP have MH needs, of these 30% require advice, 60% require 'Getting Help' and 5-10% require 'Getting more Help' and/or 'Risk Support'

Meetings with external colleagues, including commissioners, VCS/3rd sector providers and some local authority colleagues to co-create and deliver the i-THRIVE framework of care

A whole system and evidenced-based approach in supporting families with their emotional wellbeing and mental health needs

Draws a clear distinction between treatment and support

Children, young people and their families are active decision makers

Children & young people's services - i-THRIVE

- Internal restructure of Tees CAMHS to align against i-THRIVE which commenced operationally in April 2021.
- Roll out of MHSTs to provide school based support, early help and prevention and meet young peoples need at place
- Children, young people and their families get a more flexible access to appropriate services.
- Creates capacity in 'Getting more Help' teams to meet the needs of the more complex and risky cases
- Work planned within the Tees Valley to further expand the 'whole system' of support to better coordinate and maximise efficiency of all available services and resource

In response to CQC concerns:

- Introduced Keeping in Touch (KIT) process which is monitored daily and all staff at clinical and senior management levels have oversight.
- 97% of children (and their families/carers) currently on the Trustwide CAMHS waiting list have had KIT contact within the timeframe in accordance with their risk level.
- Waiting lists are now electronically held giving much greater visibility and accuracy across the Trust.
- Recruiting alternative roles that add value to community CAMHS teams and help meet the increases in demand, including newly qualified nurses, support workers and assistant psychologists.
- Engaged with staff to develop clinically effective solutions, drawn from their expertise, for caseload management.
- Senior leaders hold 3 x weekly huddles to monitor waiting lists & monthly tracking of training compliance.

Waits

Waiting to assessment

- Average 16 days in Darlington (non-neuro referrals)

Waiting to Treatment

- Average 190 days in Darlington
- Strict definition of ‘treatment’, the support offered by the teams while young people are waiting for medical or therapeutic intervention is considered ‘treatment’ in other CAMHS services
- Waits for 2nd appointment (nationally recognised metric for ‘treatment start’) are in line with other services nationally

Waits (Specialist neuro assessment)

- **Waiting to Assessment**
- Average wait is currently 318 days
- Better than national average currently and there is commissioned support via other providers available to families awaiting assessment

Next steps:

- Work with partners to further embed i-Thrive withing the whole system to better coordinate all available support services and maximise efficiencies
  - Share practice from proposed pilots with Stockton and County Durham
- Develop ‘upstream’ offer to families and schools to help reduce demand for specialist neurodevelopmental assessments
  - Needs-led approaches
- Communication plan for schools and public regarding service developments and how to access support
- Link with national team regarding further expansion of MHSTs for schools
  - Work towards 100% coverage
- Embed MH practitioners into Primary Care Networks (PCN’s) to further enhance whole system offer

Heath and Safety Compliance in Council Housing

Heath and Housing Scrutiny Committee

29 June 2022

DARLINGTON
Borough Council

Performance Results 2021-22

Asbestos

Electrical Safety

Fire Regulatory Reform Audits

Gas Safety

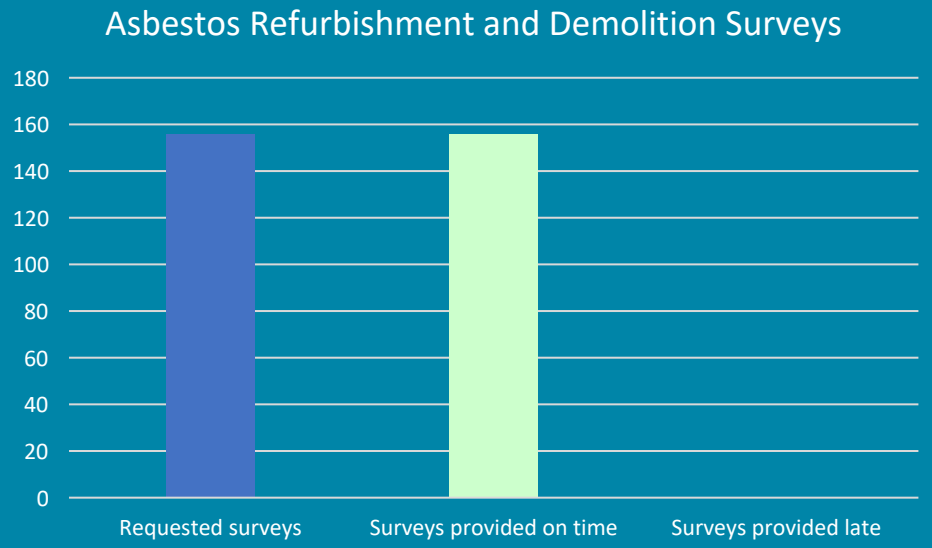
Legionella

DARLINGTON
Borough Council

Asbestos

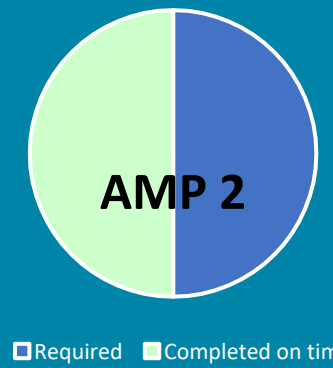
Programme for 2021-22

- 156 Asbestos refurbishment and demolition surveys requested
- 156 Completed on time
- 100% Compliance achieved



Asbestos Management Surveys 2021-22

- 19 Surveys required
- 19 Completed on time
- 100% Compliance achieved



DARLINGTON Borough Council

Electrical Safety

Electrical Installation Condition Reports (EICR), Council Housing

Electrical installations in our properties are subject to an EICR at 5-year intervals, or 10-year intervals for new build properties.

- 890 Checks due to be completed in 2021-22
- 611 Completed (or 68.7%)
- 191 Outstanding or progressing
- 17 Visits booked
- 71 No access

Performance was significantly impacted due to Covid and unlike gas we have no legal way to enforce access. However under the terms of the new tenancy agreement we will be able to issue tenancy breach notices.

To improve we are looking at better information on the internet, articles in news letters and customer engagement. Aiming to raise the profile of EICRs and improve safety for all tenants.

Sheltered, Extra Care and Community Centres.

No buildings were due to be checked in 2021-22

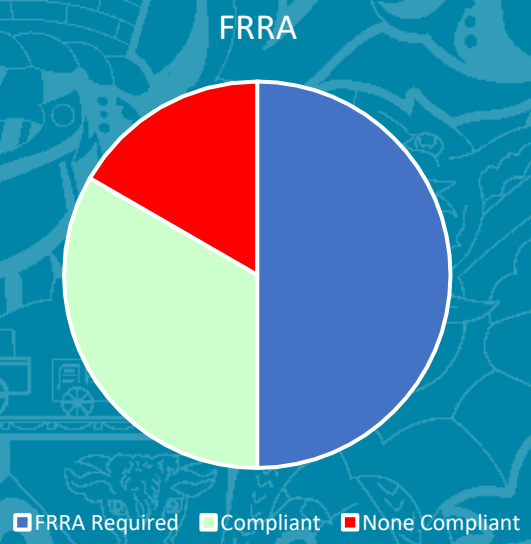
All 19 are within compliance

DARLINGTON Borough Council

Fire Regulatory Reform Audits

Sheltered Schemes and Community Centres

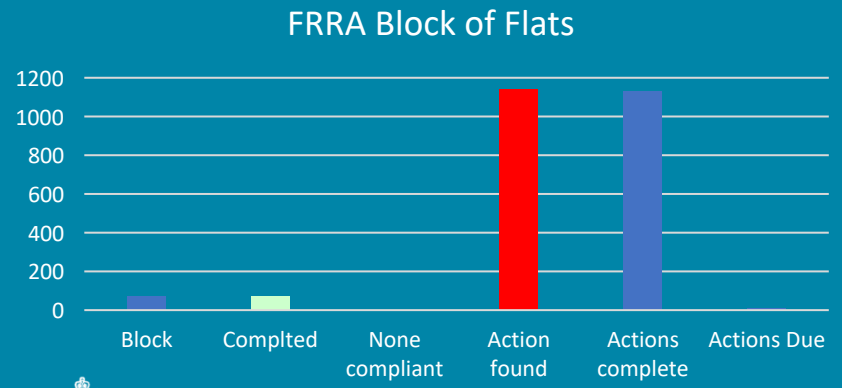
- 18 sheltered schemes and community centres due
- 12 properties compliant
- 6 properties non-compliant
- 66.6% compliant



- Performance was significantly impacted due to Covid
- Sheltered and care schemes closed, causing access issues
- Poor performance issues with previous contractor, so a new contractor is being arranged
- All outstanding FRRA's will be completed once the new contractor is in place

Blocks of Flats

- 73 blocks due for risk assessment
- 100% completed in time
- This generated 1,140 actions
- 1,132 completed (or 99.3%)
- 8 outstanding (none high risk)
- Housing are working to resolve



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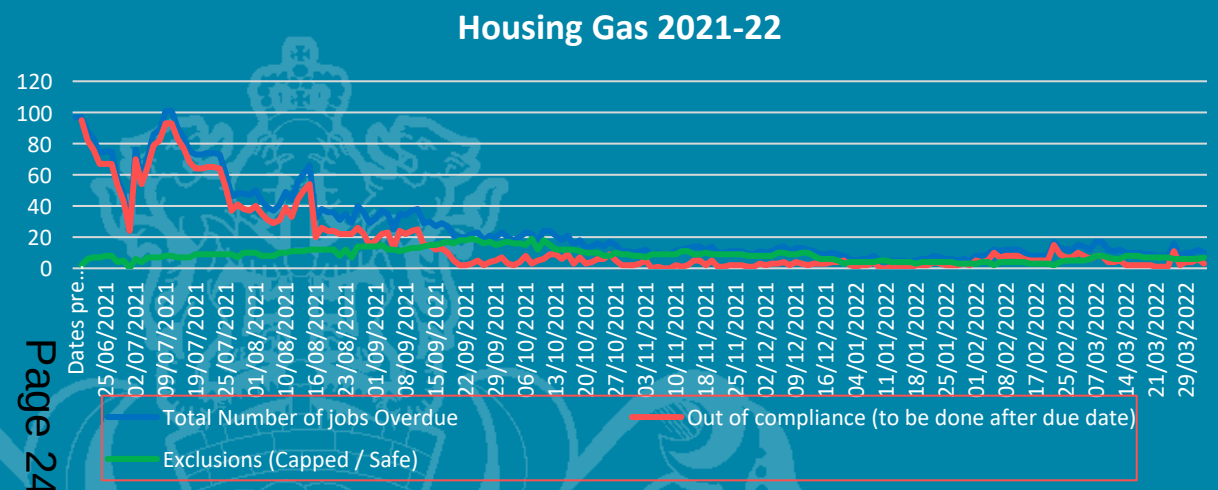
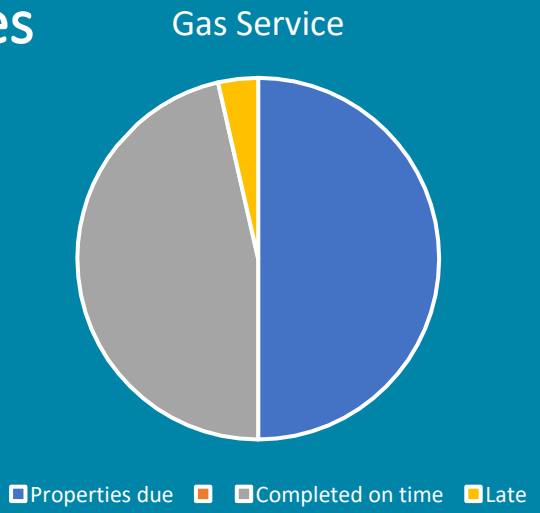
Gas Safety



- A difficult start to the year. Covid had a negative impact on access and staffing levels
- Staff worked extremely hard to turn this around, completing 4,967 of the 4,977 properties due
- Of the remaining 10 properties, 7 had been capped or made safe, 3 remained outstanding
- We served 179 management letters and 47 abatements
- We applied for and were granted 3 warrants of access
- Target of 99.5% and achieved 99.8%

Gas Sheltered Schemes

- 14 Properties due 2021-22
- 13 Completed on time
- 1 Completed 19 days late
- This was due to parts being required and a delay in the service certification being completed



DARLINGTON Borough Council

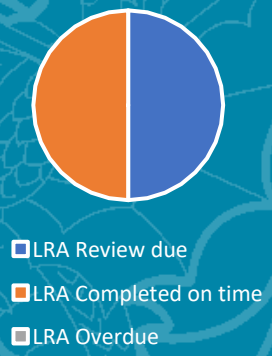
Legionella

Legionella risk assessments - Council housing

- All Council housing is covered by generic risk assessments
- Moving forward, this will be more property specific and completed on voids properties initially

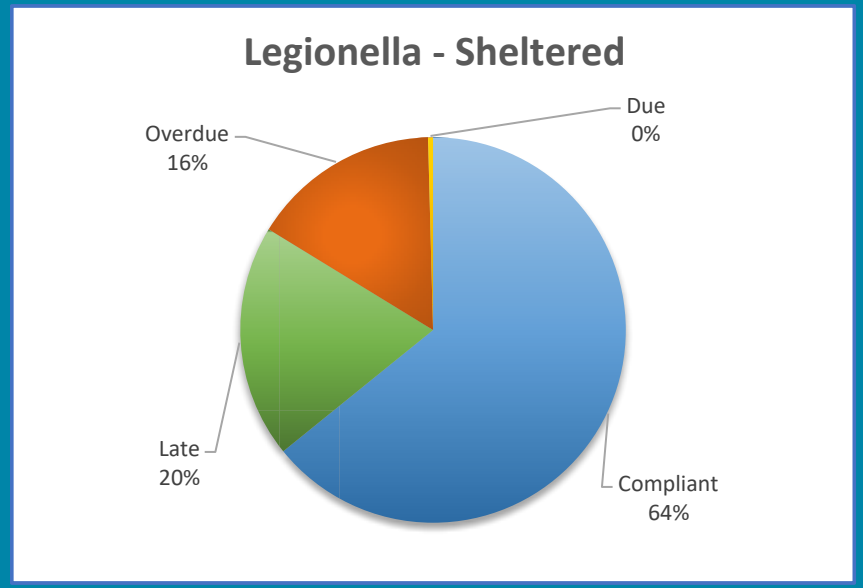
Legionella risk assessments - sheltered accommodation

- 18 Due for review
- 18 Completed On time
- 100% compliance



Sheltered accommodation inspection and monitoring

- 240 Inspections due 2021-22
- 154 Completed on time
- 48 Completed late
- 38 Not completed



- Performance was significantly impacted due to Covid
- Improvement gained through a change in working practice to ensure better staff cover
- Most missed visits were for temperature monitoring and these buildings were managed on a risk assessment basis by careful monitoring of results from previous testing

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HEALTH AND HOUSING SCRUTINY COMMITTEE
29 JUNE 2022

HOUSING SERVICES ANTI-SOCIAL BEHAVIOUR POLICY

SUMMARY REPORT

Purpose of the Report

1. For Members to consider the draft Housing Services Anti-Social Behaviour Policy 2022-2026 before approval by Cabinet on 6 September 2022.

Summary

2. Darlington Borough Council provides over 5,300 high quality homes for local residents. We are committed to ensuring that all of our tenants enjoy their right to a safe home and community.

3. The Housing Services Anti-Social Behaviour Policy 2022-2026 at **Appendix 1** sets out how we will deal with reports of Anti-Social Behaviour (ASB) and hate crime effectively and promptly, taking appropriate, swift, proportionate action, including legal action, when necessary.

4. The Tenants Panel has been consulted on the draft policy and the outcome of this consultation is given at paragraph 14. However, the proposals have received overwhelming support.

Recommendation

5. It is recommended that Members:-

   (a) Consider the report and draft Housing Services Anti-Social Behaviour Policy 2022-2026 at Appendix 1 and agree its onward submission to Cabinet.

Anthony Sandys
Assistant Director – Housing and Revenues

Background Papers

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

Anthony Sandys: Extension 6926

S17 Crime and Disorder	This report has no implications for crime and disorder
Health and Wellbeing	There are no issues which this report needs to address
Carbon Impact and Climate Change	There are no issues which this report needs to address
Diversity	There are no issues which this report needs to address
Wards Affected	All wards with Council housing
Groups Affected	Council tenants and leaseholders
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 supports the Council plan to provide Council tenants with a comprehensive range of good quality housing management and support services
Efficiency	There are no implications
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

6. Darlington Borough Council provides over 5,300 high quality homes for local residents. We are committed to ensuring that all of our tenants enjoy their right to a safe home and community.

7. The Housing Services Anti-Social Behaviour Policy 2022-2026 at Appendix 1 sets out how we will deal with reports of ASB and hate crime effectively and promptly, taking appropriate, swift, proportionate action, including legal action, when necessary.

8. The policy covers the following areas:

   (a) **Vision and aims** – this section sets our policy objectives in striking the right balance between prevention, early intervention, support, and enforcement to tackle ASB.

   (b) **Definitions and examples of ASB** – this section sets out how we define ASB and hate crime in the context of the management of our Council homes. The wording reflects those used in our new Tenancy Agreement, implemented in February 2022 and consulted on with our tenants, setting out clearly that we do not tolerate ASB and will take action whenever necessary and/or appropriate.

   (c) **Support for victims and witnesses** – this sections sets out the support we will put in place for victims and witnesses to ensure they feel confident and safe in coming

forward to report ASB.

(d) **What we expect of our tenants** – this section confirms our expectations that all of our tenants will comply with the terms of their Tenancy Agreement. Specifically, that tenants, members of their household or visitors must not carry out or encourage any ASB which is likely to cause nuisance, annoyance, harassment, alarm or distress to other residents.

(e) **How to report ASB** – contains details of how tenants and residents can report ASB.

(f) **Our response** – this section sets out how we will respond to reports of ASB and the timescales for response.

(g) **What legal action(s) can we take as a landlord?** – this sets out our legal options for dealing with serious or repeat ASB, including Notices of Seeking Possession through to eviction.

(h) **Partnership working, confidentiality, data protection and information sharing** – confirms our partnership approach to tackling ASB.

Regulator of Social Housing

9. Social Housing is controlled by the Regulator of Social Housing and they have set out specific expectations and outcomes that providers of social housing must comply with. One of the four statutory Consumer Standards set by the Regulator is the Neighbourhood and Community Standard.

10. The Neighbourhood and Community Standard sets expectations for registered providers of social housing to keep the neighbourhood and communal areas associated with the homes they own clean and safe, co-operate with relevant partners to promote the wellbeing of the local area and help prevent and tackle ASB.

11. Specifically, registered providers must publish a policy on how they work with relevant partners to prevent and tackle ASB in areas where they own properties. This policy must demonstrate:

(a) That tenants are made aware of their responsibilities and rights in relation to ASB.

(b) Strong leadership, commitment and accountability on preventing and tackling ASB that reflects a shared understanding of responsibilities with other local agencies.

(c) A strong focus exists on preventative measures tailored towards the needs of tenants and their families.

(d) Prompt, appropriate and decisive action is taken to deal with ASB before it escalates, which focuses on resolving the problem having regard to the full range of tools and legal powers available.

(e) That all tenants and residents can easily report ASB and are kept informed about the status of their case.

(f) The provision of support to victims and witnesses.

Tenancy Enforcement

12. Housing Services employs two full-time Tenancy Enforcement Officers whose specific role is to:

(a) Investigate and respond to reports of ASB in relation to Council tenants, members of their household or visitors to their property.

(b) Work with key local agencies to tackle ASB, including the Police and the Civic Enforcement Team.

(c) Support Housing Management Officers to deal with reports of neighbour nuisance and other potential tenancy breaches in relation to the management of Council properties.

(d) Support victims and witnesses in relation to reports of ASB.

(e) Issue tenancy breach notices and advice to tenants where a breach of the Tenancy Agreement in relation to ASB has occurred.

(f) Take legal action up to and including eviction, in relation to serious ASB, criminal activity or repeated tenancy breaches.

Performance 2021-22

13. The following information relates to reports of ASB to Housing Services and investigations undertaken by our Tenancy Enforcement Officers in 2021-22:

(a) Number of telephone calls to our Housing Contact Team in relation to ASB = **1,803**. This represents 2.7% of all the telephone calls received by Housing Services.

(b) Number of reports of ASB resulting in a case being opened = **370**. The following lists the top 5 main reasons for reports of ASB being made, noise nuisance making up nearly half of all reports:

Category	**Number**
Noise nuisance	175
Pets and animal nuisance	43
Drugs misuse / dealing	37
Verbal abuse / harassment / threats	25
Nuisance from vehicles	15

(c) Number of ASB cases closed = **365**. The following lists the reasons for case closure and confirms that in most cases, reports of ASB can be dealt with through advice and

mediation between tenants:

Reason for closure	Number
Advice given and no further reports	175
No further reports from complainant	138
Complaint withdrawn	43
Successful mediation	3
Keys voluntarily given back following legal notice served	3
Eviction	3

(d) Notices of Seeking Possession (NOSP) / Notices of Possession Proceedings (NPP) issued = **21**.

Outcome	Number
Eviction	3
Keys voluntarily given back following legal notice served	3
Possession not granted	1
Court action not taken as behaviour improved (NOSP remains in place for 12 months)	5
Referred to Mental Health services and behaviour improved	1
Deceased	2
Awaiting court date	6

Outcome of Consultation

14. The Tenants Panel were consulted in May 2022 and overall, the Panel supported the proposed Housing Services Anti-Social Behaviour Policy. Examples of the Panel's comments were as follows:

(a) "I think the ASB Policy seems to cover everything pretty well, it was more comprehensive than expected and all in all I am happy with policy. One thing I would say is that I haven't been a victim of ASB myself, maybe an option would be to show this to someone who has. This will show a different perspective and maybe a point of view from someone with more experience. The language is easily understandable and I believe most people would read it with no problem whatsoever. The only people who would find this difficult to read are people who struggle in general. Like the way that examples were used right throughout the Policy. An example of this is Birds and Pigeons. It is something that I wouldn't have thought of myself, so interesting to see that other people would find it a problem."

(b) "I believe that the ASB Policy is pretty sound. I feel that everything was succinct and explained properly and it is clear why the actions that are taken are done so. I also feels that it goes hand in hand with the new Tenancy Agreement."

(c) “After looking at the policy, I believe that it is extremely well worded. It not only explains ASB appropriately but covers everything that could come up and any questions I may have had were all in the document. The processes are explained from start to finish and didn’t leave anything unanswered. From reading the document, I believe that the support that the Council offers goes above and beyond and I am comforted knowing that ASB is important to Darlington Borough Council.”

(d) ‘All in all, I agreed with everything that the ASB Policy had to say. It is a rather long document and I would assume that not everyone would read the full version. It may be an idea for a shorter version to be sent to tenants with the key points or even a Facebook Post to go alongside such a large document. The document was well written and reinforces the Tenancy Agreement. Over the years I have received comments from tenants that they feel they were causing a nuisance by reporting ASB. It is nice to know that this is changing and that more support will be available moving forward. I would like the Tenancy Enforcement Officers to come to the Tenants Panel meetings so that they can explain the process.”

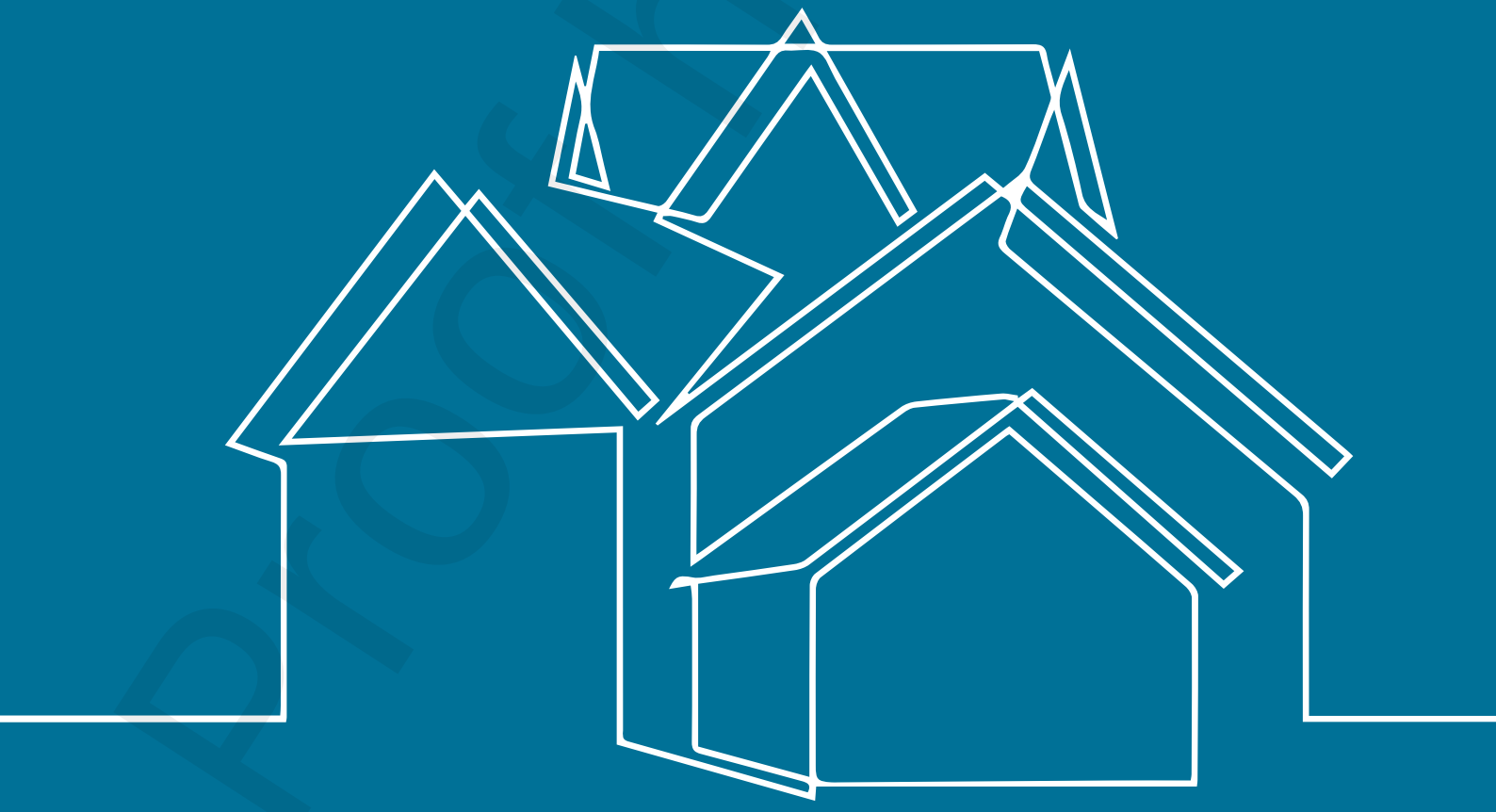
(e) “After looking over the document, I agree that the ASB policy is comprehensive and will give tenants a higher level of safety in their homes and in communal areas.”

(f) ‘In general, I think it is a really good document. As far as I can see, all the important information has been covered and as a document of intent, there is no faulting it. Some people may see it is a little longwinded, but it is important that nothing is left out or people will complain. People don’t generally read all the information but pick out the bits that are important to them. I think tenants do feel that they are being supported by the council and this reinforces that notion.”

15. The last tenant’s survey was carried out in September 2019 and in terms of importance rating (1 being of no importance and 10 being extremely important), tenants rated “safety and security in your home” as a rating of 9.4, which was the highest rated issue for tenants at that time.

DARLINGTON
Borough Council

Housing Services Anti-Social Behaviour Policy 2022 - 2026



Our vision

We are committed to ensuring that all of our tenants enjoy their right to a safe home and community. Under the terms of our Tenancy Agreement, we do not tolerate anti-social behaviour (ASB) or hate crime and will act whenever necessary. We are committed to preventing and tackling ASB and we will take robust action against tenants who commit ASB or who allow members of their household or visitors to commit ASB. We want our communities to be secure and peaceful places to live and we will work hard with our tenants and partners to ensure this.

To do this we will deal with reports of ASB and hate crime effectively and promptly, taking appropriate, swift, proportionate action, including legal action, when necessary. We have effective support in place for victims of ASB and we will assess the risk of the potential impact of ASB prior to the commencement of a tenancy. For the majority of lettings this will not be a factor, but in situations where, due to an applicant's housing or life history, their relative vulnerability, and where there have been recent or on-going issues within a neighbourhood, a local lettings policy will apply.

Aims

To help our tenants feel safe, we will strike a balance between prevention, early intervention, support, and enforcement. To do this we will:

- Ensure that all tenants in our communities feel safe by preventing and tackling ASB.
- Ensure that our communities are safe and tolerant places to live for all tenants by tackling hate crime and discrimination.
- Take prompt, appropriate, and decisive action to deal with ASB, responding to the most serious cases of ASB within 1 working day of it being reported to us.
- Listen to our tenants and involve them in decisions around our policies.
- Put victims first by considering from the outset the effect of ASB on victims and any risk to them.
- Empower tenants to report ASB by making it easy to report ASB online, by telephone, by email or in writing.
- Work in partnership with agencies and communities to reduce ASB and increase feelings of safety within our communities.
- Take a problem solving and flexible approach for each individual case by providing each complainant with a personal action plan so they have a direct contact, when we will contact them, how we will deal with their case and any actions they are required to carry out, such as completion of diary sheets.
- Work closely and collaboratively with the Police to address criminality and serious ASB.

What is Anti-Social Behaviour?

'Anti-social behaviour' is a broad term for describing different types of behaviour but for the purposes of this policy we mean behaviour that:

- can cause a nuisance or annoyance to any person; and
- which directly or indirectly relates to or affects the landlord's housing management functions; or
- conduct which consists of, or involves using or threatening to use, housing accommodation owned or managed by the landlord for an unlawful purpose.

For ASB in a housing context, this is conduct which can cause nuisance or annoyance to a person in relation to that person's occupation of residential premises, or the conduct can cause housing related nuisance or annoyance to any person. In most cases, this policy will apply to ASB complaints in relation to our tenants, and anyone else either living in, or visiting one of our properties.

Hate crime, as defined by the Crown Prosecution Service, is a term that can be used to describe a range of criminal behaviour where the perpetrator is motivated by hostility or demonstrated hostility towards Hate crime, as defined by the Crown Prosecution Service, is a term that can be used to describe a range of criminal behaviour where the perpetrator is motivated by hostility or demonstrated hostility based on race, religion, diability, secual orientation or transgender identity.

A hate crime can include verbal abuse, intimidation, threats, harassment, assault, bullying or damage to property. The perpetrator can also be a friend, carer or acquaintance who exploits their relationship with the victim for financial gain or another criminal purpose.

Examples of Anti-Social Behaviour

Under the terms of our Tenancy Agreement, we do not tolerate ASB and regard any activity that impacts on other people in a negative way and interferes with a person's right to live peacefully in their home and in the surrounding area as ASB.

Each case will be considered individually and on its own facts and evidence and our response will be one that is both reasonable and proportionate. The impact of ASB upon others is an important element in determining our response but it is not the only consideration.

Examples of ASB could include but are not limited to:

- Using or threatening to use violence
- Using abusive or insulting words
- Using behaviour, gestures or language which could be considered by any person to be motivated by a hatred of their disability, gender, race, religion or sexuality, or any actions or behaviours meeting the definition of a Hate Crime
- Noise nuisance such as playing loud music, loud televisions, shouting or arguing, banging doors, burglar alarms, DIY work, dog barking
- Making false or malicious complaints about the behaviour of any other person
- Damaging or threatening to damage another person's home or possessions, including spraying, or writing graffiti
- Allowing pets or animals to cause noise or other nuisance or fouling, to roam or by not keeping them under proper control
- Selling, possessing, or storing drugs, cultivating, or manufacturing, using/abusing drugs or leaving drug related litter and needles
- Using your property for unlawful activity
- Dumping rubbish, storing scrap materials or rubbish or settings fires
- Obstructing any shared areas, doorways and other entrances or exits, throwing rubbish or any items from balconies and windows
- Using technology and/or social media to harass, alarm or distress a person residing, visiting, or otherwise engaging in lawful activity in the locality, or an employee of the Council
- Using surveillance equipment or drones in a way that interferes with the privacy of other people in the locality
- Doing anything that interferes with the peace, comfort, or convenience of other people
- Vehicle repairs and noise arising from vehicle repairs, repairing cars on estate roads or parking areas
- Parking so as to block access for other people in the locality or emergency service vehicles, this includes parking that blocks shared driveways and garages
- Revving of motor vehicle engines, speeding in motor vehicles in the locality or riding motorbikes, quadbikes, and mopeds anywhere other than on roads and authorised tracks
- Rioting or engaging in public disorder
- Being convicted of a serious criminal offence, being found by a Court to have breached a civil injunction, being convicted for a breach of a Criminal Behaviour Order (CBO), being convicted for a breach of a noise abatement notice or the property being closed under a closure order for ASB for more than 48 hours.

Examples of what might not be considered ASB could include:

- Noise from children when they are playing
- Family disputes
- Sounds of normal living such as opening and closing of doors

- Noise from household appliances
- One-off parties or celebrations if they don't cause an unacceptable disturbance to others
- Minor personal differences such as the giving of dirty looks or falling out between or over children
- Disagreements about parking

Behaviour that results from different lifestyles, or which would not be considered unreasonable by most people is not ASB. We will offer advice and guidance to encourage and enable tenants to deal with or to manage the situation without our involvement.

The Anti-Social Behaviour Act 2003 can also be used to stop people feeding pigeons/birds due to the nuisance caused to neighbours.

Pigeons and birds have become an increasingly common sight and thrive in areas where there is usually a good food source and the absence of predators. The result is that they can become a pest in built up areas. Pigeons or birds may be classed as a pest and the control of their numbers may be the responsibility of the local council for various reasons:

1. Noise
2. Damage to property
3. Hazards
4. Attracting other pests.

We may therefore restrict the use of bird feeders in Council properties, gardens or communal areas where any of the above problems have been identified.

Support for victims and witnesses

We aim to create sustainable communities and an environment where victims and witnesses feel confident and safe in coming forward to report ASB. We will:

- Take all reports of ASB seriously and investigate.
- Support witnesses and victims throughout our investigations and work with appropriate agencies.
- Ensure our staff are aware of the ASB policy and procedures so they can appropriately offer support.
- Involve victims and witnesses in discussions about the action we will take to resolve their issue(s).
- Communicate with tenants by their preferred method and at an agreed frequency we can deliver.
- Keep tenants informed about the progress of their complaint.
- Refer victims, witnesses, and perpetrators to mediation when appropriate and other external agencies to assist in quickly resolving incidents.

We acknowledge that we cannot always prevent people becoming repeat victims of ASB; therefore, it is important that we work towards ensuring that there is a suitable and appropriate support network around everyone to enable them to manage their situation until a satisfactory resolution is achieved.

It is equally important that we work with perpetrators of ASB to assist them to resolve problems on a long-term basis. In all cases, will consider whether the ASB is a consequence of substance misuse, mental health or disability and we will liaise and refer to specialist agencies and organisations that may be able to provide support and/or assistance to perpetrators of ASB, including our Housing Plus Service.

What we expect of our tenants

We do not tolerate ASB and expect our tenants to behave responsibly and with consideration and not to commit or allow their family, household members or visitors to commit ASB. These expectations are clearly set out in the Tenancy Agreement.

We accept that neighbours will have different values or opinions and that sometimes this can cause problems which may or may not be ASB. However, we expect our tenants to show consideration and tolerance towards their neighbours as well as understanding that we all have a right to live our lives in the way that we choose.

In addition, we expect tenants to:

- Take responsibility for minor personal disputes with their neighbours and to try to resolve any such problems themselves in the first instance in a reasonable neighbourly manner.
- Respect other people at all times
- Co-operate with the Council when seeking to resolve problems
- Engage with mediation services if this is recommended by the Council to resolve disputes.

How to report ASB

Tenants can report ASB in a number of ways to us, as follows:

- Online via our website: **www.darlington.gov.uk/housing/your-home/your-tenancy/nuisance-and-anti-social-behaviour/**
- Via email to **housing@darlington.gov.uk**
- Over the phone on **01325 405333**
- By letter to Housing Services, Darlington Borough Council, Town Hall, Feethams, Darlington, DL1 5QT

To report incidents of criminal behaviour residents should contact the Police, either via the non-emergency police number **101** or call **999** for emergencies.

Our response

The vast majority of ASB reports do not require legal action and will be effectively resolved through early intervention actions.

Each case will be dealt with in relation to its own facts and what we do in one case will not automatically mean that we will adopt the same approach in another. Our response is flexible, so that we can respond effectively to the different types of ASB that are reported.

We will contact complainants of serious reports of ASB within 1 working day of it being reported to us and we will agree a personal action plan, timescales and collect information and evidence. For all other reports of ASB we will make contact with complainants within 5 working days of it being reported to us.

Our approach towards dealing with ASB will be a combination of:

- **Case management** - We will work closely and collaboratively with tenants to agree personal action plans, based on the needs of the victim and the severity of the incident(s). We will also collect evidence throughout the investigation ranging from information from agencies and tenants to noise monitoring equipment. We will work particularly closely with the Police and Civic Enforcement Team to collect corroborating evidence.
- **Prevention and early intervention** - We will investigate and deal with incidents promptly. Early intervention may include verbal and written warnings to perpetrators, referrals to Restorative Justice and mediation or Acceptable Behaviour Contracts and Undertakings.
- **Information** - Our Tenancy Agreement clearly sets out our stance towards ASB and we will provide tenants with information on our website, social media and at the beginning and during their tenancy. We have a dedicated Tenancy Enforcement Team who will provide information, support, and assistance throughout an investigation.
- **Safeguarding and vulnerability** - We will always consider these factors in our case management, working closely and in partnership with a range of agencies to safeguard vulnerable tenants and their family.
- **Support** - We will offer support to victims and witnesses.
- **Enforcement and legal action** - We will take enforcement and legal action when appropriate and when other measures and attempts to resolve the problem have failed. We will seek to take legal action, which is appropriate, proportionate, and effective and we will ensure we follow all pre-court protocols when considering undertaking any possession action.

What legal action(s) can we take as a landlord?

Where all measures and attempts to resolve the problem have failed, or in instances of serious ASB, we will take a number of legal measures up to and including re-possession of tenant's homes through the eviction process. These include but are not limited to:

- **Notice of Seeking Possession (NOSP)** - This is a notice informing the tenant(s) that we intend to seek possession of their home due to breaching the terms of their Tenancy Agreement. We must serve this notice before making an application to court. A NOSP is valid for 12 months and we can take legal action at any time in that period.

- **Injunctions (ASB, Crime and Policing Act)** - A court may grant an injunction to a person aged 10 or over if certain conditions are met. If an injunction is granted, it can prohibit a person from doing actions prescribed in the injunction and it can also require the person to do certain actions. A power of arrest can be attached to an injunction.
- **Possession Proceedings** - A court may grant us possession of a tenant(s) home, meaning an eviction warrant would be issued. This will only be carried out at the judgement of the Court where ASB is a ground for termination of the tenancy. Victims and witnesses may be required to provide statements and/or attend court hearings to give evidence to the judge as well as ourselves.
- **Introductory Tenancies** - All new tenants start with an Introductory Tenancy which lasts 12 months. It can be extended by up to a further 6 months or we can apply to bring it to an end sooner through the courts if there are instances of ASB and breaches of the Tenancy Agreement. An Introductory Tenancy does not have as many key rights as a Secure Tenancy.
- **Demotion Orders** - We can apply for a tenancy to be demoted where a tenant, member of their household or visitor has been involved in ASB. This will result in the tenant losing some of the key rights of a Secure Tenancy such as Right to Buy, Mutual Exchange, transfer of tenancy etc.

Parenting Order - we can apply to the Magistrates Court for a Parenting Order for children up to 17 years.

Partnership Working

Partnership working is key to reducing ASB and making our tenants feel safe in their communities. We will work closely with existing partnerships such as Police, Civic Enforcement, Community Safety Partnerships, and we continually look to build new partnerships with other agencies where it will add value to our processes and communities.

Housing Services are also key partners of an ASB Strategic Group comprising of a range of agencies and departments. This is called Multi-Agency Problem Solving (MAPS).

Confidentiality, Data Protection and Information Sharing

Where appropriate, we will share information with the Police and other key agencies so that all agencies can carry out their functions and duties in accordance with the Crime and Disorder Act 1998 and subsequent legislation.

We will work within the provisions of General Data Protection Regulations 2018 which provide a background for the sharing of information and the need for confidentiality and privacy.

Performance Monitoring & Review

As part of our commitment to continuous improvement, we will monitor satisfaction levels and use customer feedback to improve our service. We will provide periodic performance reports for discussion with appropriate Customer Panels such as the Tenants Panel.

We will carry out a regular review of this policy to include any legislative changes and good practice examples

HEALTH AND HOUSING SCRUTINY COMMITTEE
29 JUNE 2022

PERFORMANCE INDICATORS QUARTER 4 - 2021/22

SUMMARY REPORT

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2021/22 at Quarter 4.

Summary

2. This report provides performance information in line with an indicator set and scrutiny committee distribution agreed by Monitoring and Coordination Group on 4 June 2018, and subsequently by scrutiny committee chairs. Following agreement at Council on 5 December 2019 to align Scrutiny Committees to the updated Cabinet Portfolios, the indicator set has been re-aligned accordingly.

3. The indicators included in this report are aligned with key priorities. Other indicators may be referenced when appropriate in narrative provided by the relevant Assistant Directors, when providing the committee with performance updates.

4. Thirty-six indicators are reported to the committee, nine of them on a six-monthly basis and twenty-seven annually.

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

Headlines: Housing

6. Rent collection targets have been achieved this quarter and we continue to promote help and guidance, arranging affordable repayment plans with residents and helping with benefit claims and budgeting skills.

7. Average re-let times have decreased significantly to only 19 days due, in part, to high quality recruitment of priority trades.

8. The percentage of our homes which have not had a gas service within 12 months has fallen. We have moved towards MOT style servicing, completing more services in the summer months allowing us to focus on repairs and maintenance in the winter.

9. A revised council tenancy agreement has been introduced including a zero-tolerance approach to anti-social behaviour.

10. Despite varied challenges and restrictions, staff have helped 578 homeless people find accommodation. This has included negotiating with landlords, friends and family and support providers to find accommodation.

11. The number of days people have been in temporary bed and breakfast accommodation has reduced.

12. Staff worked alongside health colleagues, to deliver Covid vaccinations to homeless people.

13. We have continued to improve the energy rating of council houses with work to upgrade loft insulation and double glazing. Some homes are being fitted with air source heat pumps and solar panels. More than £1.4m in government funding has been awarded for these green social housing schemes. We have been awarded an extra £290,000 to provide external and cavity wall insulation and window and loft upgrades to 23 properties.

14. £7.35million of grant funding from Homes England has been secured for 150 new council homes on Neasham Road and work has started on phase two of the Sherbourne Close development.

Headlines: Leisure

15. Visitor numbers to the Dolphin Centre have continued to grow following the reopening of facilities. Hospitality and soft play have experienced high numbers and the new bowling alley has increased footfall.

16. The number of school pupils taking part in our sports development programme is returning to post pandemic levels. The holiday activity project worked with 2,500 young people taking in 2021/22.

Headlines: Public Health

17. Health visitors and midwifes continue to support new mothers with breastfeeding and 34.4% of infants continue to be totally or partially breastfed at 6-8 weeks old. The stop smoking service and public health are working to encourage pregnant women to stop smoking.

18. A higher proportion of children aged 2-2.5years are receiving the ages and stages questionnaire which provides a comprehensive assessment of child development. The health visiting team is working with early years providers to ensure that those with poor scores are referred to specialist services.

19. The childhood healthy weight plan for Darlington is bringing parents, schools and other agencies together try to reduce childhood obesity as figures remain constant in Darlington.

20. Work is ongoing to support those with drug and alcohol issues and to help them with sustained recovery in the community.

21. Early detection and diagnosis and access to treatment are all key to reducing the worst outcomes of cardiovascular disease in under-75s. We have commissioned NHS Health

Checks in all our GP practices to try to detect and diagnosis the condition early. The public health team and primary care network are working to identity those in high-risk communities and improve access to identification and treatment.

22. Air pollution is identified as a significant risk factor in the development of lung disease, and we monitor and take action to reduce air pollution produced by homes, industry and transport. This includes considering the impact of pollution in local economic development plans. We are continuing our educational work to dissuade children and young people from starting smoking and our stop smoking service continues to offer advice and help to anyone who wants to quit.

23. The sexual health service has increased the proportion of new patients receiving an HIV risk assessment and are now providing more and easier routes to access HIV testing including the provision of postal testing kits. They also run a condom distribution programme at a variety of outlets across the borough including some community pharmacies.

Housing and Leisure

24. The twelve indicators reported annually all have year-end data.

    (a) Of the twelve 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 97.51% is therefore not as good as the target.

    (d) Of the twelve indicators reported annually all can be compared against their data at Qtr. 4 2020/21.

    (e) Seven indicators are showing performance better than at the same period last year.

CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week
CUL 030	Total number of visits to the Dolphin Centre (all areas)
CUL 063	Number of school pupils participating in the sports development programme
CUL 064	Number of individuals participating in the community sports development programme

HBS 027i	Number of positive outcomes where homelessness has been prevented
HBS 034	Average number of days to re-let dwellings
HBS 072	% of dwellings not with a gas service within 12 months of last service date

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

CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd
HBS 025	Number of days spent in Bed and Breakfast

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

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

HBS 034	Average number of days to re-let dwellings

(i) Two indicators are showing performance not as good as at Qtr 3.

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

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

Public Health

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

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

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

PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth - current method
PBH 014	(PHOF C06) Smoking status at time of delivery

PBH 018	Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
PBH 026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)
PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
PBH 050	(PHOF D07) HIV late diagnosis (%)
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease (1 year range)

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

PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)
PBH 035ii	(PHOF C19b) Successful completion of drug treatment - non-opiate users
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment
PBH 056	(PHOF E04b) Under 75 mortality rate from cardiovascular diseases considered preventable (1 year range)

(c) One indicator is showing performance the same as there previous year.

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

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

Recommendation

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

Anthony Sandys	**Ian Thompson**	**Penny Spring**
AD – Housing and Revenues	**AD – Community Services**	**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

30. HBS 013 and HBS 016 – Rent arrears and collection: Rent collection targets have been achieved this quarter with rent arrears at a similar level to 2020/21 (2.68% compared to 2.42%). During Q4, performance has been comparable with other social housing providers in the region. Collection rates have increased in Q4 compared to Q3. We continue to promote help and guidance, making affordable repayment plans with customers, assisting with benefit claims and budgeting skills at the beginning of a tenancy and throughout. Numbers of Universal Credit (UC) claimants is at its highest since the introduction of UC with over 1,750 of all Council tenants now receiving UC. Our average arrears for each tenant receiving UC (£393.31) remains at less than 5 weeks rent. Court hearings have re-commenced, which had been adjourned during the Covid pandemic, through a mix of face to face and telephone hearings. Enforcement and eviction warrants have been carried out where tenants have continued to breach court orders, but levels of evictions remain low as this is our last option.

31. HBS 025 – Days spent in bed and breakfast: The number of days in temporary bed and breakfast accommodation has slightly reduced in Q4 but it is still extremely challenging to move clients into sustainable accommodation. This is 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 October 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 these customers. Reducing our number of days in temporary bed and breakfast accommodation, despite these challenges, is a great success.

32. HBS 027i – Positive outcomes where homelessness has been prevented: This figure has reduced in comparison to quarter 4 of 2020/21 as it is increasingly difficult to secure tenancies for our customers. Private landlords are demanding higher rents and guarantors and there is a higher demand for social housing. Despite the challenges and restrictions, the team have shown initiative and have been productive in achieving positive outcomes for 578 clients. 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 funding bids, which has enabled us to move customers onto different pathways to help meet their needs.

33. HBS 034 – Average number of days to re-let dwellings: The average re-let times have decreased significantly since December, by over 56% to only 19 days. The increase in previous quarters was due to the new Homefinder system being established, plus the remaining backlog from the Covid pandemic. Despite changing from repairs on letting to repairs before letting to improve the service for tenants, we have managed to reduce this backlog and our re-let times. Good availability and resources from Building Services due to recruiting labour on priority trades also made a big impact on our ability to re-let to tenants quickly.

34. HBS 072 – Council dwellings not with a gas service within 12 months of last service: The percentage of dwellings without a gas service within 12 months of last service date is 0.2% in Quarter 4. This is a great improvement from 2020-21, and an improvement since quarter 2 of 2021-22. To improve our gas servicing, we appointed an external contractor to assist with completing gas services over a three-month period from August to November. This allowed us to move gas service dates forward, as we have moved towards 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 4

35. Housing Services continued to undertake work to improve the Energy Performance Certificate (EPC) rating of Council homes during quarter 4, as part of the Local Authority Delivery (LAD) programme Phase 1. Work commenced in June 2021 to upgrade loft insulation and double glazing to 709 Council homes.

36. In addition, work continues as part of the LAD funding phase 2 to upgrade 33 homes with works including Air Source Heat Pumps, Solar PV and Loft insulation. This brings the total Government funding received across these schemes for social housing to over £1.4m.

37. We have also been successful in obtaining £290,000 from the Social Housing Decarbonisation Fund Grant, which will enable us to provide a full house fabric first upgrade across 23 properties, including External Wall Insulation, Cavity Wall Insulation, Windows and Loft Upgrades.

38. £7.35million of grant funding from Homes England has been secured for the Neasham Road new build schemes, which will deliver 150 new Council homes. This equates to £49,000 for each property and work on the site will commence shortly.

39. Construction work on the Sherbourne Close (phase 2) new build scheme has commenced, delivering 14 new Council homes.

40. New terms and conditions for all Council tenants have been agreed and implemented as part of a revised tenancy agreement. A full consultation exercise was completed with our tenants before implementation. The new terms and conditions are clearer to understand and introduce a zero-tolerance approach to anti-social behaviour.

41. Our Housing Options team worked alongside Health colleagues, to offer and deliver Covid vaccinations to homeless people in Darlington. The clinic was provided specifically for this client group to deliver all vaccinations including first, second and booster doses. Voluntary organisations including the 700 Club, Humankind and Foundation supported the clinic and encouraged their clients to attend. Those who attended also received food parcels.

Leisure

42. CUL 008a/CUL 009a/CUL 010a – Adult population physical activity: The Sport England figures have remained fairly static from those reported for the period May 20 to May 21

(Qtr 2), there isn't any significant difference, given lockdown and coming out of the pandemic it is a positive that there hasn't been a significant drop off.

43. CUL 030 – Dolphin Centre visits: Visitor numbers have continued to grow throughout the year following the reopening of facilities and the recovery of the business post Covid-19 restrictions, with numbers in April 21 at 14,000 rising to just short of 620,000 at the end of Q4. Hospitality and soft play have experienced high numbers and the new addition of the bowling alley in May 21 has welcomed a new footfall of customers into the Dolphin Centre.

44. CUL 063 - School pupils participating in the sports development Programme: There has been a marked increase due to the fact that we are now delivering all of our projects and programmes with no COVID restrictions, so the participation levels are more towards pre-lockdown which again is a positive and Schools are now attending the festivals and engaging in after school clubs.

45. CUL 064 - Individuals participating in the community sports development programme: The Holiday Activity Project has also helped the figures significantly improve as we have engaged with 2,500 young people through that project in 2021/22 and all of our other community projects and sessions are now operating at full capacity

Public Health

46. PBH 013c - Breastfeeding prevalence at 6-8 weeks after birth: This data (from 2020/21), shows that that there is no significant change to the trend for breastfeeding prevalence at 6-8 weeks after birth. 34.4% of infants are totally or partially breastfed at 6-8 weeks after birth. Compared to our North East neighbours Darlington is ranked 6th. Statistically similar to the North East and statistically worse than England.
    The midwifery team in the hospital initiates breastfeeding with new mothers at the time of delivery. When the mother and baby is discharged from the midwifery service the Health Visiting team then provides a proactive offer of structured breastfeeding help for new mothers and also provide a range of extra support, including extra visits and calls, to new mothers who are identified as experiencing difficulties with breastfeeding. During Covid the Health Visiting team have supported new mums virtually and offer telephone and face time support, where required.
    Increasing the rates of breastfeeding is a key performance indicator within the 0-19 contract provided by Harrogate and District NHS Foundation Trust.

47. PBH 014 - Smoking status at time of delivery: The data (from 2020/21) shows that there is no significant change to the trend for women who smoke at time of delivery. 14.4% of mothers are known to be smokers at time of delivery. Darlington is Statistically similar to the North East and statistically worse than England.
    The Stop Smoking Service has a contractual focus on reducing smoking at time of delivery. There are contractual incentives to support the service in improving the percentage of pregnant women who access the Specialist Service and who successfully quit from the most deprived wards. This includes training of midwives and other professionals in identifying women who smoke and particularly pregnant women and then to provide an evidence-based intervention to help them address their smoking. The Service and the Public Health team are also working with partners to support the implementation of smoke free policies in workplaces and public spaces.

48. PBH 018 - Proportion of children aged 2-2.5years receiving ASQ-3 as part of the Healthy Child Programme or integrated review: This data (from 2020/21), shows that there is an increasing and improving trend for the proportion of children aged 2-2.5years receiving ASQ-3. 99.5% received and AQQ-3 as part of the Healthy Child programme or integrated review. Darlington is is statistically better than the North East and England.
    The Ages and Stages Questionnaire (ASQ3) provides a comprehensive assessment of child development including motor, problem solving and personal development. The Health Visiting team works to ensure the timely completion of the 2-2.5 year check with the target of 95% consistently being surpassed.
    The Health Visiting team is working with Education and Early Years settings to ensure that individuals with poor scores are identified and are referred to specialist services for focused assessment and early intervention.

49. PBH 020 - Reception: Prevalence of overweight: This data (from 2019/20) shows that that there is no significant change to the trend for Reception prevalence of overweight (including obesity). There are 25.8% of reception children aged 4-5 years who were classified as overweight or obese. Darlington is statistically similar to the North East and statistically worse than England.
    The latest published data (from 2019/20) shows that that there is no significant change to the trend for year 6 prevalence of overweight (including obesity). There are 37.8% of year 6 children aged 10-11 years who were classified as overweight or obese. Darlington is statistically similar to the North East and England.
    The Childhood Healthy Weight Plan for Darlington aims to increase the proportion of children leaving primary school with a healthy weight. This plan works with partners including parents, schools and other agencies to take a whole systems approach to reducing childhood obesity.
    For Reception aged children the 0-5 Health Visiting teams provide specific visits and focussed work in the first weeks and months of life to support new mothers making choices around breastfeeding, infant feeding and weaning to reduce the risks of infants becoming obese before they start in reception.
    The proportion of children measured in Darlington as part of the National Child Measurement Programme (NCMP) is usually 96% to 98%. The School Nurse will offer support to any family as a result of their result help children achieve a healthy weight.

50. PBH 021 Year 6: Prevalence of overweight (including obesity): This data (from 2019/20) shows that that there is no significant change to the trend for Reception prevalence of overweight (including obesity). 25.8% of reception children aged 4-5 years were classified as overweight or obese. Compared to our North East neighbours Darlington is ranked 7th. Statistically similar to the North East and statistically worse than England.
    This data (from 2019/20) shows that that there is no significant change to the trend for year 6 prevalence of overweight (including obesity). 37.8% of year 6 children aged 10-11 years were classified as overweight or obese. Compared to our North East neighbours Darlington is ranked 7th. Statistically similar to the North East and England.
    The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as

asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

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

There are key performance indicators (KPIs) within the 0-19 Public Health Services contract which will have an influence on this indicator. For Reception aged children the 0-5 Health Visiting team provides specific visits and focussed work in the first weeks and months of life to support new mothers making choices around breastfeeding, infant feeding and weaning to reduce the risks of infants becoming obese before they start in reception. Due to the impact of COVID-19, appointments have taken place virtually, unless it has been necessary for a Health Visitor to make a visit in person, in those cases full PPE has been worn.

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

In the past year however due to the disruption to the school year by the COVID19 pandemic and the high rates in young people, the NCMP nationally and locally has not been able to achieve the uptake of previous years. The provider had plans in place to ensure as much as practicable, there was an offer for measurement for as many children and young people in the borough. This involved offers of weekend sessions and catchup sessions to schools. From April 2021, the programme continues to be delivered in all schools.

51. PBH 024 / PBH 026 / PBH 027: Hospital admissions caused by unintentional and deliberate injuries to children: This data (from 2020/21) shows that that that there is a decreasing trend for hospital admissions caused by unintentional and deliberate injury in children **aged 0-4 year**. The rate for Darlington was 149.3 per 10,000 r emergency admissions for 0-4 years. Darlington is statistically similar to the North East and statistically worse than England.

    This data (from 2020/21) shows that that that there is a decreasing trend for hospital admissions caused by unintentional and deliberate injury in children **aged 0-14** year. The Rate for Darlington was 98.0 per 10,000 for emergency admissions for 0-14 years. Darlington is statistically similar to the North East and statistically worse than England.

    This data (from 2020/21) shows that that there is no significant change to the trend for hospital admissions caused by unintentional and deliberate injury in children **aged 15-24** year. The rate for Darlington was 144.8 per 10,000 for emergency admissions for 15-24 years. Darlington is statistically similar to the North East and statistically worse than England.

    Injuries are a leading cause of hospitalisation and represent a major cause of morbidity and premature mortality for children and young people. This issue requires system wide action with input from a range of different partners. The Health Visiting team are

informed of any child's hospital admission and will contact parents and provide them with information, guidance and support in relation to home safety and accident prevention for their child. This will also include signposting or referral to other agencies or services for specific or targeted support for the family.

52. PBH 035i - Successful completion of drug treatment – opiate users: The latest data (from 2020) shows that that there is no significant change to the rates for Successful completion of drug treatment – opiate users. There are currently 3.1% of those who receive treatment for taking opiate are completely free of drug of dependence after treatment. Darlington is statistically similar to the North East and England.
    This is a key performance indicator within the STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring.
    The Service delivery model focusses on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use substances in Darlington.

53. PBH 035ii - Successful completion of drug treatment – non-opiate users: The latest data (from 2020) shows that that there is no significant change to the trend for Successful completion of drug treatment – non opiate users. There are currently 18.0% of those who receive treatment for taking other non opiate drugs opiate are completely free of drug of dependence after treatment. Darlington is statistically worse than the North East and England.
    This is a key performance indicator within the STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring.
    The Service delivery model focusses on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use substances in Darlington.

54. PBH 035iii - Successful completion of alcohol treatment: The latest data (from 2020) shows that that there is no significant change to the trend for Successful completion of alcohol treatment. There are 19.0% of alcohol users who left treatment successfully free of alcohol dependency. Darlington is statistically worse than the North East and England. Evidence is emerging that COVID 19 and the lockdowns resulted in more people drinking more alcohol at home. With the lifting of restrictions there have been an increase in the number of individuals seeking help and requiring treatment.
    This is a key performance indicator within the STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring.
    The Service delivery model focusses on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use alcohol in Darlington.

55. PBH 050 - HIV late diagnosis: The latest data is from 2018-20 and shows that 16.7% of adults who were diagnosed with HIV had presented at a stage after infection. Darlington is statistically better than the North East and England against the benchmarked goal of having less than 25% adults diagnosed at a late stage after infection.

Early diagnosis reduces the likelihood of severe illness and death following HIV infection. Those diagnosed late have a ten-fold risk of death compared to those diagnosed promptly. High rates of late diagnosis can indicate that local services are not accessible to those most vulnerable from HIV and its effects. The Sexual Health Service has increased the proportion of new patients receiving an HIV risk assessment and they are now providing more and easier routes to access HIV testing including the provision of postal testing kits. The Sexual Health Service also provides a condom distribution programme known as the C-Card in Darlington fo reduce the potential for exposure to HIV. This is available at a variety of outlets across the borough including some community pharmacies.

56. PBH 056 - Under 75 mortality rate from cardiovascular disease considered preventable: The latest data (from 2020) shows that that there is no significant change to the rate of under 75 mortality from cardiovascular diseases considered preventable. There is a rate of 32.6 per 100,000 of deaths that are considered preventable from all cardiovascular diseases in people aged under 75. Darlington is statistically similar to the Northeast and England.
    Early detection and diagnosis along with timely access to treatment are all key to reducing the worst outcomes. The Authority commissions the NHS Health Checks which are provided by all 11 GP Practices in Darlington. The NHS Health Check offer has been impacted by Covid due to the restrictions and COVID measures in place but have continued to be offered throughout the period of the pandemic.
    The Public Health team are supporting the Primary Care Network (PCN) to identify those in high risk communities and improve access to and take up of opportunities for the early identification and treatment of CVD.

57. PBH 060 - Under 75 mortality rate from respiratory disease: The latest data (from 2020) shows that that there is no significant change to the rate of Under 75 mortality rate from respiratory disease. The rate for Darlington is 38.9 per 100,000 of deaths from respiratory diseases. Darlington is statistically similar to the North East and England.
    Smoking tobacco is identified as the greatest single modifiable risk factor. The Authorities regulatory services takes proactive action to enforce smoke free legislation to reduce exposure to secondhand tobacco smoke as well as monitoring and enforcing point of sale regulations for the sale of tobacco products.
    Air pollution is identified as a significant risk factor in the development of lung disease and the Authority is active in action to monitor and reduce air pollution produced by homes, industry and transport. This includes considerations of the impact of pollution in local economic development plans.
    The Public Health team commissions a range of primary prevention interventions including interventions for children and young people which highlights the harms from tobacco. And a Stop Smoking Service which supports individuals to who smoke tobacco to quit which improves their respiratory health and reduces the effects of secondhand smoke on those around them

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SCRUTINY - HEALTH AND HOUSING 2021/22 QUARTER 4														
Indicator	**Title**	**Return Format**	**Reported**	**What is best**	**2018 / 2019**	**2019 / 2020**	**2020 / 2021**	**2021/22 - Q1**	**2021/22 - Q2**	**2021/22 - Q3**	**2021/22 - Q4**	**Qtr 4 compared to Qtr 3**	**2020/21 Qtr 4**	**2021/22 compared to 2020/21**
CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week	Percentage	6 monthly	Lower	29.3%	23.2%	26.9%	No data available	31.6%	No data available	33.1%	**NA**	26.9%	↑
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Percentage	6 monthly	Higher	59.4%	60.7%	61.5%	No data available	54.4%	No data available	54.9%	**NA**	61.5%	↓
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Percentage	6 monthly	Higher	7.4%	79.5%	77.2%	No data available	72.8%	No data available	68.5%	**NA**	77.2%	↓
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	4,520,691	619,748	**NA**	74,259	↑
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	7,933	12,634	**NA**	10,675	↑
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	6,897	11,089	**NA**	4,157	↑
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%	3.2%	2.7%	**NA**	2.5%	↓
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%	96.3%	95.7%	↓	101.6%	↓
HBS 025	Number of days spent in Bed and Breakfast	Days	Monthly	Lower	3,137	1,486	4,116	1,134	2,261	2,902	3,697	**NA**	4,116	↓
HBS 027i	Number of positive outcomes where homelessness has been prevented	Number	Monthly	Higher	722	656	645	118	252	415	578	**NA**	645	↑
HBS 034	Average number of days to re-let dwellings	Average Days	Monthly	Lower	20.66	17.62	38.91	35.27	51.10	43.40	19.00	↑	38.91	↑
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%	0.10%	0.20%	**NA**	0.76%	↑
												Better than =		↑
												Not as good as =		↓
												The same as =		↔

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Darlington Borough Council

Public Health

October – March (Quarter 3 & 4)

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 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

Q2 Indicators

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

Q3 Indicators

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

Q4 Indicators

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

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

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

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

	INDEX		
Indicator Number	**Indicator description**	**Indicator type**	**Pages**
PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth – current method	Key	8-9
PBH 014	(PHOF C06) Smoking status at time of delivery	Key	10-11
PBH 015	Number of adults identified as smoking in antenatal period	Contract	12
PBH 018	(PHOF 2.05ii) Proportion of children aged 2-2.5years receiving ASQ-3 as part of the Healthy Child Programme or integrated review	Key	13-14
PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)	Key	15
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)	Key	16-17
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-4 years)	Key	18-20
PBH 026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries to children (0-14 years)	Key	18-20
PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries to children (15-24 years)	Key	18-20
PBH 035i	(PHOF C19a) Successful completion of drug treatment – opiate users	Key	21-22
PBH 035ii	(PHOF C19b) Successful completion of drug treatment – non-opiate users	Key	23-24
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment	Key	25-26

Indicator Number	Indicator description	Indicator type	Pages
PBH 037a	Number of young people (under 19) seen by Contraception and Sexual Health (CASH) Service	Contract	27
PBH 037d	Number of young people (under 19) seen by Genitourinary Medicine (GUM) Service	Contract	28
PBH 038	Waiting times – number of adult opiates clients waiting over 3 weeks to start first intervention	Contract	29
PBH 041	Waiting times – number of adult alcohol only clients waiting over 3 weeks to start first intervention	Contract	30
PBH 050	(PHOF D07) HIV late diagnosis (%)	Key	31-32
PBH 056	(PHOF E04b) Under 75 mortality rate from cardiovascular disease considered preventable (2019 definition)	Key	32-34
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease	Key	35-36

Quarter 3 & 4 Performance Summary

Key indicators reported in Q3 & Q4 are:

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

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

Quarter 3 & 4 Performance Summary

Contract Indicators Highlighted in Q3 & Q4 are:

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

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

COVID-19 impact on Q4 contract data

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

KEY AND CONTRACT INDICATORS

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

Definition: This is the percentage of infants that are totally or partially breastfed at age 6-8 weeks. Totally breastfed is defined as infants who are exclusively receiving breast milk at 6-8 weeks of age - that is, they are not receiving formula milk, any other liquids or food. Partially breastfed is defined as infants who are currently receiving breast milk at 6-8 weeks of age and who are also receiving formula milk or any other liquids or food. Not at all breastfed is defined as infants who are not currently receiving any breast milk at 6-8 weeks of age. The numerator is the count of the number of infants recorded as being totally breastfed at 6-8 weeks and the number of infants recorded as being partially breastfed. The denominator is the total number of infants due a 6-8 weeks check.

Numerator: Number of infants at the 6-8 week check who are totally or partially breastfeeding.

Denominator: Number of infants due for 6-8 week checks

Latest update: 2020/21 **Current performance: 34.4%**

Figure 1 - All North East region comparison

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	262,777	47.6*	47.5	47.7
North East region	↑	8,506	35.4	34.8	36.0
Newcastle upon Tyne	↑	1,563	53.1	51.3	54.9
North Tyneside	–	827	42.1	39.9	44.3
Gateshead	–	731	41.8	39.5	44.1
Northumberland	↑	979	40.3	38.3	42.2
Middlesbrough	↑	551	34.4	32.1	36.8
Darlington	→	344	34.4	31.5	37.4
Redcar and Cleveland	↑	363	31.0	28.4	33.7
County Durham	→	1,353	30.2	28.9	31.6
Sunderland	→	627	25.8	24.1	27.5
Hartlepool	–	219	24.7	22.0	27.7
South Tyneside	–	334	23.1	21.0	25.3
Stockton-on-Tees	–	615	*	-	-

Source: PHE's interim reporting of health visiting metrics

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

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

What is the data telling us?

This data (from 2020/21), shows that that there is no significant change to the trend for breastfeeding prevalence at 6-8 weeks after birth. 34.4% of infants are totally or partially breastfed at 6-8 weeks after birth. Compared to our North East neighbours Darlington is

ranked 6th. Statistically similar to the North East and statistically worse than England. Figure 1 show an asterisk in place of data; this means that the data has not published these authorities' data for data quality reasons.

Why is this important to inequalities?

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

What are we doing about it?

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

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

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

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

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

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

Denominator: Number of maternities where smoking status is known.

Latest update: 2020/21 **Current performance: 14.4%**

Figure 2 - All North East region comparison

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	51,840	9.6	9.5	9.7
North East region	↓	3,207	13.3	12.9	13.7
County Durham	→	704	15.5	14.5	16.6
Sunderland	→	379	15.1	13.8	16.6
Middlesbrough	↓	228	14.5	12.8	16.3
Stockton-on-Tees	→	270	14.4	12.9	16.1
Redcar and Cleveland	↓	174	14.4	12.6	16.5
Hartlepool	→	122	14.4	12.2	17.0
Darlington	→	133	14.4	12.3	16.8
South Tyneside	↓	189	13.3	11.7	15.2
Newcastle upon Tyne	↓	339	11.7	10.6	12.9
Gateshead	↓	218	11.6	10.3	13.2
Northumberland	→	251	10.3	9.2	11.6
North Tyneside	→	200	9.9	8.7	11.3

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

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

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

What is the data telling us?

The data (from 2020/21) shows that there is no significant change to the trend for women who smoke at time of delivery. 14.4% of mothers are known to be smokers at time of delivery. Compared to our North East neighbours Darlington is ranked 7th. Statistically similar to the North East and statistically worse than England.

Why is this important to inequalities?

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother both in the short term and longer term. Being smoke free in pregnancy is a significant contribution to the best start in life. Smoking prevalence, including in pregnancy, is higher in more deprived areas. This means that infants born to mothers who are smoking at pregnancy are more likely to be exposed to the effects of tobacco in the womb and at home when they are born. This can affect the health outcomes

of the baby and increase the likelihood of specific diseases throughout their life and into adulthood.

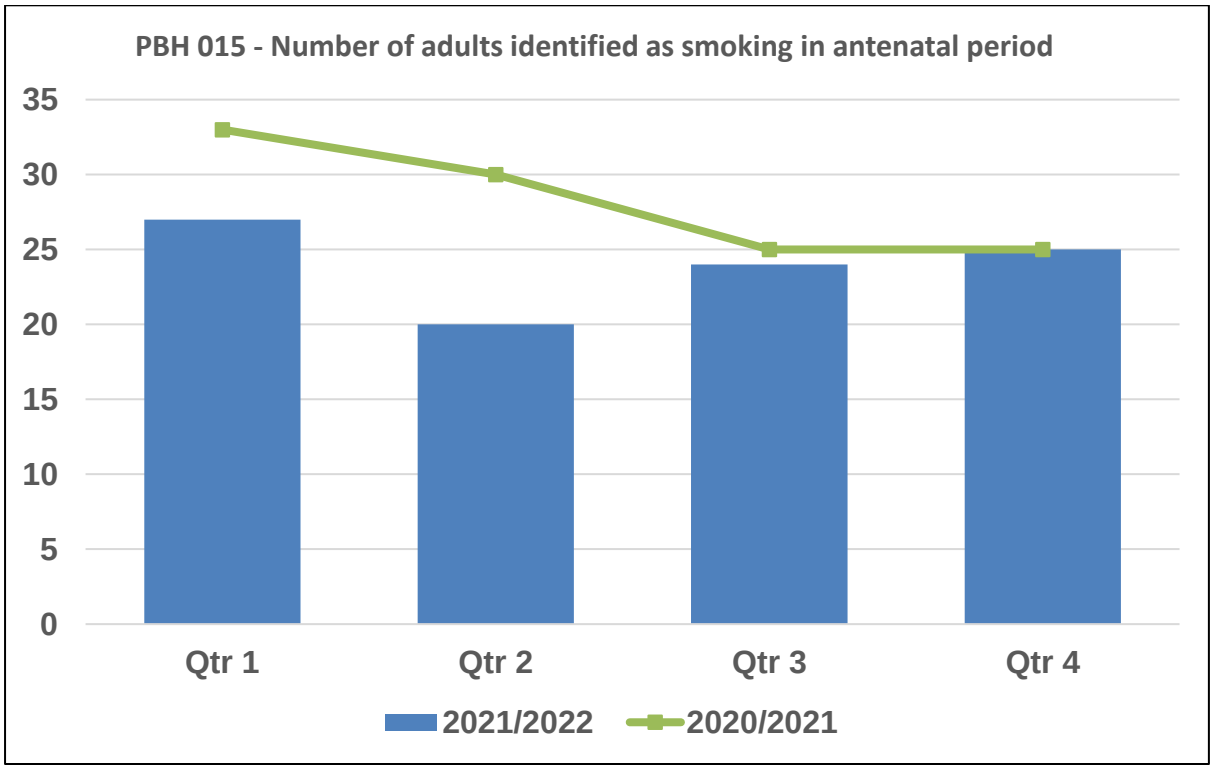
Increasing the proportion of mothers who do not smoke during pregnancy will provide communities with the benefits of reduced harm from smoking, improve outcomes and reduce health inequalities.

What are we doing about it?

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

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

Figure 3 -



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the data telling us?

The data shows a decrease of women who are recorded as smokers while pregnant for Q1-3 from last year, with Q4 being the same as last year. This means that more unborn babies are exposed to the harm from tobacco before they are born. This data needs to be considered with caution due to the impact of COVID-19 on the ante-natal visits.

What more needs to happen?

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

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

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

Definition: Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review.

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

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

Latest update: 2020/21 **Current performance: 99.5%**

Figure 4 - All North East region comparison

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	391,683	85.2*	85.1	85.3
North East region	→	21,155	85.8	85.3	86.2
South Tyneside	–	1,471	100	99.7	100
Darlington	↑	1,094	99.5	98.9	99.8
Middlesbrough	→	1,770	98.6	98.0	99.1
North Tyneside	↑	2,046	97.8	97.1	98.3
Sunderland	–	2,541	97.3	96.6	97.8
Stockton-on-Tees	–	1,817	97.3	96.4	97.9
County Durham	→	4,218	95.8	95.2	96.4
Redcar and Cleveland	–	1,226	95.7	94.5	96.7
Gateshead	–	1,672	91.3	89.9	92.5
Northumberland	→	2,410	89.5	88.2	90.6
Hartlepool	→	410	50.4	46.9	53.8
Newcastle upon Tyne	→	480	17.7	16.3	19.2

Source: OHID using interim reporting of health visiting metrics: https://www.gov.uk/government/collections/child-and-maternal-health-statistics#health-visitor-service-delivery-metrics

Better 95% | Similar | Worse 95% | Not compared | Data quality concerns

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

What is the data telling us?

This data (from 2020/21), shows that there is an increasing and improving trend for the proportion of children aged 2-2.5years receiving ASQ-3. 99.5% received and AQQ-3 as part of the Healthy Child programme or integrated review. Compared to our North East neighbours Darlington is ranked 2nd. Statistically better than the North East and England.

Why is this important to inequalities?

Children from the most disadvantaged communities have a poorer experience in the first years of life and experience the most inequalities throughout childhood and adulthood. The Ages and Stages Questionnaire (ASQ3) provides a comprehensive assessment of child

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

What are we doing about it?

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

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

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

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

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

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

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

Figure 5 - All North East region comparison

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	91,723	23.0	22.8	23.1
North East region	→	5,560	24.8	24.3	25.4
Middlesbrough	→	245	31.0*	28.0	34.4
Redcar and Cleveland	→	425	30.1	27.7	32.5
Hartlepool	→	220	29.9*	26.6	33.2
Gateshead	↑	260	29.4*	26.7	32.7
Newcastle upon Tyne	→	740	26.0	24.4	27.6
North Tyneside	→	575	25.8	24.1	27.7
Darlington	→	290	25.8	23.4	28.6
County Durham	→	1,095	24.9	23.7	26.3
South Tyneside	→	335	23.2	21.0	25.4
Sunderland	→	635	22.1	20.7	23.7
Stockton-on-Tees	→	265	21.6*	19.6	24.2
Northumberland	↓	470	19.3	17.8	20.9

Source: NHS Digital, National Child Measurement Programme

Better 95% | Similar | Worse 95% | Not compared | Data quality concerns

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

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

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

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

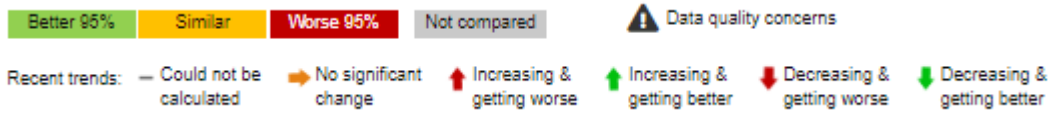
Denominator: Number of children in Year 6 (aged 10-11 years) measured in the National Child Measurement Programme (NCMP) attending participating state-maintained schools in England.

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

Figure 6 - All North East region comparison

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	172,831	35.2	35.1	35.3
North East region	→	9,460	37.5	37.0	38.1
South Tyneside	→	660	40.0	37.6	42.3
Middlesbrough	→	650	40.0	37.7	42.5
Newcastle upon Tyne	→	1,150	39.6	37.8	41.4
Hartlepool	→	280	39.4*	36.0	43.1
Redcar and Cleveland	→	560	39.0	36.7	41.7
Gateshead	→	780	38.5	36.5	40.8
Darlington	→	470	37.8	35.1	40.5
County Durham	→	1,735	37.6	36.1	38.9
Sunderland	→	1,095	36.9	35.1	38.6
North Tyneside	→	805	36.2	34.1	38.1
Stockton-on-Tees	→	440	34.8*	32.4	37.6
Northumberland	→	835	33.0	31.2	34.9

Source: NHS Digital, National Child Measurement Programme



What is the data telling us?

This data (from 2019/20) shows that that there is no significant change to the trend for Reception prevalence of overweight (including obesity). 25.8% of reception children aged 4-5 years were classified as overweight or obese. Compared to our North East neighbours Darlington is ranked 7th. Statistically similar to the North East and statistically worse than England.

This data (from 2019/20) shows that that there is no significant change to the trend for year 6 prevalence of overweight (including obesity). 37.8% of year 6 children aged 10-11 years

were classified as overweight or obese. Compared to our North East neighbours Darlington is ranked 7th. Statistically similar to the North East and England.

Why is this important to inequalities?

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

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

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

What are we doing about it?

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

There are key performance indicators (KPIs) within the 0-19 Public Health Services contract which will have an influence on this indicator. For Reception aged children the 0-5 Health Visiting team provides specific visits and focussed work in the first weeks and months of life to support new mothers making choices around breastfeeding, infant feeding and weaning to reduce the risks of infants becoming obese before they start in reception. Due to the impact of COVID-19, appointments have taken place virtually, unless it has been necessary for a Health Visitor to make a visit in person, in those cases full PPE has been worn.

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

In the past year however due to the disruption to the school year by the COVID19 pandemic and the high rates in young people, the NCMP nationally and locally has not been able to achieve the uptake of previous years. The provider had plans in place to ensure as much as practicable, there was an offer for measurement for as many children and young people in the borough. This involved offers of weekend sessions and catch up sessions to schools. From April 2021, the programme continues to be delivered in all schools.

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

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

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

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

Numerator: The number of finished emergency admissions (episode number = 1, admission method starts with 2), with one or more codes for injuries and other adverse effects of external causes (ICD 10: S00-T79 and/or V01-Y36) in any diagnostic field position, in children (aged 0-4) (aged 0-14) and (aged 15-24). Admissions are only included if they have a valid Local Authority code. Regions are the sum of the Local Authorities. England is the sum of all Local Authorities and admissions coded as U (England NOS). Admissions that only include T80-98 or Y40-98, quality of care issues, in any field are excluded.

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

Latest Update: 2020/21

Current performance: 149.3 (0-4 years), 98.0 (0-14 years) and 144.8 (15-24 years) per 10,000

Figure 7 - All North East region comparison (0-4 years)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	35,207	108.7	107.5	109.8
North East region	↓	1,995	143.8	137.6	150.3
North Tyneside	→	200	177.7	154.7	205.0
Newcastle upon Tyne	↑	290	177.0	156.6	198.0
Northumberland	→	225	155.1	136.8	178.2
Sunderland	→	220	153.1	132.2	173.2
Darlington	↓	85	149.3	116.1	180.8
County Durham	↓	370	144.2	130.3	160.1
South Tyneside	→	115	141.5	119.0	172.5
Middlesbrough	↓	130	137.8	113.2	161.4
Redcar and Cleveland	→	80	115.0	91.2	143.2
Gateshead	↓	115	113.0	91.5	133.5
Hartlepool	→	55	106.9	83.9	143.5
Stockton-on-Tees	↓	110	99.3	83.3	121.7

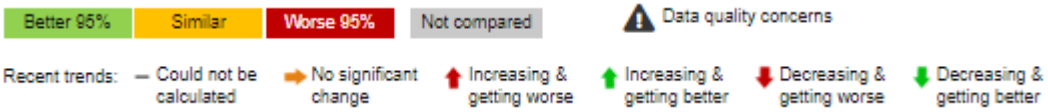


Figure 8 - All North East region comparison (0-14 years)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	77,273	75.7	75.1	76.2
North East region	↓	4,505	100.4	97.5	103.4
Newcastle upon Tyne	→	630	125.4	115.4	135.2
North Tyneside	→	430	121.7	109.9	133.1
Northumberland	→	565	116.0	106.5	125.8
Sunderland	↓	475	102.8	94.2	113.0
South Tyneside	↓	260	102.2	89.7	114.9
Darlington	↓	185	98.0	83.4	112.1
County Durham	↓	815	95.2	88.8	101.9
Middlesbrough	↓	255	90.1	79.7	102.2
Redcar and Cleveland	↓	205	88.2	77.0	101.6
Gateshead	↓	285	86.7	76.6	97.0
Hartlepool	→	130	76.9	64.8	92.0
Stockton-on-Tees	↓	275	74.3	66.0	83.9

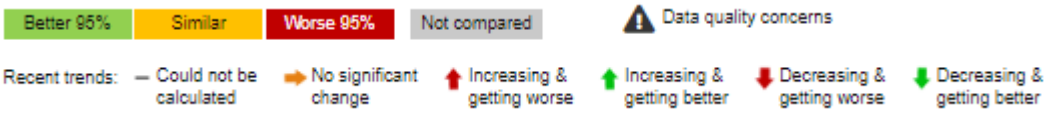
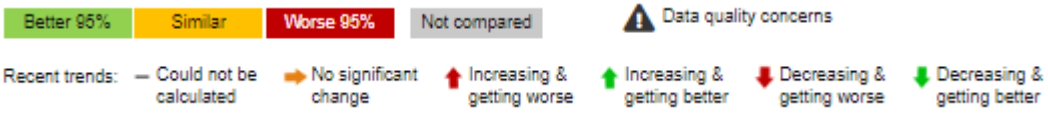


Figure 9 - All North East region comparison (15-24 years)

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	74,074	112.4	111.6	113.2
North East region	→	4,895	151.7	147.5	156.0
North Tyneside	↑	540	264.7	242.8	288.0
Northumberland	↑	705	233.7	216.4	251.2
Sunderland	↑	610	197.7	181.7	213.3
South Tyneside	→	245	156.3	138.5	178.4
Gateshead	→	355	155.8	140.0	172.9
Darlington	→	160	144.8	124.9	171.0
County Durham	→	905	136.3	127.8	145.8
Redcar and Cleveland	→	185	132.6	115.5	154.7
Stockton-on-Tees	→	240	120.4	106.6	137.7
Middlesbrough	→	210	110.5	96.5	127.0
Newcastle upon Tyne	→	640	102.9	95.2	111.3
Hartlepool	↓	90	87.5	72.1	109.7

Source: Office for Health Improvement and Disparities, using data from Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2022, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS)



What is the data telling us?

This data (from 2020/21) shows that that that there is a decreasing and getting better trend for hospital admissions caused by unintentional and deliberate injury in children aged 0-4 year. 149.3 per 10,000 for emergency admissions for 0-4 years. Compared to our North East neighbours Darlington is ranked 5th. Statistically similar to the North East and statistically worse than England.

This data (from 2020/21) shows that that that there is a decreasing and getting better trend for hospital admissions caused by unintentional and deliberate injury in children aged 0-14 year. 98.0 per 10,000 for emergency admissions for 0-14 years. Compared to our North East neighbours Darlington is ranked 6th. Statistically similar to the North East and statistically worse than England.

This data (from 2020/21) shows that that there is no significant change to the trend for hospital admissions caused by unintentional and deliberate injury in children aged 15-24 year. 144.8 per 10,000 for emergency admissions for 15-24 years. Compared to our North East neighbours Darlington is ranked 6th. Statistically similar to the North East and statistically worse than England.

Why is this important to inequalities?

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

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

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

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

What are we doing about it?

This issue requires system wide action with input from a range of different partners. Public Health undertook a piece of work in partnership with the CCG to undertake a detailed examination of the A+E and admission data, to identify any trends or commonalities to identify potential underlying reasons which may be driving this increased admission. Unfortunately, the impact of COVID-19 has delayed this piece of work.

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

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

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

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

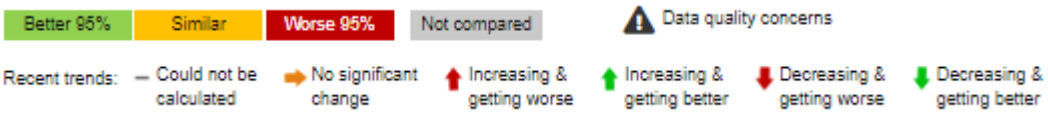
Denominator: The total number of adults in treatment for opiate use in a year.

Latest update: 2020 **Current performance: 3.1%**

Figure 10 - All North East region comparison

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	6,701	4.7	4.6	4.9
North East region	↓	350	3.3	3.0	3.7
County Durham	→	81	5.5	4.4	6.8
Sunderland	→	42	4.7	3.5	6.3
Redcar and Cleveland	→	21	3.8	2.5	5.7
Gateshead	↓	38	3.7	2.7	5.1
Northumberland	→	34	3.3	2.4	4.6
North Tyneside	↓	19	3.3	2.2	5.2
Hartlepool	↓	19	3.1	2.0	4.8
Darlington	→	13	3.1	1.8	5.2
South Tyneside	→	13	3.0	1.7	5.0
Newcastle upon Tyne	→	36	3.0	2.1	4.1
Stockton-on-Tees	↓	22	2.3	1.5	3.5
Middlesbrough	→	12	0.9	0.5	1.6

Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System



What is the data telling us?

This data (from 2020) shows that that there is no significant change to the trend for Successful completion of drug treatment – opiate users. 3.1% of opiate users successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months. Compared to our North East neighbours Darlington is ranked 8th. Statistically similar to the North East and England.

Why is this important to inequalities?

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

What are we doing about this?

This is a key performance indicator within the STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring.

We Are With You took over the Service delivery in August 2020.

The Public Health team has continued to work with We Are With You to understand if there are any unique characteristics of the local drug using population or changes in the wider system, including changes to benefits and other local services that might have contributed to the faster decrease in completions in Darlington compared to other areas.

The Service delivery model focusses on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use substances in Darlington.

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

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

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

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

Latest update: 2020 **Current performance: 18.0%**

Figure 11 - All North East region comparison

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	18,699	33.0	32.6	33.4
North East region	→	1,241	30.0	28.6	31.4
County Durham	→	288	38.1	34.7	41.7
Stockton-on-Tees	→	93	36.8	31.1	42.9
North Tyneside	↑	130	35.6	30.9	40.7
Redcar and Cleveland	→	105	31.1	26.4	36.2
Middlesbrough	↑	127	29.4	25.3	33.9
South Tyneside	↓	55	27.5	21.8	34.1
Northumberland	→	90	27.0	22.5	32.0
Gateshead	↓	84	26.3	21.7	31.3
Sunderland	↑	98	25.9	21.8	30.6
Hartlepool	→	58	25.1	20.0	31.1
Newcastle upon Tyne	→	89	22.1	18.3	26.4
Darlington	→	24	18.0	12.4	25.4

Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System

Better 95% | Similar | Worse 95% | Not compared | Data quality concerns

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

What is the data telling us?

This data (from 2020) shows that that there is no significant change to the trend for Successful completion of drug treatment – non opiate users. 18.0% of non-opiate users successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months. Compared to our North East neighbours Darlington is ranked 12th. Statistically worse than the North East and England.

Why is this important to inequalities?

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

What are we doing about this?

This is a key performance indicator within the STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring.

We Are With You took over the Service delivery in August 2020.

The Public Health team has continued to work with We Are With You to understand if there are any unique characteristics of the local drug using population or changes in the wider system, including changes to benefits and other local services that might have contributed to the faster decrease in completions in Darlington compared to other areas.

The Service delivery model focusses on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use substances in Darlington.

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

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

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

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

Latest update: 2020 **Current performance: 19.0%**

Figure 12 - All North East region comparison

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	26,703	35.3	35.0	35.7
North East region	→	1,635	30.7	29.5	32.0
Redcar and Cleveland	→	115	37.5	32.2	43.0
North Tyneside	→	167	36.5	32.2	41.0
County Durham	→	349	34.6	31.7	37.5
Hartlepool	→	73	34.4	28.4	41.1
Stockton-on-Tees	→	118	34.2	29.4	39.4
Gateshead	↓	146	31.6	27.5	36.0
South Tyneside	→	107	29.5	25.0	34.4
Middlesbrough	→	78	29.2	24.1	34.9
Newcastle upon Tyne	→	116	27.2	23.2	31.6
Sunderland	→	152	25.9	22.5	29.6
Northumberland	↓	174	25.7	22.6	29.2
Darlington	→	40	19.0	14.3	24.9

Source: Calculated by Office for Health Improvement and Disparities (OHID): using data from the National Drug Treatment Monitoring System

Better 95% | Similar | Worse 95% | Not compared | Data quality concerns

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

What is the data telling us?

This data (from 2020) shows that that there is no significant change to the trend for Successful completion of alcohol treatment. 19.0% of alcohol users left structured treatment successfully (free of alcohol dependency) who do not then re-present to treatment again within 6 months. Compared to our North East neighbours Darlington is ranked 12th. Statistically worse than the North East and England.

Why is this important to inequalities?

National data suggests that those living in the most deprived communities are less likely to complete treatment for alcohol than those living in the least deprived communities. National data and the evidence suggest that although overall consumption of alcohol between the more affluent and deprived communities is similar the patterns of consumption including the strength of alcohol, is different. More deprived communities tend to show patterns of binge drinking with high strength alcohol. The evidence shows that

the impact of alcohol harm is greater in the more deprived communities with worse health outcomes including early deaths and diseases related to alcohol, and worse social and economic outcomes including crime and disorder and anti-social behaviour.

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

COVID 19 has impacted on people staying at home and drinking alcohol, which has seem an increase in the number of individuals presenting to the Service seeking support and treatment.

What are we doing about this?

This is a key performance indicator within the STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring.

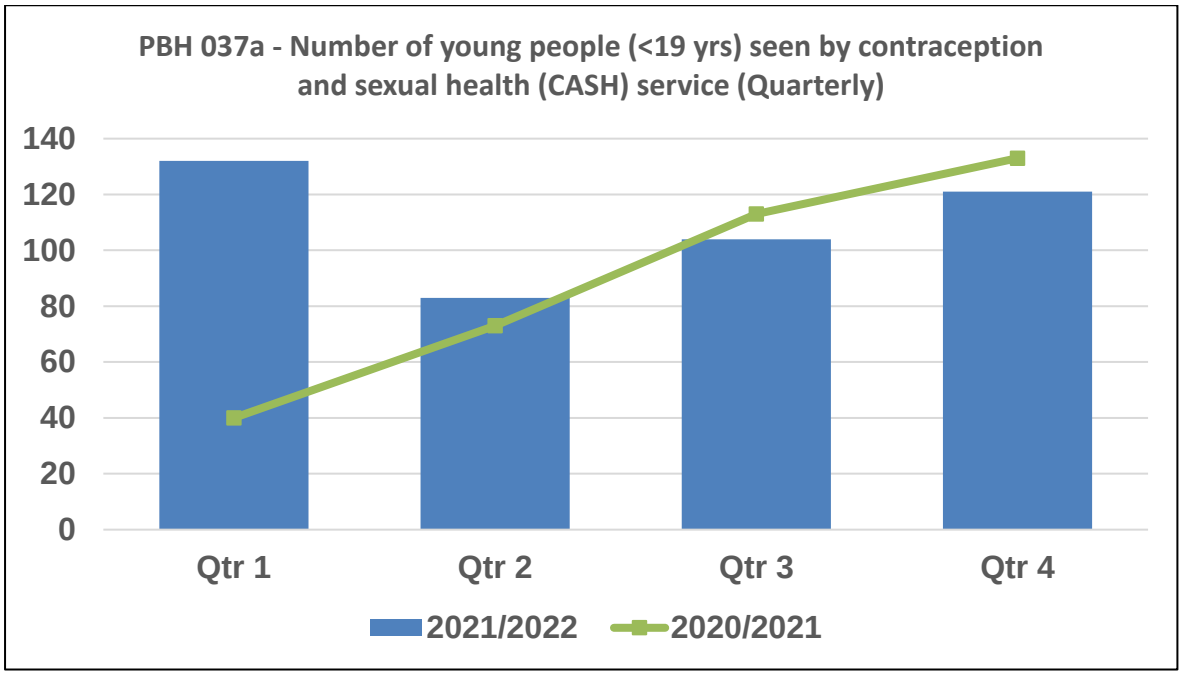
We Are With You took over the Service delivery in August 2020.

The Public Health team has continued to work with We Are With You to understand if there are any unique characteristics of the local drug using population or changes in the wider system, including changes to benefits and other local services that might have contributed to the faster decrease in completions in Darlington compared to other areas.

The Service delivery model focusses on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use substances in Darlington.

CONTRACT PBH 037a: Number of young people (<19 yrs) seen by contraception and sexual health (CASH) services (Quarterly)

Figure 13 -



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the data telling us?

The data shows an increase in the number of young people seen for Q1-2 with a decrease in the Q3-4 of the year compared to last year. These numbers need to be considered with caution due to the impact of COVID-19 on the service.

This means that the numbers of young people aged under 19 years who have been seen by the Contraceptive and Sexual Health (CASH) Service has slightly reduced from a total of 413 in 2019/20 to 359 in 2020/21. This shows that despite the impact of COVID-19 young people are confident in and able to better access this service and are making active choices about contraception.

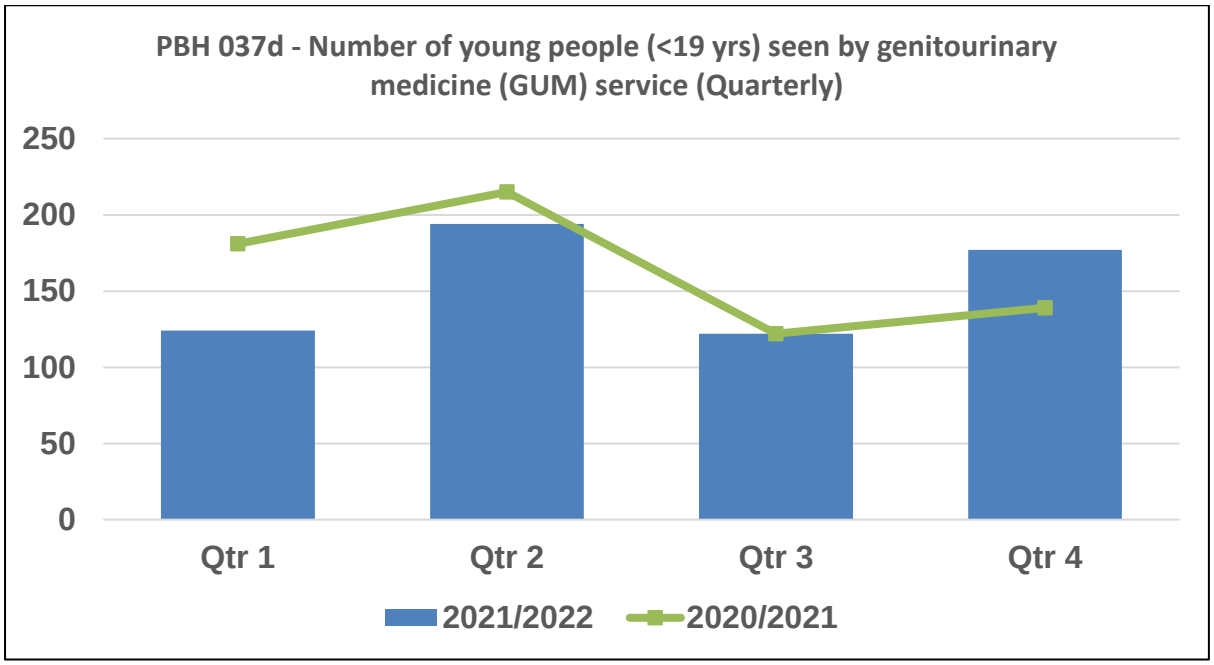
What more needs to happen?

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

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

CONTRACT PBH 037d: Number of young people (<19 yrs) seen by genitourinary medicine (GUM) services (Quarterly)

Figure 14 -



Service Provider: County Durham and Darlington NHS Foundation Trust

What is the data telling us?

The data shows a decrease in the numbers of young people under the age of 19 years that were seen by the Sexual Health Services in Darlington Q1-2, the same number for Q3 and an increase for Q4 compared to the same period last year. This data needs to be considered with caution due to the impact of COVID-19 on the service.

There has been a corresponding increase in contraception attendance in this age group as a result of the single point of contact established with the new contract resulting in more efficient streaming of individuals into the right service.

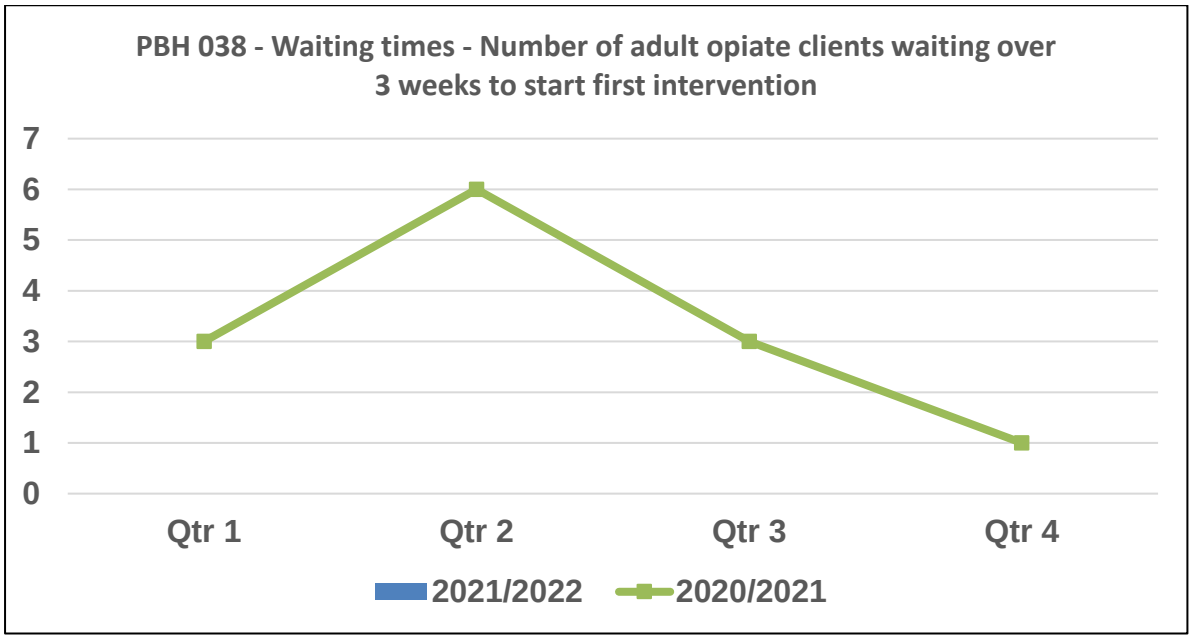
What more needs to happen?

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

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

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

Figure 15 -



*Waiting Times are based on time from assessment to first structured treatment intervention for those who started structured treatment.

Service Provider: We Are With You (WAWY)

What is the data telling us?

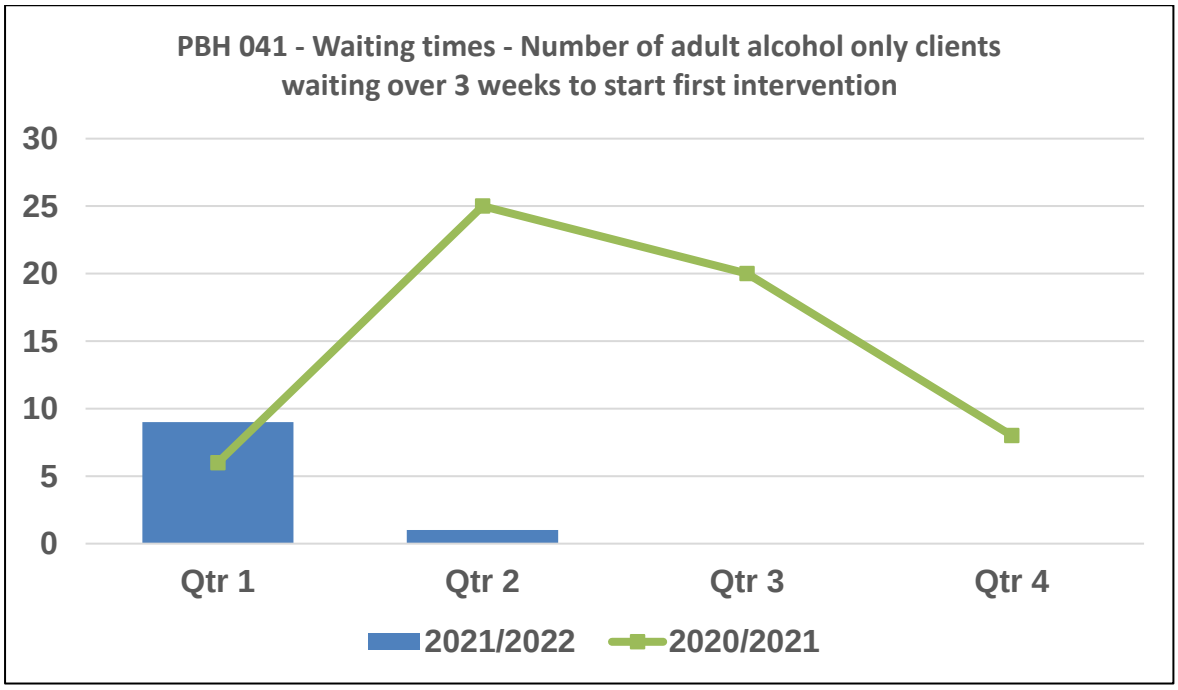
The data shows a decrease in the numbers of service users who waited over 3 weeks to start their first intervention for opiates compared to the last quarter and the same period last year. No service users waited more than 3 weeks to start their first treatment for opiate in all four quarters compared to 13 in the previous year.

What more needs to happen?

The Service has improved its assessment process and as a result waiting times have sustainably improved. All service users are assessed at first presentation and an appointment is booked for first structured treatment on the same day. The Provider continues to work to ensure that capacity is sufficient to meet demand and continues to monitor Does Not Attend rates.

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

Figure 16 -



*Waiting Times are based on time from assessment to first structured treatment intervention for those who started structured treatment.

Service Provider: We Are With You (WAWY)

What is the data telling us?

The data shows an increase in Q1 in the numbers of service users who waited over 3 weeks to start their first intervention for alcohol compared to the last quarter and the same period last year, but a decrease for Q2-4. A total of 10 service users waited more than 3 weeks to start their first treatment for alcohol this year, compared to 59 in 2020/21.

What more needs to happen?

The Service has improved its assessment process and as a result waiting times have sustainably improved. All service users are assessed at first presentation and an appointment is booked for first structured treatment on the same day. The Provider continues to work to ensure that capacity is sufficient to meet demand and continues to monitor Does Not Attend rates.

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

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

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

Numerator: Number of adults (aged 15 years or more) newly diagnosed with HIV infection with a CD4 count less than 350 cells per mm^3 within 91 days and who are resident in England. These include all reports of HIV diagnoses made in the UK, regardless of country of first HIV positive test (that is including people who were previously diagnosed with HIV abroad). Three-year combined data.

Denominator: Number of adults (aged 15 years or more) newly diagnosed with HIV infection with CD4 count available within 91 days and who are resident in England. These include all reports of HIV diagnoses made in the UK, regardless of country of first HIV positive test (i.e. including people who were previously diagnosed with HIV abroad). Three-year combined data.

Latest update: 2018-20 **Current performance: 16.7%**

Figure 17 - All North East region comparison

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	3,426	42.4	41.3	43.5
North East region	–	92	39.8	33.5	46.5
Sunderland	–	13	56.5	34.5	76.8
South Tyneside	–	8	53.3	26.6	78.7
Hartlepool	–	-	50.0*	6.8	93.2
Middlesbrough	–	6	46.2	19.2	74.9
Gateshead	–	10	43.5	23.2	65.5
North Tyneside	–	7	38.9	17.3	64.3
County Durham	–	17	37.8	23.8	53.5
Newcastle upon Tyne	–	18	34.6	22.0	49.1
Stockton-on-Tees	–	5	33.3	11.8	61.6
Northumberland	–	3	33.3	7.5	70.1
Redcar and Cleveland	–	2	25.0	3.2	65.1
Darlington	–	-	16.7*	0.4	64.1

Source: UK Health Security Agency (UKHSA)

Benchmarked against goal ■■■ <25% | 25% to 50% | ≥50% | Not applicable

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

What is the data telling us?

This data is from 2018-20. The trend could not be calculated for HIV late diagnosis. 16.7% of adults (aged 15 years and over) were diagnosed with a CD4 cell count less than 350 cells per mm^3 among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis. Compared to our North East neighbours Darlington is ranked 12^{th}. Statistically better than the North East and England against the benchmarked goal of <25%.

Why is this important to inequalities?

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

What are we doing about this?

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

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

The Sexual Health Service also manages a condom distribution programme (C-Card) in Darlington for those over the age of 12years to reduce the potential for exposure to HIV through unprotected intercourse.

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

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

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

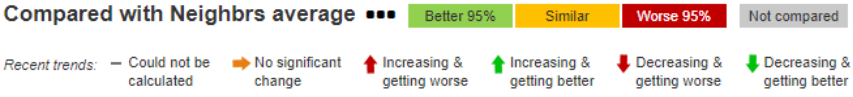
Denominator: Population-years (aggregated populations for the three years) for people aged under 75, aggregated into quinary age bands (0-4, 5-9, …, 70-74).

Latest update: 2020 **Current performance: 32.6 (per 100,000)**

Figure 18 - All North East region comparison

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	14,413	29.2	28.7	29.7
North East region	→	854	33.6	31.4	36.0
Middlesbrough	→	48	41.4	30.5	55.0
Hartlepool	→	34	38.6	26.6	54.1
Gateshead	→	67	36.7	28.4	46.6
Sunderland	→	96	36.0	29.2	44.0
North Tyneside	→	74	35.8	28.0	45.0
County Durham	→	184	35.2	30.3	40.7
South Tyneside	→	53	35.1	26.2	46.0
Newcastle upon Tyne	→	74	33.8	26.5	42.5
Darlington	→	33	32.6	22.4	45.9
Stockton-on-Tees	→	52	28.5	21.2	37.4
Northumberland	→	103	28.1	22.8	34.1
Redcar and Cleveland	→	39	27.5	19.5	37.6

Source: Office for Health Improvement and Disparities (based on ONS source data)



What is the data telling us?

This data (from 2020) shows that that there is no significant change to the trend for Under 75 mortality rate from cardiovascular diseases considered preventable. 32.6 per 100,000 of deaths that are considered preventable from all cardiovascular diseases in people aged under 75. Compared to our North East neighbours Darlington is ranked 9th. Statistically similar to the North East and England.

Why is this important to inequalities?

The most deprived communities have the highest rates of modifiable or preventable CVD risk factors compared to the wider population. Prevalence in these communities is greater in the most deprived communities with take up of preventative and early diagnosis poorer. This results in those in the most deprived communities experiencing worse outcomes including late diagnosis which can result in emergency admission, disability and earlier deaths. Inequalities also exist between men and women, with men experiencing significantly worse rates and outcomes in relation to CVD than women. Therefore, men living in the most deprived communities in Darlington are most likely to experience the worst outcomes.

What are we doing about this?

The Authority and the Primary Care Network (PCN) is working to improve access to and take up of opportunities for the early identification and treatment of CVD in the population, particularly in those high-risk communities.

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

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

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

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

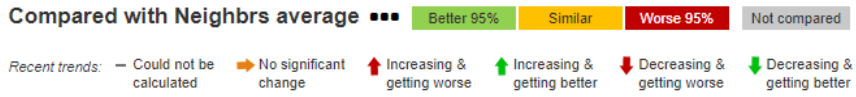
Denominator: Population-years (aggregated populations for the three years) for people of all ages, aggregated into quinary age bands (0-4, 5-9, …., 70-74).

Latest update: 2020 **Current performance: 38.9 (per 100,000)**

Figure 19 - All North East region comparison

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	14,516	29.4	28.9	29.8
North East region	→	959	37.2	34.9	39.6
South Tyneside	→	69	46.4	36.0	58.7
Middlesbrough	→	52	45.3	33.8	59.5
Sunderland	→	115	42.1	34.8	50.5
County Durham	→	225	42.0	36.6	47.8
Newcastle upon Tyne	→	90	41.2	33.1	50.7
Darlington	→	40	38.9	27.8	53.0
Redcar and Cleveland	→	55	38.5	28.9	50.1
Stockton-on-Tees	→	67	37.2	28.8	47.2
Hartlepool	→	31	35.2	23.9	50.0
Gateshead	→	64	34.3	26.4	43.8
North Tyneside	→	55	26.8	20.2	34.9
Northumberland	→	96	25.4	20.5	31.1

Source: Office for Health Improvement and Disparities (based on ONS source data)



What is the data telling us?

This data (from 2020) shows that that there is no significant change to the trend for Under 75 mortality rate from respiratory disease. 38.9 per 100,000 of deaths from respiratory diseases (classified by underlying cause of death) in people aged under 75. Compared to our North East neighbours Darlington is ranked 6th. Statistically similar to the North East and England.

Why is this important to inequalities?

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

most deprived communities are statistically more likely to experience morbidity and premature mortality from respiratory disease.

What are we doing about it?

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

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

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

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

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SCRUTINY - HEALTH AND HOUSING 2021/22 QUARTER 4

Indicator	Title	Return Format	Reported	What is best	2018 / 2019	2019 / 2020	2020 / 2021	2021/22 - Q1	2021/22 - Q2	2021/22 - Q3	2021/22 - Q4	Qtr 4 compared to Qtr 3	2020/21 Qtr 4	2021/22 compared to 2020/21
PBH 009	(PHOF C04) Low birth weight of term babies	Percentage	Annually	Lower	2.9%	2.6%	3.3%	Annual indicators no data to report for these quarters			No data available	NA	No data available	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%				No data available	NA	34.4%	NA
PBH 014	(PHOF C06) Smoking status at time of delivery	Percentage	Annually	Lower	15.6%	16.4%	14.4%				No data available	NA	14.4%	NA
PBH 016	(PHOF C02a) Rate of under-18 conceptions	Per 1,000 pop	Annually	Lower	19.5	19.3	16.8				No data available	NA	16.8	NA
PBH 018	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%	99.5%				No data available	NA	99.5%	NA
PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)	Number	Annually	Lower	25.3	25.8	No data available				No data available	NA	No data available	NA
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)	Number	Annually	Lower	37.6	37.8	No data available				No data available	NA	No data available	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	149.3				No data available	NA	149.3	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	98.0				No data available	NA	98.0	NA
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	144.8				No data available	NA	144.8	NA
PBH 031	(PHOF C14b) Emergency Hospital Admissions for Intentional Self-Harm	Per 100,000 pop	Annually	Lower	220.8	217.8	300.5				No data available	NA	300.5	NA
PBH 033	(PHOF C18) Prevalence of smoking among persons aged 18 years and over	Percentage	Annually	Lower	13.8%	13.7%	13.5%				No data available	NA	13.5%	NA
PBH 035i	(PHOF C19a) Successful completion of drug treatment - opiate users	Percentage	Annually	Higher	4.8%	3.1%	3.1%				No data available	NA	3.1%	NA
PBH 035ii	(PHOF C19b) Successful completion of drug treatment - non-opiate users	Percentage	Annually	Higher	33.1%	19.3%	18.0%				No data available	NA	18.0%	NA
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment	Percentage	Annually	Higher	33.2%	30.7%	19.0%				No data available	NA	19.0%	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				552	NA	504	↓
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%				No data available	NA	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				No data available	NA	1,665	NA
PBH 050	(PHOF D07) HIV late diagnosis (%)	Percentage	Annually	Lower	20.0%	16.7%					No data available	NA		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		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		NA

SCRUTINY - HEALTH AND HOUSING 2021/22 QUARTER 4														
Indicator	**Title**	**Return Format**	**Reported**	**What is best**	**2018 / 2019**	**2019 / 2020**	**2020 / 2021**	**2021/22 - Q1**	**2021/22 - Q2**	**2021/22 - Q3**	**2021/22 - Q4**	**Qtr 4 compared to Qtr 3**	**2020/21 Qtr 4**	**2021/22 compared to 2020/21**
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				No data available	**NA**	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**		**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**		**NA**
												Better than =		↑
												Not as good as =		↓
												The same as =		↔

HEALTH AND HOUSING SCRUTINY COMMITTEE
29 JUNE 2022

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee during the 2022/23 Municipal Year and to consider any additional areas which Members would like to suggest should be included.

Summary

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

3. As Members will be aware, questions were raised by a Member at Council on 12 May 2022 regarding a recent Healthwatch report into dentistry. Following concerns raised regarding the service residents were receiving Members are requested to consider the inclusion of dental services on the work programme to seek ways to improve services for the residents of the town.

4. Once the work programme has been approved by this Scrutiny Committee, any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

Recommendation

5. Members are requested to consider and approve the attached draft work programme as the agreed work programme for the Municipal year 2022/23 and consider the request to include dental services and any other additional items which they might wish 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 Wellbeing	This report has no direct implications to the Health and Well Being of residents of Darlington.
Carbon Impact and Climate Change	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
Council Plan	The report contributes to the Council Plan in a number of ways through the involvement of Members in contributing to the delivery of the Plan.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

MAIN REPORT

Information and Analysis

6. 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.

7. 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'.

8. 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.

9. 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

10. 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.

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

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APPENDIX 1

HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
CAMHS update	29 June 2022	Jennifer Illingworth		
Health and Safety Compliance in Council Housing	29 June 2022 Last considered 20 October 2021	Anthony Sandys		To provide annual updates Scrutiny Members undertake any further work if necessary.
Housing Services Anti-Social Behaviour Policy Review	29 June 2022	Anthony Sandys		To update Scrutiny Members undertake any further work if necessary.
Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	Year End/Q4 29 June 2022 Q2 14 December 2022	Relevant AD	Full PMF suite of indicators	To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Customer Engagement Strategy 2021-2024 Update (Presentation)	31 August 2022 Last considered 2 February 2022 (Postponed from 15 December 2021)	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.

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Better Care Fund	31 August 2022 Last considered 20 October 2021	Paul Neil		To receive an update on the position of the Better Care Fund for Darlington.
Drug and Alcohol Service Contract – We Are With You	2 November 2022 Last considered 27 April 2022	Mark Harrison/Jon Murray		To update Scrutiny Members undertake any further work if necessary.
Affordable Home Ownership Policy	To be agreed	Anthony Sandys		To seek Scrutiny Members views prior to Cabinet.
Director of Public Health Annual Report and Health Profile	To be agreed	Penny Spring		Annual report
Strategic Housing Needs Assessment	To be agreed	Anthony Sandys		
Healthwatch Darlington - The Annual Report of Healthwatch Darlington	To be agreed Last considered 20 October 2021	Michelle Thompson, HWD		To scrutinise and monitor the service provided by Healthwatch – Annual
Preventing Homelessness and Rough Sleeping Strategy Update	To be agreed Last considered 20 October 2021	Anthony Sandys		To look at progress following the implementation of the strategy. Update on current position within Darlington

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Community Mental Health Transformation	To be agreed Last considered 2 February 2022	Jo Murray/Maxine Crutwell, TEWV		To receive a briefing and undertake any further detailed work if necessary.
Primary Care (to include GP Access to appointments)	Last considered 2 February 2022 (postponed from 15 December 2021)	Sue Greaves CCG/Amanda Riley		To scrutinise development around Primary Care Network and GP work
Integrated Care System (ICS)	Last considered 23 February 2022	Simon Clayton, NECS/ David Gallagher, CCG		To scrutinise and challenge progress of the principles underpinning the ICS and BHP and timelines for progress.

JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

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

MEMBERS BRIEFINGS

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

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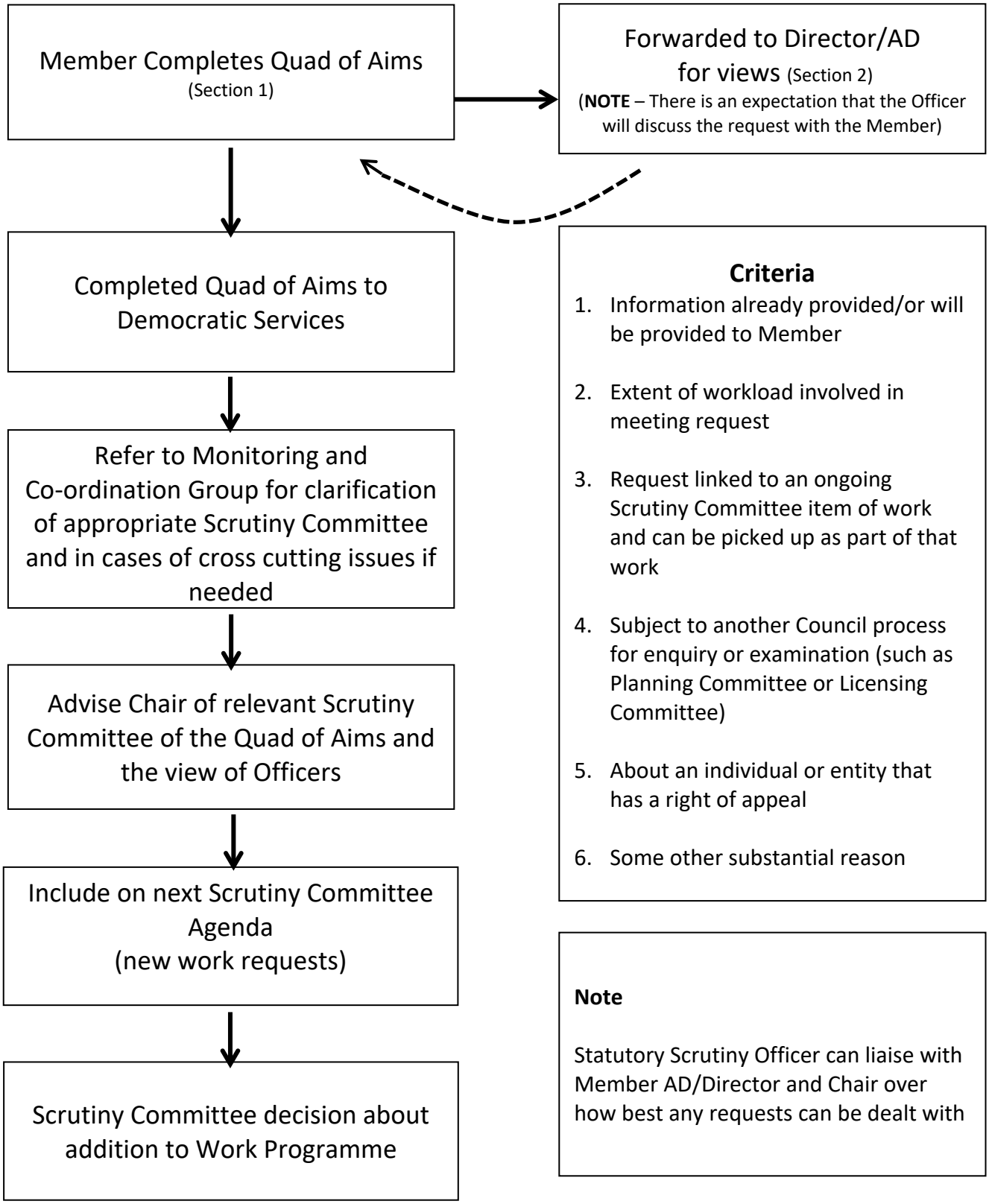
Appendix 2

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



PLEASE RETURN TO DEMOCRATIC SERVICES

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

SECTION 1 TO BE COMPLETED BY MEMBERS

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

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

Signed Councillor …… **Date …….**

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS

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

1. (a) Is the information available elsewhere? Yes …….. No ……..

   If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services)

   ……

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

   ……

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

   ……

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

   ……

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

   ……

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

   ……

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

   ……

Criteria

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

Signed …… Position …….. Date ……

PLEASE RETURN TO DEMOCRATIC SERVICES

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DARLINGTON BOROUGH COUNCIL
FORWARD PLAN

DARLINGTON
Borough Council

FORWARD PLAN
FOR THE PERIOD: 1 JUNE 2022 - 31 OCTOBER 2022

Title	Decision Maker and Date	Page
CCTV Replacement Camera Programme	Cabinet 22 Jun 2022	5
Darlington Station Improvement Project - Proceed to Delivery	Cabinet 22 Jun 2022	6
Disabled Facilities Grant (DFG) 2022/23	Cabinet 22 Jun 2022	7
Housing Management Policy	Cabinet 22 Jun 2022	8
Land at Blackwell - Proposed Development and Parkland	Cabinet 22 Jun 2022	9
Proposed Hump Speed Table Objection - Newton Lane	Cabinet 22 Jun 2022	10
Public Space Protection Order – Darlington Town Centre	Cabinet 22 Jun 2022	11
Representation on Other Bodies 2022/23	Cabinet 22 Jun 2022	12
Agreed Syllabus for Religious Education	Cabinet 5 Jul 2022	13
Climate Change - Progress	Council 14 Jul 2022 Cabinet 5 Jul 2022	14
Collection of Council Tax, Business Rates and Rent 2021-22	Cabinet 5 Jul 2022	15
Council Chamber Refurbishment	Cabinet 5 Jul 2022	16
Council Plan Performance Report 2021/22 – Quarters 3 and 4	Cabinet 5 Jul 2022	17
Dolphin Centre Mechanical and Electrical Replacement – Release of Capital	Cabinet 5 Jul 2022	18
Improvements to Coniscliffe Road - Encouraging Footfall in the Town Centre	Cabinet 5 Jul 2022	19
Ingenium Parc – Proposal to market and dispose of land for development	Cabinet 5 Jul 2022	20
Land at Faverdale - Burtree	Cabinet 5 Jul 2022	21

DARLINGTON BOROUGH COUNCIL
FORWARD PLAN

Garden Village Development		
Objections to Traffic Regulations on Duke Street	Cabinet 5 Jul 2022	22
Project Position Statement and Capital Programme Monitoring Outturn 21/22	Cabinet 5 Jul 2022	23
Revenue Budget Outturn 2020/21	Cabinet 5 Jul 2022	24
Revenue Budget Monitoring 2022/23 - Quarter 1	Cabinet 5 Jul 2022	25
Schedule of Transactions - July 2022	Cabinet 5 Jul 2022	26
Supplementary Planning Guidance (SPD) Design Code - Burtree Garden Village	Council 14 Jul 2022 Cabinet 5 Jul 2022	27
Xentrall Shared Services Annual Report	Cabinet 5 Jul 2022	28
West Cemetery Drainage	Cabinet 5 Jul 2022	29
Annual Review of the Investment Fund	Cabinet 6 Sep 2022	30
Annual Audit Letter 2020/21	Cabinet 6 Sep 2022	31
Complaints Made to Local Government Ombudsman	Cabinet 6 Sep 2022	32
Complaints, Compliments and Comments Annual Reports 2021/22	Cabinet 6 Sep 2022	33
Housing Services Anti-Social Behaviour Policy	Cabinet 6 Sep 2022	34
Museum Accreditation Policies	Cabinet 6 Sep 2022	35
Project Position Statement and Capital Programme Monitoring 2022/23 - Quarter 1	Cabinet 6 Sep 2022	36
Regulatory Investigatory Powers Act (RIPA)	Cabinet 6 Sep 2022	37
Restoration of Locomotion No 1 Replica	Cabinet 6 Sep 2022	38
School Term Dates 2024/25	Cabinet 6 Sep 2022	39
The Treatment of War Pensions in the Calculation of Housing Benefit	Cabinet 6 Sep 2022	40
Treasury Management Annual and Outturn Prudential Indicators 2022/23	Cabinet 11 Oct 2022	41