



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 2 November 2022

Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting
2. Declarations of Interest
3. To approve the Minutes of the meeting of this Scrutiny held on 31 August 2022 (Pages 3 - 6)
4. Better Care Fund –
Report of the Assistant Director Commissioning, Performance and Transformation
(Pages 7 - 10)
5. Darlington Drug and Alcohol Service (STRIDE) –
Presentation by the Contract Manager and Executive Director of Business Development
(Pages 11 - 18)
6. Housing Services Fire Safety Policy –
Report of the Assistant Director – Housing and Revenues
(Pages 19 - 38)
7. Healthwatch Darlington Annual Report 2021/2022 –
Presentation by the Chief Executive Officer, Healthwatch Darlington
(Pages 39 - 58)

8. Darlington Health Profile 2021/2022 –
Presentation by the Public Health Principal
(Pages 59 - 74)
9. Work Programme –
Report of the Assistant Director Law and Governance
(Pages 75 - 90)
10. Health and Wellbeing Board –
The Board last met on 22 September 2022. The next meeting is scheduled for 15
December 2022.
11. 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.
12. Questions



Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 25 October 2022

Town Hall
Darlington.

Membership

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

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Fridays email: hannah.miller@darlington.gov.uk or telephone 01325 405801

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 31 August 2022

PRESENT – Councillors Bell (Chair), Heslop, Layton, McEwan, Newall, Preston and Mrs H Scott

APOLOGIES – Councillors Dr. Chou, Mills and Wright

ALSO IN ATTENDANCE – Jill Foggin (Communications Manager, County Durham and Darlington Foundation Trust), Dominic Gardner (Tees, Esk and Wear Valley NHS Foundation Trust), Diane Lax (Healthwatch Darlington), Pauline Fletcher (NHS England and NHS Improvement - North East and Yorkshire), Tom Robson (Durham and Darlington and Tees Local Dental Network) and Dr Kamini Shah (Consultant Dentistry NHS England)

OFFICERS IN ATTENDANCE – Penny Spring (Director of Public Health), Anthony Sandys (Assistant Director - Housing and Revenues), Matthew Hufford (Communication and Engagement Co-ordinator), Michael Conway (Mayoral and Democratic Officer) and Allison Hill (Democratic Officer)

HH12 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH13 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 29 JUNE 2022

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 29 June 2022.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 29 June 2022 be approved as a correct record.

HH14 UPDATE ON NHS DENTISTRY DARLINGTON

The Senior Primary Care Manager (Dental Commissioning Lead – North East and North Cumbria), NHS England and NHS Improvement – North East and Yorkshire and Chair of Durham and Darlington and Tees Local Dental Network gave a presentation (previously circulated) updating Members on NHS Dentistry in Darlington.

In providing background on NHS dentistry, Members were advised that a patient could contact any NHS dental practice to access care; dental contracts were activity and demand led; contract regulations set out contract currency which was measured in units of dental activity (UDA) and these were attributable to a banded course of treatments; NHS dentistry regulations did not prohibit the provision of private dentistry by NHS dental practices; and in 2019-20 only 90.5 per cent of the total commissioned capacity in Darlington was being utilised.

Reference was made to the commissioned capacity as of August 2022 for general dental services; Members were advised of the additional services commissioned by NHS England; and Members were informed that Middleton St George Dental Practice handed back their

contract in 2020.

The pressures and challenges were outlined, these included Covid-19 impacts, workforce recruitment and retention and NHS dental contract; and details were provided of the package of initial reforms to the NHS dental contract, which were published by NHS England in July 2022. It was reported that engagement to inform the next stages of the reform programme had commenced.

Details were provided of the local measures and actions taken to date, including incentives for all NHS dental practices to prioritise patients that had not been seen in the practice within the previous 24 months (adults) and 12 months (children) who require urgent dental care; increased investment into the new Dental Out of Hours Service contract; and additional funding made available to practices who were able to offer additional clinical capacity above their contracted levels, of which take up in Darlington was limited to only one practice that delivered additional 15 sessions during February and March 2022.

The next steps to improve access to dental services were outlined and included a review of plans for the recommissioning of the activity lost from the Middleton St George NHS contract handback; seeking expressions of interest from NHS practices that may have the capacity and capability to deliver additional access as an interim measure to assist with the current demand for NHS dental care; and work with current practices to explore how NHS England can support them to maximise their clinical treatment capacity and make contracts sustainable in the long-term.

Scrutiny were assured that all NHS dental practices were able to safely provide a full range of treatments however demand for care remained extremely high with dental practices having to balance addressing the backlog of care with managing new patient demand; Practices had been asked to prioritise patients with the greatest clinical need; and opportunities were being explored to increase the clinical capacity available and improve access for patients.

Discussion ensued on the overall picture of dental practices in Darlington and which were NSH practices and the reasons why residents were having problems accessing dentists; and Members also requested some information on patients attending Accident and Emergency at the hospital to access care.

It was generally felt that the more information and simple messages could be provided to residents to explain the reasons why access to dental practices was a problem; outlining the clinical definition for urgent care and also explaining that residents are able to contact any dental practice and that they are not specifically assigned to one would be helpful. Members also expressed their concerns that the NHS Choices website was not kept up to date so that residents can have relevant information.

Further discussion ensued with the representatives from NHS England on how they were planning to encourage new NHS practices; what planning was being undertaken to allow for the infrastructure required within the Local Plan and further housing development; and what changes can the authority expect to see within the next six months.

Members were advised that NHS England priority was to ensure increased capacity for urgent care; source improved clinical capacity and progress procurement; support existing

practices to deliver the current level of commissioned capacity; prioritise areas where greatest improvement needs to be addressed; and incentivise new providers.

RESOLVED – That the Senior Primary Care Manager (Dental Commissioning Lead – North East and North Cumbria), NHS England and NHS Improvement – North East and Yorkshire and Chair of Durham and Darlington and Tees Local Dental Network be thanked for their informative presentation.

HH15 BETTER CARE FUND

The Assistant Director Commissioning, Performance and Transformation submitted a report (previously circulated) updating Members on progress of the submission of the Darlington Better Care Fund Plan for the 2022/23 programme.

The submitted report stated that the Better Care Fund (BCF) was a programme spanning the NHS and Local Government which sought to join up health and care services; and that integrated care boards (ICBs) and local government were required to agree a joint plan which was owned by the Health and Wellbeing Board.

Details were provided of the four national conditions for funding, three of which remain as previous years, with a change to national condition 4, and the key metrics that the Plan should focus on; funding for 2022/23 was outlined; and the funding package was not new monies.

It was stated that the plan for Darlington was being drafted; that a service review was underway across all funded schemes and was due to be completed by the end of September 2022; and due to timescales the draft and final plan cannot be submitted to this Scrutiny Committee or the Health and Wellbeing Board for approval.

The Chair proposed that Members give further consideration to the submitted report at a future meeting of this Scrutiny Committee.

RESOLVED – (a) That the progress of the draft plan be noted.

(b) That the changes to national condition 4 be noted.

(c) That this Scrutiny Committee gives further consideration to the submitted report at a future meeting of this scrutiny committee.

HH16 CUSTOMER ENGAGEMENT STRATEGY 2021-2024 UPDATE

The Assistant Director Housing and Revenues gave a presentation (previously circulated) updating Members on the Customer Engagement Strategy 2021-2024.

Details were provided of the increased customer engagement following the success of engagement events in 2021; regular events were being held in new locations and Estate walkabouts had been reintroduced in high profile areas; particular reference was made to

the Social Housing Decarbonisation Fund engagement event and the estate walkabout in Firthmoor.

It was reported that the Council continued to be a member of Tpas, promoting, supporting and championing tenant involvement and social empowerment in social housing; details were provided of the Housing Webpage redesign undertaken in early 2022; and the Tenants Panel continued to provide feedback on a range of policy changes.

Reference was made to the Tenant Satisfaction Measures that were due to come into place in April 2023; that surveys would be sent to tenants and would cover Repairs, Building Safety, Complaints, Customer Engagement and Neighbourhoods.

Members noted the engagement work undertaken with refugee families; the Housing Annual Report was due to be released imminently and Housing Connect was due to be released in August 2022 and March 2023; and customer satisfaction surveys were being undertaken to ensure the local authority were carrying out high quality work.

Details were provided of Docusign, a new signature portal and its associated benefits; and reference was made to work planned in 2022/2023.

Members acknowledged the good work of the Tenants Panel within the community and that the feedback they provide be encouraged; noted the progress that had been made and that the service was more customer friendly with the use of Docusign.

RESOLVED – That the presentation be noted.

HH17 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 a visit be arranged to the Drug and Alcohol Service (We are With You); discussed waiting times within the CAMHS service and agreed to examine potential improvements at a future meeting; and requested that Members receive a further update from NHS England on NHS Dentistry in six months time.

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

HH18 HEALTH AND WELLBEING BOARD

Members were informed that the Board last met on 7 July 2022 and that the next meeting of the Board was scheduled for 22 September, 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.

**HEALTH AND HOUSING SCRUTINY COMMITTEE
2 NOVEMBER 2022**

BETTER CARE FUND 2022/23 PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. The purpose of this report is to update Health and Housing Scrutiny committee members on progress of the submission of the Darlington Better Care Fund Plan for the 2022/23 Programme.
2. Update on the review across all funded schemes as part of the programme

Summary

3. The use of BCF mandatory funding streams (NHS minimum contribution, Improved Better Care Fund grant (iBCF) and Disabled Facilities Grant (DFG) must be jointly agreed by integrated care boards (ICBs) and local authorities to reflect local health and care priorities, with plans signed off by health and wellbeing boards (HWBs). BCF plans should include stretching ambitions for improving outcomes against the national metrics for the fund. No new metrics have been introduced for 2022-23.
4. The Better Care Fund (BCF) is a programme spanning both the NHS and Local Government which seeks to join-up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible. The Fund is one of the government's national vehicles for driving health and social care integration. It requires clinical commissioning groups (CCGs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).
5. The framework confirms the 4 national conditions for funding. 3 of these remain as previous years, with a change to national condition 4, as shown below:
 - (a) A jointly agreed plan between local health and social care commissioners, signed off by the HWB
 - (b) NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
 - (c) Invest in NHS-commissioned out-of-hospital services

- (d) Implementing the BCF policy objectives to:
 - (i) *Enable people to stay well, safe and independent at home for longer, and,*
 - (ii) *Provide the right care in the right place at the right time*

- 6. As well as the 4 national conditions of funding, the plan includes the delivery against 4 key metrics of:
 - (a) Avoidable admissions: unplanned admissions for chronic ambulatory care sensitive conditions
 - (b) Residential care admissions: annual rate of older people whose long-term support needs are best met by admission to residential and nursing care homes
 - (c) Effectiveness of reablement: percentage of discharges to a person's usual place of residence
 - (d) Discharge destination: Percentage of discharge to a person's usual place of residence

- 7. Funding for 2022/23 Programme is set out below:
 - (a) Minimum NHS (CCG) contributions: £9,134,828 (5.66% uplift)
 - (b) Improved Better Care Fund: £4,488,137 (3% increase)
 - (c) Disabled Facilities Grant: £1,063,345 (no change)

- 8. It must be noted that the funding package for 2022/23 is not new monies, as these are allocated against ASC budgets.

- 9. Following publication of the Planning Guidance and confirmation of the submission requirements, the Plan for Darlington was submitted to the BCF national team on 26th September. This followed endorsement by the Programme Board.

- 10. All Health and Wellbeing areas have been advised that the outcome of the assurance of all plans will not be completed until 24 October, and any approval letters will not be issued until towards the end of November.

- 11. In parallel to the drafting and submission of the 2022/23 Darlington Plan, a service review is underway across all funded schemes, to ensure these schemes continue to deliver against the priorities of the Programme, and to ensure emerging priorities can be funded. It is expected this review will be completed by the end of October, reporting to the Programme Board in early November.

Recommendation

12. It is recommended that:-

- (a) Scrutiny committee notes the submission of the Darlington 22/23 Plan and approval of the plan is expected towards the end of November.
- (b) Note the programme review underway, with a report to be tabled at future scrutiny meetings, detailing the outcome of the review.

Christine Shields
Assistant Director Commissioning, Performance and Transformation

Background Papers

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

author : Extension

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

Darlington Better Care Fund Plan 2022/23

A full copy of the published planning requirements can be found at:

<https://www.england.nhs.uk/publication/better-care-fund-planning-requirements-2022-23/>

Timetable for submission

BCF planning requirements published	19 July 2022
Optional draft BCF plan submission to regional BCM	18 August 2022
BCF Plan submission from local HWBB (agreed by ICBs and LAs)	26 September 2022
Scrutiny of BCF Plans	26 Sept – 24 October 2022
Approval letters issued	30 November 2022
Section 75 agreements submitted	31 December 2022

Health & Housing Scrutiny Committee

Darlington Drug and Alcohol Service (STRIDE)

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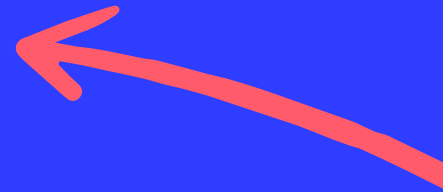
Gary Besterfield – Contract Manager

Sarah Allen – Executive director of business development

2nd November 2022

withyou

Agenda Item 5

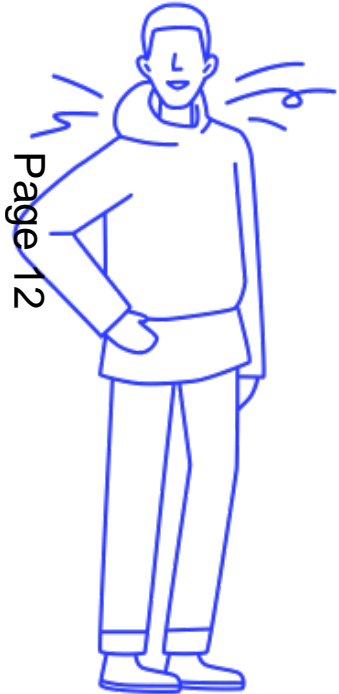


Overview

Comparison of performance – 2020/21 and 2021/22

Future ambition

Questions



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2021/22 Performance headlines

- 10.7% more people in treatment
- Retained 86.9% more people in treatment (82.5%)
- Unplanned exits decreased to 19.2% (23.1%)
- Successful completions increased to 23.3% (13.2%)
 - 4.67% for opiate clients (2.63%)
 - 33.70% for non-opiate clients (18.67%)
 - 25% non-opiate and alcohol clients (8.3%)
 - 29.72% for alcohol clients (12.63%).



- Representations decreased to 14.9% for all cohorts (17.9%)
- Prison to community engagement has increased to 59.6%
- Deaths in treatment have increased to 2.2% (1.2%)
- Although we remain higher than national average for Naloxone distribution and Hep C referrals to treatment – testing and distribution has decreased
- CQC rated good in all areas



Our ambition

- To micro eliminate Hep C in our services by Dec 2023
- Increase Naloxone and peer 2 peer program
- Continue to develop ITS Ambassador Program
- Continue to improve performance and access
- Establish Tubwell Row as a service location
- RADAR partnership with Recovery Connections
- Widen partnership working

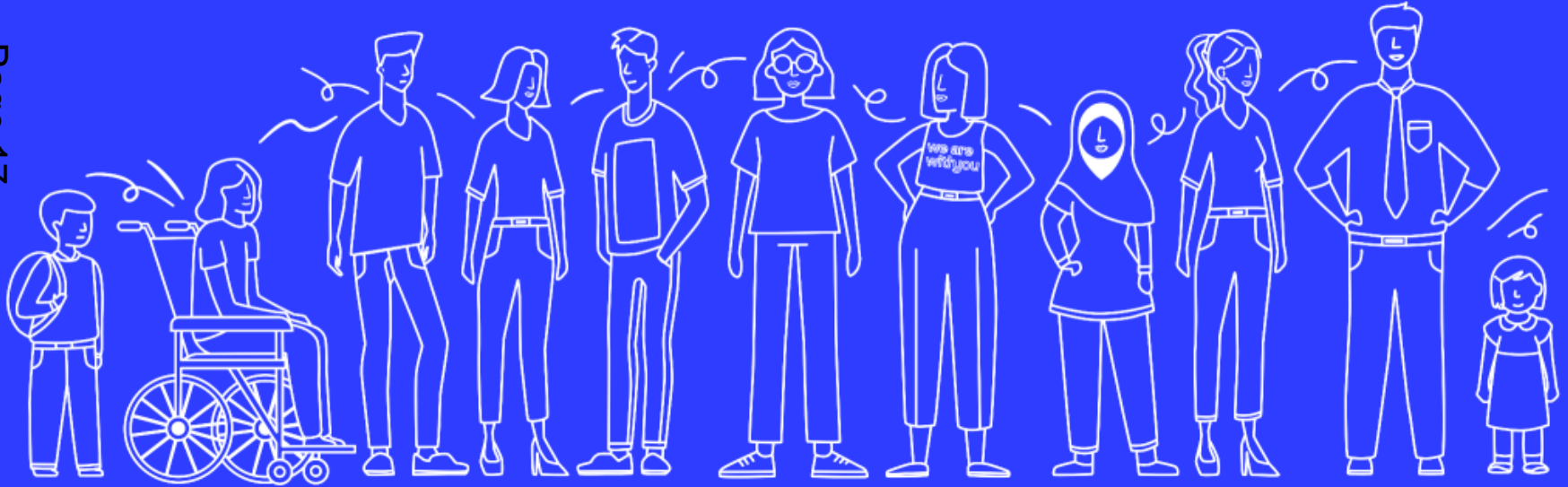
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Thank you for listening to us.
Do you have any questions



withyou



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**HEALTH AND HOUSING SCRUTINY COMMITTEE
2 NOVEMBER 2022**

HOUSING SERVICES FIRE SAFETY POLICY

SUMMARY REPORT

Purpose of the Report

1. For Members to consider the draft Housing Services Fire Safety Policy 2022-2027 before approval by Cabinet on 6 December 2022.

Summary

2. Darlington Borough Council provides 355 homes for local residents in 7 Sheltered Housing schemes and 3 Extra Care schemes. We are committed to ensuring that all of our tenants enjoy their right to a safe home.
3. The Housing Services Fire Safety Policy 2022-2027 at **Appendix 1** sets out how we will provide staff, residents, visitors and partner organisations in Council owned Sheltered Housing and Extra Care schemes with clear guidelines as to how to prevent fires and what action to take in the event of a fire, to protect themselves and others.
4. The Tenants Panel has been consulted on the draft policy and the outcome of this consultation is given at paragraph 11. However, the proposals have received overwhelming support.

Recommendation

5. It is recommended that Members:-
 - (a) Consider the report and draft Housing Services Fire Safety Policy 2022-2027 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 Sheltered Housing and Extra Care schemes
Groups Affected	Council tenants in those schemes
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 tenants with good quality, safe Council housing
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 355 homes for local residents in 7 Sheltered Housing schemes and 3 Extra Care schemes. The schemes covered by this policy are as follows:

Sheltered Housing Schemes

Scheme	Number of Homes
Branksome Hall Drive	50
Dinsdale Court	22
Linden Court	20
Rockwell House	38
Roxby Court	32
Ted Fletcher Court	48
Windsor Court	32

Extra Care Schemes

Scheme	Number of Homes
Dalkeith House	39
Oban Court	32
Rosemary Court	42

7. The Housing Services Fire Safety Policy 2022-2027 sets out how we will provide staff, residents, visitors and partner organisations in these Sheltered Housing and Extra Care

schemes with clear guidelines as to how to prevent fires and what action to take in the event of a fire, to protect themselves and others.

8. The policy covers the following areas:

- (a) **Relevant legislation** – this section sets out the relevant fire safety legislation that Darlington Borough Council must comply with as part of our statutory duties to provide our tenants with safe homes.
- (b) **Policy statement and aims** – these sections set out the key aims of the policy, as follows:
 - (i) To provide appropriate guidance for staff.
 - (ii) To provide procedures and resident information as to what actions need to be taken in the event of a fire at any of our schemes.
 - (iii) To ensure that staff, residents, visitors and partner organisations are safe and protected.
 - (iv) To meet the requirements of Darlington Fire and Rescue Services.
 - (v) To improve resident’s knowledge of fire awareness and promote responsibility towards fire safety.
- (c) **Our schemes and responsibilities** – these sections set out the responsibilities for the Council, residents, visitors and partner organisations in relation to fire safety arrangements. This includes the Council’s responsibilities to provide suitable and sufficient inspection, service and maintenance arrangements for each building, along with fire safety awareness training for staff and fire risk assessments for residents.
- (d) **Construction features and fire alarm systems** – this section sets out the construction features for each scheme to prevent fires and the procedures in place for when a fire alarm is activated, including the responses by staff.
- (e) **Fire risk assessments** – this sections sets out the processes as to how fire risk assessments will be conducted and reviewed.
- (f) **Personal emergency and evacuation plans and care assessments** – this section sets out the processes for residents who may require assistance to evacuate a building.
- (g) **Stay put policy** – this section sets out the guidance for residents as to when they should evacuate or remain in the building in the event of a fire. This policy has been developed with the Darlington Fire and Rescue Service.
- (h) **Instructions for residents and visitors** – this section sets out the key advice for residents and visitors in the event of a fire.

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 Home Standard.
10. The Home Standard sets expectations for registered providers of social housing to provide good quality homes for residents and in particular, to meet all applicable statutory requirements that provide for the health and safety of occupants in their homes, including fire safety legislation.

Outcome of Consultation

11. The Tenants Panel were consulted in September 2022 and overall, the Panel supported the proposed Housing Services Fire Safety Policy. Examples of the Panel's comments were as follows:
 - (a) "As with any policies some of the text is slightly longwinded, but that is completely understandable as you would want all bases to be covered. Maybe it could be an options to deconstruct it so that everyone could understand it. All in all it is a good policy."
 - (b) "After reading the policy I think that it is very informative and covers any questions that I had. It is vital for any policies such as this to be understandable and it certainly is that."
 - (c) "I think it is a brilliant piece of work and is extremely well written. It takes me back to my scheme manager days as we had to revise Fire Policies. I think the length is perfect and there isn't anything that I could think off that was missed off. The 'Stay Put Policy is a great name, because it is clear and ensures that everyone knows what they are doing. I have no issues."
 - (d) "I think as a whole the document is really good. It is informative and covers everything that is needed. My only issue is that some people would not care about the legislation and only read about what they need to do in the case of a fire. So maybe that information should be higher up the policy because people may switch off and not read the rest."



DARLINGTON
Borough Council

Fire Safety Policy for Sheltered and Extra Care Accommodation

2022-2027



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Introduction

Darlington Borough Council is committed to protecting staff, residents, visitors, partner organisations and contractors from the effects of fire within all our properties.

We aim to achieve this through:

- Robust fire risk assessment processes.
- Increasing fire safety awareness to our residents.
- Eliminating and reducing fire hazards in our premises.

- Preventing the spread of fire and early warning and notification to County Durham & Darlington Fire Service.

Safety is paramount and this policy is based on the principle that Scheme Managers, care staff and tenants continually assess the risks to their own safety prior to taking any action.

Relevant Legislation

The Fire Safety Policy is based on the principles of partnership working between Darlington Borough Council (Housing Services & Adult Services, Building Services, CCTV Control Centre), County Durham and Darlington Fire and Rescue Services and voluntary organisations.

Darlington Borough Council has a duty to comply with the requirements of fire safety legislation namely:

- Regulatory Reform (Fire Safety) order 2005.
- Regulatory Reform (Fire Safety) order 2005-Guide for Sleeping Accommodation (Sheltered Schemes).

- The Housing Act 2004.
- Furniture and Fittings (Fire Safety) Regulations 1988.
- Electrical Equipment (Safety) Regulations 1994.
- The Local Government Guide “Fire Safety in Purpose Built Blocks of Flats” 2011 (Blocks with Communal areas.)
- Building Regulation 2010 (as amended) Schedule 1 Part B.
- The Health and Safety at Work act 1974.
- Dangerous Substance and explosive Atmospheres Regulations (DESAR) 2002.



Policy Statement

The purpose of the Fire Safety Policy is to provide staff, residents, visitors, and partner organisations with clear guidelines of what action they should take in order to protect themselves and others.

This Policy is specific to Sheltered and Extra Care schemes owned by Housing Services, for general needs accommodation, with communal areas, please see the specific fire evacuation plans which are provided in all communal hallways.

The following bodies were consulted in the preparation of this document:

- Housing Services.

- Darlington Borough Council Health & Safety Team.
- Adult Social Care.
- CCTV.
- Building Services.
- County Durham and Darlington Fire and Rescue Service.

This policy has been developed with the recognition that staff may remain in the building in some instances, when the fire alarm has been activated, to maintain essential services to vulnerable and/or tenants with a disability.

Policy Aims

The aims of this policy are:

- To give appropriate guidance to Darlington Borough Council staff within the extra care and sheltered housing schemes while providing a clear understanding of their roles and responsibilities in relation to the Fire Safety Policy.
- To provide procedures, which accurately define the actions to be taken in the event of a fire within each facility. To be read in conjunction with other documents such as, Resident Information from each site. To ensure procedures meet the latest national guidance and best practice.
- To provide, monitor and update the Fire Safety Policy, so that it is fit for purpose, including a process, which, if followed in the event of a fire, will help to ensure that staff, residents, visitors, partner organisations and contractors are safe and protected.
- To meet the requirements of Darlington Fire and Rescue Services by providing quality information for each property. This information is located within the main entrance Property Information Box (PIB). This will include as a minimum; the building design/layout drawings and up to date information for Personal Emergency Evacuation Plans.
- To improve resident's knowledge of Fire Awareness and promote responsibility towards Fire Safety. Where possible utilising the fire service support.



Our Schemes

Sheltered properties are contained under the same roof, however all are individual flats. All schemes have communal lounges together with gardens, guest rooms, laundry, bin storage, mobility scooter store, security and safety features. Some have hair salons and meeting rooms. Communal areas can also be used by the wider community by prior arrangement.

Extra care schemes are similar in design to sheltered schemes but also have care staff on site 24 hours daily who provide social care.

All schemes have a Scheme Manager providing good neighbourly low level tenant support, housing management and delivery of activities during the normal working day Monday to Friday 08:30 to 17:00 (16:30 on Fridays) with Response Officers available at all other times.

Each property is linked to the Darlington Lifeline Control Centre, ensuring there is a 24-hour emergency response should the Scheme Manager be off duty.

Responsibilities

The implementation of this policy is the responsibility of the Head of Housing.

Delegated responsibility for day-to-day management, implementation and monitoring of the policy will be provided by Lifeline management with the support of staff working within Sheltered and Extra Care schemes.

It is the responsibility of Darlington Borough Council:

- To appoint a Responsible Person and/or Duty holders and have in place a written agreement matrix showing areas of responsibilities and to provide a suitable and sufficient inspection, service and maintenance to each building.
- To provide general fire safety awareness training for all staff covering the main aspects of basic fire safety and any issues relating to each Sheltered or Extra Care scheme. To provide an 'Individual Fire Risk Assessment' for each resident and record in the support plan.

It is the responsibility of residents and their visitors:

- To comply with the requirements of the Fire Safety Policy.

- To follow instruction provided by Darlington Borough Council staff and/or members of the Fire Service.

Other responsibilities are:

- The chair of any meetings held within any of the Sheltered or Extra Care schemes is responsible for ensuring attendees are familiar with fire safety procedures for the building, using information available and provided within meeting rooms.
- Partner organisations will be responsible for informing staff of this policy and provision of any suitable training to meet the needs within.

It is the responsibility of all to maintain good housekeeping, within both communal areas and individual accommodation. To report any defect found to the repairs and maintenance section at the earliest opportunity.



Construction Features

Our schemes provide independent living with communal facilities. Each property was constructed to the standards and regulations applicable at the time of build. Each subsequent remodelling scheme has also followed this process providing some degree of compartmentation.

Construction is typically, concrete floors, solid wall construction between flats and flats to communal spaces, FD30 Fire Doors on entrance to the flats, within corridors and onto the stair enclosures. The roof void is also sub-divided by the apartment walls.

It is key to note that:

- The travel distances for means of escape in case of fire in the existing buildings were suitable for its existing use.
- Any remodelling works undertaken includes fire doors within the flats, an upgrading of the fire doors and frames to also prevent the passage of smoke, reinstatement of the cavity barriers in the roof and ceiling voids.

General repairs and maintenance are carried out to the building/structure in a manner that will not compromise the compartmentation in communal areas and/or between flats or any means of escape or egress from the building.

All staff and contractors working in the building are suitably supervised and managed to prevent compromising the compartmentation while maintaining fire exit routes and ensuring good housekeeping is always kept.





Fire Alarm System

All Sheltered and Extra Care schemes have a fire alarm designed (as a minimum) to L2 Standard that was applicable at the time of design; the systems are permanently connected to a fire alarm monitoring centre, located at the CCTV centre in the Town Hall Darlington. Each Fire Alarm System is maintained as required in BS5839.

Within individual flats, as a minimum a combined heat and smoke detector is fitted in the entrance hall area that forms a part of the building's L2 fire detection system, which also connects to the voice call system. Each apartment is also provided with domestic smoke/heat detection to the kitchen and corridor.

In all sheltered accommodation schemes, activation of the fire alarm will trigger a response from:

- A duty member of staff on site (the Scheme Manager or a member of the care team) to the voice module within the apartment. Should this not be responded to, the activation will default to the fire alarm monitoring centre (CCTV)

or

- The fire alarm monitoring centre (CCTV) to the voice module within the accommodation unit.

In all Extra care accommodation units, activation of the fire alarm will trigger a response from:

- A duty member of staff on site (the Scheme Manager or a member of the care team) to the voice module within the apartment. Should this not be responded to, the activation will default to the fire alarm monitoring centre (CCTV).

Any no responses or an unsatisfactory response from the occupant will be investigated by the carer or Lifeline staff and emergency services will be contacted. An adequate response from the occupant and the sounder ceasing will result in the call being closed, with the safeguard that any second activation and/or no response or inadequate response will result in the full emergency procedures being followed. Instructions for residents on the actions to take if they discover a fire or on hearing the fire alarm, are in Appendix 1.

In communal areas, smoke detectors and heat detectors are installed throughout the building, with

manual call points located at each exit. Activation of any of the smoke detectors will result in activation of the fire alarm and should result in the actions as detailed in Appendix 1 by the following persons:

- Residents, their visitors, other visitors, and contractors.
- Staff on site.
- Staff on call.
- Alarm Receiving Centre.
- Staff from partner organisations.

Activation of a manual call point (break glass) or any smoke/heat detector in the communal areas will result in activation of the full fire alarm.

All activations of the fire alarm system will be recorded. This information will include.

- Location of the unit activated.
- The reason for activation.

- Actions taken following the investigation into the activation of the alarm.
- On site staff attendance within 3 minutes of the detector head detecting the fire situation (this is to allow some investigation if members of staff are on site and prevent unnecessary disruption of vulnerable residents).
- Off-site staff (Lifeline response officers) will respond within a 30-minute time frame but County Durham & Darlington Fire Service may already be in attendance.

All existing staff will be trained in fire safety and new staff will be working towards this. They will have suitable and sufficient building and procedure knowledge to cope with any situation that may arise. Further 24-hour support will be provided by managers and supervisors.

Fire Risk Assessments

A Fire Risk Assessment (FRA) will be undertaken by a competent person in line with guidance and any relevant legislation. We will make all staff aware of the findings of the risk assessment, and this assessment will be reviewed regularly every three years or following any significant changes to the building or its use.

A copy of the FRA will be provided in a prominent place within each Sheltered and Extra Care scheme. All new residents at the start of tenancy will be made aware of the FRA. Details of new FRA's, reviews or completed remedial work will be provided to residents during tenant engagement sessions and coffee mornings.

All electrical installations will have an 'Electrical Installation Condition Report' (EICR) completed every 5 years or earlier, should a report indicate this is required.

A 'No Smoking' policy applies in all communal areas.

The Fire Alarm System will be regularly tested with records of the test maintained. The Emergency Lighting System will be regularly tested with records of the test maintained. All staff will be given Fire Awareness Training.

Regular reviews of and training on what to do in the event of a fire will be carried out with staff, residents, visitors, the Fire Service and Building Control, included within the review.

We will ensure appropriate staffing levels are maintained 24 hours each day.



Personal Emergency Evacuation Plan PEEPs and Care Assessments

A comprehensive list of residents, who may require assistance to evacuate the building, will be maintained close to the main fire alarm control panel. The list will be immediately accessible to the Fire Service on their arrival and, where possible, will be presented to them by a member of staff on duty. Any client information will be held in the fire document safe located next to the fire panel and is secured using a code known only to staff, and CCTV Control Centre, who will inform the Fire Service of the code on request.

When required, a PEEP will be jointly developed by the resident and Lifeline Services. This will aim to address how the resident can safely exit the building during an emergency. A copy of the PEEP will be placed in the Property Information Box (PIB).

A Care Assessment will be completed prior to any tenant moving into Extra Care accommodation. In addition, Lifeline staff will contact each tenant Monday to Friday and visit regularly. This will include, monitoring the fire risks associated with each tenant in their own home and reporting to the relevant line manager to take the appropriate preventative measures. This could include the removal of equipment if a risk is identified, and the provision of additional fire detection and warning devices, such as, smoke/heat detectors linked to the fire alarm system in the habitable rooms, along with vibrating pillows, visual alarms, or additional fire protection features, if required.

Stay Put Policy

The medical condition and degree of awareness of some residents can result in them not being capable of being moved easily during an evacuation or fire alarm scenario. They may become confused and disorientated if permitted to leave the building without adequate supervision or assistance.

It has been determined by the Fire Service and regulatory authorities for a 'Stay Put Policy' to be implemented.

The 'Stay Put Policy' for Sheltered and Extra Care schemes is based on the factors below. Should any item not be in place, a review will be undertaken to assess the risk and the findings and will be recorded and placed in the PIB.

- The building has a fully working and maintained Fire Alarm System for communal areas.

- Each apartment has working and maintained hard wired smoke detectors.
- Fire Doors, glazing and door furniture that meets the FD30 standard.
- Suitable compartmentation throughout the building.
- Concrete floors.
- Emergency lighting installed and maintained.
- Annual gas boiler checks (flats and communal).
- Fire retardant soft furnishings (communal areas).
- Good standard of housekeeping throughout.
- 'No Smoking' policy in place and enforced for communal areas.
- The building has an up-to-date EICR in place



- The building has an up-to-date FRA in place and that all issues identified have been addressed.
- Firefighting equipment is in place and serviced, such as, fire blankets.
- Portable Appliance Testing (PAT) is up to date on items within the building.

'Stay Put Policy' Quick Guide for Residents and Visitors

- On discovering a fire in your apartment or communal area, you and your visitor(s) should leave immediately, closing all doors behind you, raising the alarm on a Manual Call Point as you exit the building.
- If the fire is in a communal area and it is safe to

remain in your apartment, you will need to advise your visitors of the process to be followed.

- Only leave your apartment on the request of the building manager, Fire Service or if smoke or heat affects your home and if safe to do so.
- If you or your visitors are in the communal areas, you must leave the building by the nearest exit.
- Do not return to your apartment.
- If in any doubt, get out.
- On exiting the building, proceed to the Fire Assembly Point (FAP).

Further details of what to do in the event of a fire can be found in Appendix 1.

Review and Monitoring

The policy will be reviewed every five years or on change of legislation or regulatory guidance.

In addition, a Fire Safety Group chaired by the Compliance Manager will meet quarterly to review any changes in legislation and processes.



Appendix 1

Instructions to Residents and Visitors

DISCOVERING A FIRE IN/NEAR YOUR FLAT

1. If the fire is in your flat or near vicinity **LEAVE IMMEDIATELY**
2. If the front door is hot or there is smoke coming in do not open the door. Move into the lounge or bedroom, shutting the internal door/s and stay by an open window
3. If possible and safe to do so leave the flat and make your way to the nearest fire exit, leave the building, and meet at the fire assembly point
4. **DO NOT RETURN TO YOUR FLAT**
5. **DO NOT RE-ENTER THE BUILDING** (unless instructed by Fire Service)

WHEN IN YOUR FLAT AND YOU HEAR THE ALARM

1. You should 'STAY PUT' (remain in your flat on alert)
2. You must provide guidance and direction to any visitors in your flat in line with this policy.
3. Keep your front door closed but be ready to leave if instructed.
4. Await further instructions, either by the fire service, the duty staff or via the intercom system.

IF YOU ARE IN A COMMUNAL AREA

1. Make your way calmly to the nearest fire exit, leave the building and meet at the fire assembly point
2. Take any able-bodied person with you
 - DO NOT USE THE LIFTS
 - DO NOT STOP TO COLLECT BELONGINGS
 - DO NOT RETURN TO YOUR FLAT
 - DO NOT RE-ENTER THE BUILDING UNLESS TOLD IT IS SAFE TO DO SO

IF YOU DISCOVER A FIRE IN THE COMMUNAL AREAS

1. Leave the area of the fire immediately and proceed towards the Fire Assembly point via the nearest fire exit.
2. Operate the nearest manual call point (break glass) when exiting the building or when safe to do so.
3. Only if possible and when safe to do so dial **999**, giving them a full address/post code.

Darlington Borough Council's CCTV control Centre monitor the fire alarm systems.

On any fire alarm activation, they will:

- Attempt to communicate with Scheme Manager via the intercom to try and establish the cause of the alarm activation
- Contact the emergency services providing all information
- Instigate the appropriate actions

Assembly Points

Fire Assembly points (FAP):

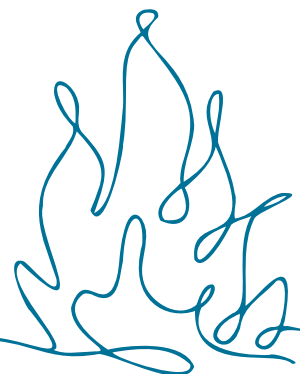
Safe areas for people to meet and are identified by signage like the example below



(FAP) Locations by Building

- Dalkeith House – The Front Car Park
- Oban Court – The Front Car Park (Staff to Manage Access)
- Rosemary Court – The Rear Car Park
- Rockwell House – The Front Car Park or Garden Area
- Ted Fletcher Court – The Grassed Area of the Main Car Park
- Branksome Hall – The Grassed Area Near the Main Front Car Park
- Linden Court – The Front Car Park
- Dinsdale Court – The Car Park of Dinsdale Close Flats
- Roxby Court – The Pavement next to The Bungalows
- Windsor Court – The Front Car Park or Garden Area









Annual Report 2021/2022

Health and Housing Scrutiny Committee
Wednesday 2nd November 2022

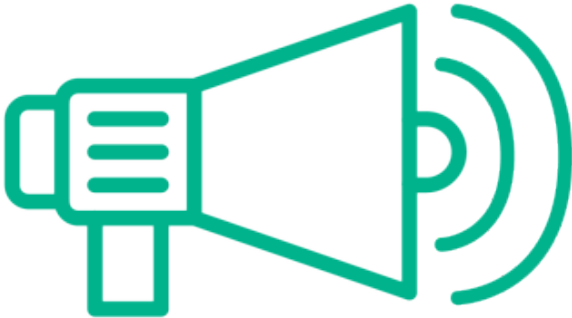
healthwatch
Darlington

Our year in review

Find out how we have engaged and supported people.

Reaching out

Page 40



384 people

shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

197 people

came to us for clear advice and information about topics such as dentistry, GP access, mental health services and Covid 19.

Our year in review

Find out how we have engaged and supported people.

Making a difference to care

Page 41



We published **7 reports** about the improvements people would like to see to health and social care services.

Our most popular report was **TEWV Community Transformation Report** which highlighted the struggles people have with mental health issues

Our year in review

Find out how we have engaged and supported people.

Health and care that works for you

Page 42



We're lucky to have **12** outstanding volunteers, who donated their time to make care better for our community.

We're funded by our local authority. In 2021-22 we received: **£74,460** Which is **2% more** than the previous year.

We also currently employ **3 staff** who help us carry out this work.

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Spring



Your feedback to us on monitoring blood pressure at home supported the national picture to deliver better future experiences for people who use these devices.



We delivered our Digital Exclusion Report to Darlington Primary Care Network who committed to review our findings and make changes where possible.

Page 43

Summer



Our Healthy Eating and Exercise initiative led by Youthwatch inspired families throughout the Borough.



Darlington Community Hub committed to working collaboratively, co-production with local communities and raising awareness of support as a result of your involvement in our Mental Health Report.

How we've made a difference throughout the year

These are the biggest projects we worked on from April 2021 to March 2022.

Autumn



Our Maternity Experiences Report was warmly welcomed by the Hospital Trust and helped them understand the needs and concerns of new and expectant parents.



Our Youthwatch continues to inspire and support young people, interviewing NSPCC and Kooth for Children's Mental Health Week 2021.

Page 44

Winter



Your feedback helped us support both the national and regional call for improved access to dentistry.



Our LGBT+ Experiences of Health Services report encouraged the Hospital Trust to promote greater awareness of the HIV testing campaign within the Borough through training.

Listening to your experiences

Supporting transformation of mental health services in the community

We wanted to gather insight into what matters most to local people regarding mental health support in the community.

We heard from over 120 local people during our campaign and used this feedback to recommend areas local services should consider in their redesign and reorganisation of core community mental health.



Page 45

What difference did we make?

Darlington Community Hub Transformation Working Group committed to:

- Working collaboratively to overcome the barriers faced by our local communities in accessing and receiving mental health support.
- Co-producing new ways of working in relation to the Community Mental Health Transformation with local people and communities.
- Raising awareness of what mental health support is already available across Darlington and how to access services.



Youthwatch - Reaching young people and families

Hearing about the rise in young people consuming unhealthy food and drink and increasing screen time, our young volunteers in Youthwatch were inspired to deliver a campaign. They decided to raise awareness and promote positive lifestyle choices, in relation to eating and exercising, with families and young people in Darlington by producing seed boxes.



“I think it did make a difference because it encouraged families to work together to think about eating healthier choices and could have possibly influenced children to think about what they eat.”

Ellie, Youthwatch Darlington volunteer





Seed and wellbeing boxes

Darlington Rotary Club awarded our young volunteers a grant of £250 for a project to make a difference to young people in the town. Our young volunteers used this grant to create 'Little Box of Herb's' - a free seed and wellbeing kit containing a healthy recipe card, herb seeds, bag of soil, planting pots, wellbeing checklist, stickers, and character pencil. The boxes were delivered to families and organisations in Darlington reaching more than 50 children.

The boxes were designed to inspire children to think about healthy ways to create food using ingredients such as fresh herbs which can easily be grown from home and offer ideas on how to improve overall wellbeing by taking simple steps such as drinking more water, reducing screen time and spending time outdoors.



Three ways we have made a difference for the community

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.



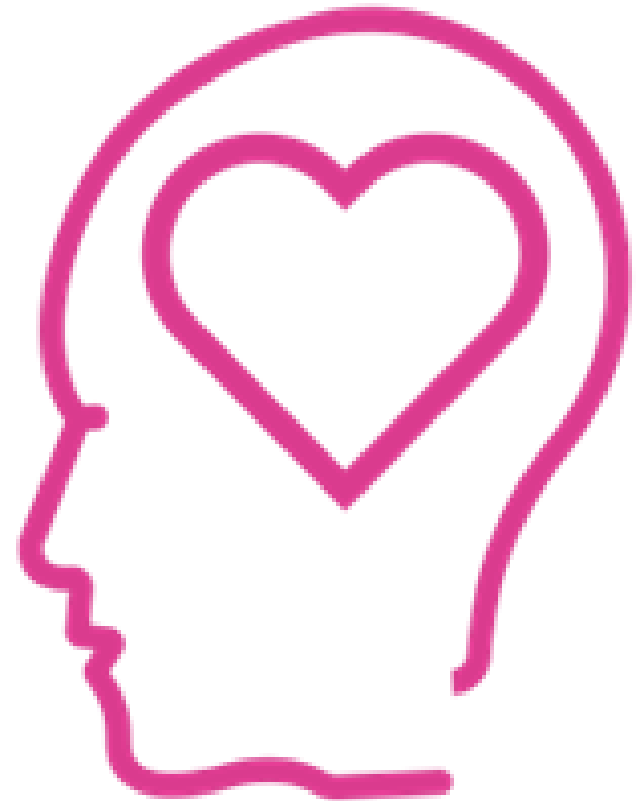
Creating empathy by bringing experiences to life

It's important for the NHS and social care services to step back and see the bigger picture, through hearing personal experiences, and the impact on people's lives.

Our work with Maternity Voices in Partnership (MVP) and a group of those experiencing maternity care in Darlington, highlighted three areas critical in ensuring the highest level of care is available to all.

- Page 49
- Communication - letting patients know what will happen, when and how.
 - Effective planning and communication of business continuity – recently experienced through the pandemic.
 - Recognising when staff need support themselves to give supportive, empathetic, and understanding levels of care.

Darlington Clinical Commissioning Group committed to seek assurances on these areas highlighted in our Maternity Experiences report via their Quality Committee



Getting services to involve the public

Services need to understand the benefits of involving local people to help improve care for everyone.

During a year of unprecedented times, NHS GP services have had to make extraordinary changes to how they manage access to their services whilst maintaining the safety needed for patients and carers during the Covid-19 pandemic.

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Thanks to grant funding from Healthwatch England and Darlington Primary Care Network, we looked at the impact of moving to remote appointments on the population of Darlington.

Darlington Primary Care Network committed to implement changes where possible in order to improve access to general practice and continue their work to reduce inequalities and improve access for all.



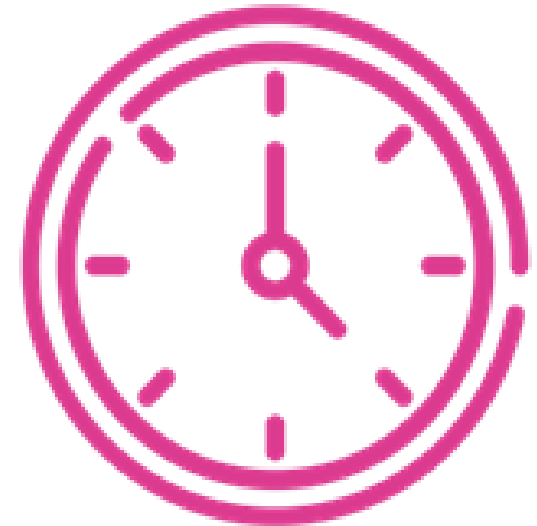
Improving care over time

Change takes time. We often work behind the scenes with health and care services to consistently raise issues and push for changes.

Healthwatch England is at the forefront of campaigning for reform of the NHS dental contract alongside the British Dental Association (BDA).

Page 51 This year, Healthwatch Darlington joined forces with eight other local Healthwatch to support the national picture as well as informing local service providers of the experiences of their patients.

We will continue to monitor this area, support local community voice and provide advice to those who are experiencing difficulties with dental care.





Advice and information

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need.

Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.



Volunteers

We're supported by a team of amazing volunteers who are the heart of Healthwatch Darlington. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Helped people have their say from home, carrying out surveys over the telephone and online.
- Created digital content on our website and social media.
- Carried out website and telephone reviews for local services on the information they provide and assessing their accessibility.
- Assisted as part of 'Readers' Panels' – checking local services' publications to make them more people focussed and easier to read.
- Continued to help with the local volunteering efforts supporting those who were self-isolating.

Voluntary, Community & Social Enterprise Sector (VCSE)

The lack of a Darlington VCSE infrastructure organisation has resulted in many local VCSE groups relying on us to distribute and raise awareness of their services.

Our Darlington Organisations Together (DOT) network has become very popular with the smaller VCSE organisations and created a forum to generate opportunities to work together and promote and showcase all their work and news.

We have an understanding of the strengths and weaknesses of the VCSE, which services are well-served and which areas need more support and funding. In addition to this we have strong links with local, regional, and national statutory bodies. We can empower the sector to advocate for its importance, represent the voice of Darlington within the NHS Integrated Care System and other decision-making forums to ensure continued support for the sector.

Finance and future priorities

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

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Income	
Funding received from local authority	£74,460
Additional funding	£65,059
Total income	£139,519

Expense	
Staff costs	£73,049
Operational costs	£66,270
Total expenditure	£139,319

Top three priorities for 2022-23:

- Mental Health Services
- GP Access
- Dentistry

Next steps

The pandemic has shone a stark light on the impact of existing inequalities when using health and care services, highlighting the importance of championing the voices of those who all too often go unheard.

Over the coming years, our strategic aims are:

- To help reduce these inequalities by making sure your voice is heard, regardless of where you live, income or race.
- To empower you to voice your worries and concerns and help local and regional decision-makers to act upon them to improve local services.
- To provide you with accurate, reliable, relevant and useful information about local services, when you need it, in a format that meets your needs.
- To continue to develop effective strategic partnerships with statutory, voluntary and community sector organisations and established special interest groups, in order to identify any patterns or trends and take appropriate collaborative action.
- To deliver an effective service for the public and provide maximum public benefit in return for the investment made in our activities

What current issues are we monitoring?

Priority	Issue	Description
	LGBTQ+ Older People	Issues affecting the wellbeing of older LGBT+ people
	NHS pharmacy and prescriptions	People's experiences of accessing pharmacy services and prescriptions, as well as specific issues (repeat prescription discrepancies).
	Access to GP services	People's experience of trying to access GP services HWE soon to launch comms kit and survey
	Mental Health	Ensuring equity of services and more services are delivered in the community as has been expressed in our project work with TEWV
	Accessible Information	People's experiences of getting health and care information in a format they can understand or being provided with support to understand information.
	Dentistry	Experiences of people accessing dental services

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For more information

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Instagram: @healthwatchdarlington @youthwatchdarlington

YouTube: <https://youtube.com/channel/UC-mVUiDs78wgqkzKpLtPCVw>

 **Twitter:** @healthwatchDton

 **Facebook:** @healthwatchdarlington @youthwatchdarlo

Darlington Health Profile 2021/2022

Health and Housing Scrutiny Committee
2nd November 2022

Ken Ross
Public Health Principal



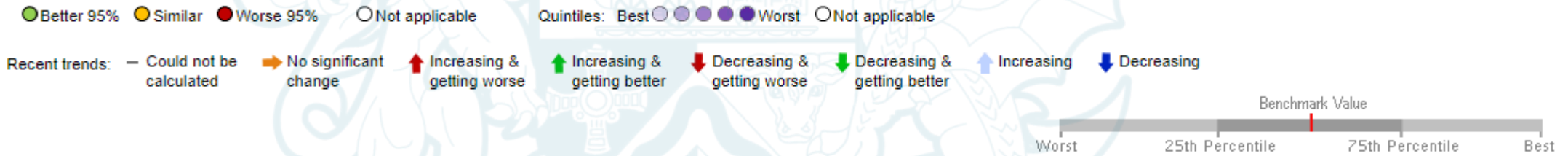
What are Local Health Profiles?

- The Local Authority Health Profiles provide an overview of health for each local authority in England. They pull together existing information in one place and contain data on a range of indicators for local populations, highlighting issues that can affect health in each locality.
- This profile gives a picture of people's health in Darlington. It is designed to act as a 'conversation starter', to help local us understand our community's needs, so that they can work together to improve people's health and reduce health inequalities.
- It is not a performance document. For example an area can show that they have fewer deaths than average due to smoking – but the data shows that lots of people a year could still be dying from smoking in this area and reducing smoking could still be a local priority.

Domains of the Health Profile

- The Health Profiles are composed of 42 separate indicators across 7 domains.
 - Each indicator shows the Darlington value and how this compares to Region and England as whole.
 - Each indicator also shows if there is a statistical difference between Darlington
 - It also shows where there is a change from previous years
1. Life expectancy and causes of death
 2. Injuries and ill health
 3. Behavioural risk factors
 4. Child Health
 5. Inequalities
 6. Wider determinants of health
 7. Health protection

How do we compare?



Compared to England

Half of all indicators (21) worse than England average

One indicator better than England average

Indicator	Period	Darlington			Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Life expectancy and causes of death										
Life expectancy at birth (Male, 3 year range)	2018 - 20	-	-	78.1	77.6	79.4	74.1			
Life expectancy at birth (Male, 1 year range)	2020	-	-	76.7	76.9	78.7	73.6			3
Life expectancy at birth (Female, 3 year range)	2018 - 20	-	-	81.2	81.5	83.1	79.0			
Life expectancy at birth (Female, 1 year range)	2020	-	-	80.9	80.9	82.6	78.0			
Under 75 mortality rate from all causes (3 year range)	2018 - 20	-	1,212	401.0	403.5	336.5	570.7			221.0
Under 75 mortality rate from all causes (1 year range)	2020	↗	443	436.9	425.6	358.5	622.8			205.8
Under 75 mortality rate from all cardiovascular diseases (3 year range)	2017 - 19	-	223	74.3	82.1	70.4	121.6			43.6
Under 75 mortality rate from all cardiovascular diseases (1 year range)	2020	↗	88	87.1	83.9	73.8	137.1			36.1
Under 75 mortality rate from cancer (3 year range)	2017 - 19	-	413	137.4	149.0	129.2	162.4			7.4
Under 75 mortality rate from cancer (1 year range)	2020	↗	165	160.9	144.0	125.1	167.1			3
Suicide rate	2018 - 20	-	-	12.4	12.4	10.4	18.8			5.0
Injuries and ill health										
Killed and seriously injured (KSI) casualties on England's roads	2020	-	30	65.6	71.4*	86.1*	433.9			24.1
Emergency Hospital Admissions for Intentional Self-Harm	2020/21	↗	305	300.5	273.9	181.2	471.7			41.5
Hip fractures in people aged 65 and over	2020/21	↗	145	643	596	529	723			
Percentage of cancers diagnosed at stages 1 and 2	2019	↗	268	56.4%	52.8%	55.0%	-	Insufficient number of values for a spine chart		
Estimated diabetes diagnosis rate	2018	-	-	85.9%	82.5%	78.0%	54.3%			3%
Estimated dementia diagnosis rate (aged 65 and over) (significantly)	2022	↗	915	65.1%	66.6%	62.0%	50.3%			
Behavioural risk factors										
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	-	30	44.4	52.0	29.3	83.8			7.7
Admission episodes for alcohol-related conditions (Narrow) New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2020/21	↗	587	552	650	456	805			251
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	-	-	13.7%	15.3%	13.9%	23.4%			8.0%
Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	2020	-	-	13.5%	13.6%	12.1%	20.8%			5%
Percentage of physically active adults	2020/21	-	-	61.0%	63.5%	65.9%	48.8%			76.5%
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	-	-	72.5%	69.7%	63.5%	76.3%			
Child health										
Under 18s conception rate / 1,000	2020	↗	-	16.8	18.6	13.0	30.4			2.7
Smoking status at time of delivery	2020/21	↗	-	14.4%	13.3%	9.6%	21.4%			1.8%
Baby's first feed breastmilk	2018/19	-	565	53.3%	50.6%	67.4%	43.6%			
Infant mortality rate	2018 - 20	-	16	5.0	3.5	3.9	6.8			1.7
Year 6: Prevalence of obesity (including severe obesity)	2019/20	↗	-	22.5%	23.2%	21.0%	30.1%			
Inequalities										
Deprivation score (IMD 2019)	2019	-	-	25.7	28.0	21.7	45.0			5.8
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	-	-	27.1%	24.3%	24.5%	36.8%			
Smoking prevalence among adults aged 18-64 in routine and manual occupations (APS) (2020 definition)	2020	-	-	25.7%	21.6%	21.4%	40.3%			7.9%
Inequality in life expectancy at birth (Male)	2018 - 20	-	-	13.0	12.5	9.7	17.0			
Inequality in life expectancy at birth (Female)	2018 - 20	-	-	10.6	10.0	7.9	13.9			
Wider determinants of health										
Children in relative low income families (under 16s)	2020/21	↑	5,732	28.5%	29.6%	18.5%	42.4%			6.2%
Children in absolute low income families (under 16s)	2020/21	↑	5,194	25.8%	27.1%	15.1%	39.2%			5.2%
Average Attainment 8 score	2020/21	-	57,218	50.0	49.3	50.9	42.9			
Percentage of people in employment	2020/21	↗	46,500	73.1%	71.2%	75.1%	63.2%			3%
Homelessness - households owed a duty under the Homelessness Reduction Act	2020/21	-	711	14.7	12.5	11.3	26.6			2.7
Violent crime - hospital admissions for violence (including sexual violence)	2018/19 - 20/21	-	155	52.2	60.0	41.9	116.8			12.0
Health protection										
Excess winter deaths index	Aug 2019 - Jul 2020	-	80	21.8%	14.1%	17.4%	50.2%			0.7%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000 <small>How data</small>	2020	-	-	-	-	-	-			-
TB incidence (three year average)	2018 - 20	-	16	5.0	3.5	8.0	43.1			0.6



Compared to the North East

One indicator is worse than NE average

3 indicators better than NE average

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Indicator	Period	Darlington			Region England		North East		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy and causes of death									
Life expectancy at birth (Male, 3 year range)	2018 - 20	-	-	78.1	77.6	79.4	75.4		79.3
Life expectancy at birth (Male, 1 year range)	2020	-	-	76.7	76.9	78.7	74.6		
Life expectancy at birth (Female, 3 year range)	2018 - 20	-	-	81.2	81.5	83.1	79.8		2.9
Life expectancy at birth (Female, 1 year range)	2020	-	-	80.9	80.9	82.6	79.0		
Under 75 mortality rate from all causes (3 year range)	2018 - 20	-	1,212	401.0	403.5	395.5	493.9		0.0
Under 75 mortality rate from all causes (1 year range)	2020	→	443	436.9	425.6	358.5	521.0		
Under 75 mortality rate from all cardiovascular diseases (3 year range)	2017 - 19	-	223	74.3	82.1	70.4	100.8		69.9
Under 75 mortality rate from all cardiovascular diseases (1 year range)	2020	→	88	87.1	83.9	73.8	103.0		69.6
Under 75 mortality rate from cancer (3 year range)	2017 - 19	-	413	137.4	149.0	129.2	175.1		0
Under 75 mortality rate from cancer (1 year range)	2020	→	165	160.9	144.0	125.1	167.1		0
Suicide rate	2018 - 20	-	-	12.4	12.4	10.4	17.4		0
Injuries and ill health									
Killed and seriously injured (KSI) casualties on England's roads	2020	-	30	65.6	71.4*	86.1*	99.2		50.8
Emergency Hospital Admissions for Intentional Self-Harm	2020/21	→	305	300.5	273.9	181.2	471.7		183.0
Hip fractures in people aged 65 and over	2020/21	→	145	643	596	529	687		542
Percentage of cancers diagnosed at stages 1 and 2	2019	→	266	56.4%	52.6%	55.0%	50.1%		66.1%
Estimated diabetes diagnosis rate	2018	-	-	85.9%	82.5%	78.0%	78.6%		66.1%
Estimated dementia diagnosis rate (aged 65 and over)	2022	→	915	65.1%	66.6%	62.0%	60.0%		
Behavioural risk factors									
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	-	30	44.4	52.0	29.3	83.8		9
Admission episodes for alcohol-related conditions (Narrow). New method. This indicator uses a new set of attributable fractions, and so differ from that originally published	2020/21	→	587	552	600	456	800		326
Smoking Prevalence in adults (18+) - current smokers (AFS)	2019	-	-	13.7%	15.3%	13.9%	19.3%		12.9%
Smoking Prevalence in adults (18+) - current smokers (AFS) (2020 definition)	2020	-	-	13.5%	13.6%	12.1%	15.9%		
Percentage of physically active adults	2020/21	-	-	61.0%	63.5%	65.9%	51.3%		70.1%
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	-	-	72.5%	69.7%	63.5%	75.8%		65.9%
Child health									
Under 18s conception rate / 1,000	2020	→	-	16.8	18.6	13.0	30.4		13.5
Smoking status at time of delivery	2020/21	→	-	14.4%	13.3%	9.6%	15.5%		
Baby's first feed breastmilk	2018/19	-	565	53.3%	50.6%	67.4%	48.0%		
Infant mortality rate	2018 - 20	-	16	5.0	3.5	3.9	5.0		1
Year 6: Prevalence of obesity (including severe obesity)	2019/20	→	-	22.5%	23.2%	21.0%	27.0%		
Inequalities									
Deprivation score (IMD 2019)	2019	-	-	25.7	28.0	21.7	40.5		22.1
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (AFS)	2019	-	-	27.1%	24.3%	24.5%	29.8%		
Smoking prevalence among adults aged 18-64 in routine and manual occupations (AFS) (2020 definition)	2020	-	-	25.7%	21.6%	21.4%	28.2%		
Inequality in life expectancy at birth (Male)	2018 - 20	-	-	13.0	12.5	9.7	14.5		
Inequality in life expectancy at birth (Female)	2018 - 20	-	-	10.6	10.0	7.9	13.9		7.3
Wider determinants of health									
Children in relative low income families (under 16s)	2020/21	↑	5,732	28.5%	29.6%	18.5%	42.4%		23.9%
Children in absolute low income families (under 16s)	2020/21	↑	5,194	25.8%	27.1%	15.1%	39.2%		21.8%
Average Attainment 8 score	2020/21	-	57,218	50.0	49.3	50.9	46.6		50.6
Percentage of people in employment	2020/21	→	46,500	73.1%	71.2%	75.1%	64.2%		74.8%
Homelessness - households owed a duty under the Homelessness Reduction Act	2020/21	-	711	14.7	12.5	11.3	26.4		4.5
Violent crime - hospital admissions for violence (including sexual violence)	2018/19 - 20/21	-	155	52.2	60.0	41.9	76.1		7.0
Health protection									
Excess winter deaths index	Aug 2019 - Jul 2020	-	80	21.8%	14.1%	17.4%	23.6%		7%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000 New data	2020	-	-	-	-	-	-		-
TB incidence (three year average)	2018 - 20	-	16	5.0	3.5	8.0	9.5		0.8

The Health Profile in Summary

The health of people in Darlington is varied compared with the England average. Half (21) of all the indicators are worse than England with the other half statistically similar or better than England.

Some key points

- Life expectancy is 13.0 years lower for men and 10 years lower for women in the most deprived areas of Darlington than in the least deprived areas and continues to widen.
- About 28.5%(5,732) children live in low income families. This is worse than England
- In Year 6, 22.5% of children are classified as obese. This is similar to England
- Levels of smoking in pregnancy remain worse than the England average.
- The rate for alcohol-related harm hospital admissions is 552 per 100,000 This represents 587 admissions per year. This is worse for England
- Estimated levels of excess weight in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average.
- Diabetes diagnosis rate is 85.9% This is better than England
- The rate of excess winter deaths and new cases of tuberculosis is similar to the England average.



Commentary

- The health of people in Darlington is varied compared with the England average.
- There are broad social and economic circumstances that together influence health throughout the life course are known as the ‘social determinants of health’.
- However, it is important to note that the social factors are not the only causes of ill health, they are the complementary causes.
- Darlington Profile is more similar to the North East Regional average which reflects the social, economic, historical, cultural and environmental circumstances that our residents live and work in.

Detail of by Domain

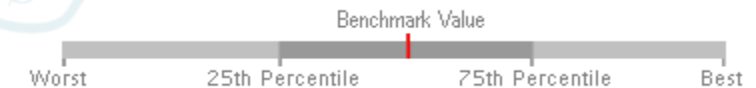
Compared to the England

1. Life Expectancy and Causes of Death

Indicator	Period	Darlington		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Life expectancy at birth (Male, 3 year range)	2018 - 20	-	-	78.1	77.6	79.4	74.1		
Life expectancy at birth (Male, 1 year range)	2020	-	-	76.7	76.9	78.7	73.6		3
Life expectancy at birth (Female, 3 year range)	2018 - 20	-	-	81.2	81.5	83.1	79.0		
Life expectancy at birth (Female, 1 year range)	2020	-	-	80.9	80.9	82.6	78.0		
Under 75 mortality rate from all causes (3 year range)	2018 - 20	-	1,212	401.0	403.5	336.5	570.7		221.0
Under 75 mortality rate from all causes (1 year range)	2020	➔	443	436.9	425.6	358.5	622.8		205.8
Under 75 mortality rate from all cardiovascular diseases (3 year range)	2017 - 19	-	223	74.3	82.1	70.4	121.6		43.6
Under 75 mortality rate from all cardiovascular diseases (1 year range)	2020	➔	88	87.1	83.9	73.8	137.1		36.1
Under 75 mortality rate from cancer (3 year range)	2017 - 19	-	413	137.4	149.0	129.2	182.4		77.4
Under 75 mortality rate from cancer (1 year range)	2020	➔	165	160.9	144.0	125.1	187.1		3
Suicide rate	2018 - 20	-	-	12.4	12.4	10.4	18.8		5.0

● Better 95% ● Similar ● Worse 95% ○ Not applicable
 Quintiles: Best ○ ○ ○ ○ ○ Worst ○ Not applicable

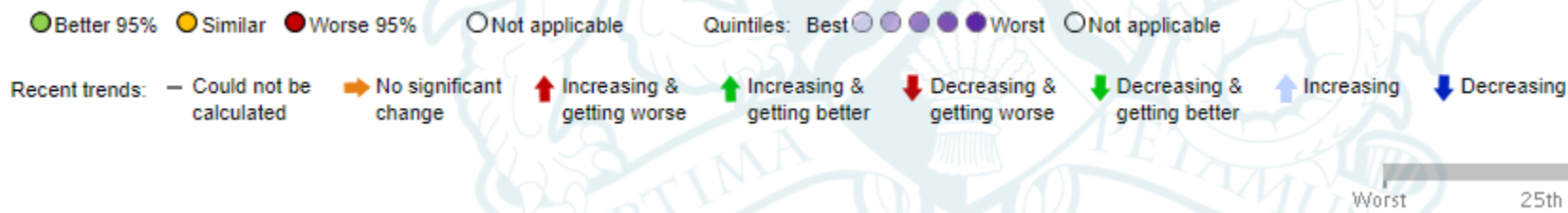
Recent trends: — Could not be calculated ➔ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better ⬆ Increasing ⬇ Decreasing



Injuries and Ill Health

Indicator	Period	Darlington		Region England				England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Killed and seriously injured (KSI) casualties on England's roads	2020	—	30	65.6	71.4*	86.1*	433.9		24.1
Emergency Hospital Admissions for Intentional Self-Harm	2020/21	➔	305	300.5	273.9	181.2	471.7		41.5
Hip fractures in people aged 65 and over	2020/21	➔	145	643	596	529	723		315
Percentage of cancers diagnosed at stages 1 and 2	2019	➔	268	56.4%	52.6%	55.0%	-	Insufficient number of values for a spine chart	
Estimated diabetes diagnosis rate	2018	—	-	85.9%	82.5%	78.0%	54.3%		97.5%
Estimated dementia diagnosis rate (aged 65 and over)	2022	➔	915	65.1%	66.6%	62.0%	50.3%		82.4%

> 66.7% (significantly) similar to 66.7% < 66.7% (significantly)



Behavioural Risk Factors

Indicator	Period	Darlington			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcohol-specific conditions - Under 18s	2018/19 - 20/21	—	30	44.4	52.0	29.3	83.8		7.7
Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	2020/21	➔	587	552	650	456	805		251
Smoking Prevalence in adults (18+) - current smokers (APS)	2019	—	-	13.7%	15.3%	13.9%	23.4%		8.0%
Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	2020	—	-	13.5%	13.6%	12.1%	20.8%		12.1%
Percentage of physically active adults	2020/21	—	-	61.0%	63.5%	65.9%	48.8%		76.5%
Percentage of adults (aged 18+) classified as overweight or obese	2020/21	—	-	72.5%	69.7%	63.5%	76.3%		63.5%

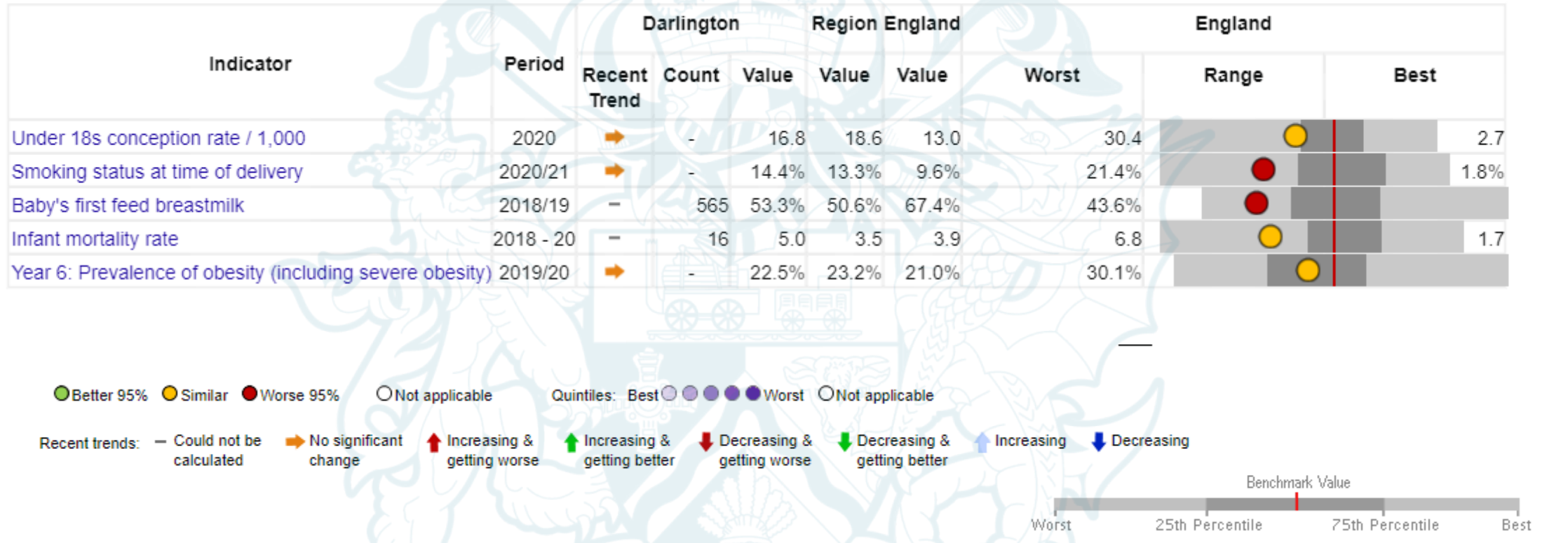
● Better 95% ● Similar ● Worse 95% ○ Not applicable

Quintiles: Best ○ ○ ○ ○ Worst ○ Not applicable

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



Child Health



Inequalities

Indicator	Period	Darlington			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Deprivation score (IMD 2019)	2019	—	-	25.7	28.0	21.7	45.0		5.8
Smoking prevalence in adults in routine and manual occupations (18-64) - current smokers (APS)	2019	—	-	27.1%	24.3%	24.5%	36.8%		
Smoking prevalence among adults aged 18-64 in routine and manual occupations (APS) (2020 definition)	2020	—	-	25.7%	21.6%	21.4%	40.3%		7.9%
Inequality in life expectancy at birth (Male)	2018 - 20	—	-	13.0	12.5	9.7	17.0		
Inequality in life expectancy at birth (Female)	2018 - 20	—	-	10.6	10.0	7.9	13.9		

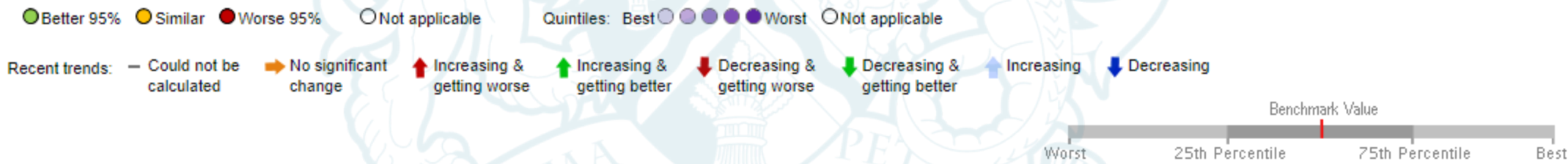
● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable
 Quintiles: Best ○ ○ ○ ○ ○ Worst ○ Not applicable

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



Wider Determinants of Health

Indicator	Period	Darlington			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Children in relative low income families (under 16s)	2020/21	↑	5,732	28.5%	29.6%	18.5%	42.4%		6.2%
Children in absolute low income families (under 16s)	2020/21	↑	5,194	25.8%	27.1%	15.1%	39.2%		5.2%
Average Attainment 8 score	2020/21	—	57,218	50.0	49.3	50.9	42.9		
Percentage of people in employment	2020/21	→	46,500	73.1%	71.2%	75.1%	63.2%		.3%
Homelessness - households owed a duty under the Homelessness Reduction Act	2020/21	—	711	14.7	12.5	11.3	26.6		2.7
Violent crime - hospital admissions for violence (including sexual violence)	2018/19 - 20/21	—	155	52.2	60.0	41.9	116.8		12.0

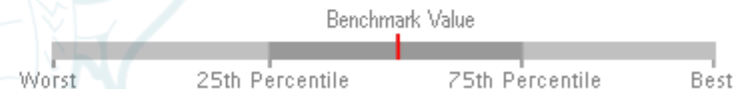


Health Protection

Indicator	Period	Darlington		Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Excess winter deaths index	Aug 2019 - Jul 2020	—	80	21.8%	14.1%	17.4%	50.2%		0.7%
New STI diagnoses (excluding chlamydia aged under 25) per 100,000 New data	2020	—	-	-	-	-	-	-	-
TB incidence (three year average)	2018 - 20	—	16	5.0	3.5	8.0	43.1		0.6

● Better 95%
 ● Similar
 ● Worse 95%
 ○ Not applicable
 Quintiles: Best ○ ○ ○ ○ ○ Worst
 ○ Not applicable

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



**HEALTH AND HOUSING SCRUTINY COMMITTEE
2 NOVEMBER 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 added to the previously approved work programme.

Summary

2. Members are requested to consider the attached work programme (**Appendix 1**) for the remainder of the 2022/23 Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Scrutiny Committee.
3. Any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

Recommendation

6. It is recommended that Members note the current status of the Work Programme and consider any additional areas of work they would like to include.

**Luke Swinhoe
Assistant Director Law and Governance**

Background Papers

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

Author : Hannah Miller 5801

S17 Crime and Disorder	This report has no implications for Crime and Disorder
Health and Well Being	This report has no direct implications to the Health and Well Being of residents of Darlington.
Carbon Impact and Climate Change	There are no issues which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
Council Plan	The report contributes to the Council Plan in a number of ways through the involvement of Members in contributing to the delivery of the Plan.
Efficiency	The Work Programmes are integral to scrutinising and monitoring services efficiently (and effectively), however this report does not identify specific efficiency savings.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

MAIN REPORT

Information and Analysis

7. 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.
8. 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'.
9. 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.
10. 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

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

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HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Better Care Fund	2 November 2022 Last considered 31 August 2022	Paul Neil		To receive an update on the position of the Better Care Fund for Darlington.
Darlington Health Profile	2 November 2022	Penny Spring		Annual report
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.
Housing Services Fire Safety Policy	2 November 2022	Anthony Sandys		To seek Scrutiny Members views prior to Cabinet.
Healthwatch Darlington - The Annual Report of Healthwatch Darlington	2 November 2022 Last considered 20 October 2021	Michelle Thompson, HWD		To scrutinise and monitor the service provided by Healthwatch – Annual
Low Cost Home Ownership Policy	14 December 2022	Anthony Sandys		To seek Scrutiny Members views prior to Cabinet.
CAMHS update	14 December 2022 Last considered 29 June 2022	Jennifer Illingworth/James Graham		

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Community Mental Health Transformation	14 December 2022 Last considered 2 February 2022	Jo Murray/Maxine Crutwell, TEWV		To receive a briefing and undertake any further detailed work if necessary.
Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	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
Preventing Homelessness and Rough Sleeping Strategy Update	14 December 2022 Last considered 20 October 2021	Anthony Sandys		To look at progress following the implementation of the strategy. Update on current position within Darlington
Medium Term Financial Plan (MTFP) and Housing Revenue Account (HRA)	11 January 2023 (Special)	Brett Nielsen/ Anthony Sandys		
Primary Care (to include GP Access to appointments)	8 February 2023 Last considered 2 February 2022	Emma Joyeux CCG/Amanda Riley		To scrutinise development around Primary Care Network and GP work
Director of Public Health Annual Report	8 February 2023	Penny Spring		Annual report
Housing Services Allocations Policy	8 February 2023	Anthony Sandys		To seek Scrutiny Members views prior to Cabinet.

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Dental Services	8 February 2023 Last considered 31 August 2022	Pauline Fletcher, NHS England		To update Scrutiny Members undertake any further work if necessary.
Integrated Care System (ICS)	8 February 2023 Last considered 23 February 2022	David Gallagher, ICB		To scrutinise and challenge progress of the principles underpinning the ICS and BHP and timelines for progress.
Health and Safety Compliance in Council Housing	June/July 2023 Last considered 29 June 2022	Anthony Sandys		To provide annual updates to Scrutiny Members undertake any further work if necessary.
Housing Services Anti-Social Behaviour Policy – Update	June/July 2023 Last considered 29 June 2022	Anthony Sandys		To provide annual updates to Scrutiny Members undertake any further work if necessary.
Customer Engagement Strategy 2021-2024 Update (Presentation)	To be agreed Last considered 31 August 2022	Anthony Sandys		To provide annual progress reports to Scrutiny. To look at work being done within communities and how the Customer Panel engage with new communities.
Strategic Housing Needs Assessment	To be agreed	Anthony Sandys		

JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

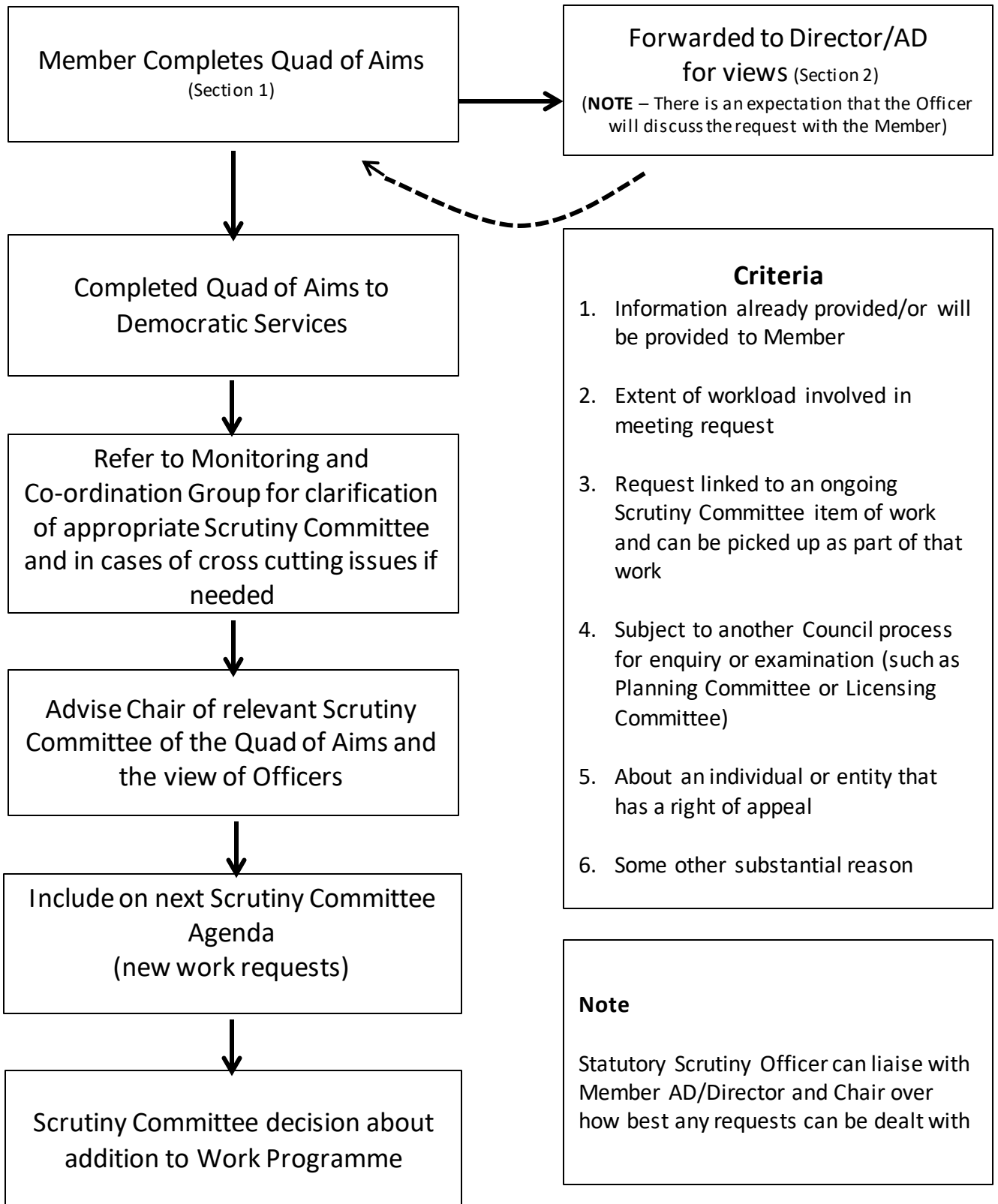
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Loneliness and Connected Communities Adults Scrutiny to Lead	Scoping meeting 28 January 2020 Meeting on 5 October 2020 Meeting on 15 December 2020			
Care Homes in Special Measures Adults Scrutiny to Lead	TBC			

MEMBERS BRIEFINGS

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
<p>CQC Ratings in the Borough of Darlington</p> <p>Page 83</p>	<p>October 2022</p> <p>Scoping Meeting held 18 November 2019</p> <p>Briefing note circulated 21 October 2020</p> <p>Briefing note circulated October 2021</p>			<p>To monitor and evaluate CQC scoring across the Borough for health and care settings.</p>

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



PLEASE RETURN TO DEMOCRATIC SERVICES

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

SECTION 1 TO BE COMPLETED BY MEMBERS

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

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?

Page 86

Signed Councillor

Date

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

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

Signed **Position** **Date**

PLEASE RETURN TO DEMOCRATIC SERVICES

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DARLINGTON BOROUGH COUNCIL
FORWARD PLAN



DARLINGTON

Borough Council

FORWARD PLAN
FOR THE PERIOD: 5 OCTOBER 2022 - 28 FEBRUARY 2023

Title	Decision Maker and Date
Household Support Fund	Cabinet 11 Oct 2022
Ingenium Parc – Proposed Development Update	Cabinet 11 Oct 2022
Objections to the Experimental TRO on Coniscliffe Road	Cabinet 11 Oct 2022
Peer Review	Cabinet 11 Oct 2022
Schedule of Transactions - October 2022	Cabinet 11 Oct 2022
Treasury Management Annual and Outturn Prudential Indicators 2021/22	Cabinet 11 Oct 2022
Annual Audit Letter 2020/21	Cabinet 8 Nov 2022
Council Tax Exemption for Care Leavers 2023/24	Cabinet 8 Nov 2022
Council Tax Support - Scheme Approval 2023/24	Council 24 Nov 2022 Cabinet 8 Nov 2022
Darlington Transport Plan	Council 24 Nov 2022 Cabinet 8 Nov 2022
Disposal of Land at Neasham Road for Housing Development	Cabinet 8 Nov 2022
Land at Faverdale - Burtree Garden Village Development	Cabinet 8 Nov 2022
Position Statement on First Homes Policy and Discount For Sale	Cabinet 8 Nov 2022
Project Position Statement and Capital Programme Monitoring - Quarter 2	Cabinet 8 Nov 2022
Revenue Budget Monitoring - Quarter 2	Cabinet 8 Nov 2022
Schedule of Transactions - November 2022	Cabinet 8 Nov 2022
Complaints Made to Local	Cabinet 6 Dec 2022

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Government Ombudsman	
Housing Revenue Account - Medium Term Financial Plan 2022/23 to 2025/26	Cabinet 6 Dec 2022
Housing Services Fire Safety Policy	Cabinet 6 Dec 2022
Medium Term Financial Plan 2023/24 to 2026/27	Cabinet 6 Dec 2022
Mid-Year Prudential Indicators and Treasury Management 2022/23	Council 26 Jan 2023 Cabinet 6 Dec 2022
Land Assembly for Development at Gladstone Street / Kendrew Street (including Northgate House)	Cabinet 6 Dec 2022
Final Version of Supplementary Planning Guidance (SPD) Design Code - Skertingham Garden Village	Cabinet 10 Jan 2023
Maintained Schools Capital Programme - Summer 2023	Cabinet 10 Jan 2023
Quarter 2 - Council Plan 2020/23 - Delivering Success for Darlington - Performance Report	Cabinet 10 Jan 2023
Calendar of Council and Committee Meetings 2023/24	Cabinet 7 Feb 2023
Darlington Capital Strategy including Capital Programme	Council 16 Feb 2023 Cabinet 7 Feb 2023
Housing Revenue Account - Medium Term Financial Plan 2023/24 to 2026/27	Council 16 Feb 2023 Cabinet 7 Feb 2023
Medium Term Financial Plan 2023/24 to 2026/27	Council 16 Feb 2023 Cabinet 7 Feb 2023
Project Position Statement and Capital Programme Monitoring - Quarter 3	Cabinet 7 Feb 2023
Prudential Indicators and Treasury Management Strategy Report 2023/24	Council 16 Feb 2023 Cabinet 7 Feb 2023
Revenue Budget Monitoring - Quarter 3	Cabinet 7 Feb 2023
Schools Admissions 2024/25	Cabinet 7 Feb 2023