



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 14 December 2022

Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting
2. Appointment of Chair for the remainder of the Municipal Year 2022/23
3. Declarations of Interest
4. To approve the Minutes of the meeting of this Scrutiny held on 2 November 2022 (Pages 3 - 8)
5. Children and Young People's Services Darlington –
Presentation by the General Manager – Durham and Tees Valley Community CAMHS,
Tees, Esk and Wear Valley NHS Foundation Trust
(Pages 9 - 16)
6. Community Transformation NHS England: Tees Valley –
Presentation by the Service Manager, AMH Darlington and Specialist Services and
Programme Manager, Community Transformation Tees Valley, Tees Esk and Wear Valley
NHS Foundation Trust
(Pages 17 - 30)
7. Housing Services Low Cost Home Ownership Policy –
Report of the Assistant Director – Housing and Revenues
(Pages 31 - 50)

8. Preventing Homelessness and Rough Sleeping Strategy Update –
Report of the Assistant Director – Housing and Revenues
(Pages 51 - 60)
9. Performance Indicators - Quarter 2 2022/2023 –
Report of Assistant Director – Housing and Revenues, Assistant Director – Community
Services and Director of Public Health
(Pages 61 - 106)
10. Work Programme –
Report of the Assistant Director Law and Governance
(Pages 107 - 124)
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, 6 December 2022

Town Hall
Darlington.

Membership

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

If you need this information in a different language or format or you have any other queries on
this agenda please contact Hannah Miller, Democratic Officer, Operations Group, during
normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m.
Fridays email: hannah.miller@darlington.gov.uk or telephone 01325 405801

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 2 November 2022

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

APOLOGIES – Councillors Dr. Chou, Mills, Preston and Wright

ALSO IN ATTENDANCE – Michelle Thompson (Healthwatch Darlington), Sarah Allen (We Are With You), Gary Besterfield (We Are With You) and Rachael Stray (County Durham and Darlington NHS Foundation Trust)

OFFICERS IN ATTENDANCE – Penny Spring (Director of Public Health), Christine Shields (Assistant Director Commissioning, Performance and Transformation), Anthony Sandys (Assistant Director - Housing and Revenues), Ken Ross (Public Health Principal) and Hannah Miller (Democratic Officer)

HH19 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH20 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 31 AUGUST 2022

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 31 August, 2022.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 31 August, 2022 be approved as a correct record.

HH21 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 and the review across all funded schemes.

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; integrated care boards (ICBs) and local government were required to agree a joint plan for using pooled budgets to support integration, which was governed by an agreement under section 75 of the NHS Act (2006); and the plan 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; the four key metrics that the plan must deliver against were outlined along with funding for 2022/23. Members were informed that the funding package was not new monies.

It was stated that the plan for Darlington was submitted to the BCF national team on 26 September following endorsement by the Programme Board; Health and Wellbeing areas

had been advised that the outcome of the assurances of all plans would not be completed until 24 October; and a service review was underway across all funded schemes and was due to be completed by December 2022.

Discussion ensued regarding horizon scanning; the Assistant Director Commissioning, Performance and Transformation assured Members that the service review would provide clarity and help to identify which schemes would require co-funding; and that all services worked collaboratively as a system to ensure the right services would continue to receive funding.

RESOLVED – (a) That the expected submission of the Darlington 22/23 Plan and approval of the plan towards the end of November be noted.

(b) That the programme review be noted and a report be tabled at a future meeting of this Scrutiny Committee, detailing the outcome of the review.

HH22 DARLINGTON DRUG AND ALCOHOL SERVICE (STRIDE)

The Contracts Manager and Interim Executive Director of Business Development gave a PowerPoint presentation (previously circulated) on the Darlington Drug and Alcohol Service (STRIDE).

The presentation provided details of the 2021/22 performance headlines, including a comparison against 2020/21. Particular reference was made to the improvements in relation to the number of people in treatment, which had increased by 10.7 percent; that successful completion had increased to 23.3 per cent from 13.2 per cent; and prison to community engagement had increased to 59.6 per cent, compared to a national average of 37 per cent

Members were informed that deaths in treatment had increased from 1.2 per cent to 2.2 per cent which was to be expected in light of increased footfall and the deaths were predominantly alcohol related. Members also noted that the service had been rated Good by CQC in all areas.

The future ambitions for the service were outlined; and Members viewed a video, detailing how With You made a difference in Darlington, which included interviews with service users.

Discussion ensued regarding the importance of partnership working; Members were informed of the work being undertaken with Darlington Memorial Hospital to develop an alcohol pathway; and following a question, Members were informed that the service did not have a waiting list and the procedure for responding to a DNA was outlined. Members requested figures in relation to the performance headlines.

Further discussion ensued regarding the alcohol related deaths; Members were informed that both drug and alcohol usage were a concern in Darlington, however alcohol mortality rates exceeded those of opioids and the effects from increased alcohol usage following covid were now becoming evident.

Following a question regarding the new location for the service on Tubwell Row Members were advised that the move would be completed by Christmas and this new location was

more accessible for the service users. Members welcomed a site visit once the move had been completed.

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

HH23 HOUSING SERVICES FIRE SAFETY POLICY

The Assistant Director Housing and Revenue submitted a report (previously circulated) requesting that consideration be given to the draft Housing Services Fire Safety Policy 2022-2027 (also previously circulated) prior to its consideration by Cabinet on 6 December 2022.

It was reported that Darlington Borough Council provides 355 homes for local residents in 7 sheltered housing schemes and 3 extra care schemes; and the policy set out how the Council would provide staff, residents, visitors and partner organisations in the schemes with clear guidelines as to how to prevent fires and actions to take in the event of a fire.

The submitted report provided details of the areas covered in the policy; and the Home Standard, one of the four statutory consumer standards set by the Regulator of Social Housing, set expectations for the Council to meet statutory requirements including fire safety legislation.

The report made reference to the consultation undertaken with the Tenants Panel in September 2022; Members were informed that the panel supported the proposed policy; and examples of the panels comments were outlined.

RESOLVED – That Members support the onward submission of the draft Housing Services Fire Safety Policy 2022-2027 to Cabinet.

HH24 HEALTHWATCH DARLINGTON ANNUAL REPORT 2021/2022

The Chief Executive Officer, Healthwatch gave a PowerPoint Presentation (previously circulated) updating Members on Healthwatch Darlington's Annual Report 2021/2022.

The presentation outlined Healthwatch Darlington's engagement and support during 2021/2022, with 384 people sharing their experiences of health and social care services and 197 people seeking advice and information from Healthwatch on a range of topics; and detailed the main projects undertaken by Healthwatch Darlington between April 2021 to March 2022, which included the Digital Exclusion Report in the Spring, Healthy Eating and Exercise initiative led by Youthwatch in the Summer, Maternity Experiences Report in the Autumn and the LGBT+ Experiences of Health Services report in the Winter.

Reference was made to the work undertaken in relation to supporting transformation of mental health services in the community and the campaign delivered by Youthwatch Darlington in relation to raising awareness and promoting positive lifestyle choices; and details were provided of three ways Healthwatch Darlington had made a difference for the community.

Members were informed of the work undertaken by volunteers; detailed information was

also given on the funding for the organisation and the top three priorities for 2022/23; and next steps were outlined. Members also noted the current issues being monitored by Healthwatch Darlington.

Discussion ensued regarding winter pressures and the need to understand the impact on health and wellbeing; the Chief Executive Officer highlighted the importance of working collaboratively to identify solutions.

RESOLVED – (a) That the update be noted.

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

HH25 DARLINGTON HEALTH PROFILE 2021/2022

The Public Health Principal gave a PowerPoint presentation (previously circulated) on the key messages contained within the Darlington Health Profile 2021/2022 and in doing so advised Members that Local Authority Health Profiles provided an overview of health for each local authority in England, pulling together existing information in one place and highlighting issues that can affect health in each locality.

It was reported that Health Profiles were composed of 42 separate indicators across 7 domains; the profile showed how the health of Darlington residents compared with that of the region and the rest of England; that when compared to England, half of the indicators were worse than the England average whilst the other half were statistically similar or better; and Darlington's profile was similar to the North East regional average.

The presentation outlined the indicators for each domain. Particular reference was made to life expectancy, which, for men was 13.0 years lower and for women was 10 years lower in the most deprived than in the least deprived areas of Darlington. Members also noted that 28.5 per cent of children in Darlington lived in low income families, which was worse than the England average; levels of smoking in pregnancy remained worse than the England average; the rate of alcohol related harm hospital admissions in Darlington was worse than the England average; and the estimated levels of excess weight in adults and physically active adults in Darlington were worse than the England average. It was noted that the Diabetes diagnosis rate was better than the England average, at 85.9 per cent.

Members sought clarification regarding the figures for Emergency Hospital Admissions for Intentional Self-Harm; and particular discussion ensued regarding the figures relating to obesity levels in adults and children. The Public Health Principal informed Members of the mechanism for determining obesity levels for adults, that obesity figures for Darlington were comparative to the North East and further work was required to understand and address the obesogenic environment.

RESOLVED – That the Darlington Health Profile 2021/2022 be noted.

HH26 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.

RESOLVED – That the work programme be noted.

HH27 HEALTH AND WELLBEING BOARD

Members were informed that the Board last met on 22 September, 2022 and that the next meeting of the Board was scheduled for 15 December, 2022.

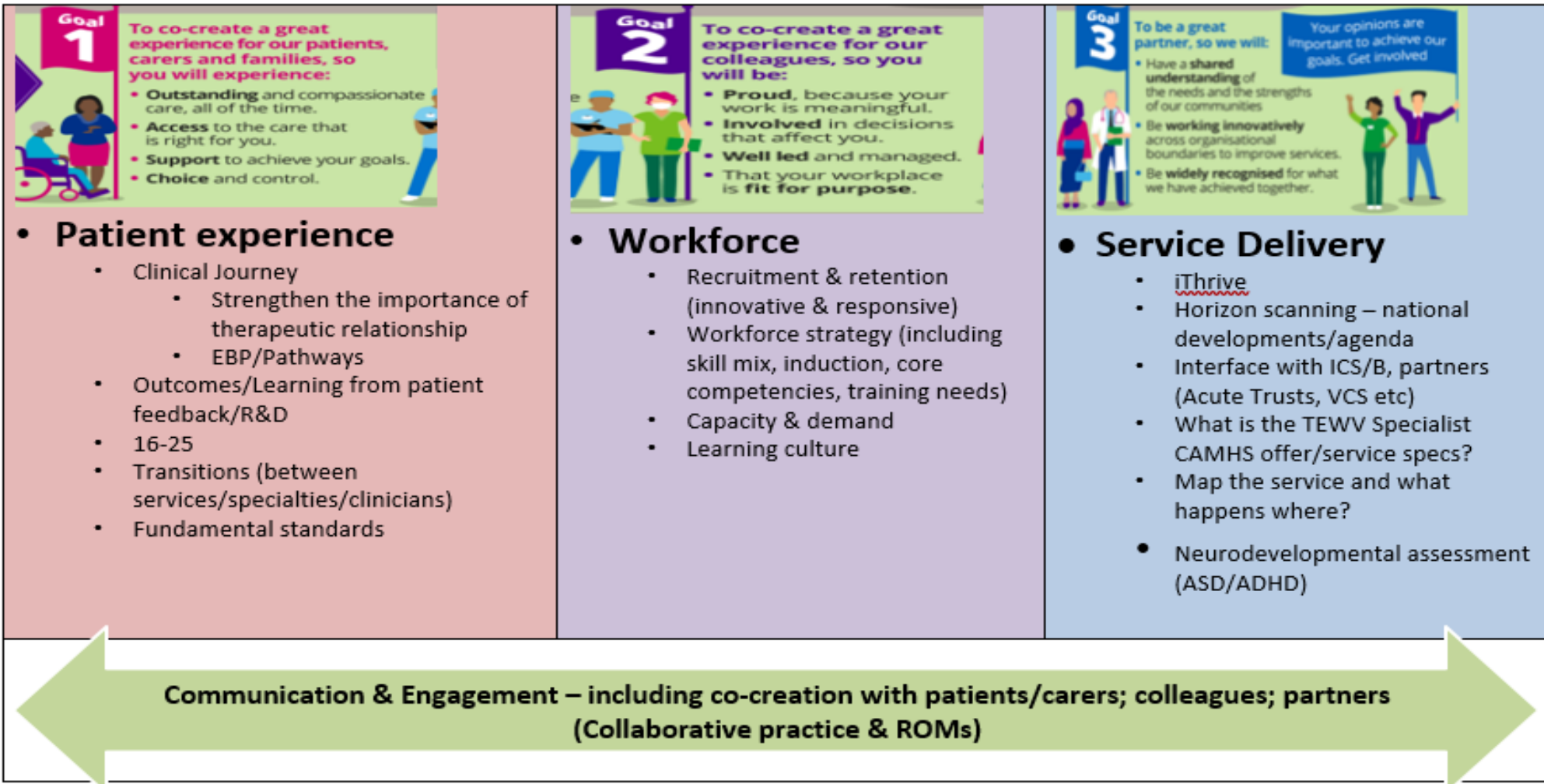
RESOLVED – That Members look forward to receiving an update on the work of the Health and Wellbeing Board at a future meeting of this Scrutiny Committee.

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Children & Young People's Services Darlington

December 2022



Children & young people's services

- Patient experience

- CAMHS cocreation/participation lead started in post November
- Successful pilot of improved assessment process in Darlington; undertaken by the Single Point of Access team
- Extensive work with Darlington PCF on the Neurodevelopmental pathways

- Workforce

- Successful recent recruitment episodes in Darlington CAMHS; team fully established
- Full capacity and demand analysis nearing completion
- Job/post specification review underway to provide greater flexibility with regards to essential skills, qualifications and experience

- Service delivery

- New workstream set up to further embed i-Thrive principles of advice and early help; internally and externally
- Further developments on the Neurodevelopmental pathway including sensory programme and training package for schools
- Work with CDDFT to improve pathways for those with mental health needs accessing paediatric inpatients

CQC report (following re-inspection):

- Report published September 2022, from inspection in July 2022
- 'Safe' rating improved from 'inadequate' to 'requires improvement'
- Evidence that positive changes had been made since inspection of June 2021
 - Community service found to have a good safety track record, and effective systems for incident monitoring
 - Staff understood safeguarding procedures well
 - Achieving target for waits to assessment
 - Waiting times for treatment had improved
 - 100% compliance with Keeping in Touch process for all waiters
 - Training compliance improved to 91.4%
- Improvements still required
 - Ensuring there is enough staff in each team
 - Further improvement to training compliance
 - Further improvement to waits for treatment

Waits

Waiting to assessment

- Average 12 days in Darlington (non-neuro referrals)
- No YP waiting more than 1 month

Waiting to Treatment

- Average 173 days in Darlington (73 YP waiting)
- Almost all of the 73 YP waiting now have appointments arranged between Nov-Jan
- Strict definition of 'treatment', the support offered by the teams while young people are waiting for medical or therapeutic intervention is considered 'treatment' in other CAMHS services

Waits (Specialist neurodevelopmental assessment)

- **Waiting to Assessment**
- Average wait is currently 359 days
- 635 YP waiting for Autism/ADHD assessments
 - 68 waiting 2 or more years
 - 165 waiting 1-2 years
- Significant backlog created during lockdowns
- 300% increase in referrals post-lockdowns
- Team working at capacity to get through waiting list
- Additional services being commissioned to provide support to families and education with needs associated with neurodiverse conditions (diagnosis not necessary to access)

Next steps:

- Full review of neurodevelopmental pathway
- Review of offer for Adverse childhood experiences/trauma (high prevalence within neurodevelopmental referrals)
- Roll out of key worker roles for learning disabilities/autism
- Strengthening advice and early help offer
- Improving experience of those with mental health needs within paediatric wards

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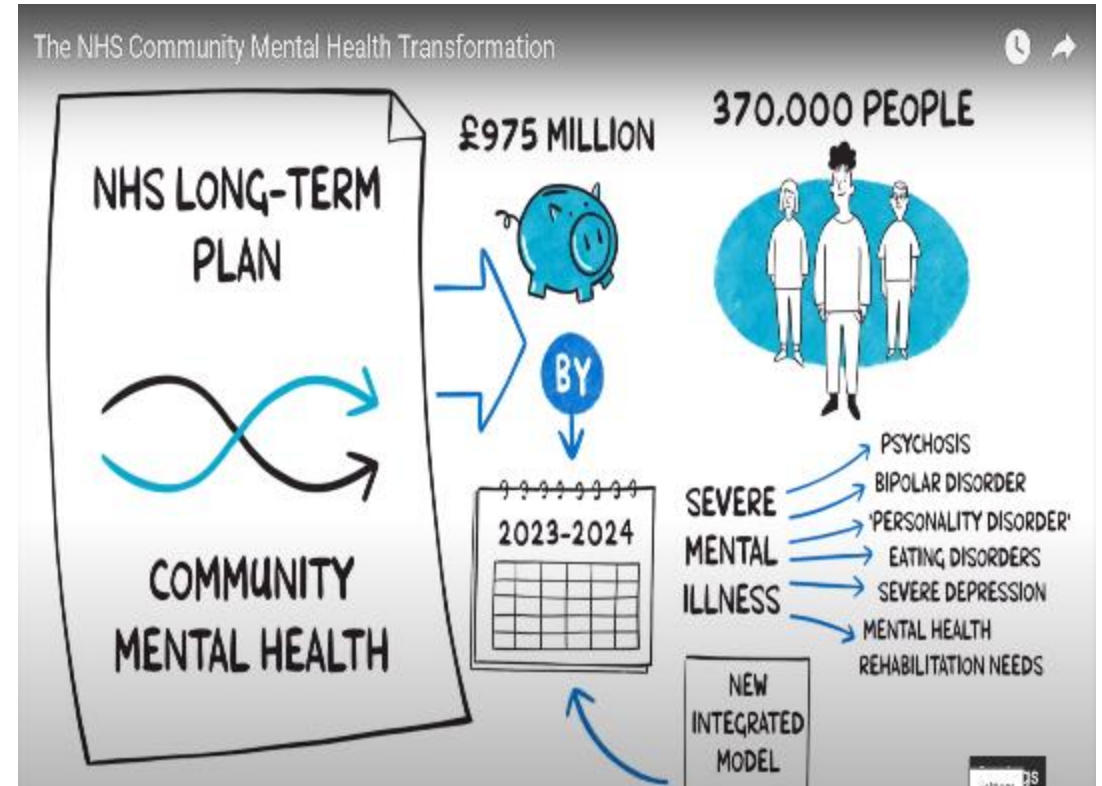
Working collectively to review the mental health system

COMMUNITY
TRANSFORMATION NHS
ENGLAND: TEES VALLEY



Reminder of core aims of Community Transformation

- To deliver a new mental health community-based offer which allows for collaborative pathways across the system it operates within.
- Create a **core mental health service** which is aligned with **primary care networks and voluntary sector organisations**
- Ensure services are **accessible** to the community it serves and **inclusive of population need**.
- Allow the individual seeking advice and support the right care, at the right time in the right place and in doing so **ensure timely access to care**



What's been happening so far

COMMUNITY TRANSFORMATION NHS
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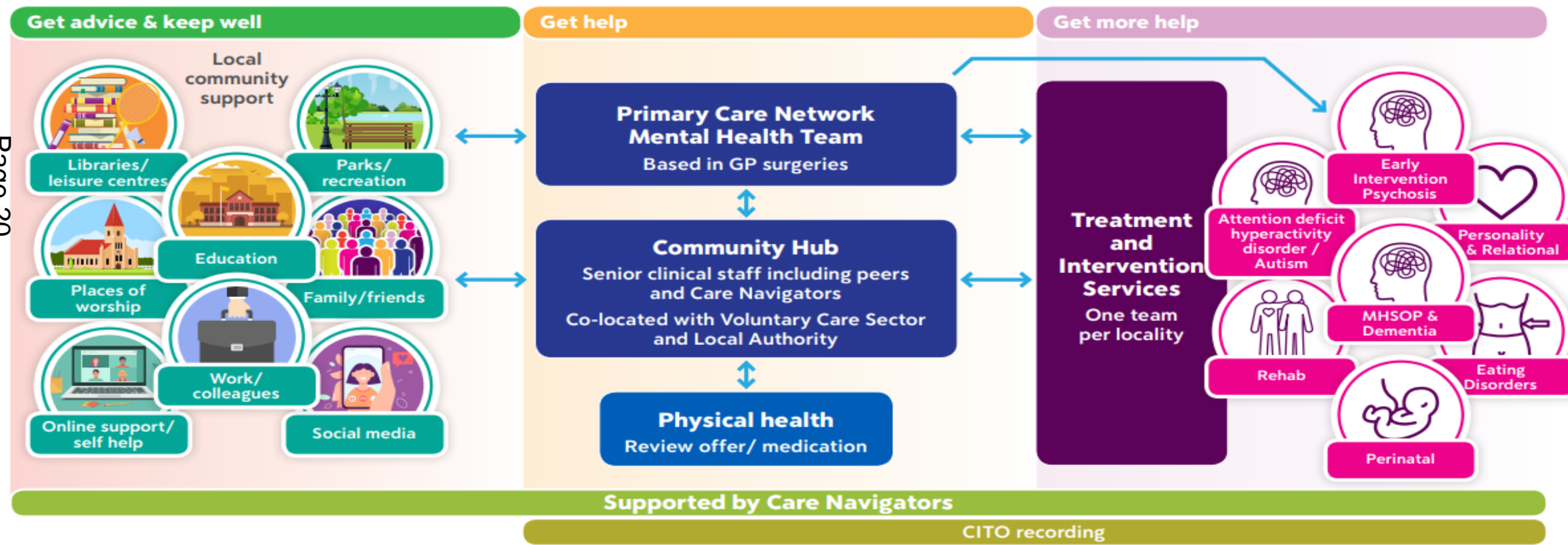
Community Transformation

Our vision:



- Integrated services delivering collaborative pathways which meet the needs of the local population
- Empowering individuals to choose and manage their own personalised recovery, as experts in their own mental health (informed by social, cultural and ethnic needs)

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Principles:

- We accept each other's assessments
- We do not refuse a referral
- There is no wrong door to Get Help
- Patients are not "discharged" by services

Working as a system place based approaches

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ENGLAND: TEES VALLEY



Darlington in more detail

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- Working group set up January 2022
- Information Governance agreed
- Virtual Hubs being established
- 700 club leading:
 - Wellbeing Hub Project Manager role
 - Transformation Placed based funding
- Physical locations being looked into for co-location of partners
- Next steps- delivery plan for Darlington owned by all partners



Internally: what is the remit of each TEWV reconfigured team?

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ENGLAND: TEES VALLEY



Primary Care
Network Mental
Health Team

MDT input across both as
a shared resource

Remit of
each team

Community Hub

- Triage and assessment
- Medication reviews
 - Interventions:
- Graded Exposure
- Anxiety Management
 - Hearing Voices
 - Life line work
- Stress Vulnerability
 - Sleep Hygiene
 - CBT
 - Clinics
- Physical wellbeing checks
- Signposting and navigating
- Interface with PCN workforce
- ASD/ ADHD assessment
 - Peer support

Treatment and Intervention Services

- Complex presentation and prescribing
 - Risk Management
 - ASD/ADHD complex needs
 - Governed therapies
- Intense/high frequency /complex referrals
 - Physical wellbeing checks
- Interface with PCN workforce
 - Peer support

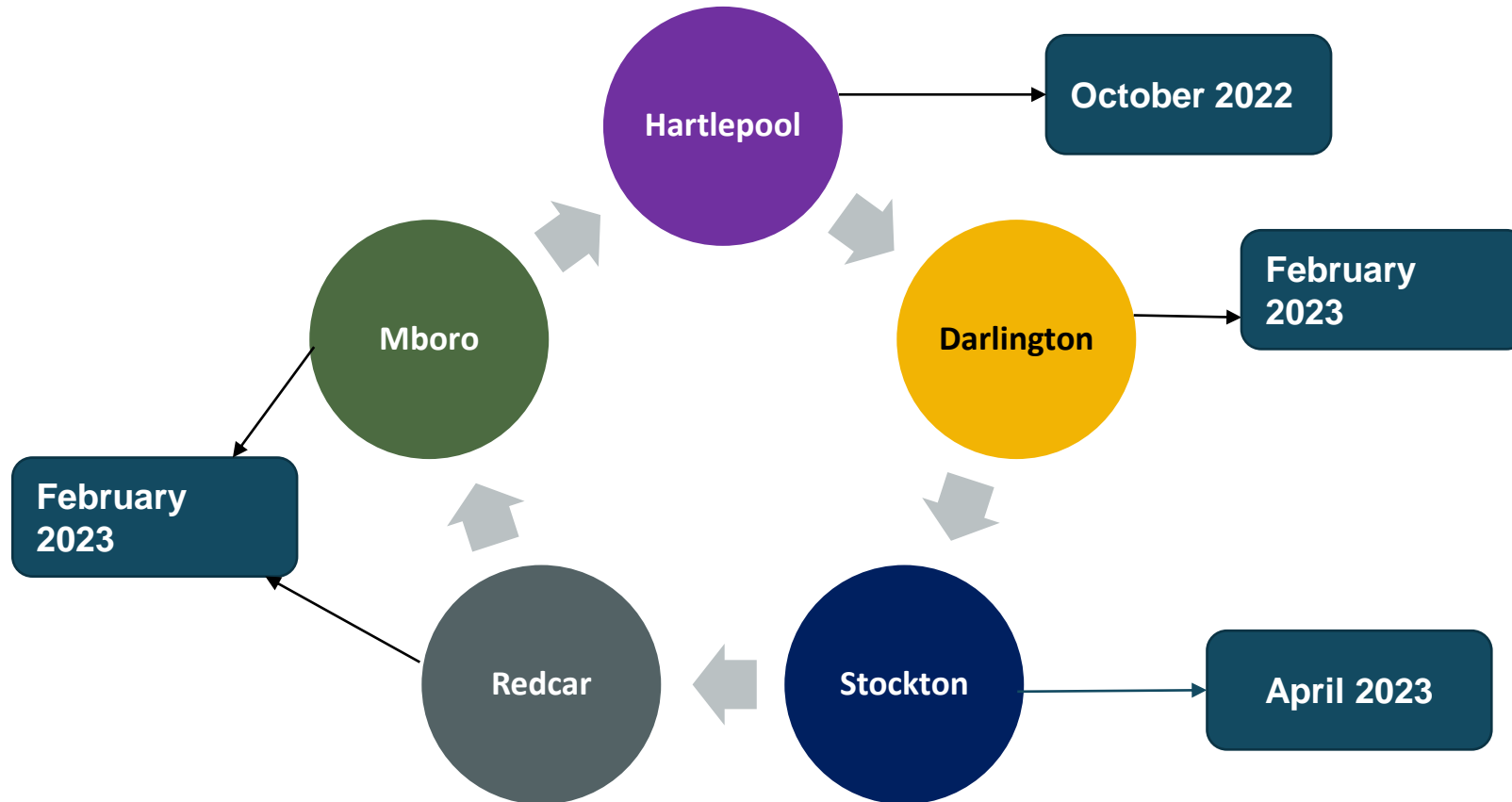
*Access, Affective and Psychosis teams will be
reconfigured into the hub and treatment teams*

Go live expected dates (*internal reconfiguration*)

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-Phased approach to allow for learning and growth of the model

-Staff organisational change requires set process and time to consultation



Expected outcomes / outputs through the model

- No wrong door – no rejections: *Community Navigator post pivotal to this.*
- Patient flow simplified: Easier navigation for patients and staff
- Holistic offer – patients will receive a package of care from TEWV and system partners
- Staff recruitment/ retention and wellbeing
- Earlier access to support/ guidance and interventions



Recognition of work to date

April 2022 South Tees Healthwatch awards

TEVV scoop a special award for leading the way

Our Tees Valley community mental health transformation team have picked up the Leading the Way for Change Award at the Healthwatch South Tees STAR Awards.

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“Our lived experience board members have been integral and have not only guided us, but given the vision true meaning. They have been instrumental in ensuring the programme has progressed to the point it is at today.”

The STAR Awards of Recognition 2022

News - 13 April 2022

Celebrating those who have gone above and beyond in health and social care!



Recognition of work to date



Rethink Mental Illness Publication September 2022

“We have gone on to this journey and forged that relationship with partners, and now we started discussing live cases together. I’m amazed how much one or two sectors have to offer how much is out there, other than medicalising every problem that comes our way and saying either: ‘medications or therapy’”.

Transformation Lead, NHS, North East and Yorkshire

“Providers can put their information on there and it has become very much like a local directory. You’ve got everything on there from archery to zumba! If you were looking for something in the community of Hartlepool, you can create an account and search ‘mental health’ and it will give you 175 hits.”

Leader, local authority, North East and Yorkshire

“The one thing that came up very strongly in our area was that people want a one-stop shop where they could come and talk to people, you know, get advice, get involved in different things and I guess maybe that model is kind of what we’re trying to implement public wide.”

Manager, NHS, North East and Yorkshire

“Once we’re in the community hubs, it will be easier to know what’s out there, because we’ll all be under the same hub.”

Expert by Experience, North East and Yorkshire

People spoke of the real momentum that was achieved when organisations came together in person. Interviewees in Tees, Esk and Wear Valleys talked about using the hubs in Middlesborough, Hartlepool and Stockton as places to test out ideas and collaborations using trial and error, developing an understanding of what the community wants.

“Stockton was probably one of the biggest ones – so many people in one room at one point they were literally lining the walls, there was real interest and real momentum. And that was great because we started off by talking about the framework and talking about the principles of what we wanted to do. It is still small compared to what the transformation needs to be. But in my eyes... it’s a good example of what we can do with scale.”

Manager, NHS, North East and Yorkshire

Hubs are often treatment focused, but in Tees, Esk and Wear Valleys the hubs are looking at wellbeing more broadly.

Thank you for listening. Any questions?

COMMUNITY TRANSFORMATION NHS
ENGLAND: TEES VALLEY



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**HEALTH AND HOUSING SCRUTINY COMMITTEE
14 DECEMBER 2022**

HOUSING SERVICES LOW COST HOME OWNERSHIP POLICY

SUMMARY REPORT

Purpose of the Report

1. For Members to consider the draft Housing Services Low Cost Home Ownership Policy before approval by Cabinet on 7 March 2023.

Summary

2. Housing Services are committed to building sustainable communities and offering low-cost homes both to rent and buy. For residents who would like to own their own home but are unable to afford to purchase a property outright from the open market, we offer a range of low cost options to them.
3. The Housing Services Low Cost Home Ownership Policy at **Appendix 1** explains the range of home ownership options available for our Council properties.
4. The Tenants Panel has been consulted on the draft policy and the proposals have received overwhelming support.

Recommendation

5. It is recommended that Members:-
 - (a) Consider the report and draft Housing Services Low Cost Home Ownership Policy at Appendix 1 and agree its onward submission to Cabinet.

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

Background Papers

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

Anthony Sandys: Extension 6926

S17 Crime and Disorder	This report has no implications for crime and disorder
Health and Wellbeing	There are no issues which this report needs to address
Carbon Impact and Climate Change	There are no issues which this report needs to address
Diversity	There are no issues which this report needs to address
Wards Affected	All wards with Council housing
Groups Affected	All Council tenants
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 good quality, affordable 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. Housing Services are committed to building sustainable communities and offering low-cost homes both to rent and buy. For residents who would like to own their own home but are unable to afford to purchase a property outright from the open market, we offer a range of low cost options to them. This Policy explains the range of home ownership options available for our Council properties.
7. The policy covers the following areas:
 - (a) **Right to Buy** – this section sets out the statutory right for Council tenants to purchase their Council property, the criteria they must meet and the discounts that are available.
 - (b) **Rent to Buy** – this section set out the scheme that allows residents to move into one of our new properties straight away and pay a reduced rent, allowing them extra time and money, to save towards a mortgage deposit. Tenants will be given a fixed-term tenancy, at the end of which the Council can either continue to offer the property on a Rent to Buy basis, sell the property on an outright basis or convert the home to rented housing on either an affordable or market rent basis. This section explains the criteria the applicants must meet to be accepted on the rent to buy scheme and the costs of this option.
 - (c) **Shared Ownership** – this section sets out the scheme for Council tenants to purchase an initial share of their home worth between 10% and 75% of its market value and to pay rent on the remaining share of the property. This section also explains how

tenants on the shared ownership scheme can increase their share of the property, known as “staircasing”. This section also explains the criteria the applicants must meet to be accepted on the shared ownership scheme, the costs of this option and the application process.

Social Housing White Paper

8. The Government’s Social Housing White Paper, “Charter for Social Housing Residents” published in 2020, sets out to raise the standard of social housing and meet the aspirations of tenants. One of the 7 key expectations for social housing tenants in the charter is “to be supported to take your first step to ownership”.
9. The charter introduced a new Right to Shared Ownership and aims to ensure that 50% of new homes delivered by the Affordable Homes Programme, and supported by grants through Homes England, will be for affordable home ownership.
10. On the Neasham Road new build development, 20 of the 150 new homes will be offered as rent to buy.

Outcome of Consultation

11. The Tenants Panel were consulted in November 2022 and overall, the Panel supported the proposed Housing Services Low Cost Home Ownership Policy.

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DARLINGTON
Borough Council

Low-Cost Home Ownership Policy 2022



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Introduction

Housing Services are committed to building sustainable communities and offering low-cost homes both to rent and buy. As a Council, we have a strategic ambition to deliver a range of tenure models to improve and diversify the supply of low-cost housing within the Borough.

For residents who would like to own their own home but are unable to afford to purchase a property outright from the open market, we offer a range of low-cost options to them. This Policy explains this range of home ownership options available for our properties.

The Policy has been designed to be an effective tool to enable us to explain the available options for residents and to incorporate best practice and the legal framework around low-cost home ownership. The options covered in this policy are:

- Right to Buy
- Rent to Buy
- Shared Ownership

Policy Aims

Through the promotion and operation of our low-cost home ownership policy Darlington Borough Council Housing Services aim:

- To promote the options that are available for low-cost home ownership of our properties.
- To support people that would otherwise struggle to purchase a property on the open market.
- To deliver a fair and consistent approach that reflects our commitment to creating sustainable communities.
- To deliver an efficient and effective approach to low-cost home ownership.
- To ensure staff and residents are aware of the policy and understand its aims.
- To comply with legal requirements and regulatory procedures

There are a number of other home ownership schemes. This policy does not cover all of these; only those being offered by Housing Services.



Relevant legislation

In offering low-cost home ownership products, Housing Services will meet all legal and regulatory requirements including money laundering and anti-fraud practices:

- Housing Act 1980
- Housing Act 1985
- Housing & Planning Act 1986
- Housing Act 1988
- The Leasehold Reform, Housing & Urban Development Act 1993
- Housing Act 1996
- Housing Act 2004
- Deregulation Act 2015
- Localism Act 2011
- lordslibrary.parliament.uk/right-to-buy-past-present-and-future
- Data Protection Act 2018
- Equality Act 2010
- General Data Protection Regulations (GDPR)
- Financial Regulations
- Complaints Policy
- Prevention of Social Housing Fraud Act 2013
- The Charter for Social Housing Tenants – Social Housing White Paper 2021
- Landlord and Tenant Act 1985
- www.gov.uk/government/publications/right-to-buy-a-guide-for-local-authorities
- www.gov.uk/shared-ownership-scheme
- www.gov.uk/council-housing
- www.gov.uk/guidance/capital-funding-guide/2-rent-to-buy
- Affordable Homes Programme 2021-2026 (AHP)
- www.gov.uk/rent-to-buy
- www.helptobuyagent1.org.uk/
- www.gov.uk/right-to-buy-buying-your-council-home
- 2004 – Housing Health & Safety Rating System
- Homeless Prevention Act 2017
- Care Act 2014

Useful Information

Before applying to purchase a property, we recommend that tenants consider all the costs involved in being a homeowner. It is important to be aware that applicants cannot claim Housing Benefit to help towards mortgage costs.

Costs involved in purchasing a home include (not exhaustive):

- Solicitors' fees.
- Stamp duty.
- Mortgage fees.
- Any surveys or checks required by the mortgage provider.

Ongoing costs include (not exhaustive):

- Mortgage repayments.
- Buildings & Contents Insurance.
- Service charges (apply to leaseholders only).
- Repairs and maintenance.
- Annual gas services.
- Water charges.
- Life Assurance.
- Income Protection Assurance.

Right to Buy

Right to Buy for Council tenants was introduced through the Housing Act 1980 and gives local authority secure tenants the right to buy their current home at a discounted amount.

Eligibility

To be eligible to apply for the Right to Buy the following criteria must be met:

- It's their only or main home.
- It's self-contained.
- They are a secure tenant.
- They have had a public sector landlord (for example, council, housing association or NHS trust) for 3 years - it does not have to be 3 years in a row.

Discounts & Valuations

In line with legislation, we offer discounts on the market value of our homes when purchased. The amount of discount offered is based on the number of years a person has held a qualifying tenancy (details are set out in s.129 of the Housing Act 1985). The maximum discount allowed increases each year in April in line with the consumer price index (CPI).

The discount may be reduced by a rule called the cost floor. This may apply if your home has recently been purchased or built by the Council or we have spent money on repairing or maintaining it. Under the cost floor, the discount you receive must not reduce the price you pay below what has been spent on building, buying, repairing or maintaining it. If the cost of works carried out over the 10-year period is greater than the market value of your home, you will not receive any discount. This period is 15 years if your home was built or acquired by the Council after 2 April 2012.

Any discount is based on:

- The length of tenancy with a public sector landlord.
- The type of property (i.e. flat or a house).
- The value of the property.

Each property is valued individually according to the market values at the time of application. We do not hold records of property values and will only value a property once a tenant makes an application for the Right to Buy to ensure it is up to date.



A qualified valuer will inspect the property once an application has been accepted, there is no charge for this valuation. We employ an independent valuer who is RICS registered and valuations are carried out in accordance with RICS Valuation Standards (Red Book). Valuations will not include any improvements applicants have made to the property; however, applicants must notify us of such improvements when making their Right to Buy application.

Valuations include:

- An inspection of the property by a surveyor.
- An overview of the property, its construction, location and accommodation.
- Overview of the property's general condition (with photographs).
- Sale prices of comparable properties.
- Valuation of the property, with a description of the evidence and assumptions made.

If an applicant disagrees with the valuation price, they can ask for the District Valuer to carry out an independent valuation, this is a "determination of value" under Section 128 of the Housing Act 1985. Applicants must let us know of this request within 3 months of receiving the section 125 notice (the offer notice) and then have a further 4 weeks to put their

case to the District Valuer.

Re-sale of properties bought under the Right to Buy scheme

Right to Buy buyers have to repay some or all of the discount if they sell the property within 5 years and may get a smaller discount if they have used Right to Buy in the past. They also have to pay back all of the discount if they sell within the first year. After that, the total amount they pay back reduces annually and depends on the value of the property when sold.

Properties re-sold within 10 years of buying through Right to Buy, must firstly be offered back to Darlington Borough Council. The Council can nominate another registered social landlord to buy the property

The property would be sold at the full market price (the seller would still be expected to pay back the required amount of discount if bought back within 5 years). Properties can be sold to anyone if we or another social landlord does not agree to buy within 8 weeks.

Properties exempt from Right to Buy

Some of our properties, such as those built specifically for the elderly are not available to purchase.

Further details, including full details on timescales and the process for Right to Buy can be found at:

www.darlington.gov.uk/housing/your-home/your-tenancy/right-to-buy and

www.gov.uk/government/publications/your-right-to-buy-your-home-a-guide--2



Rent to Buy

Rent to Buy allows residents to move into a new property straight away and pay a reduced rent, which allows them extra time, and money, to save towards a mortgage deposit. Tenants that access Rent to Buy products will not be entitled to exercise Preserved Right to Buy, even where these rights may have existed from previous social housing tenancies.

Rent to Buy properties are let on an assured shorthold tenancy, on an intermediate rent, which is 80% of the market rent value and above social rent values, for a fixed term. Tenants are expected to save for a deposit during the length of the tenancy.

At the end of the fixed term tenancy, we will either:

- Continue to offer the property as Rent to Buy.
- Sell the property on an outright basis with the current tenant being given the right of first refusal.
- Retain and convert the home to rented housing on either an affordable or market rent basis.

Eligibility

The eligibility criteria to apply to be a Rent to Buy tenant include the following:

- Applicants must be of working age and in employment and have a household income sufficient to be able to make rental payments and save for a deposit for outright purchase. We will conduct affordability / credit checks and will require proof of income for lead tenants and any joint tenants. A non-refundable charge for each applicant will apply for this service which, must be paid upfront before applications are processed.
- Applicants are not expected to have the financial capacity to be able to afford a mortgage deposit on the open market or purchase outright at the point of application.
- Applicants should be first time buyers or returning to the market following a separation and would need to prove they have no legal interest in any properties.

- Applicants must not have been excluded for any reason from local housing registers, such as, for former arrears above specified levels with no arrangement to pay, serious anti-social behaviour or unspent criminal convictions.
- Applicants and household members must have sufficient leave to remain in the UK and are eligible to rent properties.
- The total household composition must not exceed the available bedrooms and lead to statutory overcrowding (that would require enforcement or intervention action from local authorities). Where there is more than one party interested in a rent to buy property, preference may be given to a household that would not breach overcrowding definitions. Similarly, Housing Services may consider under-occupation in rent to buy properties where there are no other interested parties but will give preference to households that more closely match the property size to make best use of resources.

We will allocate Rent to Buy properties to applicants that meet the above eligibility criteria on a first-come, first-served basis (except where preference is given to households that more closely match the property size, to make best use of resources, as outlined above).

Costs

Rent to Buy properties are subject to an annual rent increase in April and tenants will be given one calendar month's written notice of this increase. The maximum increase will be Consumer Price Index figure (calculated the previous September) plus 1%.

Tenants can purchase the property within the 5 years period but at our discretion. They must meet all shared ownership eligibility, affordability, and sustainability requirements.

Rent to Buy homes are sold at the market value at the point of applying to purchase and tenants wishing to buy their home will need to obtain a mortgage to do so. Homes are sold on the basis of the new model of Shared Ownership introduced by Government from 1 April 2021.

Valuation of properties

Each property is valued individually according to the market value at the end of the fixed term tenancy. We do not hold records of property values and will only value a property once a decision is made at the end of a fixed term tenancy to sell. This ensures that the valuation is accurate and up to date.

A qualified valuer will inspect the property, there is no charge to the tenant for this valuation. We employ an independent valuer who is RICS registered, and valuations are carried out in accordance with RICS Valuation Standards (Red Book).

Valuations include:

- An inspection of the property by a surveyor.
- An overview of the property, its construction, location and accommodation.
- Overview of the property's general condition (with photographs).
- Sale prices of comparable properties.
- Valuation of the property, with a description of the evidence and assumptions made.

Allocation of properties

Rent to Buy homes are not subject to the nomination process and there are no local or prioritisation criteria applied, other than on rural properties as set out in section 106 agreements.

We will advertise Rent to Buy properties in a number of ways such as:

- Direct forms of marketing on development sites (via billboards and in sales offices)
- Through our website
- Through external internet-based property lettings companies
- Local estate agents

We will hold a register of all eligible applicants and will advise them of any additional Rent to Buy opportunities on our sites that may become available in future, trying where possible to meet their property type preferences and areas of choice.



Tenancy Deposit and Advance Rent Payments

Applicants who wish to access the Rent to Buy option are required to pay before signing-up for the property, a deposit equivalent to one month's rent and the first month's rent in advance. Depending on when the tenancy commences, they may also have to pay rent due until the end of the month until a direct debit has been set up.

Housing Services are registered with the Government backed Deposit Protection Scheme (DPS) which ensures the tenant's deposit is held securely and independently for the duration of the tenancy. Housing Services will register the deposit with the DPS and provide the tenant with the prescribed information within 30 days of receipt.

On termination of the tenancy, the deposit is repayable to the outgoing tenant, less any costs owed to Housing Services in respect of:

- Rent owed (inclusive of service charges)
- Damages to the property or other rechargeable items
- Costs of any enforcement actions by Housing Services, such as court applications.

Tenancy management and tenancy rights

Tenants of Rent to Buy properties can expect the same level of housing management services as is provided to all other tenants, including:

- Full repairs and maintenance service.
- Housing management support including arrears management, investigation of complaints, responding to reports of anti-social behaviour etc.

These services will be available up until the point where tenants give notice of intention to purchase in which case all repairs and maintenance responsibilities will be suspended, and all housing management functions would cease when the sale is completed. In addition to the housing management services, Rent to Buy tenants will also have an annual review in which they will be provided with an up-to date estimate of sale valuations (based on desk top assessment and comparable sales from the same development site).

At this annual review which would normally take place face-to-face in the home, Rent to Buy tenants will be expected to provide evidence of savings towards mortgage deposits. This will be supplemented by a mid-year progress check conducted by telephone.

Responsibilities

Rent to Buy tenants are required to abide by the terms of the tenancy agreement but will also be obliged to inform us of any change in circumstances that may impact on their ability to proceed with the eventual purchase or ability to meet rental payments, at the earliest opportunity.

Rent to buy tenants must ensure that their rent and other charges are paid on time. We will ensure financial viability is maintained at all times and will take a fair but firm approach to pursue non-payment of rent, service charges or other debts owed to Housing Services. If it becomes apparent that customers are not able to purchase the property within the expected timescales, we will offer advice to gain alternative accommodation.

Appeals

Where Rent to Buy tenants disagree with a decision taken by us to bring a tenancy to an end or they have been deemed ineligible for the rent to buy product, they may submit an appeal in writing within 14 days of receipt of the letter / notice informing them of this course of action.

We will give the tenant(s) no less than 5 days written notice of the appeal hearing (giving time and venue for the meeting) and the appeal will be heard by an appropriate senior Housing Manager.

We will inform the tenant(s) of the outcome of the appeal in writing at the earliest opportunity and where it has not been upheld before the date at which possession proceedings may begin.



Shared Ownership

For residents that are unable to afford a full deposit or mortgage payments for a home, Shared Ownership offers them the chance to buy an initial share of a home worth between 10% and 75% of its market value and to pay rent on the remaining share of the property to Housing Services.

The scheme enables residents to get onto the property ladder with a smaller mortgage and deposit and as circumstances change, they can purchase more shares in their home when they can afford to; this is called staircasing.

With Shared Ownership, residents can buy a shared ownership new build property or an existing shared ownership property through re-sale.

In line with the scheme, military personnel will be given priority along with additional priority groups, based on local housing needs.

To buy a home through a Shared Home Ownership scheme residents are required to contact a Help to Buy agent for the area they wish to buy in. More details of the Help to Buy agent for the North can be found at www.helptobuyagent1.org.uk.

Shared Ownership Scheme from 2022

From April 2021 the new model of Shared Ownership was introduced which means:

- The minimum share residents can buy is 10% of the property's market value, although applicants are required to purchase the maximum share they can afford.
- We are required to support shared owners with the cost of essential maintenance and repairs for the first 10 years.
- The minimum share that can be purchased through staircasing is 5% of the market value.
- Owners can purchase an extra 1% each year (new form of staircasing).
- Owners have more control over when they sell their home.

Requirements and Eligibility

Residents can buy a home through Shared

Ownership if:

- Their household earns less than £80,000 a year, and
- They cannot afford all the deposit and mortgage payments for a home that meets their needs.

One of the following must also apply:

- They are a first-time buyer.
- They used to own a home but now can't afford to buy one.
- They are forming a new household – for example, after a relationship breakdown.
- They are an existing* shared owner looking to move.
- They own a home* and want to move but cannot afford a new home that meets their needs.

* If you own a home you must have:

- Formally accepted an offer for the sale of your current home (called 'sold subject to contract' or 'STC')
- Written confirmation of the sale agreed (called a 'memorandum of sale') including the price and your intention to sell
- Completed the sale of your home on or before the date you complete buying your shared ownership home.

Applying for a Shared ownership Home

There are 4 steps to applying for a Shared Ownership property:

1. Applicants must register with the Help to Buy Agent in the area they want to live. They will be required to complete an application form, either online or on a paper form. The agent will confirm if they are eligible for the scheme.
2. Once confirmed as eligible, applicants will then register their interest in an available property with the Council. An assessment by a mortgage advisor is required to ensure mortgage and rent payments are affordable. They will also advise on the share they can afford.

3. If the applicant is eligible to buy the home, they need to pay a fee to reserve it for a fixed period. This means that no one else will be able to reserve that property. We will advise how long it has been reserved for. Until this fee is paid, the property cannot be reserved, and this is on a first come first served basis.
4. Applicants will need to source their own legal professional to handle the purchase. The applicant is liable for all their legal costs and their solicitor will explain the terms of the shared ownership lease.

Costs and Charges

Applicants will be charged a non-refundable reservation fee to reserve the home they wish to buy for a fixed period. Applicants will be advised of the fixed period prior to paying the fee. The fee will be deducted from the final amount applicants pay for the property but if the sale does not go ahead, it will not be refunded or moved to another property.

Applicants are required to pay a deposit for their home, usually between 5% and 10% of the share they are buying when contracts are exchanged. Applicants may also need to pay stamp duty.

The following costs should also be considered by applicants:

- Ongoing monthly mortgage costs.
- Ongoing rent payments for the share they do not own.
- Repairs reserve fund.

Applicants' solicitors will go through all the buying costs in full during the process.

Rent charges are calculated to be affordable in line with Homes England rent setting guidance. They are reviewed annually; rents do not decrease from one year to the next.

We will also bill for costs such as:

- Buildings insurance.
- Ground rent.
- Administrative fees.
- Service charges.
- Communal repairs (in the case of flats).

Annual statements will be provided detailing the costs and a number of payment methods is available.

Any Shared Ownership resident that falls behind with payments will be contacted promptly by Housing Services. We will take a fair but firm approach to pursue non-payment of rent, service charges or other debts owed to Housing Services.

Staircasing

Shared Ownership leaseholders can buy additional shares of their home, until they own the majority or all of their home. This is called Staircasing and allows Shared Ownership leaseholders to own more of their home as they earn more money or can afford a bigger mortgage.

Shares will be based on the value of the home at the time of buying the shares, and not the value of their home when they first bought it. Leaseholders will be required to pay for a professional valuation of the property to determine the value of the shares before they can buy them.

A qualified valuer is required to inspect the property, they are required to be RICS registered with the valuation carried out in accordance with RICS Valuation Standards (Red Book).

Valuations should include:

- An inspection of the property by a surveyor.
- An overview of the property, its construction, location, and accommodation.
- Overview of the property's general condition (with photographs).
- Sale prices of comparable properties.
- Full valuation of the property, with a description of the evidence and assumptions made.

Responsibilities

Shared Ownership leaseholders are required to abide by the terms of the lease but will also be obliged to inform us of any change in circumstances that may impact on their ability to proceed with the eventual purchase or ability to meet rental payments, at the earliest opportunity.

Shared Ownership leaseholders must ensure that their rent, mortgage, and other charges are paid on time. We will ensure financial viability is maintained at all times and will take a fair but firm approach to pursue non-payment of rent, service charges or other debts owed to Housing Services.

Shared Ownership leaseholders are responsible for the internal repairs of the property, but we will be expected to take care of the external property.

Advertising of Shared Ownership Properties

We will advertise Shared Ownership properties in a number of ways such as (not exhaustive):

- Direct forms of marketing on development sites (via billboards and in sales offices).
- Through our website.
- Through external internet-based property lettings companies.
- Local estate agents.
- Help to Buy agents websites.



Additional information

Further details on our low-cost home ownership schemes can be found at:

www.darlington.gov.uk/housing/your-home/your-tenancy/

Further details on the Shared Ownership Scheme can be found at: www.gov.uk/shared-ownership-scheme

Further details on Right to Buy can be found at:

www.gov.uk/government/publications/your-right-to-buy-your-home-a-guide--2

Further details on Rent to Buy can be found at:

www.gov.uk/rent-to-buy

Further details on all government help to own your own home schemes can be found at:

www.ownyourhome.gov.uk/

Implementation of the Policy

All Housing Services staff are aware of the Low-Cost Home Ownership Policy and are able to direct any customer queries that may arise.





**HEALTH AND HOUSING SCRUTINY COMMITTEE
14 DECEMBER 2022**

PREVENTING HOMELESSNESS AND ROUGH SLEEPING STRATEGY UPDATE

SUMMARY REPORT

Purpose of the Report

1. For Members to consider progress against the Preventing Homelessness and Rough Sleeping Strategy and receive an update on homeless services provision during 2022.

Summary

2. The Preventing Homelessness and Rough Sleeping Strategy was approved by Cabinet in July 2019 and an update was provided to this Scrutiny Committee in October 2021. **Appendix 1** of this report provides an update on the Strategy's action plan.
3. The Housing Options service has continued to see a high numbers of homeless presentations, with the number of households placed in emergency accommodation during 2021-22 increasing by over 22% compared to 2020-21. This level of demand for emergency accommodation has continued to increase for the first two quarters of 2022-23.

Recommendation

4. It is recommended that Members:-
 - (a) Note the contents of this report.
 - (b) Agree a review and refresh of the Preventing Homelessness and Rough Sleeping Strategy action plan for 2023-24, in accordance with paragraphs 23 to 24 of the main report.

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

Background Papers

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

Anthony Sandys: Extension 6926

S17 Crime and Disorder	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 will be affected by this report
Groups Affected	Homeless people, rough sleepers and those at risk of homelessness
Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
Council Plan	This report supports the Council plan to review the Preventing Homelessness and Rough Sleeping Strategy
Efficiency	Increased demands on the Council's homeless services will continue to have budget implications
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

5. Since the Covid-19 pandemic, the Council has continued to deal with a significant increase in demand for Homeless and Housing Options services. Whilst these services would normally work in a proactive way with clients to prevent homelessness, the increase in presentations and demand for emergency accommodation has meant that services have had to be more reactive to ensure that no-one is left homeless or having to rough sleep.
6. As well as the pressures created since the Covid-19 pandemic, the lifting of the ban on section 21 ("no fault") evictions in June 2021 has also created an increase in homeless presentations and requests for housing advice. In 2021-22, we received 1,745 presentations to the Housing Options service, compared to 1,417 in the previous year, an increase of 23%. In the first two quarters of 2022-23, this number has continued to increase, with 941 presentations made during that period. The number of presentations and enquiries in the first two quarters of 2022-23 as a result of section 21 notices being issued was 135 (14% of all presentations).
7. Our existing temporary accommodation provision includes temporary Council housing, emergency supported accommodation, hotels and out of area placements. In 2021-22, we placed 281 households in temporary accommodation compared to 230 for the previous year, an increase of 22%. In the first two quarters of 2022-23 this demand has also continued to increase, with 178 households being placed in temporary accommodation.

8. In addition, in 2021-22 there were 3,697 nights spent in emergency accommodation recorded, compared to 4,116 for the previous year (a 10% decrease). However, for the first two quarters of 2022-23, a total of 3,263 nights were spent in emergency accommodation, a sharp increase on the previous two years. This has meant that our existing emergency accommodation provision has been rapidly used up, meaning that we have had to find a number of alternatives (such as more expensive hotel and out of area accommodation).
9. However, our approach to dealing with homeless clients is unchanged in that every person matters and can, with the appropriate intervention, move from rough sleeping into long-term, sustainable accommodation. However, since the Covid-19 pandemic, we have found the options available to rehousing people from temporary accommodation has decreased.
10. An ongoing challenge for the Housing Options Team has been finding suitable accommodation and support for those individuals with complex needs. This includes clients with multiple needs, repeat homeless presentations and clients who have lost their accommodation due to their behaviour.
11. To illustrate this point, in 2021-22;
 - (a) 42% of clients presenting had a mental health need (compared to 18% in 2020-21).
 - (b) 20% of clients presenting had a drug dependency (compared to 10% in 2020-21).
 - (c) 22% of clients presenting had an offending history (compared to 10% in 2020-21).
12. However, despite these challenges, the following has been achieved in the past 18 months:
 - (a) We have recruited a specialist Housing Options (Mental Health) Officer who will work alongside Mental Health teams to specifically support those homeless clients with complex needs.
 - (b) We have also recruited a specialist Housing Options (Domestic Abuse) Officer, ensuring support for victims within safe accommodation and working with all partner agencies.
 - (c) We have linked in with Public Health for Housing Options staff to work alongside the new ACCESS Workers, which aims to fast track clients into Drug and Alcohol services and supports the rough sleeping agenda.
 - (d) We have purchased and refurbished 4 empty properties to provide up to 8 units of temporary accommodation as part of the Next Steps project. Support for clients placed in that accommodation is being provided by the 700 Club.
 - (e) From a successful bid for funding through the Rough Sleeper Initiative, we have;
 - (i) Funded an Outreach Support Worker, delivering street support and floating support to prevent people from rough sleeping.

- (ii) Recruited a Housing Options Navigator, carrying out triage, duty to refer and low level case work.
 - (iii) Recruited a Rough Sleeper Co-ordinator, working across the Tees Valley to support Local Authorities in delivering their homelessness and rough sleeping strategies, coordinating rough sleeper counts and analysing data and returns for Government.
 - (iv) Delivered the Housing First Model in 2 properties, which prioritises getting people quickly into stable homes. From this point, any other support needs they might have, such as alcohol and drug dependency, physical and/or mental health problems are addressed through co-ordinated and intensive support.
- (f) We have secured an extension to the Government’s Accommodation for Ex-Offenders scheme funding to support a minimum of 30 ex-offenders into new private tenancies by March 2023.
13. However, despite the significant challenges since the Covid-19 pandemic, everyone in need of emergency accommodation has been provided with somewhere to stay. In addition, most of the people placed in emergency accommodation have now moved on to more permanent housing. Housing staff have proved typically resilient in dealing with these issues and ensuring that people who find themselves homeless or at the risk of homelessness continue to receive an excellent service.

Table 1 – Households placed in emergency accommodation for Quarters 1 and 2 of 2022-23 compared to previous years

	2020-21 Total	2021-22 Total	2022-23		
			Q1	Q2	Total
The number of presentations to the Housing Options service	1,417	1,745	449	492	941
The number of households placed in emergency accommodation	230	281	70	108	178
The number of days spent in emergency accommodation	4,116	3,697	1,519	1,744	3,263

Preventing Homelessness and Rough Sleeping Strategy

14. Section 1(1) of the Homelessness Act 2002 requires housing authorities to carry out a homelessness review for their area and formulate and publish a homelessness strategy based on the results of the review every five years. Darlington’s Preventing Homelessness and Rough Sleeping Strategy for 2019-2024 was approved by Cabinet on 9 July 2019.
15. The strategy consists of four main sections to satisfy the requirements of the regulations: A review, strategy, action plan and a new requirement to have a specific statement on rough sleeping. In recent years the Government has become increasingly concerned about

the growth of rough sleeping. In 2018 the Government published its Rough Sleeping Strategy and later in December its supporting guidance required homelessness strategies to be rebadged as Preventing Homelessness and Rough Sleeping Strategies.

16. There are five key supporting objectives to the Strategy:
 - (a) Those at risk of homelessness will be made aware of and have access to the services they may need to prevent it.
 - (b) Suitable accommodation and support options will be provided for people who are, or who may become homeless.
 - (c) Rates of repeat homelessness will be reduced.
 - (d) The right support and services will be provided so that no person needs to sleep rough.
 - (e) Strong partnerships will be built to deliver our aims.
17. The emphasis on prevention is not new but the Homeless Reduction Act 2017 introduced new challenges and a requirement for much greater co-operation across agencies.
18. The Strategy also sets out a “holistic” approach to assessing needs, recognising that a solution may not be directly related to housing and again requiring greater co-operation with other agencies. As a consequence, an important element of the Strategy is to establish a new monitoring group to help provide a focus for co-ordination.
19. Progress on the Strategy’s action plan is monitored through the multi-agency Preventing Homelessness and Rough Sleeping Forum.
20. **Appendix 1** of this report provides an update on the Strategy’s action plan. Of the 28 actions in the Strategy, all have either being completed or remain ongoing due to the continuing demands on services.

Ending Rough Sleeping for Good Strategy 2022

21. In September 2022, the Government published a new “Ending Rough Sleeping for Good” strategy. The strategy aims to build on the progress made so far to reduce levels of rough sleeping and provides £2 billion of funding over the next 3 years to tackle homelessness and rough sleeping.
22. The strategy also aims for more effective support to end rough sleeping and a tailored offer of support where it does happen. The goal is for rough sleeping to be prevented but when does happen, it is rare, brief and non-recurring.

Refreshed Action Plan for 2023-24

23. Whilst there is no statutory requirement to produce a new Preventing Homelessness and Rough Sleeping Strategy until 2025, it is recommended that the actions contained within

the existing strategy are reviewed and refreshed for 2023-24 in light of:

- (a) The actions contained within the existing strategy were developed pre-Covid and primarily focussed on delivering the Homeless Reduction Act 2017. These actions have either been successfully completed or are being delivered on an ongoing basis.
 - (b) The existing pressures on our Homeless and Housing Options service originated from the Covid-19 pandemic and the demand for services continues to increase.
 - (c) The Government's "Ending Rough Sleeping for Good" strategy.
24. It is recommended that the refreshed action plan for 2023-24 is developed by the Preventing Homelessness and Rough Sleeping Forum.

Preventing Homelessness and Rough Sleeping Strategy action plan update**1. Those at risk of homelessness will be made aware of and have access to the services they may need to prevent it**

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

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

Action	Comments	Status
2.1 Develop the allocations process to meet the needs of the Homelessness Reduction Act	Common Allocations Policy now updated and new ICT system in place	Complete
2.2 Maintain and if possible, improve access to private sector housing	Following a successful funding bid, 4 empty homes were brought back into use. The properties have been refurbished and repurposed for those at risk of rough sleeping	Complete
2.3 Improve access to private sector housing for those who have difficulties funding a bond	Bond scheme is in place	Complete

2.4 Address the housing and support implications of the Homelessness Reduction Act	Review of Housing Related Support commissioned services has been completed by Adult Social Care	Complete
2.5 Review existing support contracts	As above	Complete
2.6 Support the development of appropriate supported housing	As above	Complete
2.7 Address the challenges of Universal Credit	Effective links with DWP maintained and good quality information is available to those who need it	Complete and ongoing

3. Reduce rates of repeat homelessness

Action	Comments	Status
3.1 Improve the chances of people avoiding repeat homelessness	<ul style="list-style-type: none"> Information on the website No First Night Out initiative delivered Joint working with other services Regular begging meetings Good pathways from prison with Project Beta and Through the Gate 	Complete and ongoing
3.2 Address the issues of those who have the most challenging behaviour	Adult Social Care and Housing meetings are addressing this issue, but it is recognised that there are a handful of individuals who lose their accommodation due to behaviour which includes a mix of offending, substance misuse and mental health issues	Ongoing
3.3 Identify and address the needs of those who are vulnerable but not eligible for additional support	Issues being addressed through regular meetings with Adult Social Care and Housing	Ongoing
3.4 Analyse case management for occurrence of repeat homelessness	Analysis done through the statistics in the main report. New opportunities for individuals to progress through Next Steps and ex-offender funding	Complete
3.5 Analyse overall approach to repeat homelessness	This is now in place with Rough Sleeper Initiative funding for an outreach support worker. Also discussed as part of the Homeless Forum and Rough Sleeper Action Groups	Complete and ongoing
3.6 Recognise the specific needs of those with dual diagnosis	Housing Options Officer (Mental Health) is now in place. This post works alongside Adult Social Care	Complete and ongoing

	staff at West Park hospital and with Public Health and the Access Team	
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4. Provide the right support and services so that no person needs to sleep rough

Action	Comments	Status
4.1 Reduce the number of people sleeping rough	<ul style="list-style-type: none"> • Regular begging meetings • Street link service • Information on the website • No First Night Out • Have a Heart campaign • Outreach service • Additional funding secured through the Rough Sleeping Initiative for additional staffing resources • Bi-monthly rough sleeper counts 	Complete and ongoing
4.2 Reduce the number of people sofa surfing	No First Night Out has been delivered by Darlington since 2018. However, during the Covid-19 pandemic we followed the Government's 'Everyone In' agenda and have continued to do so. All approaches to us will be assessed appropriately and if the person is homeless and has a local connection, offers of temporary accommodation will be made regardless of priority need	Complete and ongoing
4.3 Develop a new preventative approach to those rough sleeping	Awareness of Duty to Refer and information in 4.1 are in place. Agencies throughout Darlington work together proactively to reduce rough sleeping	Complete
4.4 Improve response to those who rough sleep	All the services listed above are in place. The Housing First and Next Steps projects are in place. Additional temporary accommodation and prevention tools are also in place	Complete
4.5 Review pathways to independence	Completed as part of the review of Housing Related Support commissioned services	Complete

5. Build a strong partnership to deliver our aims

Action	Comments	Status
5.1 Support and improve partnership development planning and information exchange	Preventing Homelessness and Rough Sleeping Forum established with regular meetings being held	Complete and ongoing

<p>5.2 Improve partnership working</p>	<p>Good links established through:</p> <ul style="list-style-type: none"> • Preventing Homelessness Forum • Preventing begging meetings • Working alongside commissioned providers of housing related support • Regular meetings between Adult Social Care and Housing • Sub-regional meetings • North East Regional Homeless Group • Government funding bids 	<p>Complete and ongoing</p>
<p>5.3 Improve internal Council joint working</p>	<p>Regular meetings taking place between Adult Social Care and Housing</p>	<p>Complete and ongoing</p>

HEALTH AND HOUSING SCRUTINY COMMITTEE 14 DECEMBER 2022

PERFORMANCE INDICATORS QUARTER 2 - 2022/23

SUMMARY REPORT

Purpose of the Report

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

Background

2. This report provides performance information in line with an indicator set and scrutiny committee distribution agreed by Monitoring and Coordination Group on 4 June 2018, and subsequently by scrutiny committee chairs. Following agreement at Council on 5 December 2019 to align Scrutiny Committees to the updated Cabinet Portfolios, the indicator set has been re-aligned accordingly.
3. The indicators included in this report are aligned with key priorities. Other indicators may be referenced when appropriate in narrative provided by the relevant Assistant Directors, when providing the committee with performance updates.
4. Thirty-six indicators are reported to the committee, nine of them on a six-monthly basis and twenty-seven annually.
5. Six indicators are reported by both the Housing and Leisure services and twenty-four by Public Health.

Headlines

Housing

6. Rent collection rates have increased since last quarter and are similar to year end collection rates for last year. Rent collection targets have been achieved with rent arrears at a similar level to 2021/22.
7. Residents have started to receive their cost of living support scheme payments to help with the increased cost of living and energy bills over the winter. The housing team continue to help customers, assisting with benefit claims and budgeting skills throughout their tenancy.
8. Enforcement and eviction warrants have been carried out where tenants have continued to breach court orders, but levels of evictions remain low as this is our last option.

9. Despite the increasing challenges of finding alternative accommodation, the housing options team secured 236 positive outcomes for clients in quarter 2, raising the total to 397 for the period April to September. This is an increase of 47% when compared to the total of 161 for quarter 1. The team is working hard to build and maintain relationships with landlords.
10. The percentage of our homes which have not had a gas service within 12 months has fallen slightly but we are undertaking more work to ensure that all of our properties with gas boilers are being serviced on time. We have moved towards MOT style servicing, completing more services in the summer months allowing us to focus on repairs and maintenance in the winter.

Leisure

11. Visitor numbers to the Dolphin Centre have continued to grow following the full reopening of facilities. Hospitality and soft play have experienced high numbers and the new bowling alley has increased footfall.
12. The number of school pupils taking part in our sports development programme is returning to post pandemic levels.

Public Health

13. Health visitors continue to visit expectant mothers to give health information and advice. This includes screening for alcohol consumption and smoking as well as access to vitamins including folic acid. We work with partner agencies and GPs to provide stop smoking and drugs support as well as high quality maternity care.
14. There is no significant change in the under-18s conception rate, Darlington is 7th in the North East. We are working to increase access to and improve uptake of a range of contraception as well as supporting schools in providing sex and relationship education.
15. Compared to our North East neighbours, Darlington is ranked 7th for the number of over 18s who smoke. Our specialist stop smoking service targets those who will benefit most from quitting. The NHS provides stop smoking support to all hospital patients and this continues after discharge. Trading Standards works with other agencies, including the police and customs, to remove the supplies of illicit tobacco in local communities.
16. In Darlington there were 552 per 100,000 admissions to hospital related to alcohol. GPs provide advice and support to patients identified as being at risk and the council supports national campaigns such as Dry January. There is evidence that a probable legacy of the pandemic may be an increase in the number of people engaging in hazardous drinking.
17. There is no significant change in chlamydia detection rate but Darlington has a higher rate than the North East and higher than England. A specialist sexual health service has been working to improve access and screening by targeting younger people under 25. The school nursing service is also working to ensure that chlamydia screening is promoted to young people

18. The Tess Clinical Commissioning Group (CCG) is supporting GPs to reduce prescribing and is working with the public health team and hospitals to reduce patient demand for antibiotics.
19. There has been no significant change to the under 75 mortality rate from cancer. The public health team supports a range of partners in their work to contribute to reducing early deaths from cancer in Darlington

Performance Summary

Housing and Leisure

20. There are six Housing and six Leisure indicators reported. All of these indicators are reported six monthly. Three of the Leisure indicators information is provided by Sport England and have a time delay for the publication of the information.
 - (a) Of these twelve indicators reported two Housing indicators have a target to be compared against.

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

- (b) HBS 013 had a target of 3.4%, the actual performance of 2.9% is therefore better than the target.
- (c) HBS 016 had a target of 100%, the actual of 97.3% is therefore not as good as the target.
- (d) Of the twelve indicators reported six monthly nine can be compared against their data at Quarter 2 2021/22.
- (e) Four indicators are showing performance better than at the same period last year.

CUL 030	Total number of visits to the Dolphin Centre (all areas)
CUL 063	Number of school pupils participating in the sports development programme
CUL 064	Number of individuals participating in the community sports development programme
HBS 027i	Number of positive outcomes where homelessness has been prevented

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

HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)
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HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd
HBS 025	Number of days spent in Bed and Breakfast
HBS 034	Average number of days to re-let dwellings
HBS 072	% of dwellings not with a gas service within 12 months of last service date

(g) The three leisure indicators with a time delay when compared against their data at Quarter 4 2020/21 are all showing performance not as good as at the same period the previous year.

CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month

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

(i) One indicator showing performance better than at Quarter 1.

HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd
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(j) Two indicators are showing performance not as good as at Quarter 1.

HBS 034	Average number of days to re-let dwellings
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21. A detailed performance scorecard is attached at **Appendix 1**.

Public Health

22. Indicators are mainly reported annually with the data being released in different months throughout the year.

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

(a) Two indicators reported are showing better performance than their previous year.

PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth - current method
PBH 033	(PHOF 2.14) Prevalence of smoking among persons aged 18 years and over

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

PBH 009	(PHOF 2.01) Low birth weight of term babies
PBH 044	(PHOF 2.18) Alcohol related admissions to hospital
PBH 046	(PHOF 2.22iv) Cumulative percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period
PBH 048	(PHOF 3.02) Rate of chlamydia detection per 100,000 young people aged 15 to 24
PBH 052	(PHOF 3.08) Antimicrobial Resistance
PBH 058	(PHOF 4.05i) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population

(c) Darlington is statistically similar to the North East and England for five of the eight indicators, statistically better than the three North East and two England from the remaining indicators. It is only alcohol related admissions (PBH 044) which is statistically worse than England.

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

Recommendation

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

Anthony Sandys
AD – Housing and Revenues

Ian Thompson
AD – Community Services

Penny Spring
Director of Public Health

Background Papers

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

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

MAIN REPORT

Information and Analysis

Housing

26. HBS 013 and HBS 016 – Rent arrears and collection: Collection rates (HBS 016) have increased in Q2 compared to Q1 levels and are similar to year end collection rates for 2021-22 standing at 97.29% in Q2, compared to 96.24% in Q1. Rent collection targets have been achieved this quarter with rent arrears at a similar level to 2021/22 (2.93% compared to 2.7%). During Q2, performance has been comparable with other social housing providers in the region. Collection rates have increased in Q2 compared to Q1. Residents have started to receive their additional Cost of Living Support Scheme payments which will assist towards the increased cost of living and energy bills over the winter. The team continue to offer all manner of guidance, help and support to customers, assisting with benefit claims and budgeting skills at the beginning of a tenancy and throughout. Numbers of UC claimants is at its highest since the introduction of UC with over 1,900 of all Council tenants now receiving UC. Our average arrears for each tenant receiving UC (£386.14) remains at less than 5 weeks rent. Court hearings have continued although there continues to be some delays in court hearing dates being set. Enforcement and eviction

warrants have been carried out where tenants have continued to breach court orders, but levels of evictions remain low as this is our last option.

27. HBS 025 – Days spent in bed and breakfast: The number of days in temporary bed and breakfast accommodation has increased in Q2 as it is still extremely challenging to move clients into sustainable accommodation. We have seen an increased number of landlords who require higher bonds and a guarantor, meaning it is more challenging rehousing these customers. With the number of additional households presenting, this meant that there were also more nights spent in emergency accommodation.
28. HBS 027i – Positive outcomes where homelessness has been prevented: Despite the increasing challenges of finding alternative accommodation, the Housing Options team managed to secure 236 positive outcomes for clients in quarter 2, raising the total to 397 for the period April to September. The 236 is an increase of 47% when compared to the total of 161 for quarter 1. The Housing Options team are working extremely hard in building up relationships with new landlords coming into the housing market as well as maintaining the existing relationships with landlords throughout the Borough.
29. HBS 034 – Average number of days to re-let dwellings: The average re-let times have increased since Q1, so are now slightly higher than they were at this point in 2021/22. The increase in previous quarters was due to the new Homefinder system being established,
30. plus the remaining backlog from the Covid pandemic. We have also changed from repairs on letting to repairs before letting to improve the service for tenants, but this means there is more to complete in the homes before we hand them over. Housing have recently taken successful enforcement action against several tenancies, which has resulted in evictions being carried out. Officers undertake thorough checks of prospective tenants at the point of allocation, additional time has been taken to ensure that new tenancy is going to be a success adding to sustaining the community.
31. HBS 072 – Council dwellings not with a gas service within 12 months of last service: The percentage of dwellings without a gas service within 12 months of last service date is 1.68% in Quarter 2. This is an increase from 2021-22, and an increase since quarter 1 of 2022-23. There have been some resourcing issues to meet the changing demands for our new MOT process, whereby we will aim to service more properties during the summer months and fewer in the winter months. The process was changed to allow for more repairs availability in the winter months. The main issues we have had is staff shortages, which alongside an increased number of properties to service over the summer months, has contributed to a reduction of calls to confirm appointments. This has then slowed down our process, so in some instances we have been unable to serve letters when they are due. However, these issues have now been resolved and we have ensured that all gas servicing due has been completed.

Leisure

32. CUL 030 – Dolphin Centre visits: Visitor numbers for quarter 2 (22-23) have increased significantly by 51,373, compared to the same quarter in 21-22. Visitors in July were the highest monthly total since reopening following lockdown, with 84,000 visits. The centre had lots of visitors over the summer holidays with additional events and activities put on to celebrate 40 years of The Dolphin Centre being open.

33. CUL 063 - School pupils participating in the sports development Programme: There has been a marked increase due to the fact that we are now delivering all of our projects and programmes with no COVID restrictions, so the participation levels are more towards pre-lockdown which again is a positive and Schools are now attending the festivals and engaging in after school clubs.
34. CUL 064 - Individuals participating in the community sports development programme: Again, attendance to the community sports development programme is returning to pre Covid levels with the Holiday Activity Project contributing to overall attendances.

Public Health

35. PBH 009 - Low birth weight of term babies: This data (from 2020) shows that that there is no significant change to the trend for low birth rate of term babies. 3.3% of infants are recorded as low birth rate (<2500g). Compared to our North East neighbours Darlington is ranked 5 th. Statistically similar to the North East and England. The 0-19 year's contract includes a specific action for Health Visitors to visit an expectant mother by 24 weeks of their pregnancy. This visit provides an opportunity to provide the mother with information, advice and support to maximise the mother's health and provide the optimum conditions for a healthy pregnancy. This includes screening for alcohol consumption and smoking as well as access to Healthy Start vitamins including folic acid. Other services in Darlington that are commissioned by the Authority, including stop smoking support and substance misuse, prioritise support for pregnant women. Partner agencies such as local GPs and maternity services also support healthy pregnancies through providing access to high quality maternity care and support for pregnant women. Health professionals also provide pre-conception advice and support for women who are trying for a baby. This includes access to lifestyle advice and support including alcohol consumption, smoking and diet.
36. PBH 016 – PHOF C02a) Under 18s conception rate /1,000: This data (from 2020) shows that that there is no significant change to the trend for under 18s conception rate/1,000. 16.8 per 1,000 of pregnancies that occur in women are in those aged under 18. Compared to our North East neighbours Darlington is ranked 7 th . Statistically similar to the North East and England. The Authority coordinates a broad range of evidence based interventions and programmes across a broad range of partners to continue to tackle and contribute to the continued reduction in teenage conceptions through the Teenage Pregnancy and Sexual Health Strategy. This includes the Authority commissioning specific targeted services including high quality and accessible Sexual Health Services. These services are working to increase access to and improve uptake of a range of contraception, including Long Acting Reversible Contraception (LARCs), emergency contraception and the provision of condoms. The Authority also works to support schools and academies in their delivery of high-quality Sex and Relationships Education a as part of the national curriculum. Teenage Pregnancy and Sexual Health Strategy and action plan.
37. PBH 033- (PHOF C18) Smoking Prevalence in adults (18+) – current smokers (APS): 13.5% of persons aged 18 + self-reported themselves as smokers in the Annual Population Survey (APS). Compared to our North East neighbours Darlington is ranked 7th and is statistically similar to the North East and England. The Authority commissions a specialist Stop Smoking Service that offers intensive, evidence based targeted support to those who have

been identified as accruing the greatest benefit from quitting. This includes pregnant women, and individuals with high risk of developing diseases such as heart disease, due to their smoking. The NHS is now providing stop smoking support to every smoker hospital patient including pregnant women. This provides ongoing support in the community following discharge and compliments the specialist service provided by the Authority. The School Nursing service that the Authority commissions supports schools to provide effective preventative messages for young people, using the PHSE curriculum, to provide them with the knowledge and information about the harms and risks of smoking to prevent new smokers. The Healthy Lifestyle Survey (HLS) also includes questions about the attitudes and behaviours of young people about smoking. The results of the HLS help school's target support and interventions and are used to de-normalise smoking behaviours in young people and understand the sources of exposure. Trading Standards work with other agencies including the police and customs to remove the supplies of illicit tobacco in local communities. Illicit tobacco sales and unregulated and remove significant barriers to accessing tobacco particularly for young people and children.

38. PBH 044 – (PHOF C21) Admission episodes for alcohol-related conditions (Narrow): This data shows that in Darlington there were 552 per 100,000 admissions to hospital where the primary diagnosis is an alcohol-related condition, or a secondary diagnosis is an alcohol-related external cause. There has been no significant change to the trend for admission episodes for alcohol related conditions. Compared to our North East neighbours Darlington is ranked 10th lowest which is statistically better than the North East but statistically worse than England. The Authority commissions NHS Health Checks where an "Audit C" alcohol screening tool is conducted as part of every NHS Health Check. This can help identify hazardous drinking or alcohol related disorders. GP's can then provide individualised advice and support to the patient or refer them on for specialist treatment. The Council also supports national campaigns aimed at raising awareness and reducing alcohol consumption in the population. Examples include Dry January which was widely promoted by partners and via Council media channels. Wider partnership work with other organisations support this wider awareness work. For those with hazardous or harmful drinking that require support, the Council commissions STRIDE (Support, Treatment Recovery in Darlington through Empowerment) which provides evidence-based interventions to stabilise and support individuals to make the changes in their behaviours that may reduce their harmful drinking and the associated risks. There is evidence that a probable legacy of the recent COVID pandemic may be an increase in the numbers of people who are now engaging in hazardous drinking within our communities.
39. PBH 046 - (PHOF C26b) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check: KEY PBH 046 - (PHOF C26b) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check. Performance is monitored quarterly, with an annual target for each GP Practice to offer a health check to 20% of the eligible population (40-74 year olds) annually. This is incentivised to encourage the GP Practices to offer a health check to the maximum number eligible.
40. PBH 048 – (PHOF D02a) Chlamydia detection rate /100,000 aged 15 to 24: The latest reported data for 2021 (1,547) shows there is no significant change but Darlington has a higher rate than the North East (1,413) and higher than England (1,334). The authority commissions a specialist Sexual Health Service is commissioned. The Service has been working to improve access and screening by targeting younger people under 25 yrs. The

Sexual Health Service provides online testing service for those over 16 years and this has increased the number of people getting tests. The majority of results are feedback within 24 hours; positive and negative. If positive people are called in to the Specialist Service for treatment. The School Nursing Service is also working with schools and PHSE leads to ensure that Chlamydia screening is promoted within the PHSE curriculum to young people in schools and colleges in Darlington.

41. PBH 052 – (PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS: The rate of reduction of antibiotic prescribing within the local NHS is statistically similar to both England and the North East average. In terms of performance against the North East region, Darlington is 4th lowest in the ranking. The Tess Clinical Commissioning Group has an action plan to help reduce antibiotic prescribing and is working with individual GP Practices to support them to reduce their prescribing of antibiotics. The CCG is also working with NHS England and other CCGs and hospitals in supporting information campaigns to reduce the demand and expectations for antibiotics from patients for relatively minor and self-limiting illnesses. This includes the regular winter pressures campaigns and plans. The public health team in Darlington continues to support the local CCG, NHS England and the UK Health Security Agency in promoting awareness campaigns such as World Antibiotic Awareness Week and the seasonal influenza vaccination campaigns over the winter period. The Authority's role in providing animal health inspections also supports efforts to reduce AMR through ensuring animal welfare standards are applied locally. The recently refreshed Pharmaceutical Needs Assessment (PNA) for Darlington stresses that pharmacies have a key role in providing advice and guidance to the public on medicine use including antibiotics and can influence reduction in use. The Director of Public Health sits on the County Durham and Darlington Healthcare Associated Infections Steering Group. This is a multiagency group that includes membership from UK Health Security Agency CCGs and NHS Trusts that reviews risks, actions and policy in relation to health protection across County Durham and Darlington, including AMR.
42. PBH 058 - (PHOF E05a) Under 75 mortality rate from cancer (1 year range): The data (shows that there is no significant change to the trend for under 75 mortality rate from cancer. The rate in Darlington was 160.9 per 100,000 of deaths from all cancers. Compared to our North East neighbours Darlington is ranked 4th. Statistically similar to the North East and England. The public health team supports a range of partners in their work to contribute to reducing early deaths from cancer in Darlington. Some specific activities include:
- The provision of Brief Advice and Very Brief Advice training to community partners to maximise the numbers of individuals who are encouraged to quit smoking.
 - The development of an online behaviour change coaching app. This will provide even more people who are quitting smoking with the support and advice they need to maximise their chance of a successful quit.
 - The provision of information advice and support to the Authority's workforce by HR and Occupational Health, including campaigns to promote cancer awareness, healthy lifestyles and smoking cessation.
 - Regulatory Services are working with partners in providing campaigns and action to stop illegal sales of tobacco in local communities.

- The implementation of the Cancer Plan by the NHS in Darlington to provide better uptake of screening, early detection, quick access to diagnosis and treatment to maximise those who survive a diagnosis of cancer.

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SCRUTINY - HEALTH AND HOUSING 2022/23 QUARTER 2												
Indicator	Title	Return Format	Reported	What is best	2019 / 2020	2020 / 2021	2021 / 2022	2022/23 - Q1	2022/23 - Q2	Qtr 1 compared to Qtr 2	2021/22 Qtr 2	2022/23 compared to 2021/22
CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week	Percentage	6 monthly	Lower	23.2%	26.9%	33.1%	No data available	No data available	NA	No data available	NA
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Percentage	6 monthly	Higher	60.7%	61.5%	54.9%	No data available	No data available	NA	No data available	NA
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Percentage	6 monthly	Higher	79.5%	77.2%	68.5%	No data available	No data available	NA	No data available	NA
CUL 030	Total number of visits to the Dolphin Centre (all areas)	Number	Monthly	Higher	789,100	74,259	619,748	203,946	435,695	NA	247,820	↑
CUL 063	Number of school pupils participating in the sports development programme	Number	Monthly	Higher	19,665	10,675	12,634	3,139	5,135	NA	3,056	↑
CUL 064	Number of individuals participating in the community sports development programme	Number	Monthly	Higher	4,964	4,157	11,089	2,876	5,890	NA	3,756	↑
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)	Percentage	Quarterly	Lower	2.9%	2.5%	2.7%	3.0%	2.9%	NA	2.7%	↓
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd	Percentage	Quarterly	Higher	97.5%	101.6%	97.5%	96.2%	97.3%	NA	97.4%	↓
HBS 025	Number of days spent in Bed and Breakfast	Days	Monthly	Lower	1,486	4,116	3,697	1,519	3,263	NA	2,261	↓
HBS 027i	Number of positive outcomes where homelessness has been prevented	Number	Monthly	Higher	656	645	578	161	397	NA	252	↑
HBS 034	Average number of days to re-let dwellings	Average Days	Monthly	Lower	17.62	38.91	19.00	45.89	55.45	↓	51.10	↓
HBS 072	% of dwellings not with a gas service within 12 months of last service date	Percentage	Monthly	Lower	1.00%	0.76%	0.20%	0.30%	1.68%	↓	0.50%	↓
PBH 009	(PHOF C04) Low birth weight of term babies	Percentage	Annually	Lower	2.6%	3.3%	No data available			NA		NA
PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth - current method	Percentage	Annually	Higher	33.5%	34.4%	No data available			NA		NA
PBH 014	(PHOF C06) Smoking status at time of delivery	Percentage	Annually	Lower	16.4%	14.4%	No data available			NA		NA
PBH 016	(PHOF C02a) Rate of under-18 conceptions	Per 1,000 pop	Annually	Lower	19.3	16.8	No data available			NA		NA
PBH 018	Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	Percentage	Annually	Higher	99.4%	99.5%	No data available			NA		NA
PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)	Number	Annually	Lower	25.8	No data available	No data available			NA		NA
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)	Number	Annually	Lower	37.8	No data available	No data available			NA		NA
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Per 10,000 pop	Annually	Lower	207.3	149.3	No data available			NA		NA
PBH 026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Per 10,000 pop	Annually	Lower	135.0	98.0	No data available			NA		NA

SCRUTINY - HEALTH AND HOUSING 2022/23 QUARTER 2												
Indicator	Title	Return Format	Reported	What is best	2019 / 2020	2020 / 2021	2021 / 2022	2022/23 - Q1	2022/23 - Q2	Qtr 1 compared to Qtr 2	2021/22 Qtr 2	2022/23 compared to 2021/22
PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Per 10,000 pop	Annually	Lower	159.0	144.8	No data available	Annual indicators no data to report for these quarters		NA	Annual indicators no data to report for this quarter	NA
PBH 031	(PHOF C14b) Emergency Hospital Admissions for Intentional Self-Harm	Per 100,000 pop	Annually	Lower	217.8	300.5	No data available					NA
PBH 033	(PHOF C18) Prevalence of smoking among persons aged 18 years and over	Percentage	Annually	Lower	13.7%	13.5%	No data available					NA
PBH 035i	(PHOF C19a) Successful completion of drug treatment - opiate users	Percentage	Annually	Higher	3.1%	3.1%	No data available					NA
PBH 035ii	(PHOF C19b) Successful completion of drug treatment - non-opiate users	Percentage	Annually	Higher	19.3%	18.0%	No data available					NA
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment	Percentage	Annually	Higher	30.7%	19.0%	No data available					NA
PBH 044	(PHOF C21) Admission episodes for alcohol-related conditions (narrow) (new method from 2019/20)	Per 100,000 pop	Annually	Lower	501	504	552					NA
PBH 046	(PHOF C26b) Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period	Percentage	Annually	Higher	50.7%	48.9%	47.4%					NA
PBH 048	(PHOF D02a) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Per 100,000 pop	Annually	Higher	2,108	1,674	1,547					NA
PBH 050	(PHOF D07) HIV late diagnosis (%)	Percentage	Annually	Lower	16.7%	No data available	No data available					NA
PBH 052	(PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS	Number	Annually	Lower	0.78	0.95	No data available					NA
PBH 054	(PHOF E02) Percentage of 5 year olds with experience of visually obvious dental decay	Percentage Value	Biennial	Lower	No data available	No data available	No data available					NA
PBH 056	(PHOF E04b) Under 75 mortality rate from cardiovascular diseases considered preventable (1 year range)	Per 100,000 pop	Annually	Lower	32.6	No data available	No data available					NA
PBH 058	(PHOF E05a) Age-standardised rate of mortality from all cancers in persons less than 75 years of age per 100,000 population (1 year range)	Per 100,000 pop	Annually	Lower	160.9	No data available	No data available					NA
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease (1 year range)	Per 100,000 pop	Annually	Lower	38.9	No data available	No data available	NA				
										Better than =	↑	
										Not as good as =	↓	
										The same as =	↔	



Darlington Borough Council

Public Health

April – September (Quarter 1 & 2)

Performance Highlight Report

2022 - 23

Public Health Performance Introduction

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

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

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

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

Timetable for "Key" Public Health Indicators

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

Q1 Indicators

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

Q3 Indicators

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

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

Q2 Indicators

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

Q4 Indicators

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

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

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

INDEX			
Indicator Number	Indicator description	Indicator type	Pages
PBH 009	(PHOF C04) Low birth weight of term babies	Key	7-8
PBH 016	(PHOF C02a) Under 18s conception rate /1,000	Key	9-10
PBH 033	(PHOF C18) Smoking Prevalence in adults (18+) – current smokers (APS)	Key	11-12
PBH 037b	Number of young people (<19yrs) seen by genitourinary medicine (GUM) service (cumulative)	Contract	13
PBH 037c	Number of young people (<19yrs) seen by contraception and sexual health (CASH) service (cumulative)	Contract	14
PBH 038, 039, 040, 041	Waiting times: Number of adult's opiate, non-opiate, alcohol and non- opiate and alcohol only waiting over 3 weeks to start first intervention	Contract	15-17
PBH 044	(PHOF C21) Admission episodes for alcohol-related conditions (Narrow) (new method)	Key	18-19
PBH 045	Number of adults in alcohol treatment	Contract	20
PBH 046	(PHOF C26b) Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Key	21-22
PBH 047	Total number of NHS Health Checks	Contract	23
PBH 048	(PHOF D02a) Chlamydia detection rate /100,000 aged 15 to 24	Key	24-25
PBH 052	(PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS	Key	26-27
PBH 057	Number of NHS Health Checks offered	Contract	28
PBH 058	(PHOF E05a) Under 75 mortality rate from cancer (1 year range)	Key	29-30

Quarter 1&2 Performance Summary

Key Indicators reported in Q1 & Q2 are:

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

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

Quarter 1&2 Performance Summary**Contract Indicators highlighted in Q1 & Q2 are:**

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

KEY AND CONTRACT INDICATORS

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

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

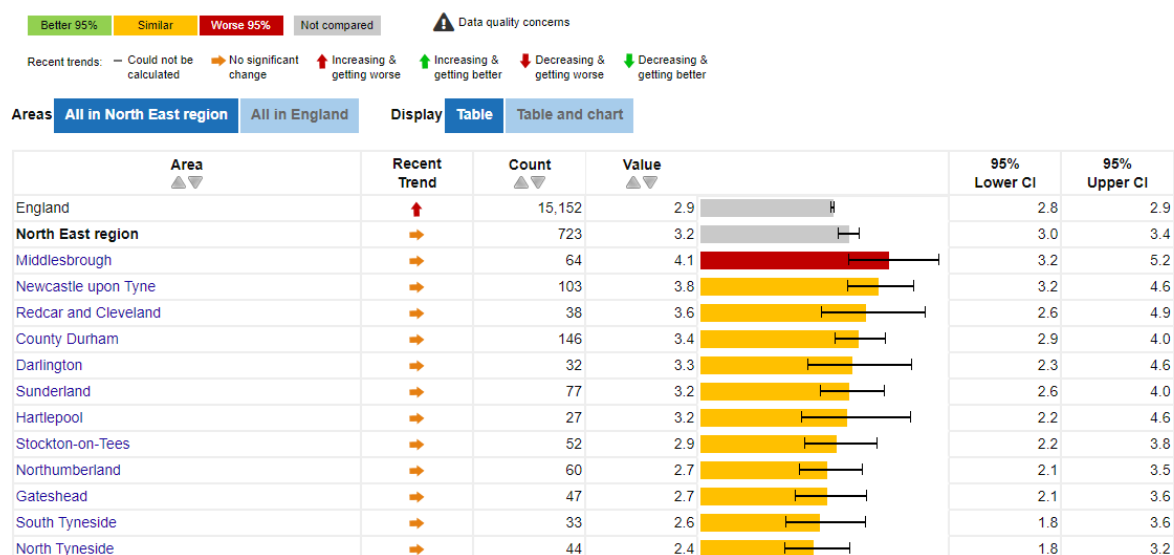
Numerator: Number of live births at term (≥ 37 gestation weeks) with low birth weight ($< 2500g$).

Denominator: Number of live births at term (≥ 37 weeks) with recorded birth weight.

Latest update: 2020

Current performance: 3.3%

Figure 1 - All North East region comparison



What is the data telling us?

This data (from 2020) shows that there is no significant change to the trend for low birth rate of term babies. 3.3% of infants are recorded as low birth rate ($< 2500g$). Compared to our North East neighbours Darlington is ranked 5th. Statistically similar to the North East and England.

Why is this important to inequalities?

Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health outcomes throughout life. At a population level there are inequalities in the distribution of low birth weight babies with a correlation with deprivation. A high proportion of low birth weight births is indicative of external

factors that affect the development of the child. This can include maternal smoking, excessive alcohol consumption, substance misuse or poor diet.

What are we doing about it?

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

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

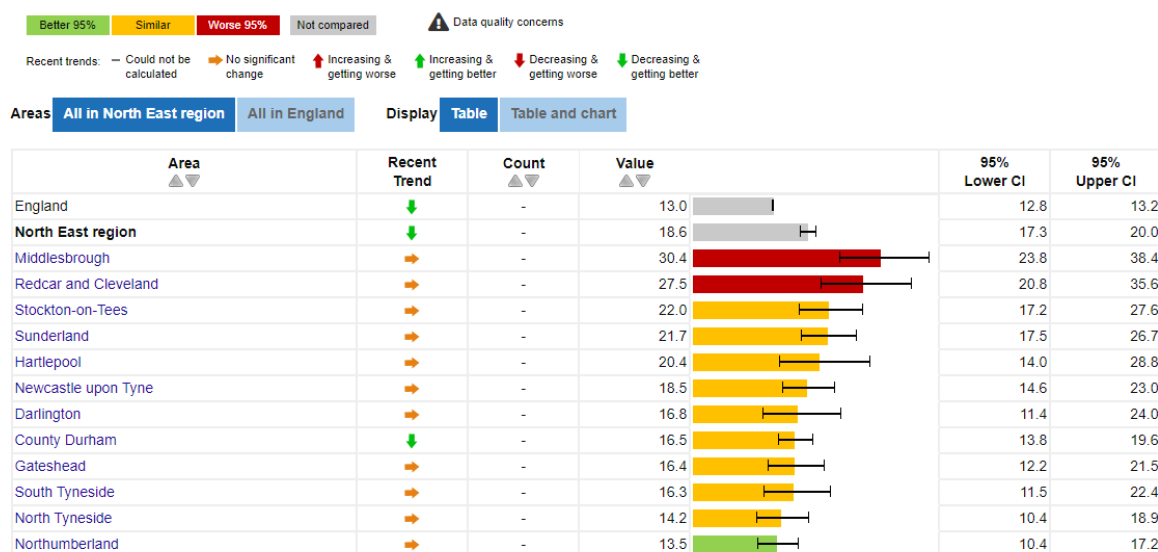
Definition: Conceptions in women aged under 18 per 1,000 females aged 15-17.

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

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

Latest update: 2020 **Current performance: 16.8%**

Figure 2 - All North East region comparison



Source: Office for National Statistics (ONS)

What is the data telling us?

This data (from 2020) shows that there is no significant change to the trend for under 18s conception rate/1,000. 16.8 per 1,000 of pregnancies that occur in women are in those aged under 18. Compared to our North East neighbours Darlington is ranked 7th. Statistically similar to the North East and England.

Why is this important to inequalities?

Having a child when young can represent a positive turning point in the lives of some young women. However, the evidence shows that that bringing up a child as a teenage parent can be challenging and can result in poor outcomes for both mother and child. Teenage mothers are less likely to finish their education, more likely to live in poverty and care for their child alone. They also have a higher risk of poor mental health than older mothers.

What are we doing about it?

The Authority coordinates a broad range of evidence based interventions and programmes across a broad range of partners to continue to tackle and contribute to the continued reduction in teenage conceptions through the Teenage Pregnancy and Sexual Health Strategy.

This includes the Authority commissioning specific targeted services including high quality and accessible Sexual Health Services. These services are working to increase access to and improve uptake of a range of contraception, including Long Acting Reversible Contraception (LARCs), emergency contraception and the provision of condoms.

The Authority also works to support schools and academies in their delivery of high-quality Sex and Relationships Education as part of the national curriculum. Teenage Pregnancy and Sexual Health Strategy and action plan.

KEY PBH 033- (PHOF C18) Smoking Prevalence in adults (18+) – current smokers (APS) (2020 definition)

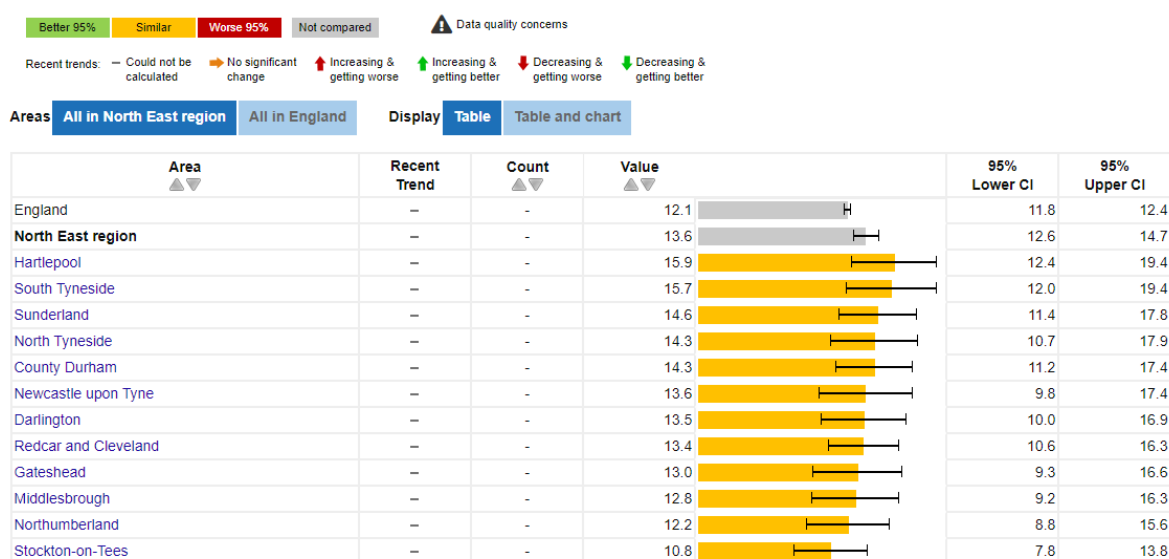
Definition: Prevalence of smoking among persons 18 years and over.

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

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

Latest update: 2020 **Current performance: 13.5%**

Figure 3 - All North East region comparison



Source: Office of National Statistics (ONS)

What is the data telling us?

13.5% of persons aged 18 + self-reported themselves as smokers in the Annual Population Survey (APS). Compared to our North East neighbours Darlington is ranked 7th and is statistically similar to the North East and England.

Why is this important to inequalities?

Smoking is a modifiable lifestyle risk factor and is the single greatest cause of preventable ill health and premature mortality in Darlington and the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

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

What are we doing about it?

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

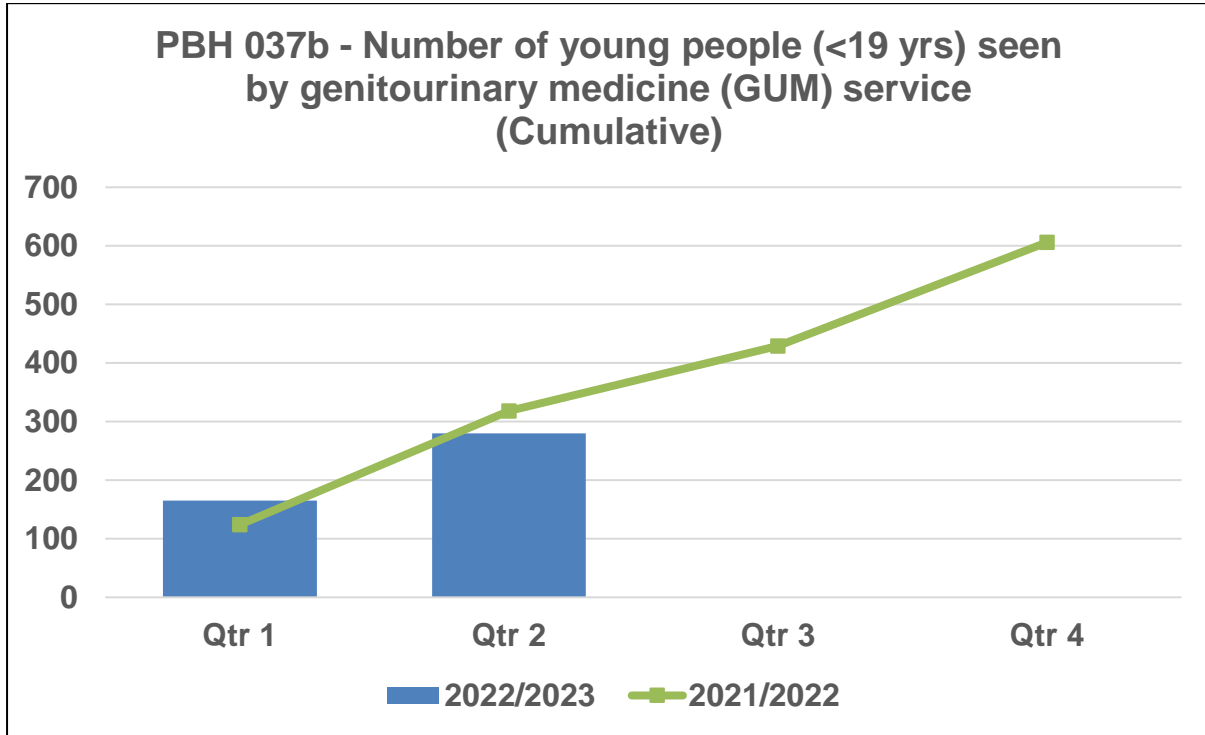
The NHS is now providing stop smoking support to every smoker hospital patient including pregnant women. This provides ongoing support in the community following discharge and compliments the specialist service provided by the Authority.

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

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

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

Figure 4



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

What is the data is telling us?

The data shows that cumulatively there have been 280 young people who have accessed the service from April to September 2022. This is a lower number compared to the same period last year.

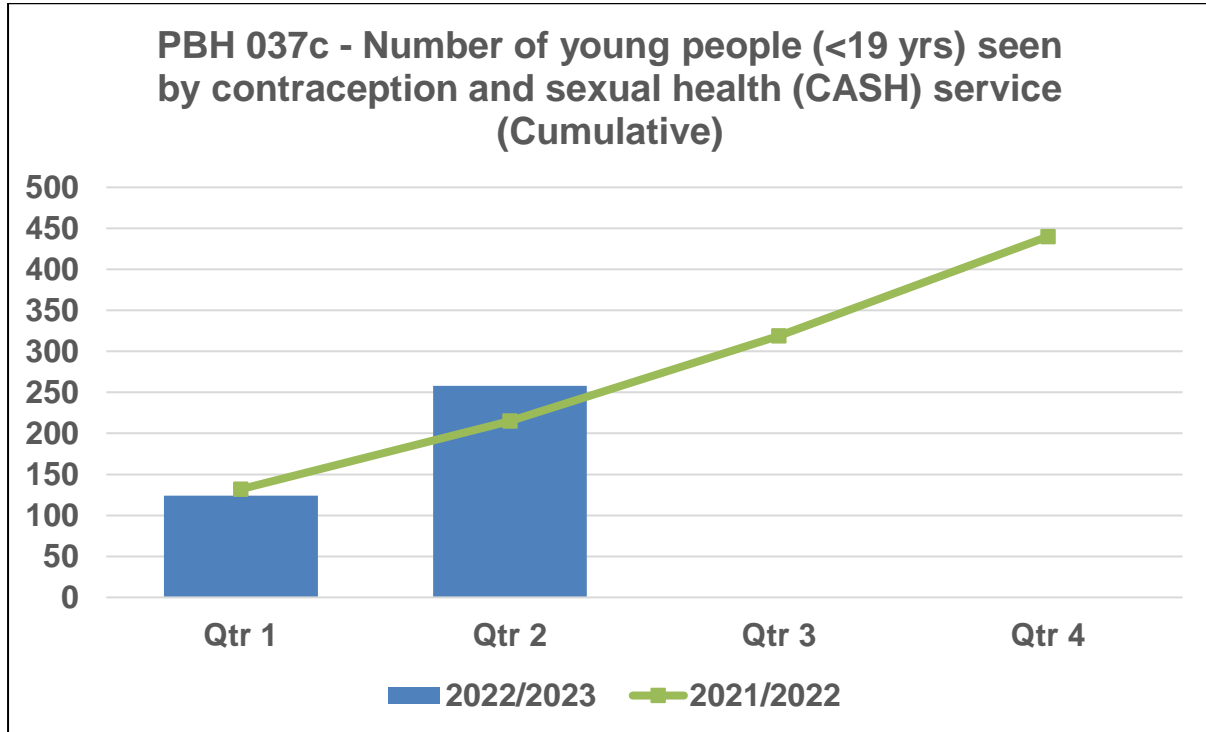
What more needs to happen?

The Service has continued to offer virtual appointments with advice and support provided over the telephone. The Service also offer online testing and young people are able to register and request testing kits and results can be sent via post or text.

Young people only need to go into the service collect any medication or if they chose to have a face to face consultation.

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

Figure 5



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

What is the data is telling us?

The data shows that in cumulatively between April and September 2022 258 young people have accessed the service. This is an increase compared to the same period last year.

What more needs to happen?

The Service has continued to offer virtual appointments with advice and support provided over the telephone.

For young people over 16years who require contraception, condoms are available online after registering for C-card. Once registered these can be sent out in the post.

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

Figure 6

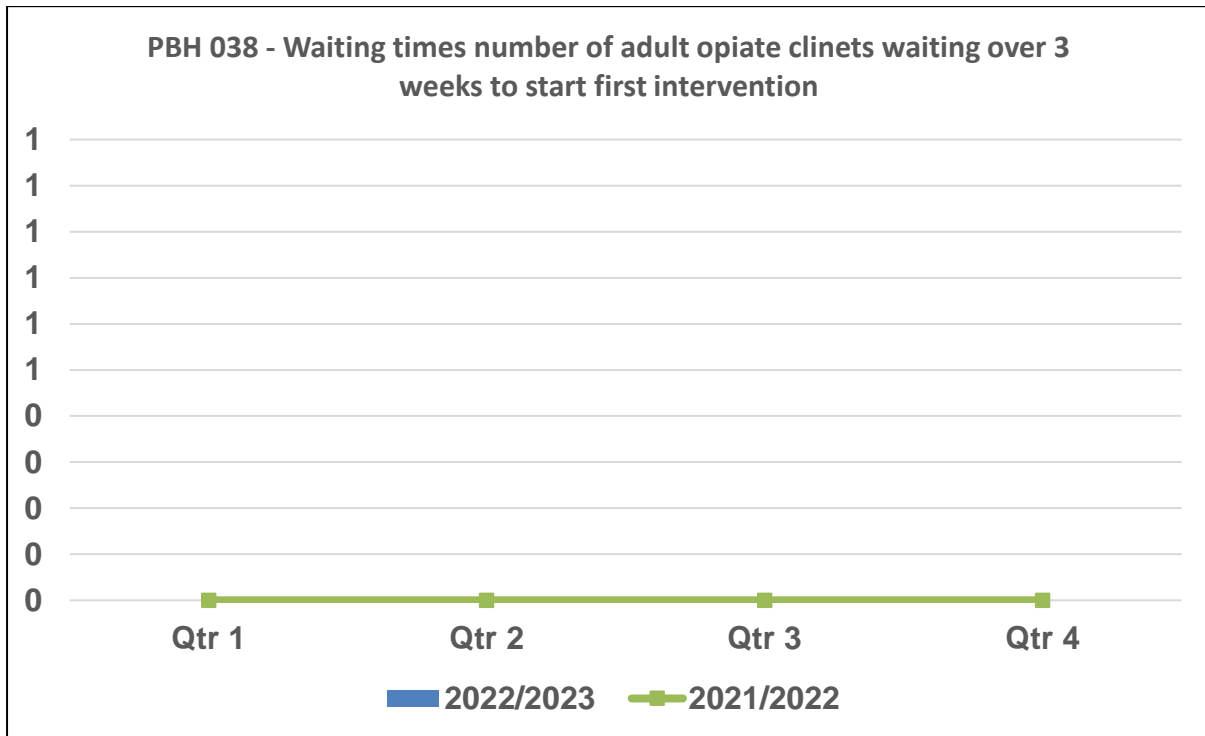


Figure 7

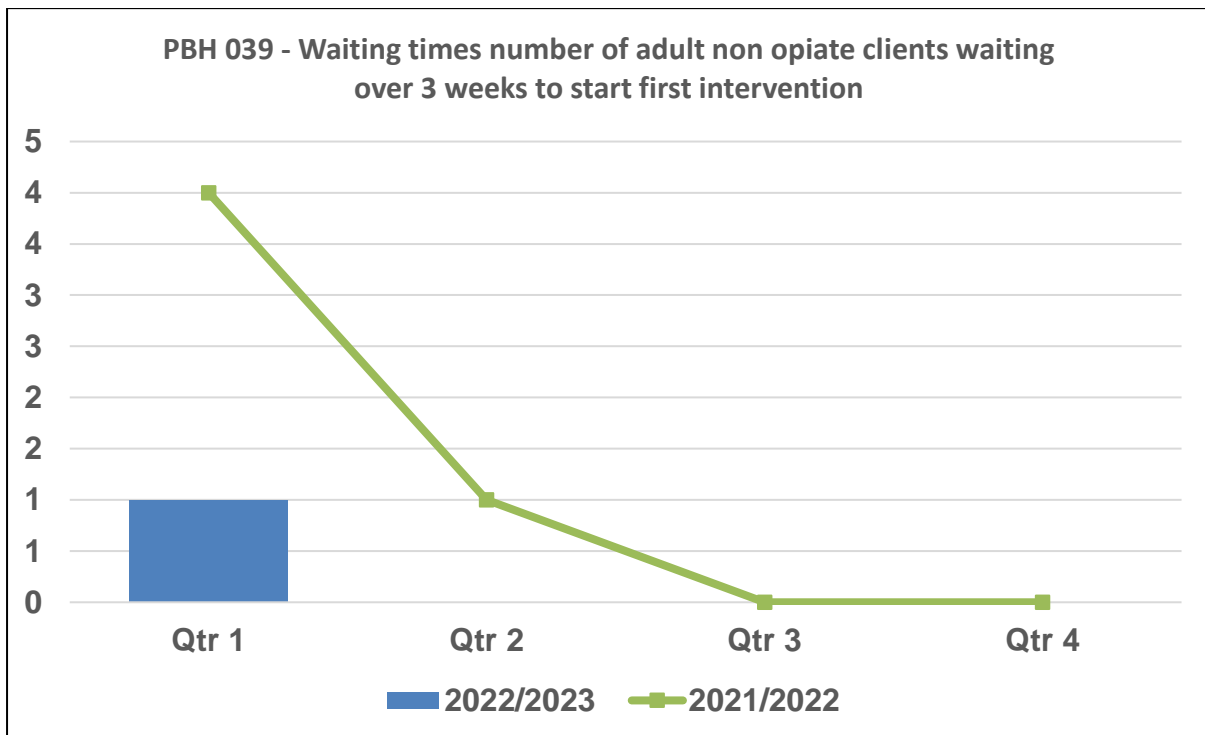


Figure 8

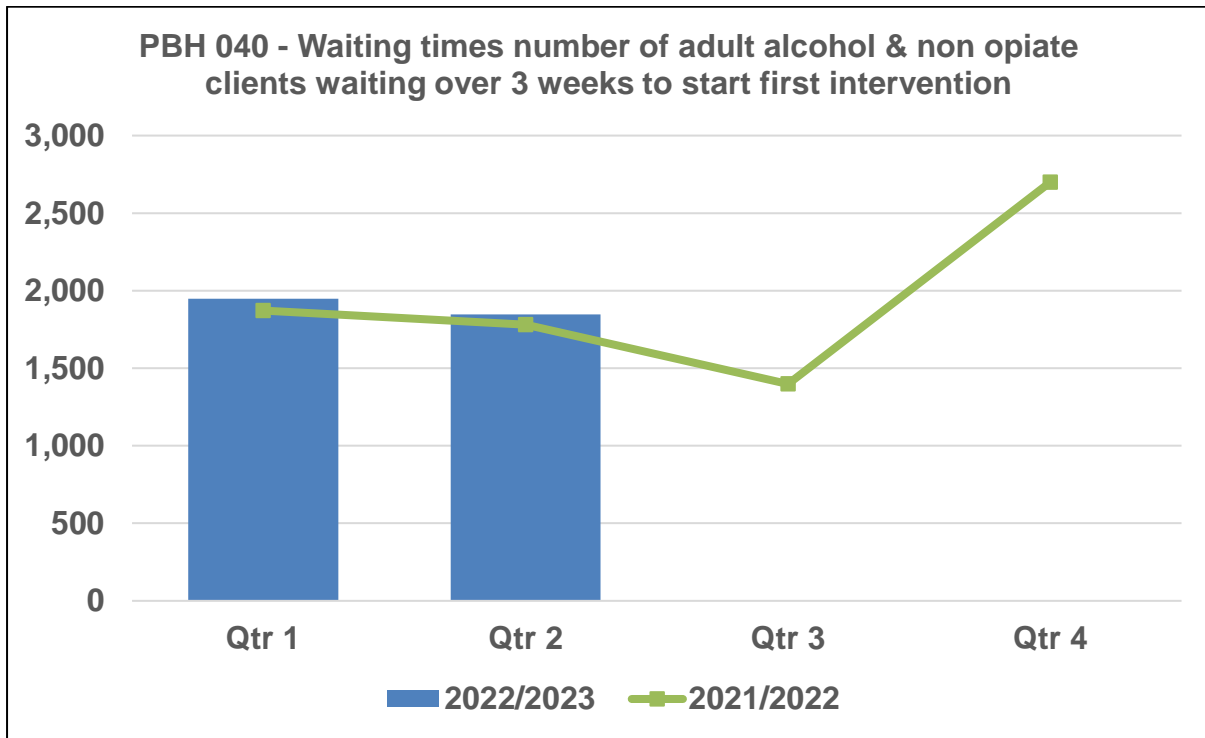
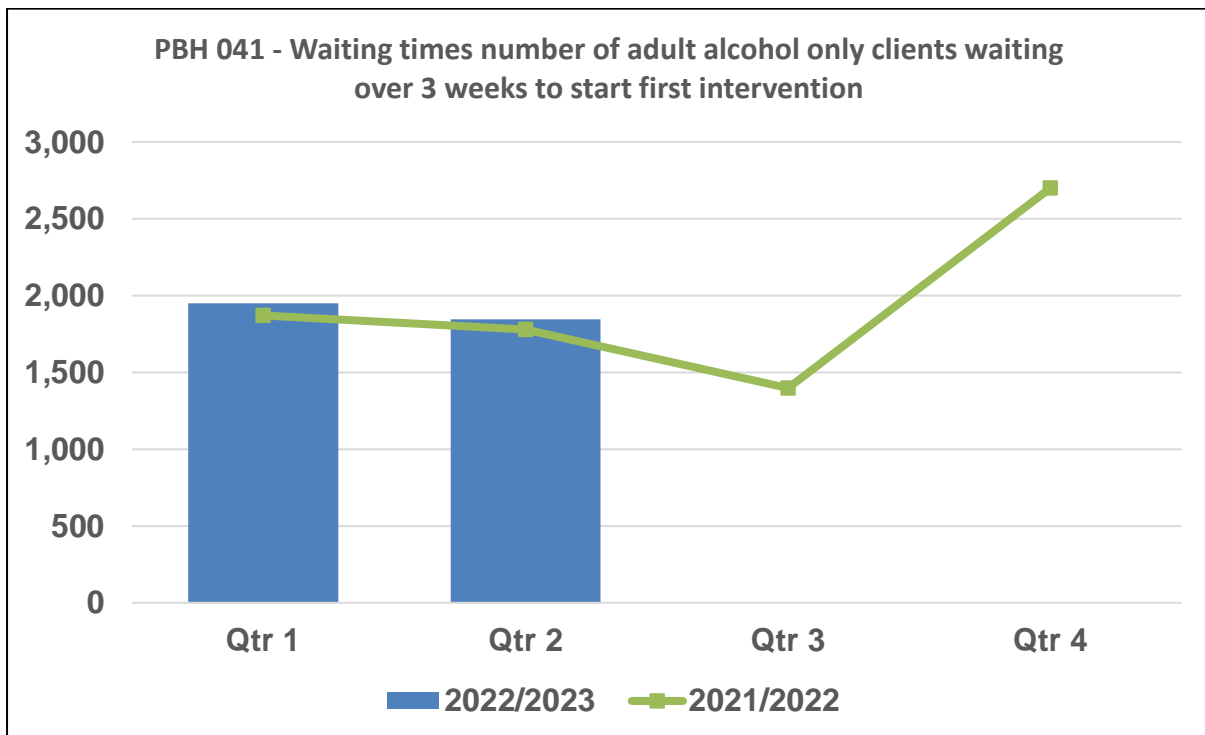


Figure 9



Service Provider: We Are With You (WAWY)

What is the data is telling us?

The data for PBH 038 shows that no clients who were using opiates had to wait over 3 weeks to receive their first intervention between April and September 2022. PBH 039 shows that a total of 1 client who was using drugs other than opiates had to wait over 3 weeks to receive their first intervention between April and September 2022. PBH 040 shows no clients who were using alcohol and non-opiates had to wait more than 3 weeks for their first intervention between April and September 2022. PBH 041 shows 1 client using only alcohol had to wait more than 3 weeks for their first intervention between April and September 2022.

Where clients were required to wait longer than 3 weeks to start their structured treatment these delays included instances where the client first required referral to other professionals such as GPs or psychiatrist or the client cancelling their appointment due to their personal circumstances changing.

What more needs to happen?

WAWY provides the substance misuse service in Darlington and are implementing a new model of service delivery on behalf of the Authority called STRIDE (Support, Treatment Recovery in Darlington through Empowerment). The service they have made progress in increasing access to treatment and better meeting demand.

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

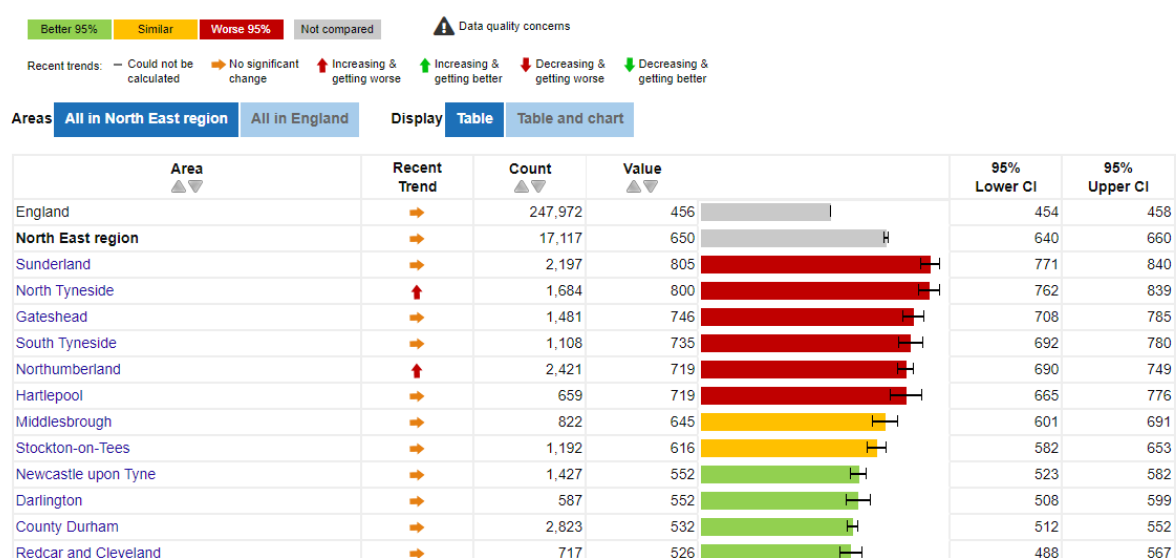
Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code, or a secondary diagnosis is an alcohol-attributable external cause code. Directly age standardised rate per 100,000 population.

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

Denominator: All age ONS mid-year population estimates aggregated into quinary age bands.

Latest update: 2020/21 **Current performance: 552 per 100,000**

Figure 10 - All North East region comparison



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

What is the data is telling us?

This data shows that in Darlington there were 552 per 100,000 admissions to hospital where the primary diagnosis is an alcohol-related condition, or a secondary diagnosis is an alcohol-related external cause. There has been no significant change to the trend for admission episodes for alcohol related conditions. Compared to our North East neighbours Darlington is ranked 10th lowest which is statistically better than the North East but statistically worse than England.

Why is this important to inequalities?

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and £2 billion annually to wider society through lost working days, costs for social care, housing, police and the criminal justice services.

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

What are we doing about it?

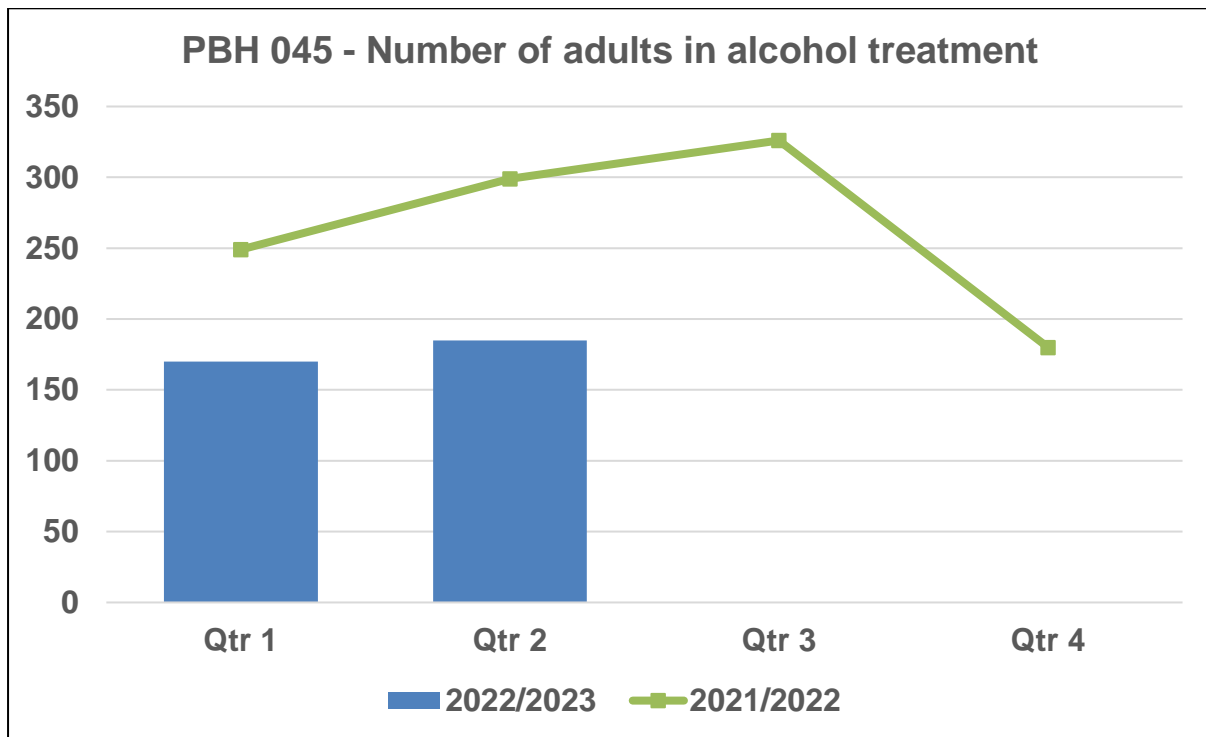
The Authority commissions NHS Health Checks where an "Audit C" alcohol screening tool is conducted as part of every NHS Health Check. This can help identify hazardous drinking or alcohol related disorders. GP's can then provide individualised advice and support to the patient or refer them on for specialist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

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

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

Contract - PBH 045: Number of adults in alcohol treatment

Figure 11



Service Provider: We Are With You

What is the data is telling us?

The data shows that between July and September there were 185 adults in treatment for alcohol. This was an increase from 170 individuals in treatment between April to June 2022.

What more needs to happen?

WAWY provides the substance misuse service in Darlington and are implementing a new model of service delivery on behalf of the Authority called STRIDE (Support, Treatment Recovery in Darlington through Empowerment). The service they have made progress in increasing access to treatment and better meeting demand.

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

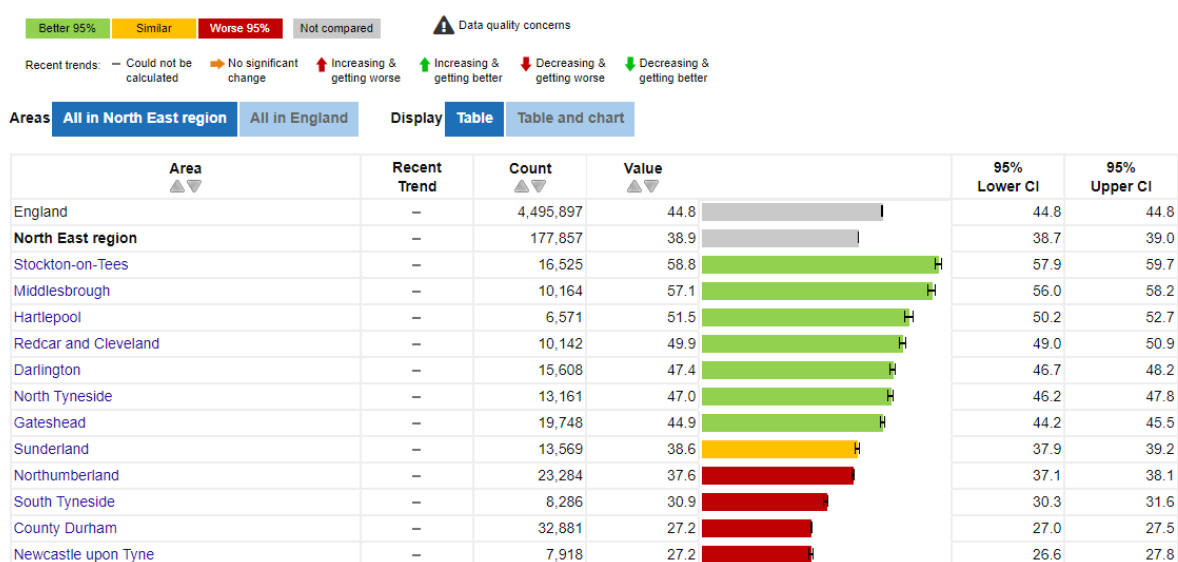
Definition: The rolling 5 year cumulative percent of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check.

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

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

Latest update: 2017/18 – 2021/22 Current performance: 47.4%

Figure 12 - All North East region comparison



Source: Office for Health Improvement and Disparities (OHID)

What is the data telling us?

The data shows that 47.4% of those eligible aged 40-74 offered an NHS Health Check received a NHS Health Check. Compared to our North East neighbours Darlington is ranked 5th highest and is statistically better than the North East and England.

Why is this important to inequalities?

The NHS Health Check programme is a mandated service. It aims to help prevent heart disease, stroke, and diabetes and kidney disease. All those aged between 40 and 74, who have not been diagnosed with one of these conditions are invited to have an NHS Health Check once every five years. A high take up of NHS Health Checks is important to identify early signs of poor health leading to opportunities for early interventions.

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

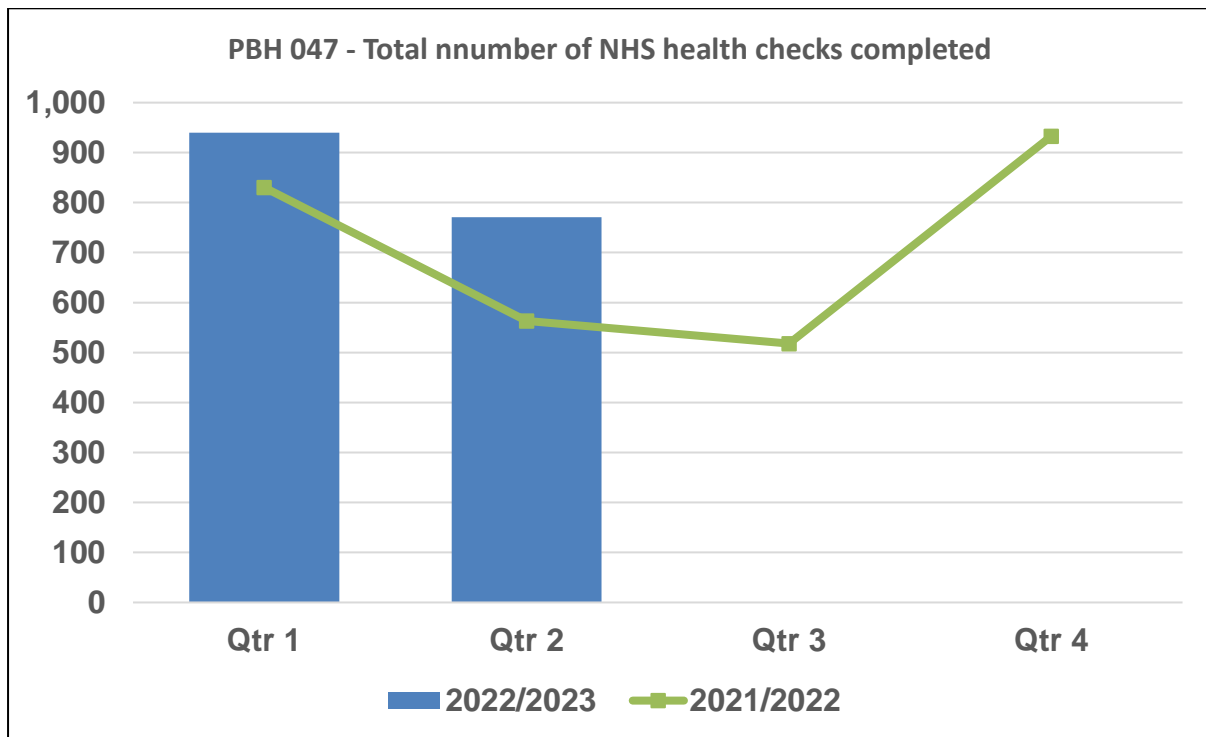
A regular NHS Health Check enables an individual risk assessment of cardiovascular disease to be undertaken and provides an opportunity for early intervention and prevention strategies with individuals. Improvements in those who receive an NHS Health Check will eventually contribute to reducing the worst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

What are we doing about it?

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

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

Figure 13



Service Provider: Primary Healthcare Darlington

What is the story the data is telling us?

The data shows that to date a total of 1,711 of eligible individuals have received a NHS Health Check in Darlington between April and September 2022. This is a higher number compared to the same period last year (1,393).

What more needs to happen?

The Provider continues to work with all 11 GP Practices in Darlington to increase the number completed. Recent initiatives have included virtual appointments, which only require the service user to attend a GP Practice for blood to be taken and all of the other information gathered can be done virtually. This reduces the burden on busy GP practices but also allows more of those who are eligible for an NHS Health Check to more easily access a check in a more convenient way.

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

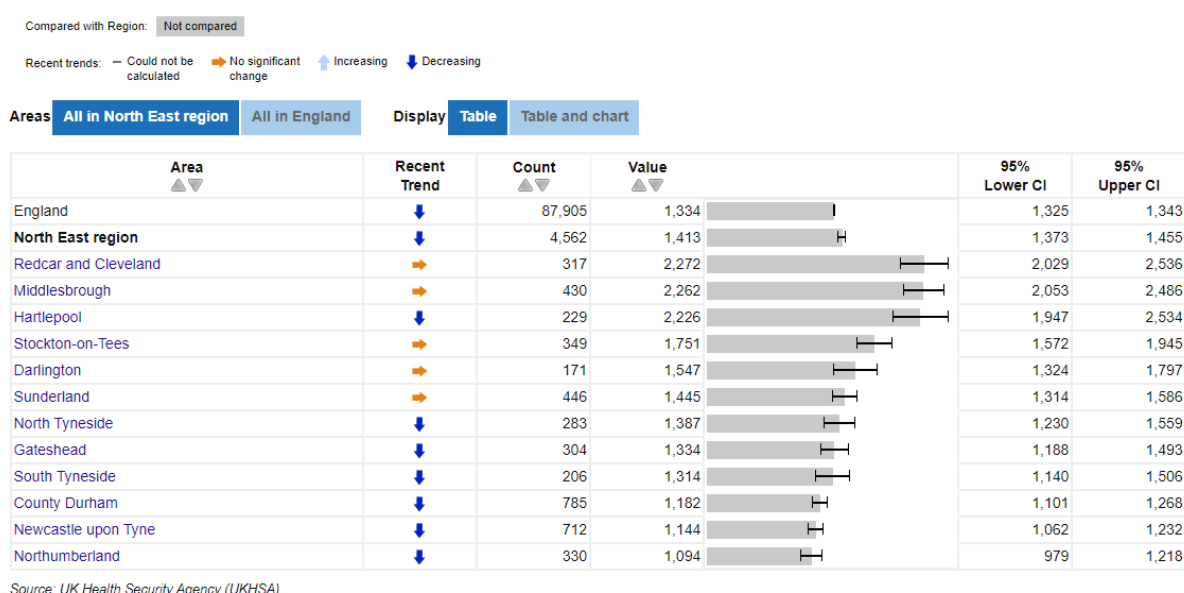
Definition: All chlamydia diagnoses in 15 to 24 year olds attending sexual health services (SHSs) and community-based settings, who are residents in England, expressed as a rate per 100,000 population.

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

Denominator: ONS 2011 Census based mid-year population estimates, aged 15 to 24.

Latest update: 2021 **Current performance: 1,547 per 100,000**

Figure 14 - Benchmarked against goal/All North East region comparison



What is the data telling us?

The latest reported data for 2021 (1,547) shows there is no significant change but Darlington has a higher rate than the North East (1,413) and higher than England (1,334).

Why is this important to inequalities?

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

What are we doing about it?

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

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

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

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

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

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

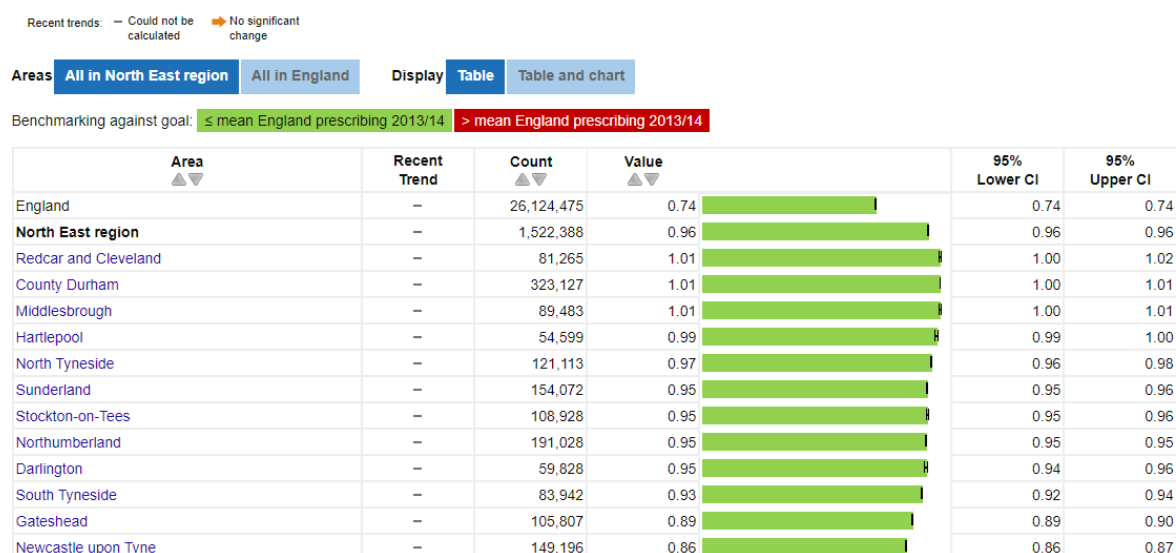
Denominator: Total of STAR-PU* units for practices located within the area.

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

Latest update: 2021

Current performance: 0.95 per STAR-PU (2021)

Figure 15 - Benchmarked against goal/All North East region comparison



Source: Data is sourced from ePACT2 from NHS Digital

What is the data telling us?

The rate of reduction of antibiotic prescribing within the local NHS is statistically similar to both England and the North East average. In terms of performance against the North East region, Darlington is 4th lowest in the ranking.

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

Why is this important to inequalities?

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

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

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

What are we doing about it?

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

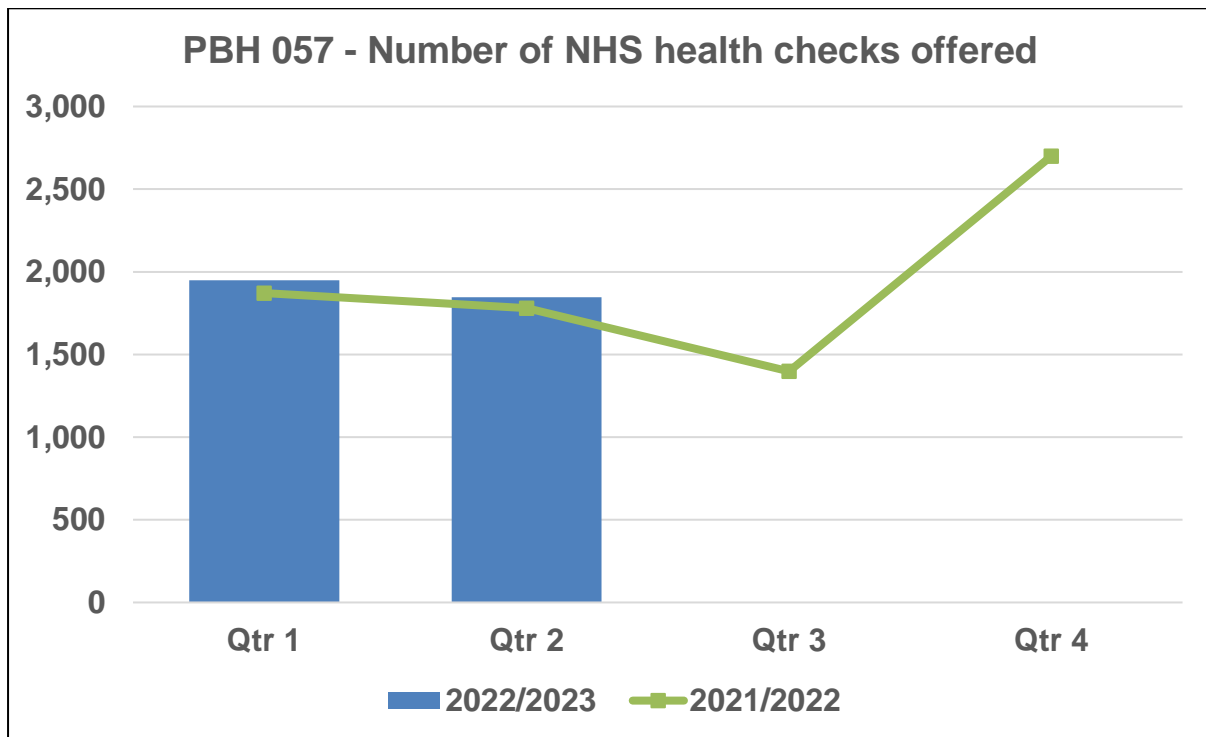
The public health team in Darlington continues to support the local CCG, NHS England and the UK Health Security Agency in promoting awareness campaigns such as World Antibiotic Awareness Week and the seasonal influenza vaccination campaigns over the winter period. The Authority's role in providing animal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

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

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

Contract - PBH 057: Number of NHS Health Checks offered

Figure 16



Service Provider: Primary Healthcare Darlington

What is the data is telling us?

The data shows that to date a total of 3,795 of eligible individuals have been offered an NHS Health Check in Darlington between April and September 2022. This is a slightly higher number compared to the same period last year (3,651).

What more needs to happen?

The Provider is working with all 11 GP Practices in Darlington to increase the number offered. Recent initiatives have included automated text reminders and online appointment bookings. This reduces the burden on busy GP practices and ensure more of those who are eligible for an NHS Health Check are called in at the most appropriate time.

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

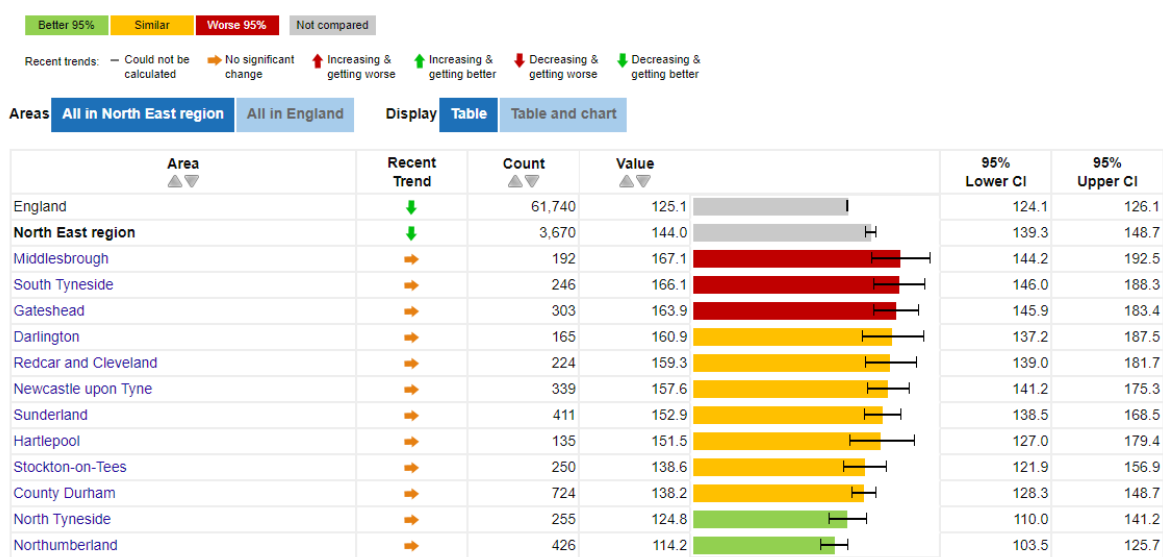
Definition: Age-standardised rate of mortality from all cancers in persons less than 75 years per 100,000 population.

Numerator: Number of deaths from all cancers (registered in the respective calendar years, in people aged under 75, aggregated into quinary age bands.

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

Latest update: 2020 **Current performance: 160.9 per 100,000**

Figure 17 - All North East region comparison



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

What is the data telling us?

The data (shows that there is no significant change to the trend for under 75 mortality rate from cancer. The rate in Darlington was 160.9 per 100,000 of deaths from all cancers. Compared to our North East neighbours Darlington is ranked 4th. Statistically similar to the North East and England.

Why is this important to inequalities?

Cancer is the greatest cause of premature death in England.. There are significant inequalities between males and females with males having a statistically worse premature mortality rates due to cancer than females. This inequality in premature mortality also contributes to the inequalities in life expectancy between males and females more generally.

What are we doing about it?

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

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

Indicator	Title	Reported	What is best	2019 / 2020	2020 / 2021	2021 / 2022	2022 - Q1	2022 - Q2	2022 - Q3	2022 - Q4	Trend Last Reported All	Data from last year	12 Month Comp
PBH 009	(PHOF C04) Low birth weight of term babies	Annually	Lower	2.56%	3.27%						↓		
PBH 016	(PHOF C02a) Rate of under-18 conceptions	Annually	Lower	19.3	16.8						↑		
PBH 033	(PHOF C18) Prevalence of smoking among persons aged 18 years and over	Annually	Lower	13.70%	13.50%						↑		
PBH 037b	Number of young people (<19 yrs) seen by genitourinary medicine (GUM) service (Cumulative)	Quarterly	Higher	743	657	606	165	280				606	
PBH 037c	Number of young people (<19 yrs) seen by contraception and sexual health (CASH) service (Cumulative)	Quarterly	Higher	413	359	440	124	258				440	
PBH 038	Waiting times - Number of adult opiate clients waiting over 3 weeks to start first intervention	Quarterly	Lower	9	1	0	0	0			↔	0	
PBH 039	Waiting times - Number of adult non opiate clients waiting over 3 weeks to start first intervention	Quarterly	Lower	0	1	0	1	0			↑	0	
PBH 040	Waiting times - Number of adult alcohol & non opiate clients waiting over 3 weeks to start first intervention	Quarterly	Lower	0	1	0	0	0				0	
PBH 041	Waiting times - Number of adult alcohol only clients waiting over 3 weeks to start first intervention	Quarterly	Lower	12	8	0	1	0			↑	0	
PBH 044	(PHOF C21) Admission episodes for alcohol-related conditions (narrow) (new method)	Annually	Lower	501.00	504.00	552.00					↓		
PBH 045	Number of adults in alcohol treatment	Quarterly	Higher	163	197	180	170	185			↑	180	
PBH 046	(PHOF C26b) Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period	Annually	Higher	50.70%	48.90%	47.40%					↓	47.40%	
PBH 047	Total number of NHS Health Checks completed	Quarterly	Higher	3,312	512	933	940	771				933	
PBH 048	(PHOF D02a) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Annually	Higher	2,108	1,674	1,547					↓		
PBH 052	(PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS	Annually	Lower	0.78	0.95						↓		
PBH 057	Number of NHS Health Checks offered	Quarterly	Higher	7,380	1,982	2,700	1,949	1,846				2,700	
PBH 058	(PHOF E05a) - Under 75 mortality rate from cancer (1 year range)	Annually	Lower	160.90							↓		

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**HEALTH AND HOUSING SCRUTINY COMMITTEE
14 DECEMBER 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
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		
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		

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
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.
Dental Services	8 February 2023 To be confirmed 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 To be confirmed 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.

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Customer Engagement Strategy 2021-2024 Update (Presentation)	August 2023 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.
Darlington Health Profile	November 2023 Last considered 2 November 2022	Penny Spring		Annual report
Healthwatch Darlington - The Annual Report of Healthwatch Darlington	November 2023 Last considered 2 November 2022	Michelle Thompson, HWD		To scrutinise and monitor the service provided by Healthwatch – Annual
Better Care Fund	To be agreed Last considered 2 November 2022	Paul Neil		To receive an update on the position of the Better Care Fund for Darlington. To receive an update on the programme review.
Strategic Housing Needs Assessment	To be agreed	Anthony Sandys		
Drug and Alcohol Service Contract – We Are With You	To be agreed Last considered 2 November 2022	Mark Harrison/Jon Murray		To update Scrutiny Members undertake any further work if necessary.

JOINT COMMITTEE WORKING – ADULTS SCRUTINY COMMITTEE

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
<p>Loneliness and Connected Communities</p> <p>Adults Scrutiny to Lead</p>	<p>Scoping meeting 28 January 2020</p> <p>Meeting on 5 October 2020</p> <p>Meeting on 15 December 2020</p>			
<p>Care Homes in Special Measures</p> <p>Adults Scrutiny to Lead</p>	<p>Scoping meeting 8 November 2022</p>			

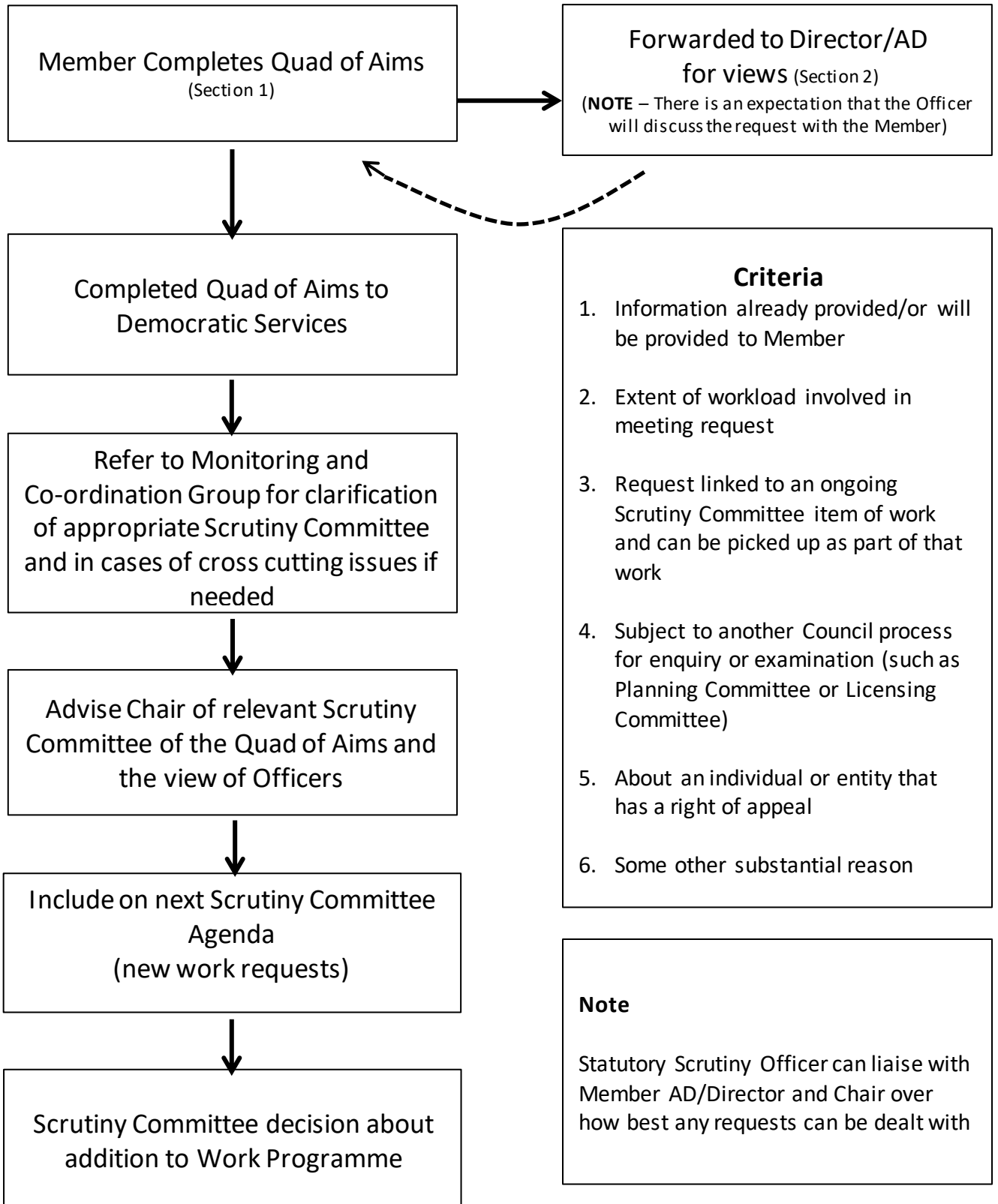
MEMBERS BRIEFINGS

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
<p>CQC Ratings in the Borough of Darlington</p> <p>Page 115</p>	<p>Briefing note to be circulated 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>

Archived Items

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Voluntary Sector Funding (Adults, CYP, Health and CLS Scrutiny)	June 2022 Joint briefings 14 October 2020 and 10 March 2021	Christine Shields	Full PMF suite of indicators	To update Members following the monitoring and evaluation of this funded projects
Housing Services Fire Safety Policy	2 November 2022	Anthony Sandys		To seek Scrutiny Members views prior to Cabinet.

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 118

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: 2 NOVEMBER 2022 - 31 MARCH 2023**

Title	Decision Maker and Date
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, Darlington Town Centre Transport Plan and Darlington Parking Strategy	Council 24 Nov 2022 Cabinet 8 Nov 2022
Disposal of Land at Neasham Road for Housing Development	Cabinet 8 Nov 2022
Housing Complaints Reforms	Cabinet 8 Nov 2022
Project Position Statement and Capital Programme Monitoring - Quarter 2 2022/23	Cabinet 8 Nov 2022
Revenue Budget Monitoring 2022/23 - Quarter 2	Cabinet 8 Nov 2022
Town Centre Parking Offer	Cabinet 8 Nov 2022
Childcare Sufficiency Task and Finish Review	Cabinet 6 Dec 2022
Complaints Made to Local Government Ombudsman	Cabinet 6 Dec 2022
Final Version of Supplementary Planning Guidance (SPD) Design Code - Skertingham Garden Village	Cabinet 6 Dec 2022
First Homes Policy Position Statement	Cabinet 6 Dec 2022
Health and Care Integration and the Health and Wellbeing Board	Cabinet 6 Dec 2022
Housing Revenue Account - Medium Term Financial Plan 2022/23 to 2025/26	Cabinet 6 Dec 2022
Housing Services Fire Safety	Cabinet 6 Dec 2022

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Policy	
Land Assembly for Development at Gladstone Street / Kendrew Street (including Northgate House)	Cabinet 6 Dec 2022
Land at Faverdale - Burtree Garden Village Development	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
Procurement Plan Update	Cabinet 6 Dec 2022
Proposed Construction and Skills Hub on Council land at Faverdale	Cabinet 6 Dec 2022
Schedule of Transactions - December 2022	Cabinet 6 Dec 2022
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
Housing Services Allocations Policy	Cabinet 7 Mar 2023
Housing Services Low Cost Home Ownership Policy	Cabinet 7 Mar 2023

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Regulatory Investigatory Powers Act 2000 (RIPA)	Cabinet 7 Mar 2023
Annual Audit Letter 2020/21	Cabinet

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