



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 28 August 2024

Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting
2. Declarations of Interest
3. To approve the Minutes of the meeting of this Scrutiny held on 19 June 2024 (Pages 3 - 6)
4. Director of Public Health Annual Report 2023-24 –
Report of the Director of Public Health
(Pages 7 - 52)
5. Health and Safety Compliance in Council Housing –
Report of the Assistant Director – Housing and Revenues
(Pages 53 - 60)
6. Health Protection Assurance –
Report of the Director of Public Health
(Pages 61 - 74)
7. Anti-social Behaviour Policy Annual Review 2023-24 –
Report of the Assistant Director – Housing and Revenues
(Pages 75 - 94)

8. Performance Indicators - 2023-24 Quarter 4 –
Report of the Director of Public Health & Assistant Director - Housing and Revenues
(Pages 95 - 140)
9. Work Programme –
Report of the Assistant Director Law and Governance
(Pages 141 - 154)
10. Health and Wellbeing Board –
The Board last met on 20 June 2024. The next meeting is scheduled for 12 September
2024.
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, 20 August 2024

Town Hall
Darlington.

Membership

Councillors Baker, Crudass, Holroyd, Johnson, Layton, Mahmud, Mammolotti, Pease, Mrs Scott
and Beckett

If you need this information in a different language or format or you have any other queries on
this agenda please contact Michael Conway, Mayoral and 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: michael.conway@darlington.gov.uk or telephone 01325 406309

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 19 June 2024

PRESENT – Councillors , Baker, Crudass, Holroyd, Johnson, Layton, Mahmud, Mammolotti, Pease, Mrs Scott and Beckett

ALSO IN ATTENDANCE – Councillors Roche, Snedker

OFFICERS IN ATTENDANCE – Anthony Sandys (Assistant Director - Housing and Revenues) and Claire Gardner-Queen (Head of Housing)

HH47 DECLARATIONS OF INTEREST

HH48 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 24 APRIL 2024

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 24 April 2024.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 24 April 2024 be approved as a correct record.

HH49 CDDFT QUALITY ACCOUNTS 2023-24

The Health and Housing Scrutiny Committee considered the draft Quality Accounts 2023/2024 for County Durham and Darlington NHS Foundation Trust.

The Committee noted the positive performance set out against the 2023/2024 priorities, expressing satisfaction that most services had been rated as “good” and the “outstanding” rating of the End-of-Life Care service.

Members noted that the Trust has a zero tolerance for pressure ulcers and on-site infections alongside and reinforcing the core concepts of hand-hygiene and cleanliness and the emphasis on early-recognition from staff in order to isolate patients appropriately.

Questions were raised regarding cases of sepsis and its early-warning signs, the desired standards of maternity care, sustainability of the Trust’s desired quality priorities, staffing levels, staff satisfaction, assessment criteria for new patients, the availability of staff trained to handle mental health issues. The Trust’s representative provided satisfactory responses to all queries and took note of member’s suggestions, such as including Carbapenemase-producing Enterobacterales (CPE) infection levels in the final draft.

Members noted the quality priorities for 2024/2025 which reflected the Quality Strategy priorities and further priorities where further work was required to meet the 2023/2024 objectives.

Members welcomed the opportunity to comment on the Trust’s Quality Accounts and would like to receive six monthly reports on the progress being made, to enable them to provide a more detailed and valuable contribution to the Quality Accounts in the future.

RESOLVED – Members agreed that the Chair of this meeting be given authority to agree the written response to County Durham and Darlington NHS Foundation Trust on this draft 2023/2024 Quality Accounts in order to meet the 23 June 2024 deadline for response.

HH50 HOUSING SERVICES GAS AND ELECTRICAL SAFETY POLICIES 2024-2029

The Assistant Director – Housing and Revenues presented the draft Housing Services Domestic Gas and Heating Safety Policy 2024-2029 and members were informed that the policies set out the Local Authority's legal obligations in relation to gas and electrical safety, together with the responsibilities for our staff, contractors and our tenants, to ensure they are not put at risk from the effects of gas and electricity.

We were informed that all works are carried out by fully qualified staff with full safety checks on homes requiring work and that as a housing provider, the Council takes all reasonable steps to ensure compliance and mitigate risks arising from health and safety assessments.

RESOLVED - Members noted the content of the report and supported its onward submission to 16 July 2024 Cabinet.

HH51 HOUSING SERVICES DOMESTIC ABUSE POLICY 2024-2029

The Assistant Director – Housing and Revenues presented the draft Housing Services Domestic Abuse Policy 2024-2029, acknowledging that domestic abuse is often a hidden problem, and that the Council strive for all our tenants and household members to be safe from the impact of domestic abuse.

The policy highlighted the commitment to tackle domestic abuse in Council properties and how Housing Services will aim to manage and support any cases to ensure that victims of domestic abuse and their children can access the right support in safe accommodation, when they need it.

Members were informed that Consultation was undertaken in May 2024 with the Tenants Panel, Public Health, Harbour and Family Help, with full support given to the proposed Housing Services Domestic Abuse Policy.

Questions were raised, including the implications of increased housing waiting lists with the response that domestic abuse victims are given the highest priority and it was highlighted that members believe the service is doing positive work, acknowledging the challenges faced when rehousing victims of domestic abuse.

RESOLVED - Members noted the content of the report and support its onward submission to 16 July 2024 Cabinet.

HH52 AIR QUALITY STRATEGY 2024-2029

The Environmental Health Manager presented the proposed Air Quality Strategy 2024-2029 for Darlington which is required by law to be produced. The goals of the strategy being to improve air quality, raise the profile and importance of air quality and provide information about local air quality.

Members were informed of the six aims of the strategy which also outline work that has been carried out in each area and future actions for each:

- a) Reduce emissions and protect public health.
- b) Raise awareness and influence change.
- c) Lead by example
- d) Decrease exposure to air pollutants.
- e) Consider the impact of development on air quality.
- f) Ensure compliance with legislation.

Members raised questions regarding car idling and wood burning in the town with assurance provided that these are being looked at going forward. A member also raised discussion regarding car-use and suggested that bus subsidies could be a useful incentive if possible, in the future.

RESOLVED - Members noted the proposed strategy and support its onward submission to Cabinet.

HH53 WORK PROGRAMME

Members noted the report, previously circulated and that consideration be given to this Scrutiny Committee's work programme and to consider any additional areas which members would like to suggest should be included on this Committee's Work Programme for 2024/25.

The following items were suggested to be included in the 2024/25 Work Programme for the Health and Housing Scrutiny Committee:

- a) Sexual Health Provision including methods of access.
- b) Drug Abuse including understanding of numbers and offered provision / preventative measures.
- c) Chronic Illness and preventative measures.
- d) Wider Determinants of Health
- e) Insulation Standards in Council Properties
- f) CDDFT Quality Accounts – 6 Monthly Update
- g) Costs and impacts of buying-back of Council homes.

RESOLVED – That Officers examine the above topics and that the Work Programme be updated as appropriate to reflect the decisions of this Scrutiny Committee.

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**HEALTH AND HOUSING SCRUTINY COMMITTEE
28 AUGUST 2024**

**DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023 - 2024
WOMEN'S HEALTH: TAKING ACTION IN DARLINGTON**

SUMMARY REPORT

Purpose of the Report

1. The Women's Health Strategy for England, published in 2022, recognised that the health system has historically taken a 'men as default' approach in areas such as clinical trials, education and policy. With this in mind, this year's annual report has considered key areas of women's health, with the aims of highlighting inequalities that girls and women face and understanding what this means for Darlington.

Summary

2. Although generally on average women live longer than men data shows that women can spend a greater proportion of their lives living with ill health and disability, a trend which is also evident in Darlington. Of the average 81.3 years of life lived, women can expect only 60.6 years of good health. This means that women in Darlington spend approximately 20.7 years in ill health or with disabilities. In contrast, men spend 17.7 years dealing with health issues. Consequently, the gap in healthy life expectancy (1.1 years) is much smaller than the gap in average life expectancy.
3. The *first chapter* of the report focuses on early years and adolescence, emphasising the importance of giving every child the best start in life. It highlights the importance of prioritising the health of women during pregnancy, as a healthy pregnancy benefits both mother and baby.
4. Therefore, areas of focus include breastfeeding, where rates of breastfeeding continuation in Darlington have improved. Now all staff in the 0-19 Service are trained in infant feeding and relationship building, meaning that they are able to offer skilled and effective support to families when they are facing challenges with infant feeding.
5. The *second chapter* focuses on women's health services. In Darlington, Human Papillomavirus (HPV) vaccination rates are above regional and national averages for both males and females. However, to further increase uptake and address gender disparities (as females tend to have higher rates of this vaccination) targeted interventions should prioritise educating parents about the vaccine's importance and dispelling any misinformation.
6. Cancer screening coverage for Darlington in breast and cervical (both 25-49 and 50-64 years) exceeds both the regional and national averages, which is encouraging. However, efforts are underway to further improve uptake and address inequalities in uptake, including digital transformation and increasing greater accessibility and flexibility of programmes to meet the needs of all of our communities.

7. Mental health is a crucial consideration for all women, given the national focus on addressing declining mental health among women and the suboptimal outcomes experienced by some in mental health services. While suicide rates (per 100,000 population) are higher for males than females locally, regionally, and nationally, in Darlington the suicide rate for women exceeds the national average by more than double. Additionally, when examining mental health in young people in Darlington, the rate of emergency hospital admissions for intentional self-harm among females aged 10- to 24-year-olds is significantly higher than for males. This drives our local average above both the regional and England averages, highlighting the need for targeted interventions in this area.
8. It is essential to understand the reasons for the increasing suicide rate amongst women and the significantly higher rates of intentional self-harm. This understanding will inform targeted activity aimed at reducing female rates of self-harm and suicide rate in Darlington, alongside targeted interventions for males.
9. The *third chapter* focuses on employment and wellbeing, addressing topics such as menopause, period problems, and miscarriage in the workplace. Furthermore, this chapter explores how the gender pay gap is a crucial concern for women, given that income significantly influences a range of health outcomes.
10. Chapter 3 also examines the predominantly female composition of the NHS and social care workforces, highlighting the role of employers in recognising and supporting employees who also have unpaid caring responsibilities.
11. Recent research in Darlington highlighted the challenges faced by single mothers and female caregivers in balancing employment with their caregiving responsibilities. The disproportionate impact of the cost-of-living crisis and the stress of affording household necessities can impact health outcomes for groups of women negatively.
12. *Chapter 4* focuses on the importance of women's safety on their ability to live a healthy, fulfilling life. Some types of violence against women and girls, such as being touched or threatened, are so 'normalised' that many do not feel like it is worth reporting.
13. While both men and women experience sexual and domestic abuse, women are more likely to experience abuse. Furthermore, the government's Women's Health Strategy for England highlights that some groups of women are at higher risk of experiencing violence and abuse than others.
14. DASVEG (Domestic Abuse and Sexual Violence Executive Group) is the local domestic abuse partnership board and takes a whole system approach to ensure victims of domestic abuse have access to adequate and appropriate support. The governance structure in place across the system aims to reduce domestic abuse and sexual violence through effective partnership working across County Durham and Darlington.
15. Addiction to substances and alcohol also impacts on the ability of women to live happy, healthy and safe lives. The hospital admission episodes for alcohol-specific conditions in under and over 18's is lower than the North East average, but higher than the England average.

16. Within the treatment population in Darlington, 32.6% are women. STRIDE (Support, Treatment and Recovery in Darlington through Empowerment) supports women through treatment and recovery through specific programmes which aim to meet the specific needs of women, such as mothers and women's groups. This enables women to connect with and support one another in treatment and within wider recovery support.
17. Ensuring safe and accessible physical activity for women is crucial for their health and well-being. At Eastbourne Sports Complex, 'women's only' running sessions are available during autumn and winter. These sessions provide a well-lit, secure, and welcoming environment for women to exercise during darker months.
18. Menopause is an important and natural aspect of ageing well for women. Research indicates that not enough women have appropriate information about menopause and its symptoms, and a significant proportion of women do not feel comfortable talking to healthcare professionals about menopause. Darlington Borough Council hold 'menopause learn and lunch' sessions to provide information to employees about the menopause and how to support women experiencing it. The GP Federation, Primary Healthcare Darlington, offers a 'Well Woman Clinic', where a specially trained Nurse practitioner can give advice on various aspects of women's health, including menopause.
19. Considering healthy ageing is essential for women's health, and it forms the *final chapter* of the report. Since the 2011 census, Darlington's population age structure has shifted. The proportion of the population aged 65 years and over has shown the greatest increase, rising by 19.9% in 2021, surpassing the England average of an increase of 18.4% in the same period.

Recommendations

20. It is recommended that:-
 - (a) All organisations identify their role in giving every child the best start in life.
 - (b) All organisations recognise the specific health and care needs of women and take steps to ensure services are well positioned to respond to these needs.
 - (c) Organisations collectively take responsibility to create a safe environment for all people of Darlington, being mindful of implications from a female perspective.

Reasons

21. The recommendations are supported by the following reasons: -
 - (a) The initial stages of a child's life are pivotal for their growth and progress. Mothers hold a distinctive and key position in the development of their child. Regardless of their direct involvement in childcare, organisations have a part to contribute to the advancement of children's development, either directly or through the support they provide to employees and / or those accessing services.
 - (b) Women have unique health and care needs that differ from men, including reproductive health, mental health, and chronic diseases. Tailoring services to meet the specific

needs of women can improve the quality of care, lead to better health outcomes and reduce inequalities.

- (c) A safe environment is essential for people’s well-being and quality of life. Being mindful of implications from a female perspective ensures any specific vulnerabilities and needs of women are considered in policy and practice. When organisations collectively take responsibility, it fosters a sense of community cohesion and shared ownership over the safety of the whole community.

Lorraine Hughes
Director of Public Health

Enc: Director of Public Health Annual Report, 2023/24

Background Papers

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

Lorraine Hughes

Council Plan	This report supports the Council Plan priority of Living Well as it focuses on health outcomes, access to services and understanding needs specific to women.
Addressing inequalities	The report considers inequalities experienced by women and actions which could be taken to reduce such inequalities.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	This report has no impact on the Council’s Efficiency Programme.
Health and Wellbeing	The annual DPH report considers the health and wellbeing of women in Darlington, highlighting what is good and areas for improvement.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All
Groups Affected	The annual DPH report focuses on women’s health.
Budget and Policy Framework	This report does not recommend a change to the Council’s budget or policy framework.
Key Decision	No
Urgent Decision	N/A

Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers
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DARLINGTON
Borough Council



Women's Health: Taking Action in Darlington

Director of Public Health
Annual Report 2023-2024

Foreword

It has been a privilege to return to Darlington on an interim basis until the successful appointment of Lorraine Hughes, incoming Director of Public Health, in March 2024.

My annual report (2023) is a focus on women's health, some of the actions being taken in Darlington and recommendations about actions that should be taken to address the inequality that many girls and women face. I acknowledge the challenges that boys and men also face but the focus in this report is on girls and women.

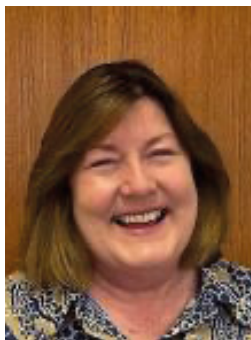
Whilst some health indicators were broken down to male and female populations, most indicators were presented at the population level. This makes it difficult to fully understand differences in health outcomes and the experiences of women.

Acknowledgements

Thank you to all colleagues who have supported the work to develop this report:

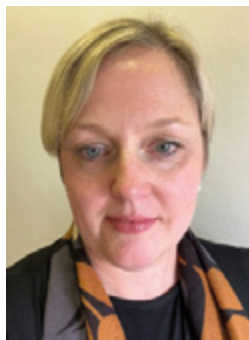
- The Public Health team, particularly Sophie Ward and Jane Sutcliffe.
- Toni Geyer
- Xentrall Design and Print
- Darren Ellis
- Community Safety
- Caren Shephard, Harrogate and District Foundation Trust (HDFT).

Acknowledgment must also go to the Gateshead Director of Public Health Report 2023 for references and resource.



Miriam Davidson

Interim Director of Public Health
July 2023 - March 2024



Lorraine Hughes

Director of Public Health
March 2024 - ongoing

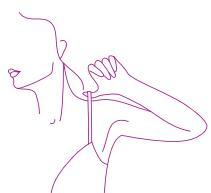
My recommendations range from actions to contribute to a child's best start in life, listening to voices of teenage girls via the self-reported Healthy Lifestyle Survey, understanding the barriers to accessing health and care services for women, the positive impact a supportive workplace can make, the importance of safe communities and the potential for health and wellbeing as we age.

I said in my report in October 2020, that while there are many challenges, Darlington is full of resourceful and creative people. With this in mind, I remain optimistic for the future.



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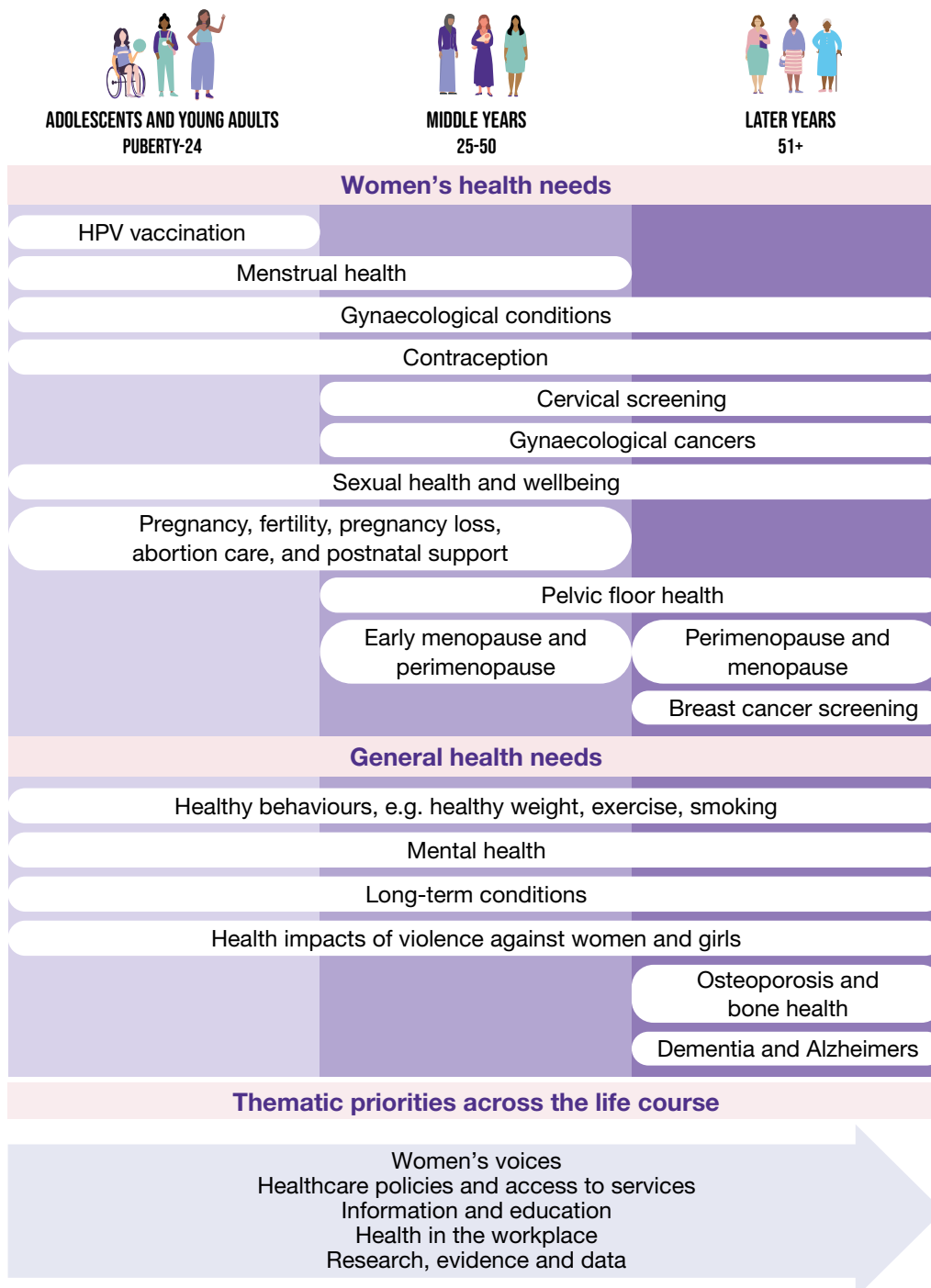


Introduction

It is two years since the Women’s Health Strategy for England (WHSE) was published (2022). The Strategy adopts a life course approach, with a focus on understanding the changing health and care needs of women and girls across their lives.

In this report the life stages, transitions and settings in Darlington are identified where there are opportunities to prevent negative outcomes and to promote good health and wellbeing.

Women’s health across the life course



Women’s Health Strategy reference (Department of Health and Social Care. Women’s Health Strategy for England 2022. Available from: <https://www.gov.uk/government/publications/womens-health-strategy-for-england>)

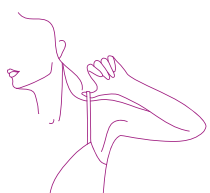
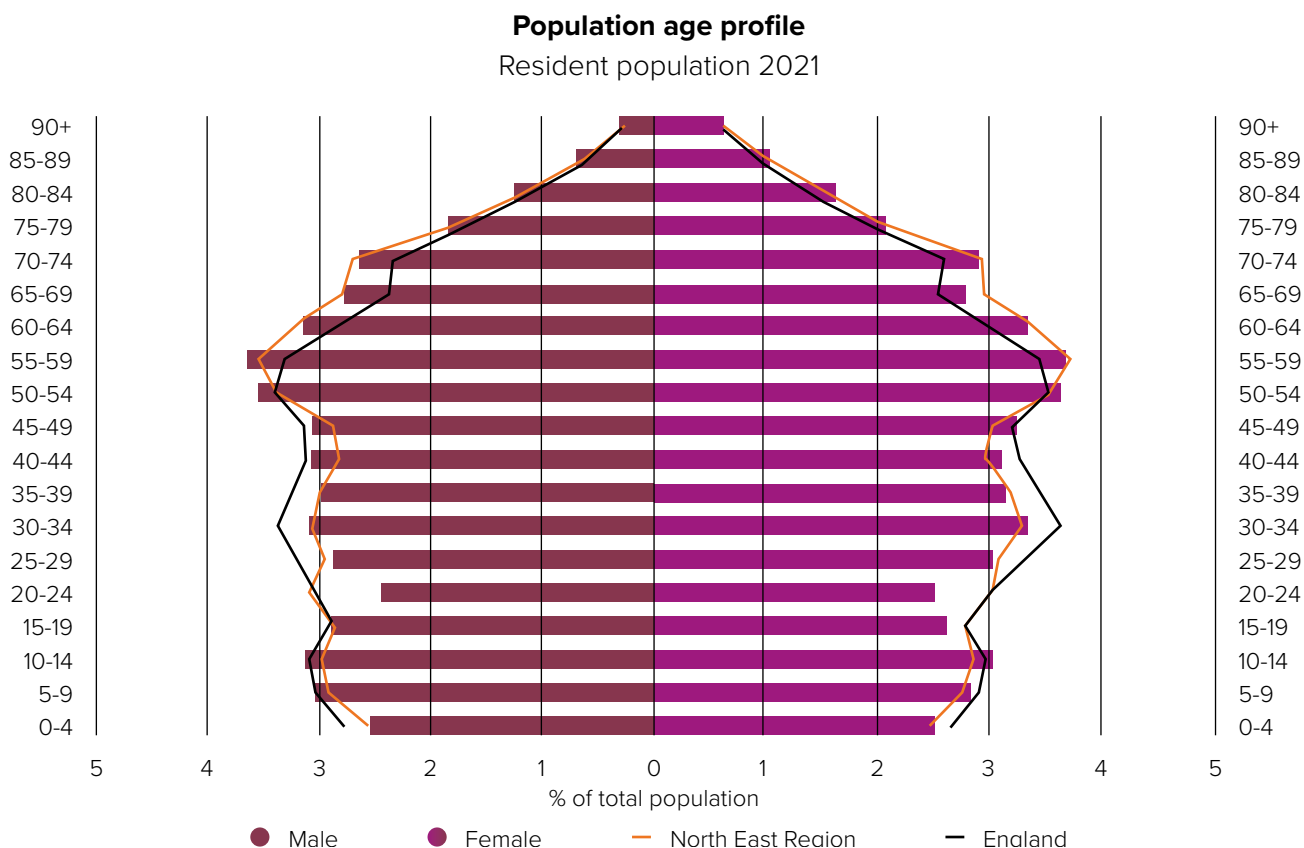


Demography of Darlington

Darlington's population 2021

The graph below presents Darlington's population segmented by age groups and sex. Darlington's population compared to the England percentages

for each age group shows that Darlington has a larger percentage of older age groups and a lower percentage of those aged 20 years to 39 years old.



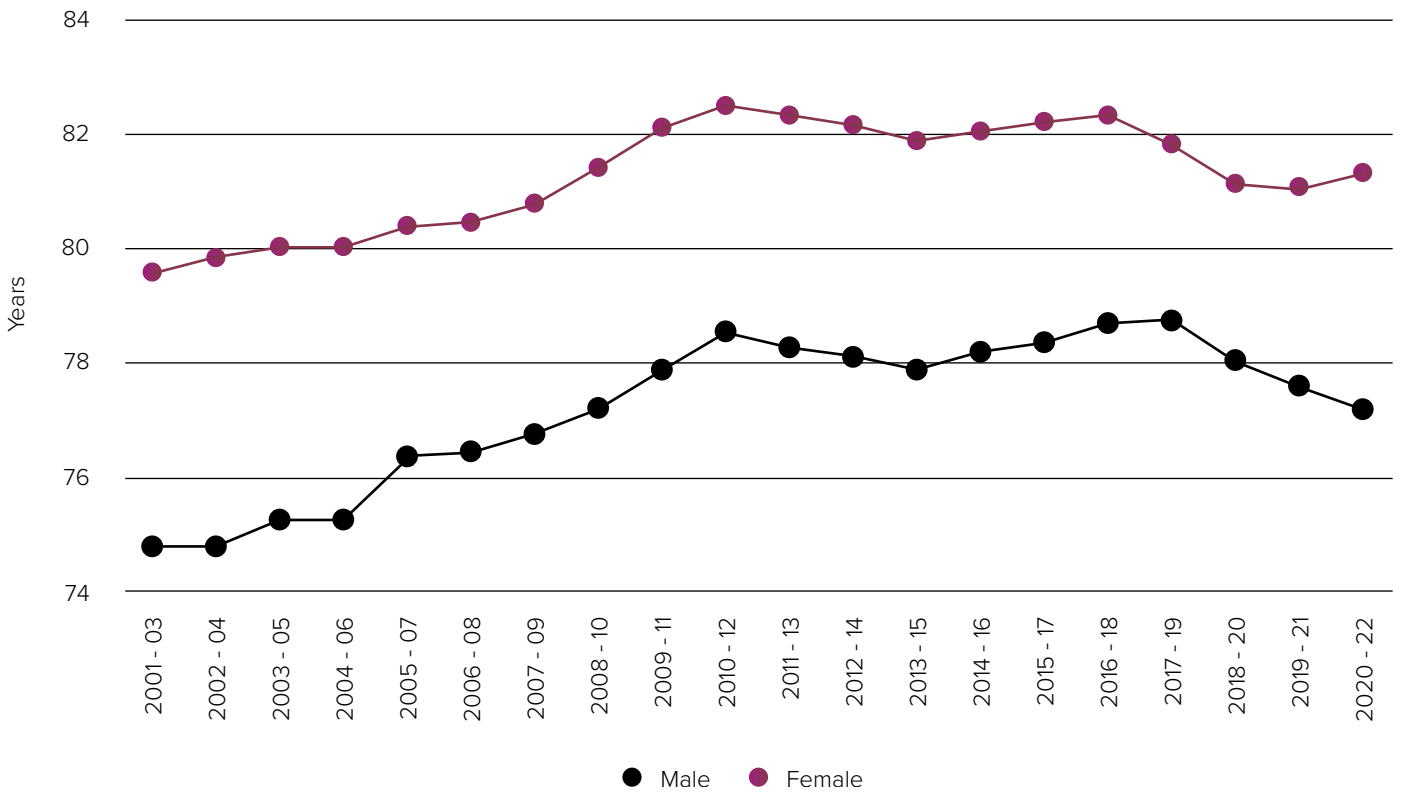
Darlington's population 2021: <https://fingertips.phe.org.uk/profile/wider-determinants/data#page/12/gid/1938133043/pat/6/par/E12000001/ati/402/are/E06000005/iid/93754/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

Average Life Expectancy (2020-2022)

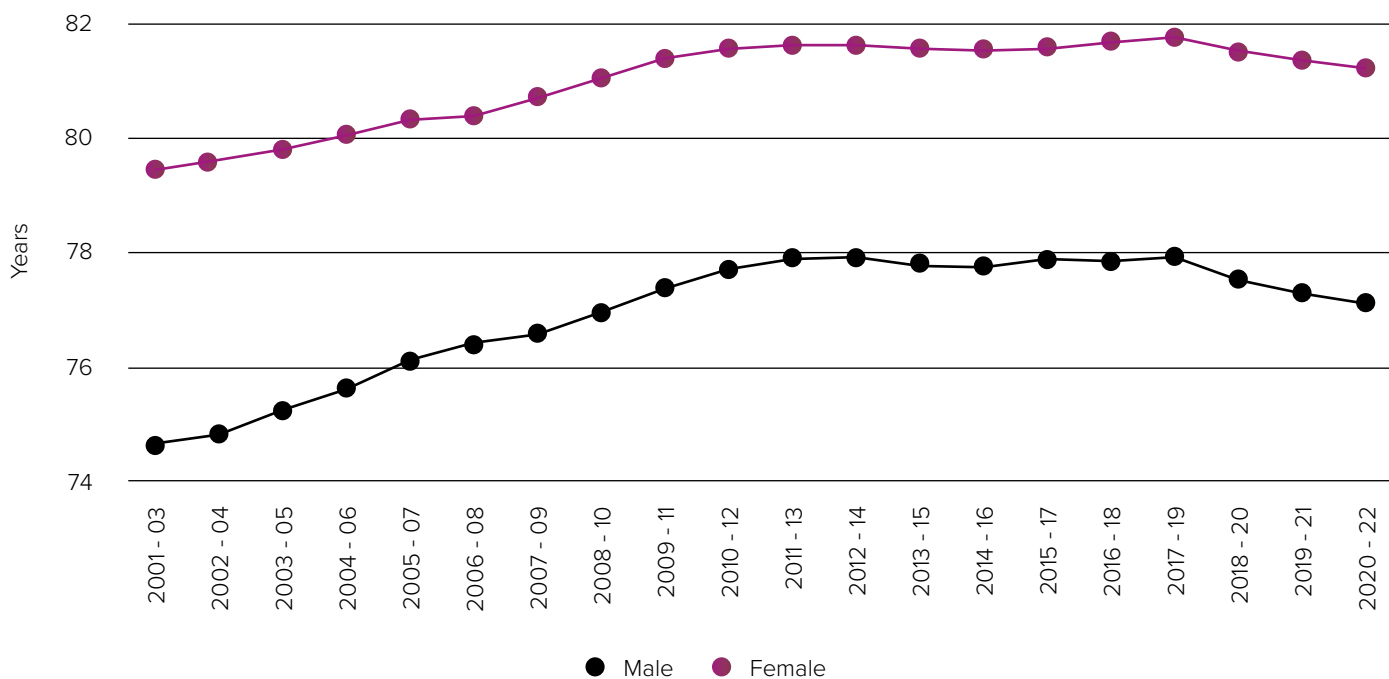
	Darlington	North East	England
Life Expectancy at Birth (Female) (Years)	81.3	81.2	82.8
Life Expectancy at Birth (Male) (Years)	77.2	77.2	78.9



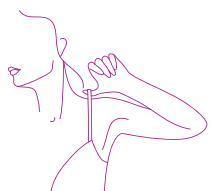
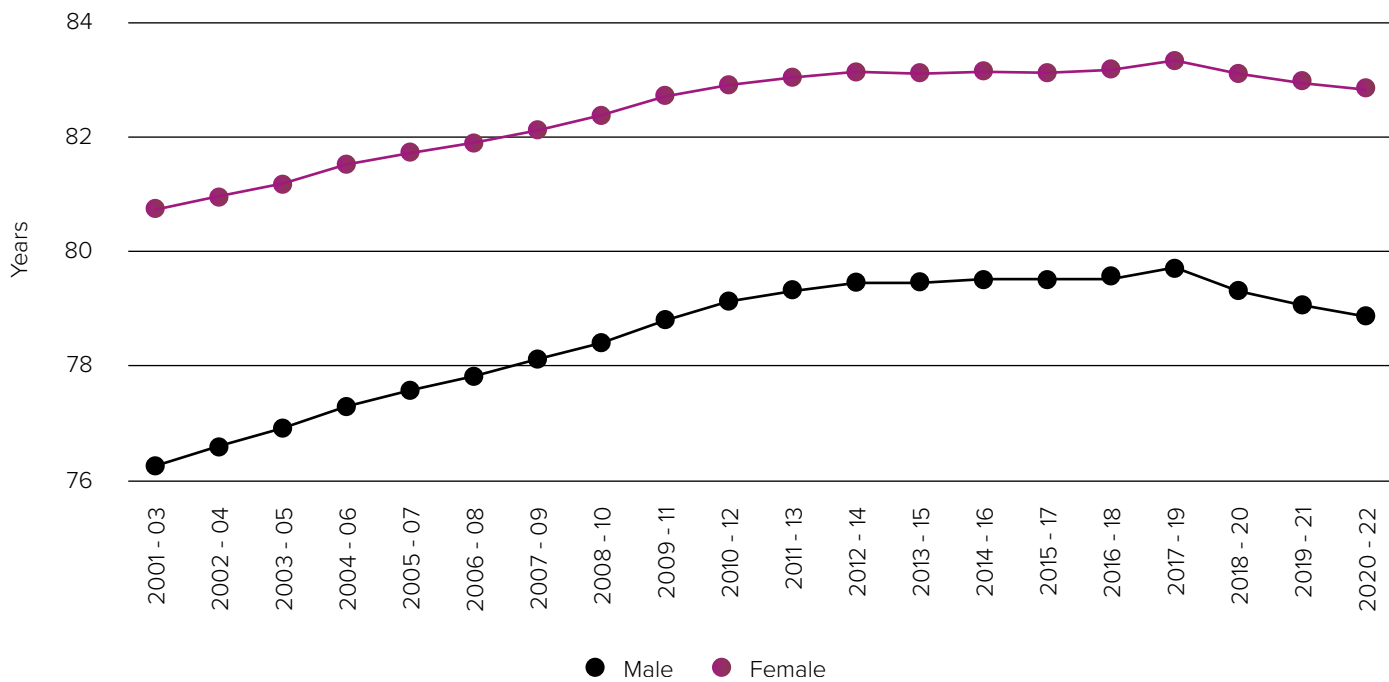
Life Expectancy at birth (3 year range) (years) in Darlington



Life Expectancy at birth (3 year range) (years) in the North East



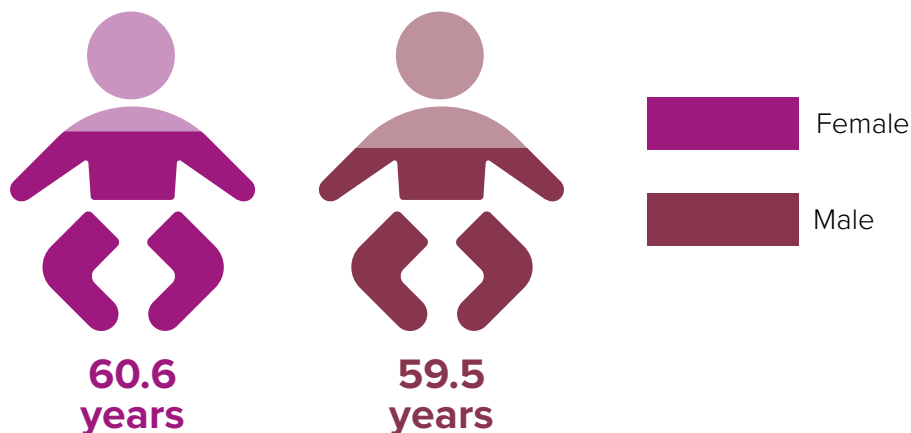
Life Expectancy at birth (3 year range) (years) in England



<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1>

Healthy Life Expectancy at Birth (2018-2020)

	Darlington	North East	England
Healthy Life Expectancy at Birth (Female) (Years)	60.6	59.7	64.9
Healthy Life Expectancy at Birth (Male) (Years)	59.5	59.1	63.1



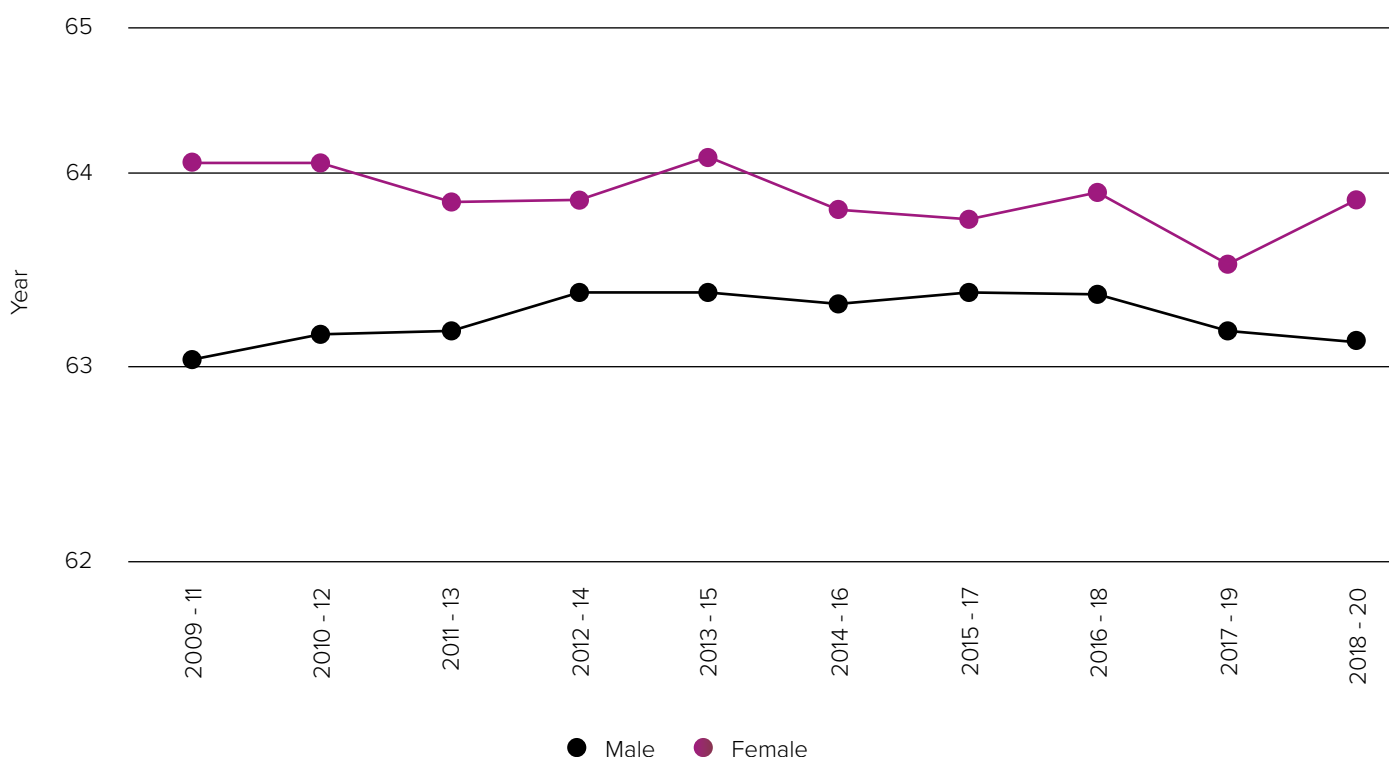
Healthy life expectancy in Darlington from 2009-11 to 2018-20



Healthy life expectancy in the North East from 2009-11 to 2018-20

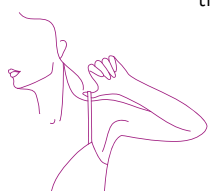


Healthy life expectancy in England from 2009-11 to 2018-20



In Darlington, our life expectancy data shows that on average, women live 4.1 years longer than men, which is a slightly larger gap than both the England and North East average.

Although females live longer on average it is not necessarily in good health, as the gap between genders for healthy



life expectancy is much narrower (1.1 years). This means that women in Darlington spend a greater proportion (20.7 years on average) of their lives in ill health and disability. Men in Darlington spend on average 17.7 years of their life in ill health. Overall, healthy life expectancy has reduced in Darlington over time, particularly for females since 2015.

Chapter 1 - Early Years and Adolescence

Darlington Health and Wellbeing Board partners have declared an ambition to give every child the best start in life.

To improve life chances for babies it is important to focus on the health of women during pregnancy as a healthy pregnancy benefits both mother and baby.

Teenage Pregnancy

Nationally, there has been significant progress on reducing teenage pregnancy, where the under-18 conception rate has fallen by 62% and the under-16 conception rate by over 65% since 2000. Inequalities have also reduced as the biggest declines have been in areas with the highest level of deprivation and the proportion of young mothers in education or training has doubled. A whole systems approach has been undertaken with the aim to build the knowledge, skills, resilience, and aspirations of young people, whilst also providing easier access

to services, which supports a young person to delay sex until they are ready to enjoy healthy, consensual relationships and use contraception to prevent unplanned pregnancy. In Darlington the teenage conception rate has been on a downward trend since 2013 and was 17.1 per 1,000 population aged under 18 in 2021. This is lower than the regional average (19.7), but higher than the England average (13.1). Darlington will continue this holistic approach to ensure that young people are supported in decision-making and are able to access broad opportunities

Stopping Smoking in Pregnancy

Stopping smoking is a key protective action that helps both mother and baby.

Support should be offered to wider family members as well as to pregnant women due to damaging exposure to second-hand smoke.

Stopping smoking at any stage of the pregnancy has health benefits.

Younger women are more likely to be smokers at the

time of delivery than women over the age of 30 and there is a deprivation burden, i.e. women in the most disadvantaged areas of Darlington are more likely to smoke at the time of delivery than those in the least disadvantaged areas.

Understanding these profiles informs the Stop Smoking Service and Specialist Midwives to focus their support.

	Darlington	North East	England
Smoking in early pregnancy (2018/19)	19.8%	18.6%	12.8%
Smoking status at time of delivery (2022/23)	12.9%	12.5%	8.6%

Reference: Under 18s conception rate / 1,000: <https://fingertips.phe.org.uk/search/conception#page/4/gid/8000036/pat/6/par/E12000001/ati/501/are/E06000005/iid/20401/age/173/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Smoking in early pregnancy and smoking status at time of delivery: <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/6/par/E12000001/ati/402/are/E06000005/yr/3/cid/4/tbm/1>



Breastfeeding

The World Health Organisation (WHO) recommends breastfeeding because of the long-term positive impact it has on the health of both baby and mother.

Support for breastfeeding is a key element of providing the best start in life.

There are many reasons, particularly social and cultural, that affect a woman’s decision to breastfeed.

In Darlington, 38.1%* of women breastfeed at 6 to 8 weeks, which has shown an increase from recent data. The 0-19 Service, alongside others such as maternity, have played a key role, with all staff trained

in infant feeding and relationship building, meaning that they are able to offer skilled and effective support to families when they are facing challenges with infant feeding. In 2022, the Darlington 0-19 Growing Healthy Team were successful in revalidating the UNICEF Baby Friendly standards, maintaining the GOLD Status. This progress should support many more women to choose to breastfeed, alongside encouraging public and work spaces to accommodate and make breastfeeding accessible, to ensure women in Darlington have a positive breastfeeding experience.

	Darlington (2021/22)	North East (2022/23)	England (2022/23)
Breastfeeding prevalence at 6 to 8 weeks (2021/22)	38.1%*	36.7%	49.2%

*unvalidated data

Case Study - Aaliyah Hastings: New Mum

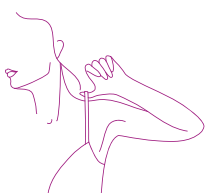
Health is a priority of mine as I like to try to keep as healthy and as fit as I can. If you have good health you will generally feel better in yourself than someone with poor health as you can be more active and feel more motivated to do things. I like going for walks as it takes baby out the house to show her new things and get the fresh air. Me and my partner walk as often as we can as we know it’s better for your health than sitting in cars or on buses all the time. Keeping good health will also improve your mental health as you will feel so much better in yourself.

For women’s health in the community I think the midwifery and health visiting services are brilliant. I very much enjoy it when my health visitor comes round to check on my babies health and seeing how she’s growing. If I ever had a question or didn’t quite know what to do they are a brilliant team to turn to.

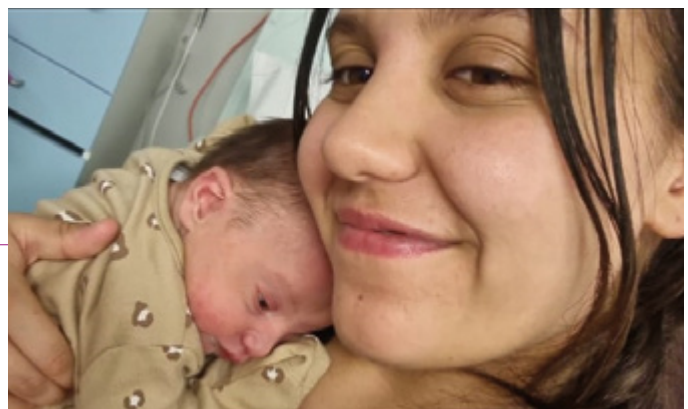
I am a bit of an anxious person when it comes to new people and talking, but talking to my health visitor

I don’t feel that and she makes me feel like I am able to ask whatever I need to and am able to feel supported. She gives me the support I need when I need it.

Improving someone’s health is down to themselves really so to improve women’s health I would have to say that for one they would have to be willing to improve their own health even if it’s doing something small each day and gradually getting to bigger things. For two they would have to be willing to talk to someone and finding the right support for them. For three I can’t really think of much else to be honest but just to speak up if you’re not feeling the best because it can always help and there will be someone willing to help.



Breastfeeding prevalence: <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/0/gid/1938133222/pat/6/par/E12000001/ati/402/are/E06000005/yr/3/cid/4/tbm/1/page-options/car-do-0>



Mental Health

The 0-19 years service is provided by HDFT including mandated health checks as well as family support, mental health parent/infant support and infant feeding support.

The WHSE reports that young women and girls are reporting increasing levels of “probable mental disorders” and self-harm. The compulsory relationships, sex and health education (RSHE) curriculum in schools teaches students about mental health and factors which may affect their wellbeing.

This includes learning about the impact of unhealthy comparison with others online including unrealistic expectations for body image.

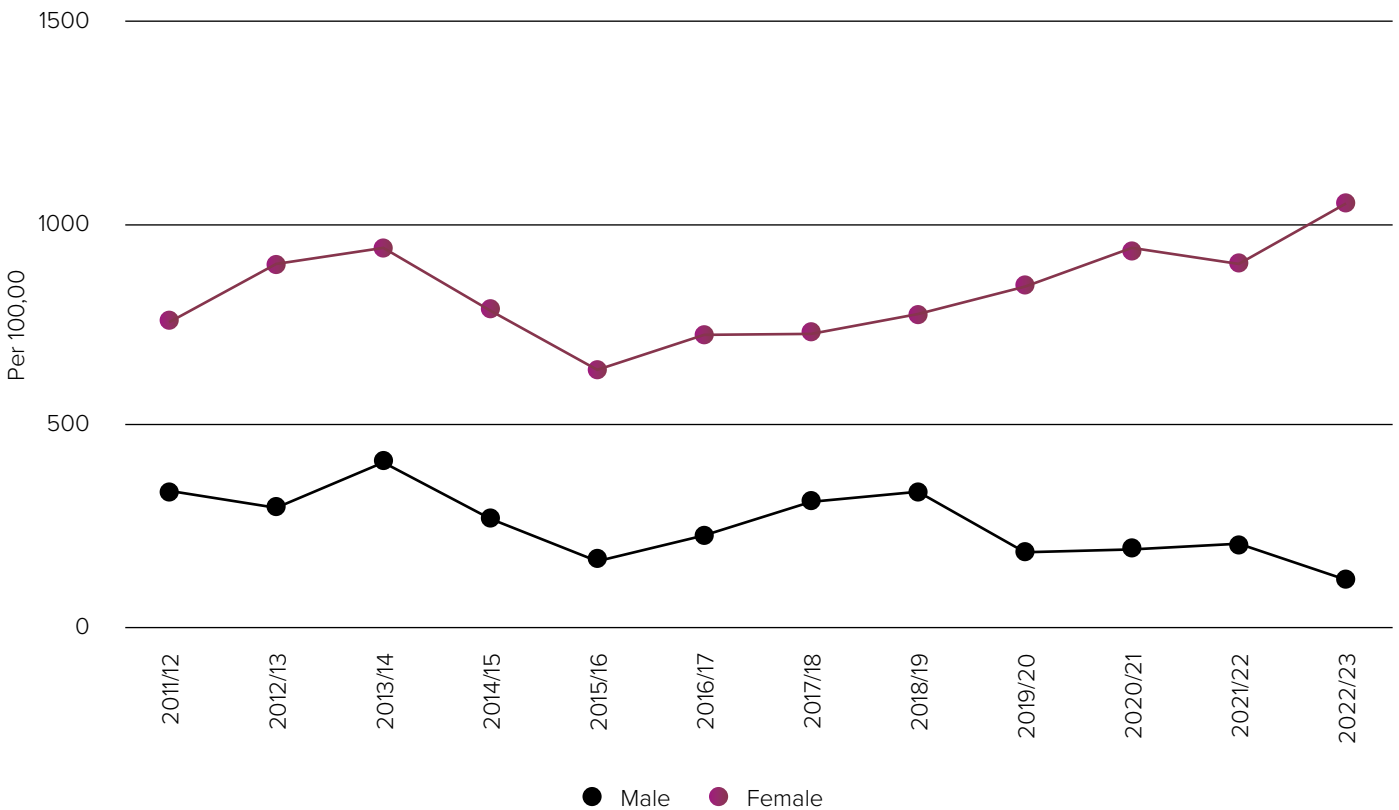
Nationally the rate of young people being admitted to hospital as a result of self-harm is increasing. The Darlington rate is similar to the North East. Levels of self-harm are higher among young women than young men.

Emergency hospital admissions for intentional self-harm (10 – 24 years) rate per 100,000 in Darlington (2022/23)

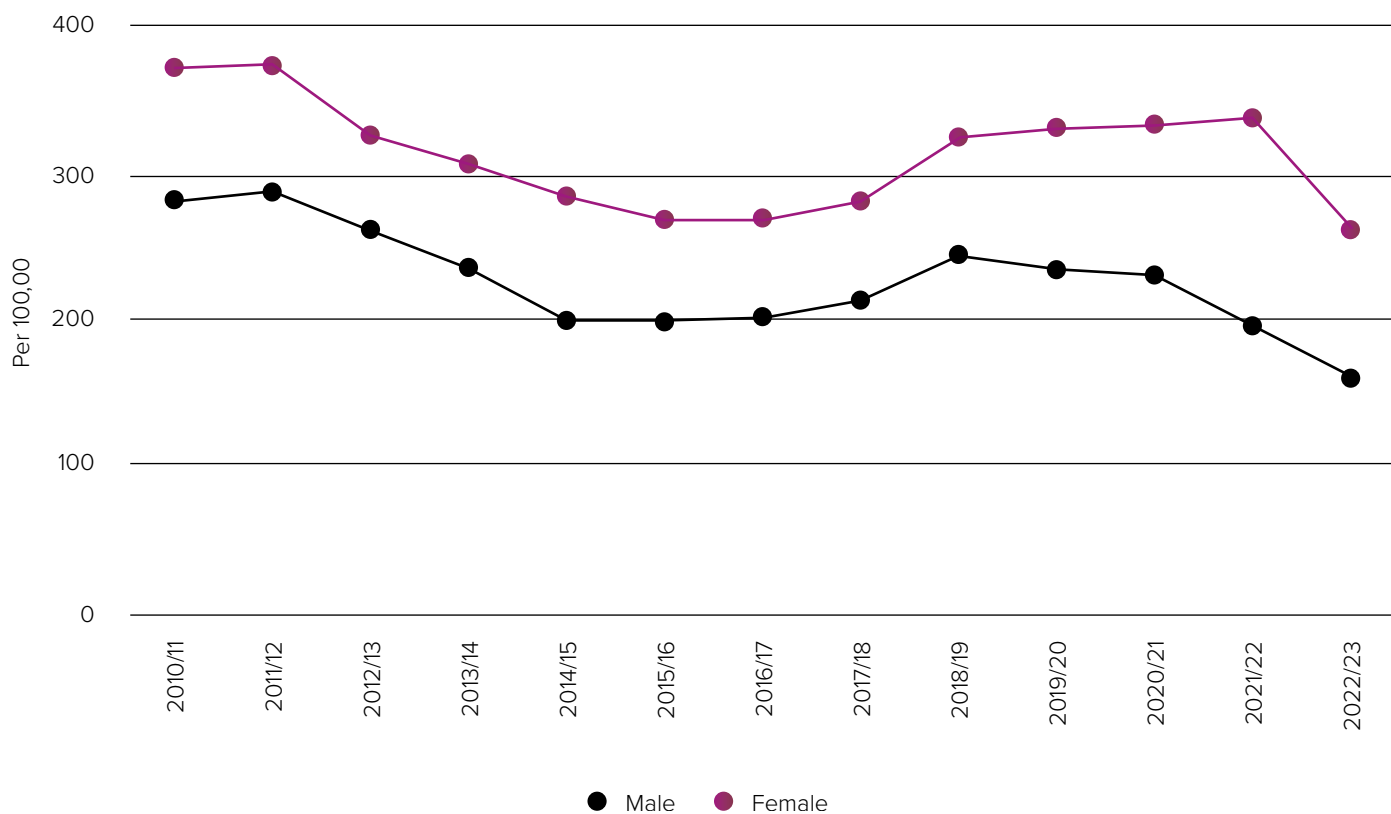
Female	Male
1,047.1	111.7

Darlington	North East	England
536.3	575	427.3

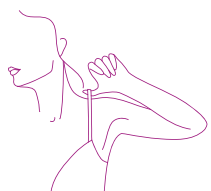
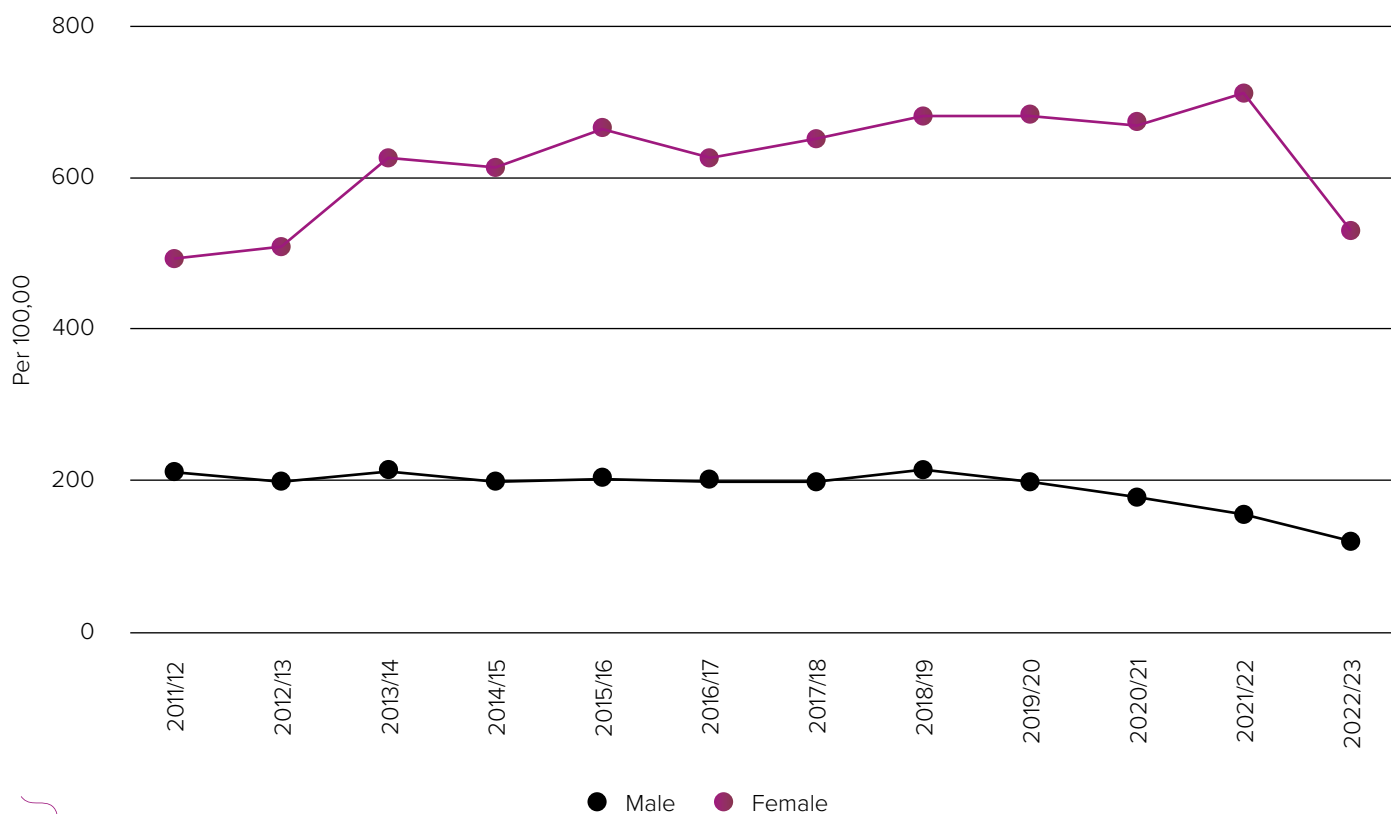
Emergency hospital admissions for intentional self-harm (10 – 24 years) rate per 100,000 in Darlington (2022/23) from 2011/12 to 2022/23



Emergency hospital admissions for intentional self-harm (10 – 24 years) rate per 100,000 in the North East (2022/23) from 2011/12 to 2022/23



Emergency hospital admissions for intentional self-harm (10 – 24 years) rate per 100,000 in England (2022/23) from 2011/12 to 2022/23



Emergency Hospital Admissions for Intentional Self-Harm (10-24yrs) per 100,000 (2021/22): <https://fingertips.phe.org.uk/mh-jsna#gid/1938132923/ati/15>

Trends show that until 2022/23, Darlington followed the same trajectory as the North East and England for young people (10 – 24years) who are admitted to hospital as a result of self-harm. However, data shows that in Darlington there is a continued increase in the rate of females being admitted to hospital as a result of self-harm, compared to a decrease in both England and the North East. Levels of self-harm are also significantly higher in young women than in young men nationally, regionally and in Darlington.

Healthy Weight and Physical Activity

The National Child Measurement Programme (NCMP) involves an annual height and weight check of children in Reception (age 4 to 5 years) and Year 6 (age 10 to 11 years).

While there are many children who are at a healthy weight in Darlington it is concerning to see the changes by Year 6. Further work is needed

to understand the percentage of girls who are categorised as Underweight, Healthy Weight, Overweight or Obese at each of these life stages.

Darlington Borough Council offers the Early Years Catering Award for Nurseries and Child Minders. The Active Schools programme addresses healthy eating and physical activity.

Overweight and obese 2022/2023	Darlington	North East	England
Reception	26.7%	25.2%	21.3%
Year 6	37.3%	37.9%	36.6%



Overweight and Obese <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

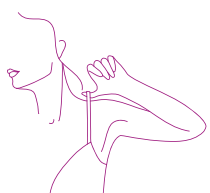


Voices of Children and Young People

A healthy lifestyle survey has been conducted in Darlington Schools for a number of years. The data presented below is taken from the 2023/24 survey. 20 primary schools (year 5 and year 6 only) and 8 secondary schools (from year 7 – 11) participated

in the survey, this represents 2,085 primary school pupils and 5,993 secondary school pupils. The data presented below represents the findings of the survey for female students.

Original question	Primary	Secondary
"I feel happy about my life"	73% feel happy about their life	64% feel happy about their life
Your health?	83% feel happy about their health	74% feel happy about their health
your appearance (the way that you look)?	67% feel happy about their appearance	53% feel happy about their appearance
Do you know what changes you will experience during puberty?	79.5% know what changes they will experience during puberty	95.2% know what changes they will experience during puberty
Would you like more information about the changes that you may experience during puberty?	50.7% would like more information about changes in puberty	27.3% would like more information about changes in puberty
Do you know what HPV is?	Not Applicable	62% know what HPV is
Have you had your HPV vaccine?	Not Applicable	69.5% have had their HPV vaccine
Have you ever had sex?	Not Applicable	8.75% have had sex
How much physical activity you have done over the last 7 days? This is all physical activity including in and out of School.	Physically active 60+ mins 29.6% average in a day	Physically active 60+ mins 34.9% average in a day
Do you eat healthily? (examples for healthy eating are 5 or more fruit and vegetables per day, low sugar, low salt, low-fat foods)	Eat healthy 53.1% most of the time, 15.8% all of the time	Eat healthy 50.6% most of the time, 10.2% all of the time
Would you like to eat more healthy food and drinks?	76.2% would like to eat more healthy food and drinks	71.2% would like to eat more healthy food and drinks
Have you ever tried smoking?	90.8% have never tried smoking	71.2% have never tried smoking
Have you had an alcoholic drink to yourself?	1.4% have had an alcoholic drink to themselves	29.2% have had an alcoholic drink to themselves
Have you ever taken illegal drugs?	Not Applicable	88.2% have never tried illegal drugs



Healthy Lifestyle Survey - Key Messages

- A high proportion of girls responded that they are happy about their life and their health.
- Half of respondents felt they ate a healthy range of food but would like opportunities to try more.
- The majority state they have not smoked and not taken drugs. In response to the question about

alcoholic drinks nearly 30% of secondary school responses said they have had an alcoholic drink (70% have not).

School Readiness

In Darlington, in terms of 'school readiness' girls score significantly higher than boys. However, whilst both the North East and England has seen

continued increases in school readiness Darlington has seen a decrease from 2021/22, more so in females than males.

Female
73.0%



Male
54.7%

School readiness: % of children achieving a good level of development at the end of reception (2022/23)

Darlington	North East	England
63.7%	66.3%	67.2%

School readiness: % of children achieving a good level of development at the end of reception (2022/23) : https://fingertips.phe.org.uk/search/school%20readiness#page/7/gid/1/pat/6/par/E12000001/ati/502/are/E06000005/iid/90631/age/34/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/ine-pt-1_ine-ao-0_ine-yo-1:2022:-1:-1_ine-ct-_car-do-0

Average attainment 8 score (2021/22): <https://fingertips.phe.org.uk/search/attainment%20score>



Chapter 2 - Women's Health Services

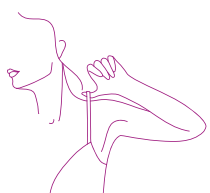
Case Study - Sue Jacques, CEO of County Durham and Darlington NHS Foundation Trust

In simple terms health is a state of physical, mental and social wellbeing. When we are healthy we can enjoy a fulfilling life. Our health is influenced by many determinants including- access to good housing, clean air, education and employment. Lifestyle choices play an important part too as does access to good healthcare when we need it. Good health is something that everybody deserves, but not everybody has. We know there are inequalities within our communities and our Health and Wellbeing Board in Darlington has designed strategies for improving this and the overall health of our population.

Women make up 51% of the population but report that over the years their voices have not been heard when it comes to our health services. In 2022 the first ever Women's Health Strategy for England was published, resetting the dial on women's health and tackling decades of gender inequality in healthcare. This commitment heralds the beginning of the biggest change in health services for women with a six point long term plan for transformational change.

Three priorities to improve women's health:

1. Improving access to women's health services through women's health hubs and one stop clinics;
2. Tackling stigmas and taboos around menstruation, menopause and gynaecological conditions so that women feel able to speak up and access support;
3. Improving services for women who have poorer health as they are socially excluded. This includes the homeless, women in contact with the criminal justice system, vulnerable migrants and asylum seekers and Gypsy, Roma and Traveller communities.



The Women's Health Strategy for England (WHSE) sets out an approach to priority areas:

- Menstrual health and gynaecological conditions
- Fertility, pregnancy, pregnancy loss and post-natal support
- Menopause
- Mental health and wellbeing
- Cancers
- The health impacts of violence against women and girls
- Healthy ageing and long-term conditions

The WHSE sets out plans to deliver against the above priorities and describes progress to date, e.g. implementing informed decision making in maternity care, in menopause care and with the Royal College of Obstetricians and Gynaecologists on the Get it Right First Time (GIRFT) programme.

Improving access to women's health services is a strategic priority, at a local level it is about hospital, primary and community care working together.

Some women face additional barriers regarding access to services, including disabled women, women facing homelessness, refugees and women in prisons and have poorer health outcomes than women in general.

There are also barriers that come from economic and geographical disparities, e.g. differences in life expectancy across socio-economic groups.



Case Study - Alison Macnaughton-Jones : GP

To me, health means to live with the full ability to do everything I need and want to do. To be happy, fulfilled, and free from pain and physical symptoms.

The biggest challenges I have seen in health services for women is long waiting times to access specialist care and increased awareness amongst women about HRT.

There are services available to treat many issues around periods, fertility and the menopause but

I feel women do not try to access them as they are not aware or think services will not listen so an increased awareness is needed.



Mental Health and Wellbeing

In the national call for evidence survey, mental health was in the top 5 topics selected by respondents to be included in the Women's Health Strategy. The WHSE has committed to build upon significant work to improve outcomes in mental health, including the work of the Women's Mental Health Taskforce. The Taskforce was set up in response to evidence of deteriorating mental health among women and poor outcomes experienced by some women in mental health services. Research within the taskforce found a number of factors that can contribute to adverse mental health outcomes for women, which can stem from early in life, including lack of confidence, low self-esteem and/ or body image issues. As a result, women are a priority group in the health and wellbeing resource 'Better Health: Every Mind Matters', which is being tailored to support wider issues affecting women's mental health, such as menopause.

Other key factors impacting women's mental health, identified by women in the consultation for the WHSE, is the impact of pregnancy loss and miscarriage. Other issues include the variation in level of support from healthcare services and how postnatal support often focuses on the wellbeing of the baby, sometimes to the exclusion of the mother. Antenatal (during pregnancy) and postnatal (post pregnancy) depression is a common problem, affecting more than 1 in every 10 women, and it can also affect fathers and partners. The perinatal mental

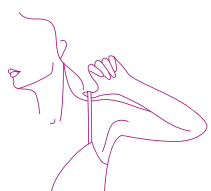
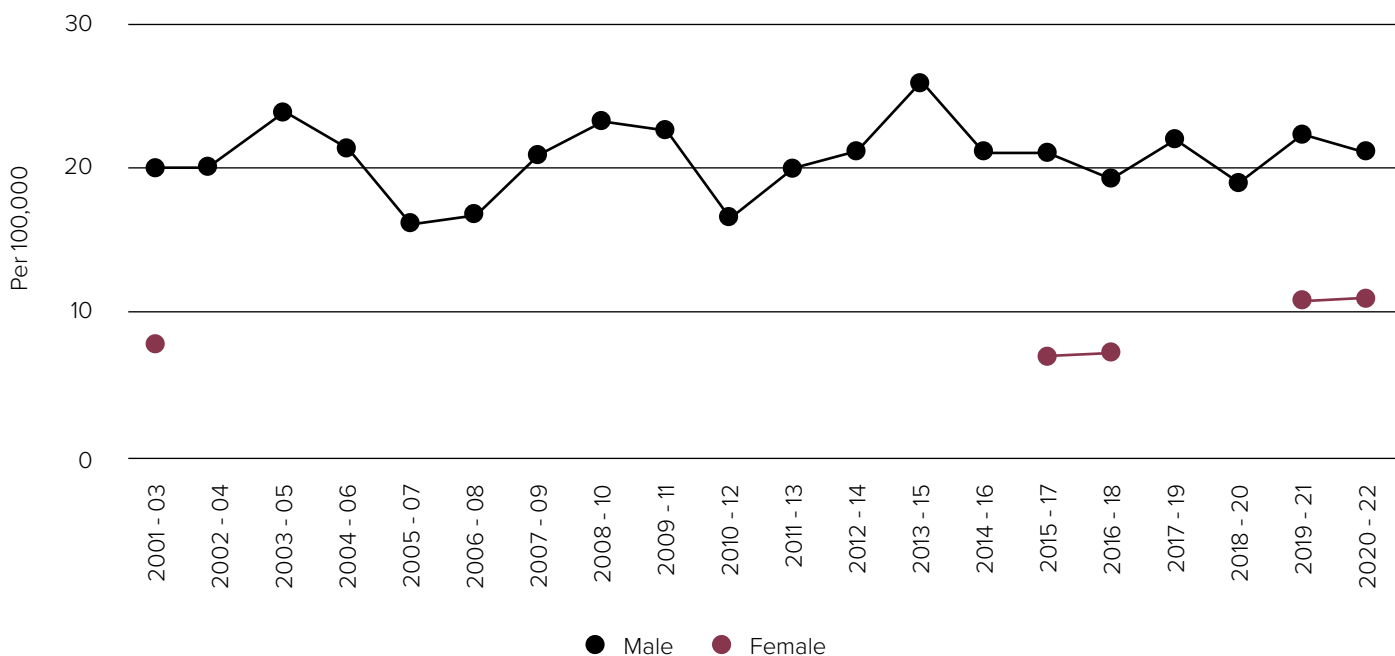
health team, provided by the local NHS Foundation Acute Trust, can provide support for women who are either pregnant or up to one year post-natal, with care plans developed to meet individual need and find solutions to support mothers on their road to recovery.

A focus on mental health in Darlington should support the broad mental health needs of all of its population. Suicide rates are consistently higher for men than women, locally, regionally, and nationally. However, as the data below demonstrates, the suicide rate for females in Darlington is higher than both the North East and England average and has risen since 2017-18. It is essential to do more to try and understand why suicide rates for women have been rising, which will support targeted activity to reduce the rate of women who die by suicide in Darlington, alongside targeted interventions for men.



Suicide Rates (2022-23)

	Darlington	North East	England
Suicide Rate (Female, 10+ years) (per 100,000)	10.9	6.1	5.2
Suicide Rate (Male, 10+ years) (per 100,000)	21.0	21.4	15.8



Reference Suicide data: <https://fingertips.phe.org.uk/profile/suicide/data#page/1/gid/1938132828/pat/15/par/E92000001/ati/502/are/E06000005/iid/41001/age/285/sex/2/cat/-1/ctp/-1/yr/3/cid/4/tbm/1/page-options/cardo-0>

Cancers

Vaccinations

Vaccination against the Human Papillomavirus (HPV) protects against a range of cancers, particularly cervical cancer. From September 2023, the HPV vaccination programme moved to a single dose, following updated advice. In 2019 males became eligible for the vaccine, as evidence shows it protects all genders from HPV-related cancers, such as cervical cancer, some mouth and throat cancers and some cancers of the anus and genital areas. Young people who are eligible for the HPV vaccine

but who missed the school vaccinations can still be vaccinated up to their 25th birthday. The data presented below shows that although Darlington has higher coverage than the North East and very similar coverage to the England average, there is still work to be done to increase the coverage amongst both genders. For progress to be made, interventions should target misinformation and education for parents on the importance of the HPV vaccination.

Population vaccination coverage			
HPV vaccination coverage for one dose (12 to 13 years old) in 2023			
	Darlington	North East	England
Male	65.4%	64.1%	65.2%
Female	71.2%	70.5%	71.3%



HPV coverage <https://fingertips.phe.org.uk/search/hpv>
Screening: <https://fingertips.phe.org.uk/profile/cancerservices/data#page/1>



Screening

The WHSE aims for women and girls to be better educated on cancers from a young age, including risk factors and symptoms. Furthermore, there are aims to increase uptake of screening programmes through digital transformation and better access to data on protected characteristics, alongside greater accessibility and flexibility of programmes. There is further action needed to ensure transgender men and non-binary people with female reproductive

organs are aware of cancer symptoms and are also invited to and able to access screening for cervical and breast cancer. This is part of a wider initiative to remove barriers to accessing services, which can result in disparities in health outcomes between different demographic groups. A further example is women with disabilities, who can face additional challenges to access in-person services.

Cancer Screening Coverage (2022/23)			
	Darlington	North East	England
Breast	71.7%	67.1%	66.2%
Cervical (25-49 years)	73.2%	70.8%	65.8%
Cervical (50 yr to 64 yr)	76.9%	75.6%	74.4%

Case Study - “G” - A Transgender Woman

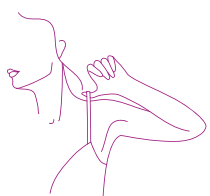
Health typically means being well or unwell. However, for me, I don't feel like I am 'healthy' because healthcare is not accessible. Anything to do with gender dysphoria/ re-assignment and gender affirming care is underfunded. This has an impact on my mental health, which leads to an impact on my physical health. If I would have been seen sooner for gender affirming care, my mental health would not have deteriorated as severely. I feel like my transition has impacted my ability to be as healthy as I could be.

I feel like education is the initial barrier to good health, when you're a kid for example, you get shown a plate with what a balanced diet looks like, but that's limited. As you get older, you get stuck in bad habits around food, with no support. If you went to the doctors with that, it doesn't get taken very seriously. But it can lead to things like eating disorders.

Since transitioning, I'm a lot more aware of my body and will avoid eating as much to not gain weight due to body image issues.

If I could say anything to my younger self regarding my health, it would be to prepare not to be listened to. Different medications have been tested to work for men, not for women, which is male privilege. I am unsure about things like prostate and how screening for this affects trans women.

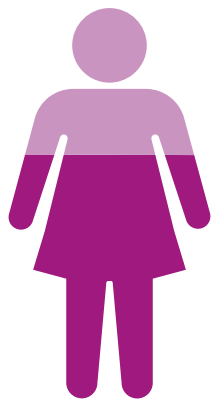
It has taken me about 14 months to find a job after applying for many. I feel like at an interview, they did not expect a trans person to walk in the room and as a result, I felt as if I was talking to a brick wall. It made me feel uncomfortable, judged and as if there was no point in me being there. Although there are equalities laws for discrimination for different identities, there is a definite unconscious bias, which impacts outcomes and prevented me from finding employment.



Chapter 3 - Employment and Wellbeing

Health conditions and disabilities should not be barriers to women’s positive participation in the workplace. Women experiencing health issues such as period problems, endometriosis, fertility treatment, miscarriage and/or menopause should be supported in their workplace. This applies to general health conditions that may impact on women in the workplace, e.g. musculoskeletal conditions, cardiovascular disease, or mental health problems. The NHS workforce and social care workforce are predominantly female and employers in these sectors can lead the way in supporting health in the workplace. Employers are encouraged to consider the practical needs of employees who have caring responsibilities, as unpaid carers are predominantly female and need support to manage paid employment alongside other roles.

There is also the gender pay gap to consider, as income is a significant social determinant of health. In the UK, median hourly pay for full-time employees was 7.7% less for women than for men in April 2023. On the other hand median pay for part-time employees was 3.3% higher for women than for men (excluding overtime pay). However, a larger proportion of women are employed part-time and on average part-time workers tend to earn less per hour. The gender pay gap is larger than the full-time and part-time pay gaps; median pay for all employees was 14.3% less for women than for men in April 2023.

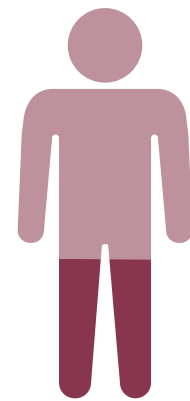


Darlington Borough Council Workforce

Female
63%

Male
37%

*January 2024, excluding schools



Women's Health, Economic Inequalities and Single Mothers

This section is contributed by Sophie Ward. The following is adapted from from her Masters' Dissertation.

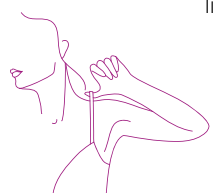
The cost-of-living crisis has impacted families across the UK, and Darlington is no different. Yet, women are more likely to feel the impact of the financial crisis, through their lower levels of wealth on average in comparison to men and their caring responsibilities, which often lowers their ability to engage in paid work¹. Furthermore, women are more likely to hold the main responsibility for household budgets, including the purchasing of household necessities, the cost of which has risen exponentially over the last couple of years .

However, not all women will be impacted equally, and one group that are particularly vulnerable to the adverse effects of the cost-of-living crisis is single parents, which predominantly exists of women, as 86% of lone parent families are headed by women in the UK². In 2021, 11.8% of Darlington households included a lone parent, which rose to 18.6% in our most deprived wards³. Single parents have significantly fewer financial resources, with savings that are 20 times smaller than the national average⁴ and are more likely to report financial difficulties when compared to two-parent families⁵. Research also shows that single mothers are more likely to feel worried regarding their financial capacity to afford household essentials when compared to single fathers⁴. This implicates poverty for single mothers and their children, as nationally, 49% of children in lone parent families live in relative poverty, which is almost double the rate in two-parent families (25%)^{6,7}.

¹ The Women's Budget Group. The gendered impact of the cost-of-living-crisis. Available from: <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://wbg.org.uk/wp-content/uploads/2022/03/The-gendered-impact-of-the-cost-of-living-crisis.pdf>

² The Office for National Statistics. Families and households in the UK: 2022 2023. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2022> Accessed May 19th, 2023.

³ Thomas T. Single-parent families 'most exposed' to cost of living crisis in Great Britain: The Guardian 2022. Available from: <https://www.theguardian.com/business/2022/apr/30/single-parent-families-most-exposed-to-cost-of-living-crisis-in-great-britain> Accessed January 1st, 2023



⁴ Dixon Jami, Ruby Florence, Elizabeth C. Single Parents in 2023: Gingerbread, 2023. Available from: <https://www.gingerbread.org.uk/wp-content/uploads/2023/03/Single-Parents-in-2023-Single-Parents-Day-report.pdf> [Accessed 2nd June 2023]

⁵ Joseph Rowntree Foundation. UK Poverty 2022. York, 2022. Available from: <https://www.jrf.org.uk/report/uk-poverty-2022> [Accessed 19th December 2022]

⁶ IFS. Pre-pandemic relative poverty rate for children of lone parents almost double that for children living with two parents. 2022. Available from: <https://ifs.org.uk/articles/pre-pandemic-relative-poverty-rate-children-lone-parents-almost-double-children-living-two> [Accessed 2nd December 2022].

⁷ Census. One family only: Lone parent: Dependent children: One Darlington; 2021. Available from: https://darlington.communityinsight.org/?indicator=ks105ew0011_dr_20210101# [Accessed March 2nd, 2023].

There are a number of explanations for why single mothers have fewer financial resources on average. A prominent cause is that caring work limits the abilities of mothers (particularly single mothers) to access and retain employment. Research demonstrates that there is a lack of flexible, well-paid roles in the UK labour market, as flexible work excludes 7 out of 10 jobs and only 1 in 10 part time jobs have a salary of over £20,000 full-time equivalent⁸. Firstly, this reduces economic capacity, which implicates ability to live a long healthy life, but further, employment contributes to better mental health as a result of a designated social role, structure, and purpose.^{9 10 11} Unemployment also increases the likelihood of limiting, long-term illnesses, and the prevalence of risky health behaviours and therefore has been shown to result in negative impacts for the families of unemployed individuals and the wider community.^{12 13 14 15}

Financial difficulties, coupled with the cost-of-living crisis, present a complex predicament for single mothers and carers who are female. Recent qualitative research on the impact of the cost-of-living crisis for single carers who are female in Darlington found a complexity of negative implications. Significant findings were the suggestion that the cost-of-living crisis has increased loneliness for

single carers, limited their ability to fulfil their role as a mother/ carer and impacted their financial security, with many struggling to afford food, medicines, and household bills. The research carried out in Darlington further contributes to literature exploring the challenges single parents navigate and further, the impact of financial crises on low-income families. For instance, the increases in the cost of necessities, such as food, can cause families to turn to foodbanks and also compromise on the quality and nutritional value of food in order to satiate hunger^{16 17}.



⁸ Garthwaite KA, Collins PJ, Bambra C. Food for thought: An ethnographic study of negotiating ill health and food insecurity in a UK foodbank. *Social Science & Medicine* 2015;132:38-44. doi: <https://doi.org/10.1016/j.socscimed.2015.03.019>

⁹ The Food Foundation. From purse to plate: implications of the cost-of-living crisis on health. London, 2023. Available from: <https://foodfoundation.org.uk/publication/purse-plate-implications-cost-living-crisis-health> [Accessed 2nd August 2023]

¹⁰ Murray J. 'It's hard getting money to stretch': single mothers say they need support: *The Guardian* 2022. Available from: <https://www.theguardian.com/business/2022/jul/05/cost-of-living-single-mothers-support> [Accessed 2nd August 2023].

¹¹ Wiseman A, Lowey H, Bell Z, et al. *Mind the Gap: Women and Health Inequalities* Gateshead Council 2022.

¹² Aarntzen L, Derks B, van Steenbergen E, et al. Work-family guilt as a straightjacket. An interview and diary study on consequences of mothers' work-family guilt. *Journal of Vocational Behaviour* 2019;115:103336.

¹³ Dunford E, Granger C. Maternal guilt and shame: Relationship to postnatal depression and attitudes towards help-seeking. *Journal of Child and Family Studies* 2017;26:1692-701.

¹⁴ Collins C. Is maternal guilt a cross-national experience? *Qualitative Sociology* 2021;44(1):1-29.

¹⁵ Henderson A, Harmon S, Newman H. The price mothers pay, even when they are not buying it: Mental health consequences of idealized motherhood. *Sex Roles* 2016;74:512-26.

¹⁶ Avison WR, Ali J, Walters D. Family Structure, Stress, and Psychological Distress: A Demonstration of the Impact of Differential Exposure. *Journal of Health and Social Behavior* 2007;48(3):301-17. doi: 10.1177/002214650704800307

¹⁷ Greer-Murphy A. *Invisible Inequalities of Austerity: everyday life, mothers and health in Stockton-on-Tees*. Durham University, 2018.



Single carers in Darlington expressed their reliance on foodbanks, but also the feelings of judgement and stigma which accompanies this. Furthermore, the increase in the cost of household necessities meant that single carers in Darlington were unable to afford leisure time for their children, which often results in feelings of guilt and stress ^{18 19}. On average, mothers experience vastly higher levels of guilt compared to fathers, which causes women to limit their own leisure time, in turn lowering their wellbeing ^{20 21}. Furthermore, mothers who feel like they are unable to fulfil parenting expectations are more likely to report feelings of stress, anxiety, and depression ^{22 23} and research finds that single mothers experience higher levels of psychological distress compared to married mothers, due to higher stress exposure ²⁴. Conclusively, time for oneself is valuable for mental health, yet women engage significantly more in caring work, leaving less time for rest, disproportionately for single mothers and women with less financial resources ²⁵. It was therefore not surprising that many single carers in Darlington discussed the impact the financial crisis has had on their mental health and wellbeing.

To conclude, the lives of Darlington single carers that were interviewed are complex and often demanding, as a result of financial insecurities, childcare responsibilities, and feelings of guilt, stress, and worry. Findings demonstrated how the challenges of this role are exacerbated due to the financial crises, as budgets are unable to stretch to fulfil the needs of single carers, for themselves and the children in their care. The findings demonstrated the complex impact of the cost of living crisis on health and wellbeing, which ultimately limits the ability of some low-income single carers in Darlington to live happy, healthy lives.



¹⁸ Timewise. The Timewise Flexible Jobs Index 2022, 2022. Available from: <https://timewise.co.uk/wp-content/uploads/2022/10/Timewise-Flexible-Jobs-Index-2022.pdf> [Accessed 2nd May 2023]

¹⁹ Warr P, Jackson P. Factors influencing the psychological impact of prolonged unemployment and of re-employment. *Psychological medicine* 1985;15(4):795-807.

²⁰ Fryer D. Employment deprivation and personal agency during unemployment: A critical discussion of Jahoda's explanation of the psychological effects of unemployment. 1986.

²¹ Butterworth P, Leach LS, Strazdins L, et al. The psychosocial quality of work determines whether employment has benefits for mental health: results from a longitudinal national household panel survey. *Occupational and environmental medicine* 2011;68(11):806-12.

²² Bamba C, Eikemo TA. Welfare state regimes, unemployment and health: a comparative study of the relationship between unemployment and self-reported health in 23 European countries. *Journal of Epidemiology & Community Health* 2009;63(2):92-98.

²³ Bartley M, Plewis I. Accumulated labour market disadvantage and limiting long-term illness: data from the 1971-1991 Office for National Statistics' Longitudinal Study. *International journal of epidemiology* 2002;31(2):336-41.

²⁴ Moser KA, Fox AJ, Jones D. Unemployment and mortality in the OPCS longitudinal study. *The Lancet* 1984;324(8415):1324-29.

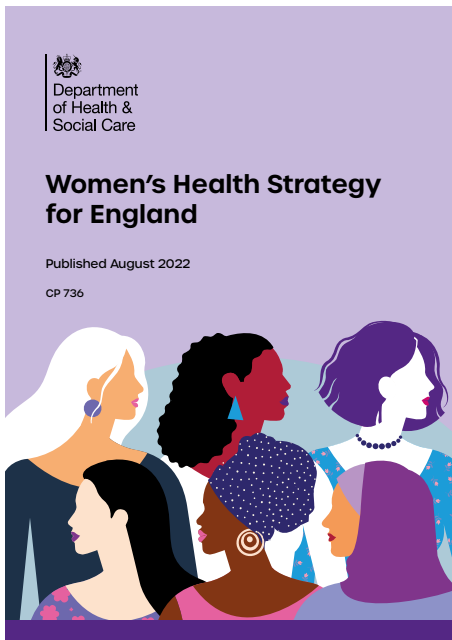
²⁵ Montgomery SM, Cook DG, Bartley MJ, et al. Unemployment, cigarette smoking, alcohol consumption and body weight in young British men. *The European Journal of Public Health* 1998;8(1):21-27.

Chapter 4 - Healthy and Safe

The health of women is hugely impacted when feeling threatened or unsafe. Maslow's hierarchy of need describes the essentials people require, among the basic needs are safety and security. In July 2021 the government launched the "Tackling Violence Against Women and Girls Strategy". Evidence presented in the Strategy reflected that some types of violence against women and girls are so "normalised" that many women and girls do not feel it is worth reporting, e.g. incidents like being touched, grabbed and/or threatened by strangers.

Although both men and women experience abuse, nationally, 20% of women are victims of sexual assault or attempted assault in their lifetime compared with 5% of men. There is also a higher proportion of women who experience domestic abuse; more than 27% of women aged 16 years or over have experienced domestic abuse, compared to 14% of men, with the rate of domestic increasing over time.

Women's Health Strategy for England (WHSE)



The Women's Health Strategy for England (WHSE) highlights that some groups of women are at higher risk of experiencing certain forms of violence and abuse than others, including disabled women and lesbian and bisexual women. There is a need for health care professionals to be able to recognise signs of domestic abuse in order to support women and girls, the NHS is often the first point of contact for women who have experienced violence.

Being exposed to violence and trauma particularly affects children, in addition to direct harm is the hurt caused to children when they see the abuse of others.

Homicide Index Data 2020 - 2022 shows that 67.3% of the victims of domestic homicide were female. In the majority of female domestic homicides the suspect was a male partner or ex-partner, (74.7%)

Children's trauma Support

Funding has been identified to support an additional year of Trauma work within Darlington Schools offering therapeutic support to children

who are identified as either currently living in a home with domestic abuse or have been affected by domestic abuse.

Home Office Homicide Index 2022: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2023>

Women's health Strategy: <https://www.gov.uk/government/publications/womens-health-strategy-for-england>



DASVEG

(Domestic Abuse and Sexual Violence Executive Group)

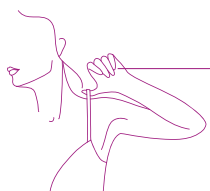
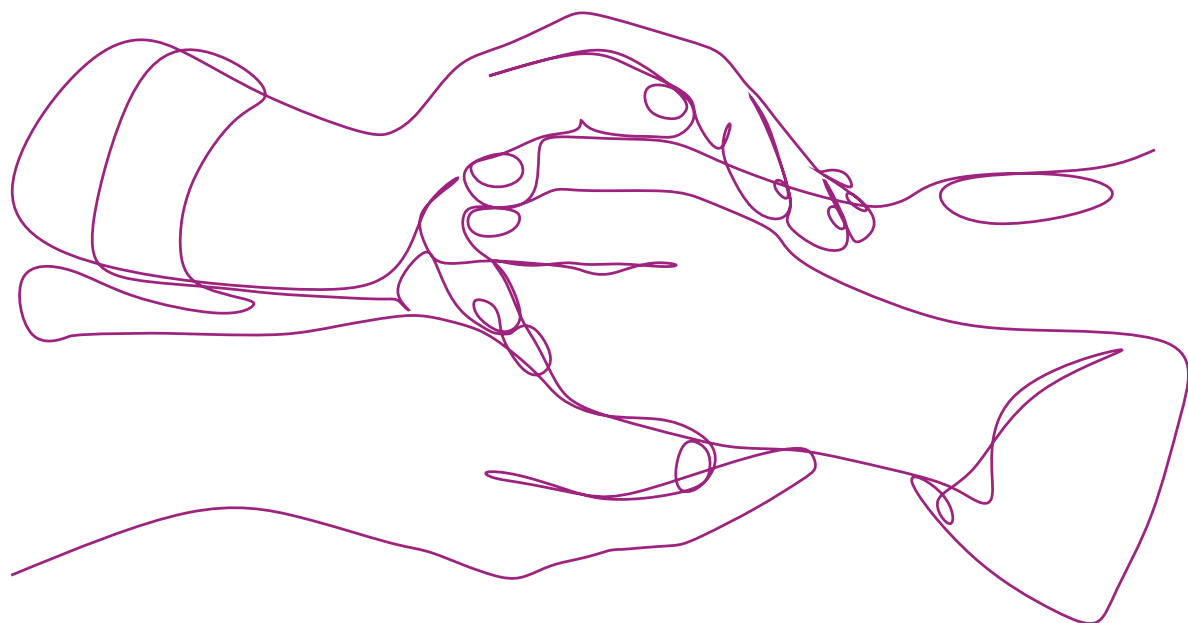
The Local Domestic Abuse Partnership Board is known as DASVEG (Domestic Abuse and Sexual Violence Executive Group) and takes a whole system approach to support, advise and work in partnership across County Durham and Darlington. DASVEG aims to:

- Ensure victims of domestic abuse have access to adequate and appropriate support within safe accommodation and wider domestic abuse services.
- Provides the governance structure for work across the system aimed at reducing and tackling sexual violence.
- Improve outcomes for victims of domestic abuse, including their children, through a strategic approach to identifying and addressing gaps in support within safe accommodation services and the wider system.
- Ensure that the system has a clear focus on perpetrators and tackling repeat perpetrators through a range of multi-agency, problem solving interventions and approaches.

County Durham and Darlington Domestic Abuse Plan 2023 - 2025

DASVEG monitors the shared plan and receives updates from the workstreams that deliver against the priorities. The three priorities are based on evidence of need, principle of using best evidence, practice and has victim voice at the core:

- Prioritising prevention
- Supporting victims
- Tackling those who cause harm



County Durham and Darlington Domestic Abuse Plan 2023-2025 - <https://democracy.durham.gov.uk/documents/s181440/Agenda%20Item%207%20DASV%20Executive%20Group%20Annual%20Report.pdf>

Domestic Abuse - Darlington Support Offer

Darlington offers a range of safe accommodation for families and individuals who have experienced domestic abuse.

For adults:

Outreach Support in the community for female and male victims of domestic abuse.

Navigation – The Navigator holds a small caseload of complex needs domestic abuse survivors.

Recovery Support Groups for women.

Groups are high quality, client-led community-based support for those affected by domestic abuse. The Groups enable people to work to increase their resilience, recover from their experiences and live free from abuse.

Specialist Domestic Abuse Counselling

Prevention Scheme – Work to support perpetrators, offering support to the victims, supports a whole family approach.

Children's Outreach Community Offer

Uses evidence-based trauma informed support delivering interventions to children such as play therapy in community settings.

Children and Young Person support within safe accommodation

Offers supported interventions for children and young people who have witnessed and/or experienced domestic abuse and had to move into refuge. Recovery support is provided addressing emotional and psychological effects of the trauma, within a safe environment including positive, stimulating and fun activities/sessions to encourage social and emotional development.

Provides interventions that support children and young people who have witnessed and/or experienced domestic abuse and had to move into refuge, support to enable the children and young people recover from the emotional and psychological effects of the trauma they have experienced within a safe environment including positive, stimulating and fun activities/sessions to encourage social and emotional development.

MASH (Multi Agency Safeguarding Hub) Link Worker

Contributes to safeguarding for families affected by domestic abuse through effective liaison and information sharing with children's services, Police safeguarding team and other MASH part-ners.

Lead Practitioner

Works with families using a trauma informed and needs lead approach to improve safety and wellbeing and make sustainable, positive changes to improve outcomes.



Substance Misuse

Approximately 21% of the adult population in England regularly drink at levels that increase their risk of ill health. The UK Chief Medical Officers (CMOs) advise that to keep the risk from alcohol low, adults should not regularly drink more than 14 units of alcohol a week. There is no definitively “safe” lower limit as no level of regular alcohol consumption improves health.

The Alcohol Profile for Darlington (Fingertips 2022/2023) indicates that across all admissions and mortality indicators Darlington is worse than the England average. While services are working hard to improve accessibility there is a need to significantly increase the number of people successfully completing treatment for alcohol dependency.

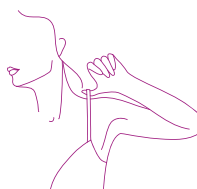
Admission episodes for alcohol-specific conditions for under 18's (per 100,000) (2020/21 - 22/23)			
	Darlington	North East	England
Female	46.0	63.0	34.7
Male	29.2	34.5	17.8

Admission episodes for alcohol-specific conditions for under 18's (per 100,000) in Darlington



Admission episodes for alcohol-specific conditions: <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/1>

Drug and Alcohol Services treatment: NDTMS <https://www.ndtms.net/>

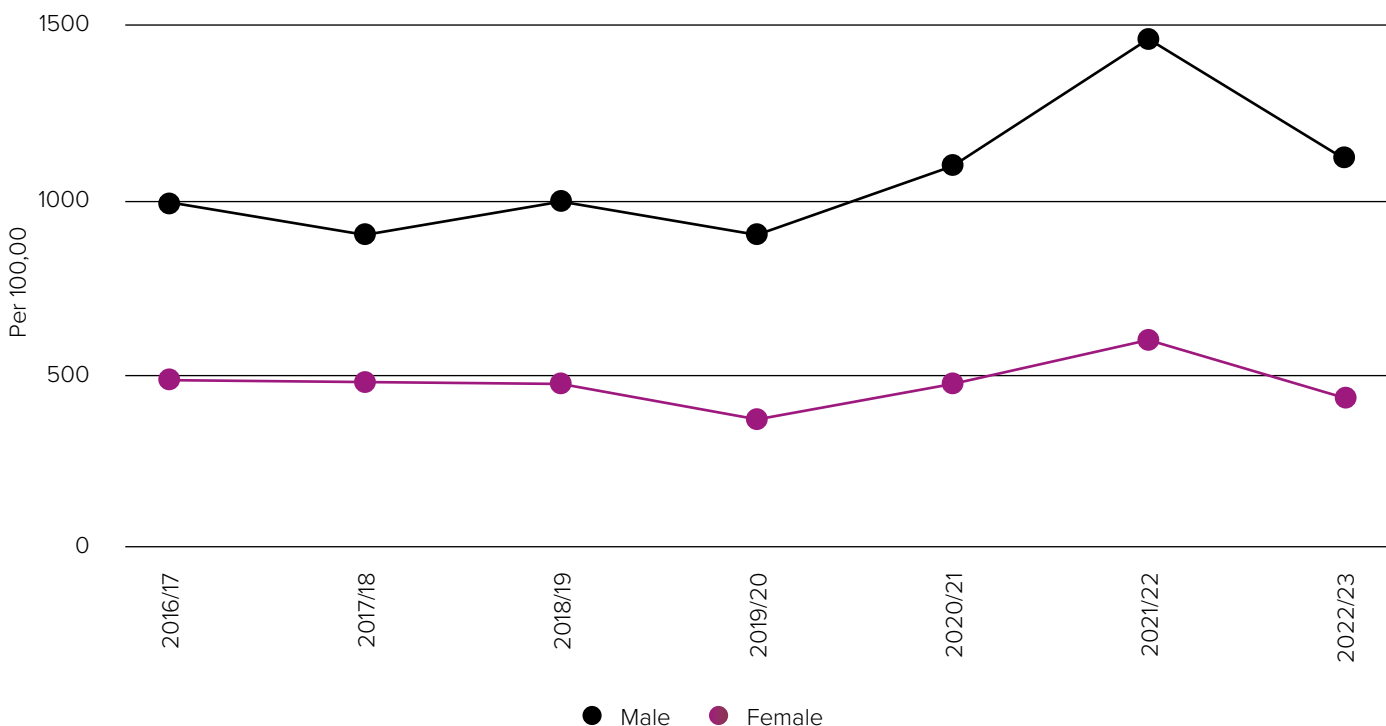


[https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-3-drinking-alcohol#:~:text=Estimated%20weekly%20alcohol%20consumption%2C%20by%20sex%20and%20age,-These%20estimates%20are&text=21%25%20of%20adults%20drank%20at,and%208.5%20units%20for%20women\)](https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2021/part-3-drinking-alcohol#:~:text=Estimated%20weekly%20alcohol%20consumption%2C%20by%20sex%20and%20age,-These%20estimates%20are&text=21%25%20of%20adults%20drank%20at,and%208.5%20units%20for%20women))

Admission episodes for alcohol-specific conditions - All ages (per 100,000) (2022/23)

	Darlington	North East	England
Female	424	629	355
Male	1,120	1,310	823

Admission episodes for alcohol-specific conditions for all ages (per 100,000)



For under 18's there are more females admitted to hospital for alcohol-specific conditions. Although there has been a decline in the last 10 years, significantly so for females, the rate (per 100,000) is still higher than the England average. In contrast, males are significantly more likely to be admitted for alcohol related episodes for all age groups. Darlington is below the regional average for both males and females; however, the England average is significantly lower. Although Darlington does not fare poorly at the regional level, action is essential to reduce admission episodes and close the gap with England.

Of those accessing treatment in Darlington 67.4% are men and 32.6% are women. Nevertheless, there are just under 300 women in Darlington accessing treatment for substance misuse.

STRIDE (Support, Treatment and Recovery in Darlington through Empowerment) encompasses three organisations to deliver treatment and recovery support, including the ACCESS team (an outreach support service), With You (a specialist drug and alcohol treatment service) and Recovery Connections (a lived experience recovery organisation). Recovery Connections provides specialist support for women, including a mothers group and women's group, to allow women to connect with and support one another in treatment and within wider recovery support.

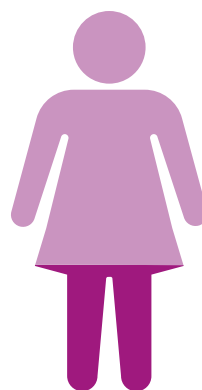


In relation to deaths in treatment, there is a higher proportion of women in Darlington, in comparison to men. The ACCESS team and With You are working to ensure that provision of Naloxone, which is a drug administered to reverse an opioid overdose, has full coverage across the borough, to support a reduction in drug related deaths. A higher proportion of females access continuity of care, which in

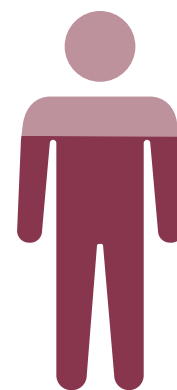
Darlington is higher than the regional average and significantly higher than the national average. STRIDE is working closely with our female prison population to ensure a smooth transition from custodial setting to community treatment and recovery.

Adults in treatment

Females in treatment - **32.6%**



Males in treatment - **67.4%**



Case Study - “P” - A woman in Recovery

‘Health’ to me means everything physically and mentally. My health is paramount to everything else around me functioning. If I have poor health, whether that be physically or mentally, then everything around me will suffer.

I feel that my physical health is a struggle at the moment as I have a number of conditions occurring and I am aware that with weight loss, this can assist in me being ‘healthier’ to tackle these conditions. However, these conditions also impact upon my weight. I feel that finding the balance to implement daily exercise to tackle this, around my home/work life, can be quite difficult.

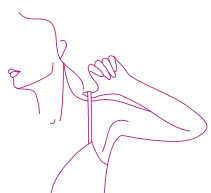
I would tell my younger self to be more aware of the dangers of substance misuse. I would also tell my younger self to be kind to myself to take care of my mental wellbeing.



Safe Public Space

Partners in Darlington said they will work together to create safe and secure communities. When people feel safe they are more likely to exercise, meet friends and move about the area using public transport or walking.

Darlington Community Safety Partnership has consulted upon future action priorities to create safe and strong communities. The plan will be published later in the year.



Actions that the Community Safety team have led include:

- **Purple Flag Award**

A full re-assessment of Darlington's performance against Purple Flag criteria took place in December 2023. The assessment panel's conclusions were that Darlington meet or exceeded on all 5 core themes reviewing the evening and night-time economy environment.

There has been improved lighting around the town and the local CCTV system is efficient.

- **Car Parks**

Council car parks (with exception of East Multi-Storey) have "Park Mark" and Feethams has a design and security attainment certificate, "Pass Mark". These meet national standards as measures to reduce crime and fear of crime.

- **Number 40**

A multi-agency supported safe space at night, using a former retail outlet in the town centre.

Over 500 people have been assisted since opening in September 2022. Assistance has included first aid, signposting, providing food and hot drinks and the opportunity to re-charge electronic devices.

Staff and volunteers at Number 40 have responded when people have suspected their drinks have been spiked and have referred 12 people to other support teams, e.g. Substance Recovery and for rough sleeping support.

An evening a month is available for LGBTQ+ people to share. Specific campaigns are supported including National Women's Day and White Ribbon Day.

- **Partnership Working**

Durham police officers have patrolled the Town Centre area as part of the prevention of violence towards women and girls strategy, supported by the Police Crime Commissioner.

A "street friend" system is being planned from April 2024.

While many of these strategies are focused on public spaces and safety, effective prevention must include early intervention to influence values positively. The Community Safety team has delivered several public-facing campaigns, e.g. "You are on your own" - focused upon men, who, often with friends exhibit concerning, unwanted, uninvited behaviour towards women.

Physical Activity Opportunities and Benefits

Physical activity brings many benefits to health and wellbeing and there are a range of opportunities across Darlington for women. The public health team is promoting the 2024 Darlington 10K to promote health improvements, with social media spotlight stories on different running experiences, including a number of women's stories to demonstrate to other women that they can do the same.

As a result of research into safety and running, 'women only' running sessions are offered at Eastbourne Sports Complex in Autumn and Winter as a well-lit safe and welcoming space for women to exercise in the darker months. Other women only activities include 'Fit Mamas' in the South Park,

which meets every Thursday and allows mothers to exercise with their prams, providing an opportunity to connect and socialise with other mothers, get out in green spaces with its mental health benefits and move their body without having to organise childcare. There are also 'Aqua Natal' classes organised by the Dolphin Centre, midwife led sessions that support pregnant women with a range of water-based exercises that are suitable during pregnancy.



Chapter 5 - Healthy Ageing

The Women's Health Strategy for England (WHSE) describes ambitions to improve strategies, policies and programmes addressing fragility fractures, osteoporosis, arthritis, heart disease and stroke, diabetes and dementia. The Strategy recognises that some of these conditions can present differently in women compared to men, in which instance women can face additional barriers to referral and diagnosis - particularly as diagnostic tests are often based on research mostly conducted in clinical trials with men.

The prevalence of dementia and Alzheimer's is greater in women than men. More women are affected by dementia and Alzheimer's not only in Darlington but also the North East and England.

The age structure of Darlington's population has changed since the 2011 census. The age group of 65 years and over increased the most, 19.9% (2021) and is above the England average (18.4%).

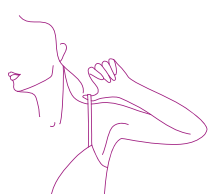
There are significant proportions of older people in Darlington living in income deprivation which can be a cumulative impact with fuel poverty, food insecurity and self-reported feelings of isolation.

*Included male figures for comparison.

Darlington		England	
Female	Male	Female	Male

Disability free life expectancy at birth (2018-20)			
59.3 years	57.5 years	60.9 years	62.4 years

Emergency hospital admissions for COPD aged 35+ (per 100,000) (2019/20)			
529	532	413	422
Emergency hospital admissions due to falls aged 65 and over (per 100,000) (2021/22)			
3,486	2,493	2,360	1,750
Emergency hospital admissions due to falls aged 65-79 (per 100,000) (2021/22)			
1,906	1,179	1,142	825
Emergency hospital admissions due to falls aged 80 plus (per 100,000) (2021/22)			
8,068	6,302	5,890	4,430



Darlington		England	
Female	Male	Female	Male

Hip fractures aged 65 and over (per 100,000) (2022/23)			
636	344	675	401
Hip fractures aged 65 to 79 (per 100,000) (2022/23)			
331.9	137.1	309.9	170.1
Hip fractures aged 80 and over (per 100,000) (2022/23)			
1,518	945	1,733	1,071

Under 75 mortality rate from all circulatory diseases (per 100,000) (2022)			
43.1	138.8	47.4	110.0
Mortality rate from all cardiovascular diseases ages 65+ years (per 100,000) (2021)			
884.9	1,069.2	839.6	1,251.0
Under 75 mortality rate from respiratory disease (per 100,000) (2022)			
43.8	45.4	26.3	35.3
Mortality rate from respiratory disease ages 65+ years (per 100,000) (2021)			
410.6	742.6	570.0	544.7

Under 75 mortality rate from cancer (per 100,000) (2022)			
140.4	142.7	110.3	135.4
Mortality rate from cancer ages 65+ years (per 100,000) (2021)			
1,108.9	1,327.3	849.4	1,279.3
Winter mortality index age 85 plus (Aug 21 - Jul 22)			
37.8%	39%	10.9%	11.9%

Mortality rate of dementia and Alzheimer's disease all ages (per 100,000) (2020-22)			
	Darlington	North East	England
Female	119.6	123.8	121
Male	105.2	100.9	100.6



Menopause

Menopause is an important aspect of ageing well for women and is also closely linked to wellbeing in the workplace. Research conducted for the WHSE shows that women require more information about menopause before they experience it, so they can recognise the symptoms and are empowered to seek support. The study showed that only 9% of respondents said they have enough information about the menopause and less than 2 in 3 (64%) of respondents felt comfortable talking to healthcare professionals about the menopause. There is further action needed to ensure there is more education and information and less stigma surrounding

menopause. Women in the workplace should feel supported by their employer when experiencing menopause symptoms. At Darlington Borough Council employees have had the opportunity to attend a 'menopause learn & lunch' session with the North East and North Cumbria menopause lead and an experienced nurse, to understand what menopause is, how you can support those going through menopause and how to manage symptoms. Public Healthcare Darlington also hold a 'Well Woman Clinic', where a specially trained Nurse Practitioner can give advice on all aspects of women's health, including menopause.

Consensus Statement on Healthy Ageing

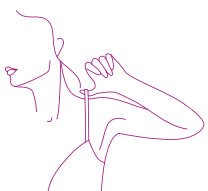
In February 2023 the Office for Health Improvement and Disparities (DHSC) together with the Centre for Ageing Better and over 120 partner organisations across England developed a consensus statement on healthy ageing. The ambition is for everyone to have 5 extra years of healthy, independent life by 2035 and to narrow the gap between the richest and poorest.

Improved living standards, medical advances and public health initiatives have given many of us longer lives. However not everyone benefits equally from longer lifespans.

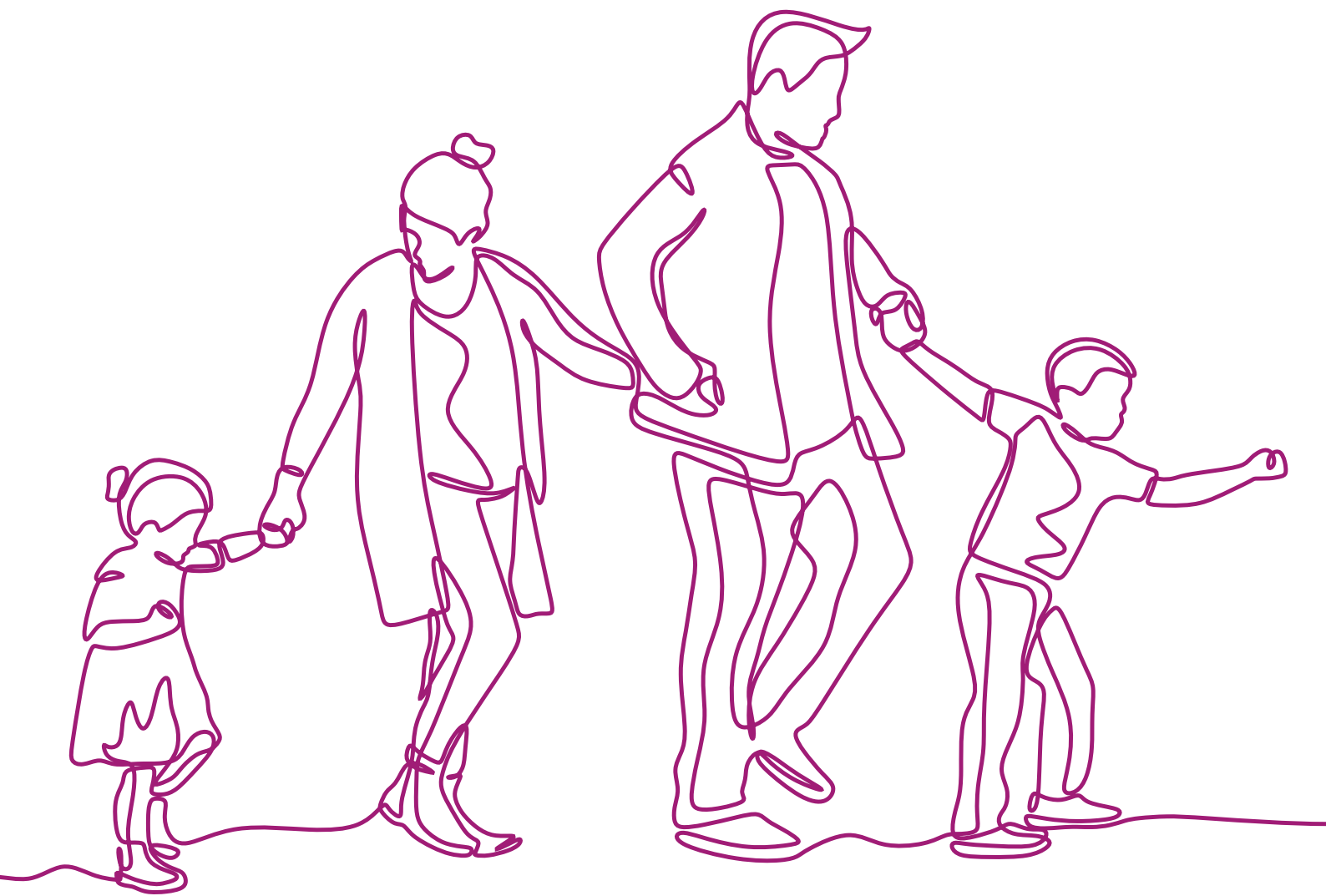
An accumulation in disadvantage in education, employment, living conditions and variations in health and social care services mean that people in the most disadvantaged circumstances can expect to spend 20 fewer years in good health than those who are better off and live in the least deprived areas of the country.

The Consensus Statement committed to **5** principles:

1. Putting prevention first and ensuring timely access to services and support when needed.
2. Removing barriers and creating more opportunities for older adults to contribute to society.
3. Ensuring good homes and communities to help people remain healthy, active and independent in later life.
4. Narrowing inequalities - focussing efforts on those most at risk.
5. Challenging ageist and negative language, culture and practices wherever they occur.



Healthy ageing: <https://fingertips.phe.org.uk/profile/healthy-ageing>



Chapter 6 - Recommendations

1. It is recommended that all organisations identify their role in giving every child the best start in life.

Actions to include:

- Support a healthy pregnancy
- Appropriate breastfeeding support, including public space and workplace
- A focus on Stop Smoking services and advice on secondhand smoking
- Raise awareness of the increased risk of domestic abuse
- Promote a diverse range of physical activities for children and young people
- Support girls and women to find opportunities for good employment.

2. It is recommended that all organisations recognise the specific health and care needs of women and across the health and care systems services respond to the needs of women.

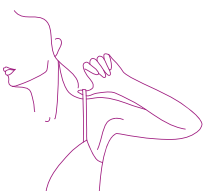
Actions to include:

- Commissioners and providers of services should seek to understand women's views and experiences of cancer, cardiovascular and dementia services and pathways.
- Raise awareness of screening benefits and opportunities, understanding barriers of access.
- That employers ensure they have supportive policies in place for smoking cessation, breastfeeding, domestic abuse and menopause.

3. It is recommended that organisations together take responsibility to create a safe environment for all people of Darlington, being mindful of implications from a female perspective.

Actions to include:

- Workplaces that support health at work
- Offer evidence-based interventions for health improvement including strength and balance programmes
- Improve the condition of the poorest quality private rented accommodation and future-proof new homes, built to be accessible and adaptable
- Ensure provision of accessible transport links
- Safe, green, well lit public spaces
- Extend opportunities to remain engaged with creative, learning and cultural activities as people age.

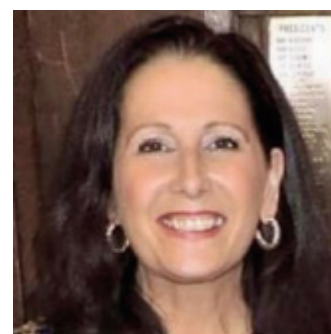


Case Study - Michelle Thompson BEM, Chief Executive Officer, Healthwatch Darlington

Health is a sense of overall wellbeing, taking into account both physical, mental and social aspects. As well as being physically well, in that a person does not have an illness or injury, it embodies a holistic approach around peoples nutrition, activity, mental wellness, staying social and active and maintaining good relationships. It is about being well enough to enjoy your life and the choice and control to manage any issues you can, with your own wellbeing in mind.

Healthwatch Darlington are encouraged to hear regularly that health and social care services are often good in relation to women's health in the Borough, but we know this is not always the case. We hope to highlight both good and bad aspects of the expansive array of services in 2024-25 to ensure the patient and public voice are at the centre of all decisions around care and support.

Healthwatch Darlington are looking to prioritise sections of women's health in 2024-25. In order to do so, we will be consulting with members of the public and finding out what is important to them. We will also examine the insights from the 2023-24 Public Health report on women's health to guide our focus for the upcoming 2024-25 year. In addition we will monitor the Women's Health Strategy for England which aims to bring together healthcare professionals and existing services to provide integrated women's health services in the community, with a focus on reducing inequalities in health.



**HEALTH AND HOUSING SCRUTINY COMMITTEE
28 AUGUST 2024**

HEALTH AND SAFETY COMPLIANCE IN COUNCIL HOUSING

SUMMARY REPORT

Purpose of the Report

1. To provide Members with an update on the health and safety compliance standards for our Council housing stock and our performance against these in 2023-24.

Summary

2. The Regulator of Social Housing (RSH) sets a number of consumer standards, which social housing providers must comply with, including a condition that we must take all reasonable steps to ensure the health and safety of tenants in their homes and associated communal areas.
3. The Council has well established and robust processes in place to monitor health and safety compliance in relation to its Council housing stock. Compliance is monitored on a regular basis, ensuring that any areas of non-compliance are addressed as a matter of priority.
4. The RSH expect that Members will play a significant role in ensuring that our Council housing meets those regulatory health and safety standards.

Recommendations

5. It is recommended that Members:-
 - (a) Consider the contents of the report, and
 - (b) Ensure that reports on health and safety compliance in Council housing are considered on an annual basis.

Reasons

6. The recommendations are supported by the following reasons :-
 - (a) The RSH's Safety and Quality Standard sets outcomes for social housing providers about the health and safety of tenant's homes.
 - (b) Specifically, social housing providers must identify and meet all legal requirements that relate to the health and safety of tenants in their homes and communal areas.

Anthony Sandys
Assistant Director – Housing and Revenues

Background Papers

- (i) The RSH Consumer Standards

Anthony Sandys: Extension 6926

Council Plan	This report supports the Council plan’s HOMES priority to provide affordable and secure homes that meet the current and future needs of residents
Addressing inequalities	There are no implications
Tackling Climate Change	There are no issues which this report needs to address
Efficient and effective use of resources	There are no implications
Health and Wellbeing	Compliance with statutory requirements for health and safety in Council housing is essential for the health and well-being of our tenants
S17 Crime and Disorder	There are no implications
Wards Affected	All wards with Council housing
Groups Affected	Council tenants and leaseholders
Budget and Policy Framework	This report does not recommend a change to the Council’s budget or policy framework
Key Decision	This report does not represent a key decision
Urgent Decision	This report does not represent an urgent decision
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 RSH sets a number of Consumer Standards, which apply to all social housing providers, including Councils.
8. Specifically, in relation to the Safety and Quality Standard, social housing providers must:
 - (a) Identify and meet all legal requirements that relate to the health and safety of tenants in their homes and communal areas.
 - (b) Ensure that all required actions arising from legally required health and safety assessments are carried out within appropriate timescales.
 - (c) Ensure that the safety of tenants is considered in the design and delivery of landlord services and take reasonable steps to mitigate any identified risks to tenants.

9. The Council has well established and robust processes in place to monitor health and safety compliance in relation to its Council housing stock. Compliance is monitored on a regular basis, ensuring that any areas of non-compliance are addressed as a matter of priority. Specifically, the following areas are monitored.

Asbestos

10. Some of our properties built prior to the 1990's feature some building products with Asbestos Containing Materials (ACMs). Prior to undertaking any planned maintenance, we will survey properties to identify any ACMs, if these haven't been carried out in the past.
11. Survey details are kept on our asbestos register, so that we can prevent disturbing ACMs in the future, as and when we carry out repair work. Most ACMs are perfectly safe if left alone and will probably be left in place if they are likely to remain undisturbed.
12. Where the only safe option is removal, or where work on a property is likely to disturb ACMs, we will arrange for ACMs to be removed by a licenced contractor. Asbestos surveys are therefore carried out on an ad hoc basis as and when they are required.
13. In 2023-24, 165 asbestos refurbishment surveys were carried out and none of those properties are out of compliance. An asbestos refurbishment survey is required where a property (or part of it), requires upgrading, refurbishment or demolition.
14. In addition, 67 asbestos management surveys were carried out and none of these properties are out of compliance. An asbestos management survey is required to manage ACM's during the normal occupation and use of a property.
15. All Council sheltered and extra care schemes are compliant for 2023-24; this covers 212 properties.

Electrical Safety

16. Electrical installations in our properties are subject to an Electrical Installation Condition Report (EICR) at 5-year intervals, or 10-year intervals for new build properties. Testing and inspection is completed in accordance with BS7671, the Institution of Engineering and Technology (IET) Guidance Note 3 Inspection and Testing, and guidance from the NICEIC.
17. All portable electrical appliances owned by the Council undergo a Portable Appliance Test (PAT) at a frequency specified in guidance from the Health and Safety Executive. These tests, along with repairs to electrical equipment and electrical installation work are carried out by suitably qualified staff, guidance provided by IET Code of practice for the In-Service Inspection and Testing of Electrical Equipment.
18. Health and safety checks and inspections include basic checks to ensure electrical equipment, cables, switches and sockets are free from obvious damage and that sockets are not overloaded. Any issues from these checks and inspections are reported and addressed.
19. In 2023-24, 1,461 electrical safety checks were completed. As previously reported to Members, a backlog of electrical safety checks due to the suspension of these checks

during the Covid pandemic has impacted on performance. As at the end of 2023-24, 4,058 Council properties were compliant, out of a total of 5,275 (or 76.93%). The backlog is due to be fully completed by November 2024, and therefore, we are expecting 100% compliance for 2024-25.

20. Electrical installations in our sheltered and extra care schemes are subject to an EICR at 5-year intervals. Four of our schemes were due for an EICR in 2023-24 and all were completed within compliance.

Gas Safety

21. All gas systems and equipment are properly specified, designed by qualified staff and installed by Gas Safe Engineers. By law, all gas appliances including gas boilers in tenant's homes are serviced and safety checked at least every 12 months, by a qualified Gas Safe engineer. Once completed, the tenant is provided with a Landlord's Gas Safety Certificate.
22. Compliance with gas servicing and safety checks is monitored through a performance indicator (HBS072 – the percentage of Council dwelling without a gas service within 12 months of the last service date) and reported to Members on a quarterly basis.
23. Unvented cylinders are serviced annually. To guarantee future access, they are now linked to the gas boiler service or air source heat pump service, and this consists of; inspection to ensure the system conforms to the building regulations, cylinder condition, temperature controls, pressure controls, relief valves operation and testing other safety devices.
24. In 2023-24, 5,006 Council properties were due for their annual gas safety check, and 4,980 were completed in 2023-24 (or 99.48%). Of the remaining 26, 20 were compliant by end of June, with 6 still outstanding. The main reason for the 26 properties not being completed in 2023-24 were due to no access issues. Typically, these would be cases where an appointment could not be arranged with the tenant and in some cases, a court order has to be obtained to gain access to the property.
25. For Sheltered accommodation, extra care schemes and Community Centres, all 16 buildings have had their gas safety checks completed on time in 2023-24. Sheltered accommodation and extra care schemes display the latest safety check/service certification in common areas of buildings where the gas appliance serves a communal heating system to multiple homes.

Fire Safety

26. Fire risk assessments (FRA) are carried out on all communal areas in sheltered housing and apartment blocks. The purpose of the assessment is to ensure that adequate and appropriate fire safety measures are in place to minimise the risk of injury or loss of life in the event of a fire. Risk assessments include:
 - (a) How a fire could start – the condition of gas and electrical appliances, heaters and the general condition of the building.

- (b) People affected by a fire – any tenants who may require assistance to evacuate the building.
 - (c) Evacuation plans in place – ensuring fire alarms have been tested, exits and corridors are free from obstruction and the correct fire signage is in place.
27. FRA's are carried out by Housing Services staff at least every 3 years. In apartment blocks tenancy management carry out a review every 12 months or following a change to the building or in the event of an incident or near miss.
 28. Regular testing and servicing are also in place for fire detection and warning equipment, emergency lighting and fire-fighting equipment. We ensure all FRA's have been completed when due and address any issues reported.
 29. Specialist fire inspectors provide the regulatory reform audits for the sheltered and extra care schemes, and this is in recognition of the greater risks they present. All documents received are reviewed by a qualified risk assessor. In 2023-24, 18 sheltered schemes and community centres were due a fire regulatory audit, and all were completed within compliance.
 30. In addition, our Housing Services Fire Safety Policy 2022-27 sets out how we provide staff, residents, visitors and partner organisations in Council owned sheltered housing and extra care schemes with clear guidelines as to how to prevent fires and what action to take in the event of a fire, to protect themselves and others.
 31. In 2023-24, 76 apartment blocks were due to have their FRA reviewed and all of these, 64 were completed on time (or 84.2%). The risk assessments for 5 of the apartment blocks were completed at the end of May 2024 and the risk assessments for the remaining 7 blocks are currently being undertaken.
 32. We put a pause on completing the FRA's at the end of 2023-24 until we had undertaken the relevant FRA training, which has now been completed. We received our certification and relevant registration on 14 June 2024, so the outstanding FRA's and those due in 2024-25 re-started on 18 June and we anticipate all FRA's to be completed on time.
 33. Overall, for the 2,321 apartments in blocks, 2,260 were in compliance at the end of 2023-24 (or 97.37%).
 34. All Council sheltered and extra care schemes are within compliance for 2023-24.

Fire Door Safety

35. The Fire Safety (England) Regulations 2022 made it a legal requirement for owners of all multi-occupied residential buildings in England with storeys over 11 metres in height to:
 - (a) Undertake quarterly checks of all fire doors (including self-closing devices) in the common areas.

- (b) Undertake annual checks of all apartment entrance doors (including self-closing devices) that lead onto a building's common areas.
 - (c) Record the outcome of these checks and any damage or defects, and the actions taken to rectify these, including referring to a specialist organisation.
 - (d) Replace fire doors by a competent person, where it has been found that the existing door is inadequate and needs to be replaced.
36. Whilst there are no specific issues with the existing fire doors within our communal apartment blocks, because of the age of the doors and the lack of certification in relation to any previous installation and testing, we have deemed them as not compliant with the new regulations.
37. We commenced a 3-year programme of works in 2023-24 (quarter 4) to replace all fire doors in communal apartment blocks, to ensure they comply with the new regulations. A total of 1,011 fire doors require replacement. 190 of these were replaced in 2023-24, with a further 380 due in 2024-25 and the remaining 441 due in 2025-26. The 190 doors replaced in 2023-24 will, therefore, be due an annual inspection in 2024-25.
38. An increased inspection regime to complement the Fire Risk Assessment is also due to commence in 2024-25, to ensure any fire doors that fail their original compliance are replaced on a responsive basis.
39. In sheltered schemes, we will be undertaking some detailed surveys of existing fire doors to understand their compliance and whether they need replacing. This work is due to be completed in 2024-25, after which, a more detailed picture of compliance will be known, together with a planned programme of replacements. Therefore, it is not known how many are due to be replaced until all surveys have been completed. These figures are therefore not included above.

Water Safety (Legionella)

40. Risk assessments are carried out on the water systems for all communal areas in sheltered housing by a suitably qualified member of staff. A separate policy for the Control of Legionella bacteria in Council premises sets out the responsibilities and arrangements for managing Legionella risks.
41. The Council must ensure that the health risk from Legionella bacteria in Council premises is assessed, managed and controlled to protect employees and residents who may be affected by its undertaking. Risk assessments will include:
- (a) The identification and assessment of the risks of Legionella.
 - (b) How the use of systems that give rise to a reasonably foreseeable risk of Legionella can be avoided or the risk minimised.
 - (c) The implementation and management of a scheme of precautions to manage any risks.

42. In 2023-24, 18 Legionella risk reviews were due (353 apartments) and 15 were completed within the year (272 apartments), or 77%. The risk reviews for the 3 schemes that were outstanding at the end of 2023-24 were completed in April 2024 and, therefore, we are currently 100% compliant. The delay to these schemes was due to our Corporate Landlord team having to prioritise a major water leak at Dalkeith House.

Lift Safety

43. The Lift Operations and Lifting Equipment Regulations 1998 (LOLER) require a thorough examination (or LOLER inspection), for all passenger lifts within communal blocks, where they are provided for the use of the occupants. The LOLER inspection is a systematic and detailed inspection of the lift and all associated equipment by a competent person who must then complete a written report.
44. We have 10 sheltered and extra care schemes for which a test is required, and all were completed within compliance during 2023-24.
45. In 2023-24 we had 56 Stairlifts and 50 of those were serviced on time and within compliance (89.29%). The main reasons for non-compliance were:
 - (a) Access issues
 - (b) Data issues with the contractor
46. We are taking measures with our contractor to improve the notification period where access cannot be gained and reviewing our procedures for gaining access to properties.

Smoke Alarms and Carbon Monoxide Detectors

47. All of our Council homes have smoke alarms and carbon monoxide detectors (for properties with gas heating systems), which are tested as a routine aspect of our annual gas safety checks and annual heating system checks for our non-gas properties. Any necessary repairs or issues with smoke alarms or carbon monoxide detectors are raised on a callout ticket and typically resolved within 24 hours, with most being resolved same day.
48. 5,251 smoke alarm checks were due in 2023-24, with 5,231 completed in compliance (99.62%). The 20 outstanding have all now been checked (these were part of the same properties that were non-compliant for their gas safety checks).
49. 5,136 carbon monoxide detector checks were due in 2023-24, with 5,110 completed in compliance (99.49%). For the 26 outstanding, 20 have now been checked (these were the same properties that were non-compliant for their gas safety checks).

Damp and Mould

50. Our approach to damp and mould in Council homes is set out in our Damp, Mould and Condensation Policy 2023-27. This policy confirms that dealing with damp and mould is a high priority including reports of issues from tenants.
51. The policy sets out the specific responsibilities for Darlington Borough Council as landlords, including:

- (a) How we respond to reports of damp, mould and condensation from our tenants.
 - (b) Undertaking property inspections, carrying out remedial work to address any issues of damp, mould and condensation, and undertaking post inspections to ensure the work has rectified the problem.
 - (c) Offering advice and assistance to tenants on how to prevent, report and deal with damp, mould and condensation.
 - (d) Undertaking property inspections of empty Council homes, including an assessment of any damp, mould or condensation in the property and carrying out work to remedy any issues before a new tenant moves in.
 - (e) Undertaking regular and proactive stock condition surveys on our properties, to ensure they continue to meet the Decent Homes Standards and to inform our capital programme of works, as part of our 30-year business plan. These surveys include an assessment of any signs of damp, mould and condensation.
52. The policy also sets out responsibilities for tenants, including:
- (a) Ventilating and heating their homes effectively to prevent damp, mould and condensation occurring.
 - (b) Reporting any instances of damp, mould and condensation in their homes to Housing Services straight away, so that we can deal with any issues promptly and effectively.
 - (c) Following all advice and guidance issued by Housing Services on managing and controlling damp, mould and condensation.
53. In 2023-24, we carried out inspections and remedial work to 311 Council properties where damp and mould had been reported. This equates to 462 inspection or repair jobs, compared to a total of 15,372 responsive repairs carried out in 2023-24 (or 3%).

Recommendation

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

**HEALTH AND HOUSING SCRUTINY COMMITTEE
28 AUGUST 2024**

HEALTH PROTECTION ASSURANCE

SUMMARY REPORT

Purpose of the Report

1. The purpose of the report is to update the Health and Wellbeing Scrutiny Committee on health protection arrangements in Darlington.

Summary

2. The protection of the health of the population is one of the legally mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health is responsible for the discharge of the health protection functions delegated to Darlington local authority.
3. The Director of Public Health produces a health protection assurance report annually to provide an overview of health protection arrangements and any relevant activity in the Borough of Darlington.

Recommendation

4. It is recommended that: -
 - (a) Scrutiny receives and note the contents of the report.
 - (b) Scrutiny is aware of the shared responsibility for Health Protection.
 - (c) Note that the Director of Public Health has the assurance that the health protection arrangements are appropriate and effective in dealing with the various aspects of health protection in Darlington.

**Lorraine Hughes
DIRECTOR OF PUBLIC HEALTH**

Background Papers

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

Ken Ross: Extension 6200

Council Plan	This report supports the council plan priority of living well as good health protection arrangements and high uptake of screening and immunisation programmes are important to people's health and wellbeing.
Addressing inequalities	This report considers health protection arrangements, including availability and uptake of screening and immunisation programmes. Inequalities in uptake are considered where data is available, to inform future priorities and / or identify any areas of concern.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme.
Health and Wellbeing	This report has an impact on the Health and Wellbeing of the borough through the provision of the legal duties related to the protection of the health of local communities through preventing harm from communicable and infectious disease.
S17 Crime and Disorder	There are no implications arising from this report
Wards Affected	All
Groups Affected	This report is relevant to the population of Darlington
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework
Key Decision	No
Urgent Decision	No
Impact on Looked After Children and Care Leavers	This report has an impact on LAC as the authority has a statutory duty to ensure access to related services such as immunisations for children who are Looked After

MAIN REPORT

Information and Analysis

5. Health protection describes activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards. It includes:
 - (a) Prevention
 - (b) Surveillance
 - (c) Control
6. Timely, accurate and authoritative communication is an essential element of effective health protection. Through good communication accountability can be demonstrated and confidence can be provided, which is especially important when responding to an incident. It underpins all prevention, surveillance and control activities.
7. Directors of Public Health (DsPH) and local authority Public Health teams also have roles in supporting health protection work, as defined by the Health and Social Care Act (2012). Although the Director of Public Health is not responsible for the commissioning of health protection services directly, the Act mandates DsPH maintain an 'oversight' function to ensure that health protection arrangements are robust for their local population.
8. The Department of Health's Health and Social Care Act 2012 guidance states that DsPH should:
 - (a) Provide strategic challenge to health protection plans/arrangements produced by partner organisations.
 - (b) Scrutinise and as necessary challenge performance.
 - (c) If necessary, escalate concerns to the local health resilience partnership (LHRP).
 - (d) Receive information on all local health protection incidents and outbreaks and take any necessary action, working in concert with UK Health Security Agency (UKHSA) and the NHS.
 - (e) Contribute to the work of the Local Health Resilience Partnership (LHRP), possibly as lead DPH for the area.
9. DsPH also have a wider health protection role in supporting UKHSA with the management of outbreaks and incidents within their local authority area.
10. Responsibilities for aspects of health protection are shared across the system including:
 - (a) NHS England is responsible for the commissioning of screening and immunisation programmes.

- (b) UKHSA's Health Protection Teams (HPT) are responsible for the provision of expert functions to respond directly to incidents and outbreaks and to support the Council in understanding and responding to threats. Darlington has an identified link Consultant in Health Protection.
 - (c) Local Authority DsPH have responsibility for the health protection of the local population and a local leadership role in providing assurance that robust arrangements are in place to protect the public's health.
11. A range of groups, information flows and reports are in place to support health protection arrangements. This system provides part of the assurance to the Director of Public Health that the health protection system is functioning as it should. These groups and sources of information include:
- (a) A regional Programme Board for each screening and immunisation programme.
 - (b) An Area Health Protection Group which provides a forum for discussion of strategy, policy and implementation across County Durham, Darlington and Tees Valley.
 - (c) The County Durham and Darlington Local Resilience Forum (LRF) which co-ordinates responding bodies to help them provide the most effective and efficient response to civil emergencies when they occur.
 - (d) The Northeast Local Health Resilience Partnership (LHRP) which facilitates the production of sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning.
 - (e) A range of surveillance reports which may be weekly, monthly, quarterly or annual reports (depending on the topic), supplemented by NHS England dashboards, Fingertips resources made available by the Office for Health Improvement and Disparities and UK Health Security Agency briefings.
12. Given the responsibilities of local authorities for health protection, the Director of Public Health focuses on the following:
- (a) DPH assurance;
 - (b) Supporting system planning to mitigate against health protection risks;
 - (c) Providing public health advice, professional scrutiny and challenge to system plans and incident response;
 - (d) Keeping a watching brief, reviewing data and reports from key stakeholders;
 - (e) Communicating health protection risks to stakeholders and the public as necessary.

13. It is important to recognise that whilst the DPH has a key role in seeking assurance that robust plans are in place to protect the health of our residents, there is a reliance on partner agencies to effectively discharge their responsibilities, including the commissioning and delivery of the related services.

Performance and Activity

Prevention

14. Immunisation:

- (a) Immunisation programmes help to protect individuals and populations from specific diseases. There are programmes for children and adults as follows:
 - (i) The national universal childhood immunisation programme offers protection against thirteen different vaccine preventable diseases.
 - (ii) The adult immunisation programme is offered to people in certain age groups and/or those who may be at particular risk due to underlying medical conditions or lifestyle risk factors.
 - (iii) The selective immunisation programme targets children and adults needing protection against specific diseases such as TB, hepatitis B and pertussis in pregnancy.

Routine childhood immunisations

15. The latest data on immunisation uptake rates for Darlington in 2023 shows a mixed picture. For childhood vaccinations, the uptake rates for key vaccines has generally remained stable, though there are some areas of concern where coverage has not met the desired target of 95% to ensure herd immunity.
16. The uptake of one dose of MMR vaccine uptake by the age of five years is above 95% (95.1%) however the uptake of one dose at two years at 93% does not meet the herd immunity threshold. The uptake of other vaccines particularly in older school aged children are also of concern, with the uptake of one dose of the Human Papilloma Virus (HPV) vaccine to protect against cervical cancer in girls aged 12 -13 years falling from its peak of over 95% in 2013/14 to 71.2% in 2021/22.
17. The NHS who commissions these vaccination programmes have taken specific actions in an effort to improve these rates, including public campaigns aimed at raising awareness about the importance of vaccinations (often informed by behavioural insights research) and addressing vaccine hesitancy. The authority is supporting these efforts through the Public Health and communications team working with NHS colleagues to ensure these campaigns reach those local communities with the most needs.

18. Vaccinations for infants and preschool children are provided by local GP practices in Darlington. The school-based vaccination programme is provided by a specialist vaccination team commissioned by NHS England. They work directly with schools and other NHS partners to arrange clinics in schools and other opportunities to ensure children and young people of school age are provided with on offer for the schedule of vaccines they are eligible to receive, including those they may have missed at a younger age.
19. NHS England has recently undertaken a regional procurement process which resulted in a change of provider for Darlington and Tees Valley school age immunisation service. The provider is now a healthcare company called IntraHealth.
20. The local authority is included in the governance of this contract through representation at regional and subregional meetings, led by NHS England in relation to the vaccination programme.

Infection prevention and control in care homes

21. Care home residents are amongst the most vulnerable in our population. The closed setting nature of care homes makes them susceptible to transmission of infectious diseases and the development of outbreaks. Outbreaks of infections such as COVID-19, influenza, norovirus and Salmonella can cause significant morbidity to care home residents.
22. Outbreaks can be prevented, or their severity reduced by good Infection Prevention and Control measures. The COVID-19 pandemic has highlighted the importance of maintaining a high standard of Infection Prevention and Control (IPC) in care homes.
23. In Darlington care homes are supported by the Public Health protection Officer who works with arrange of partners including the Commissioning, Performance and Transformation Team, NHS commissioners and the Care Quality Commission and provides technical advice, information and guidance to support them in their oversight of and regulation of care homes.
24. The Public Health Protection Officer also supports care home management and staff through the provision of technical advice and support including audit, sharing best practice and dissemination of information across the sector.
25. Outbreaks of infectious disease are managed by UKHSA, in line with national guidance. An outbreak control team will be convened by the UKHSA if they decide that an outbreak or situation in a care home has potential to cause significant morbidity. A representative from the public health team would join the OCT.
26. In the current year the focus of health protection work from the Public Health Protection Officer has been to ensure providers maintain (or improve if required) good standards of IPC through regular communications, providing advice, support, training and audit.
27. The Public Health Protection Officer has introduced an online app to help staff in settings to systematically and consistently collect data for IPC and ensure compliance with policies and procedures.

Screening Programmes

28. A screening programme is a systematic process designed to identify individuals within a population who may be at an increased risk of a particular health problem or condition. The goal is to offer early treatment or intervention to those identified, which can lead to better health outcomes.
29. Screening programmes aim to detect potential health risks before there are any symptoms so that early treatment or information can be provided to individuals, thereby supporting individuals to make informed decisions about their health.
30. Early detection and treatment can contribute towards reducing the incidence and or mortality of a specific health condition within the population, although it is important to note that screening tests are not diagnostic but are used to identify individuals who may benefit from additional testing or intervention.
31. The UK National Screening Committee advises on which screening programmes to offer, ensuring they are beneficial and minimise potential harm, and are commissioned by NHS England. These programmes are aimed towards a number of conditions including some cancers, such as breast and cervical, as well as a range of non- cancer conditions such Abdominal Aortic Aneurysm (AAA).
32. The uptake of both cancer and non-cancer screening programmes in Darlington remains comparatively good both compared to England and the North East. The latest data shows that for Breast Cancer screening Darlington's rate for eligible women at 71.7% is statistically better than both England and the North East region.
33. For Cervical Cancer screening the latest data shows that Darlington's uptake is also statistically better compared to both England and the North East region, with 73.2% of eligible women aged 25 to 49 years being screened.
34. An example of a non-cancer screening programme is the Abdominal Aortic Aneurysm (AAA). This is a condition that usually has no symptoms where the aorta, the largest blood vessel that runs from the heart through the chest and abdomen, develops a bulge in its lower part. This bulge can be dangerous because it may grow large enough to rupture, leading to life-threatening internal bleeding.
35. Screening for this condition is undertaken in men aged 65 to 74 years who are identified as most at risk. The uptake for Darlington for eligible men at 82.6% is statistically better uptake compared to both England and the North East region.
36. Although Darlington compares well to both England and the North East region for the uptake of the majority of both cancer and non-cancer screening programmes there is evidence of a long term decline in uptake in screening from historical levels nationally. This has been seen both at a national and regional level.

37. NHS England as commissioner of these programmes is working with the screening services and other partners including GPs, NHS trusts and local authorities to improve the uptake of many of the screening programmes. For example, the Public Health team has been involved in a regional programme which aimed to work with local hairdressers to target messaging around cervical screening to women in Darlington.

Surveillance

38. UKHSA Northeast Health Protection Team has a national and local surveillance system for communicable diseases and produces alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents, and exceedances via email alerts. The DPH is represented at all local outbreak control meetings and outbreak reports are also shared.
39. Throughout the past year the Local Authority has worked closely with colleagues at UKHSA, in their lead role, to address a number and range of infections including flu, invasive pneumococcal disease (IPD), Group A strep, scabies, syphilis and gastrointestinal infections.
40. Effective surveillance systems are essential to identify trends in, and outbreaks of, communicable diseases and to monitor the outcome of control actions.
41. Good surveillance data is needed to be able to quickly identify and rapidly respond to cases, clusters and outbreaks.
42. The Public Health team works closely with the UKHSA's Health Protection Team, and the Environmental Health Team in the identification and investigation of cases and outbreaks of infectious diseases, particularly food borne, which are notified by GPs, the public, businesses and other local authorities.

Health Care Associated Infections

43. The term Health Care Associated Infection (HCAI) covers a wide range of infections. Infections that are resistant to routine antibiotic treatment are of a particular concern which include methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile (C. difficile) and Carbapenemase-Producing Enterobacteriaceae (CPE).
44. UKHSA monitors the numbers of HCAIs through routine surveillance programmes and also monitors the spread of antibiotic resistant infections and advises healthcare professionals about controlling antimicrobial resistance.
45. NHS Commissioners and providers have a whole system approach to preventing and controlling HCAIs across the local health economy. They undertake a programme of actions to ensure that the risks of healthcare acquired infections are minimised. These include:
 - (a) Undertaking root cause analysis
 - (b) Monitoring antimicrobial prescribing

- (c) Undertaking regular audits
- (d) Reviewing policy, procedures and guidelines
- (e) Supporting continuous improvement through training, reviews and lessons learned to identify opportunities for improvement.

46. The Health and Housing Scrutiny Committee monitors various performance indicators, including those related to antimicrobial resistance.

Control

47. The responsibility for planning and implementing measures to control infectious diseases in the population sits with UKHSA. The Northeast Health Protection Team receives notifications of any episode of any potentially infectious disease from members of the public, GPs or hospital doctors or labs.
48. The UKHSA team will then assess the risk and impact of the disease and take the appropriate actions related to the control of the specific infectious disease(s) to protect the health of the local population.
49. This advice can include providing information to the individuals affected, directing doctors or healthcare staff to take specific actions or convening an Outbreak Control Team meeting to manage the outbreak. There is a call system available, which is active 24 hours a day, 7 days a week.
50. The Director of Public Health will be a member of the Outbreak Control Team or nominate a member of the Public Health team to attend on their behalf. The local authority Environmental Health team will usually be represented in the case of a suspected food-borne outbreak.
51. Outbreaks of infectious diseases are relatively common. The most common outbreaks are of vomiting/diarrhoea in closed settings such as care homes, nurseries and schools caused by infections such as norovirus or as a result of a food borne infection due to eating contaminated or unsafe foods.
52. On occasion there have been episodes of more serious infections in Darlington including Hepatitis, Tuberculosis and M-Pox.
53. Over the past year there has also been an increase in the number cases of vaccine-preventable diseases including Measles and Pertussis (Whooping Cough) across the UK and the Northeast which has resulted in a coordinated response led by the UKHSA at a national, regional and local level. The local authority, led by the Director of Public Health, has provided support to the local response where required.

Key metrics

Figure 1 Number of gastrointestinal outbreaks in care homes by month* and by Local Authority

Year	Month	County Durham	Darlington	All Other North East LA	North East Total
2023	January	10	0	22	32
	February	7	1	21	29
	March	7	1	21	29
	April	3	0	12	15
	May	0	1	7	8
	June	2	0	10	12
	July	2	2	10	14
	August	5	4	11	20
	September	1	0	6	7
	October	4	1	9	14
	November	5	1	10	16
	December	10	4	25	39
	Total		56	15	164
2024	January	5	0	23	28
	February	6	0	16	22
	March	4	0	22	26
	April	5	0	37	42
	Total	20	0	98	118

* Refers to month outbreak started

Figure 2 Number of gastrointestinal outbreaks in care homes by Year and Month and organism isolated. Top: County Durham and Darlington and bottom: North East Region

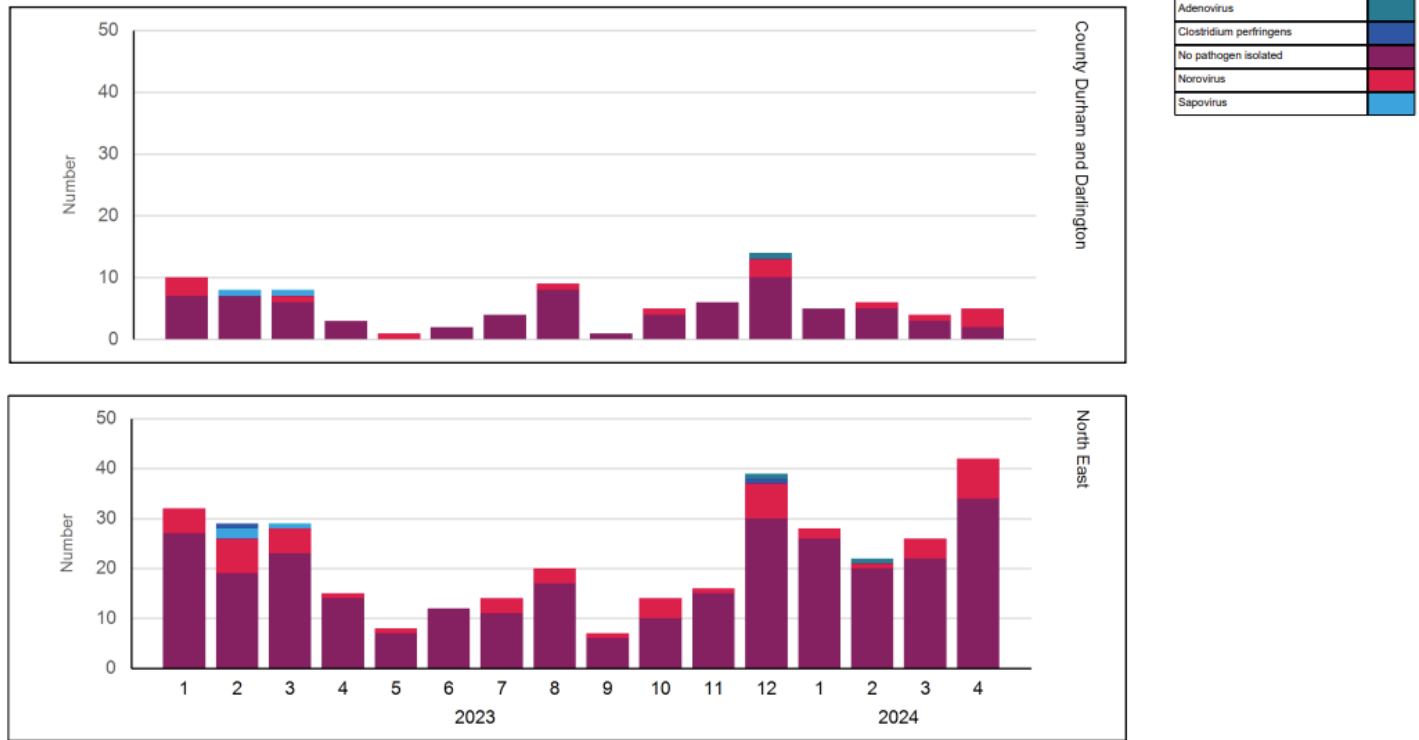


Figure 3 Childhood Immunisations in Darlington

Indicator	Period	Darlington		North East	England	England		Best
		Recent Trend	Count	Value	Value	Value	Worst	
Population vaccination coverage: Hepatitis B (1 year old)	2022/23	—	3	100%	*	*	-	-
Population vaccination coverage: Dtap IPV Hib HepB (1 year old)	2022/23	→	1,029	94.1%	95.1%	91.8%	67.8%	97.6%
Population vaccination coverage: PCV	2022/23	→	1,041	95.2%	96.9%	93.7%	73.0%	98.2%
Population vaccination coverage: Hepatitis B (2 years old)	2022/23	—	-	*	*	*	-	-
Population vaccination coverage: Dtap IPV Hib HepB (2 years old)	2022/23	→	1,001	95.2%	96.1%	92.6%	70.8%	98.5%
Population vaccination coverage: Hib and MenC booster (2 years old)	2022/23	→	976	92.8%	94.0%	88.7%	63.4%	97.2%
Population vaccination coverage: PCV booster	2022/23	→	970	92.2%	94.0%	88.5%	67.7%	97.0%
Population vaccination coverage: MMR for one dose (2 years old)	2022/23	→	978	93.0%	94.6%	89.3%	68.1%	97.3%
Population vaccination coverage - Hib / Men C booster (5 years old)	2017/18	→	1,178	96.0%	95.1%	92.4%	79.5%	97.6%
Population vaccination coverage: MMR for one dose (5 years old)	2022/23	→	1,155	95.1%	95.5%	92.5%	81.2%	97.4%
Population vaccination coverage: MMR for two doses (5 years old)	2022/23	→	1,103	90.8%	90.4%	84.5%	56.3%	94.4%
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)	2022/23	↓	458	71.2%	70.5%	71.3%	22.9%	92.7%
Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)	2021/22	→	907	71.8%	78.5%	79.6%	48.2%	100%

Figure 4 Seasonal Influenza vaccination uptake in >65s North East comparison

www.gov.uk/government/statistics

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	↑	8,563,418	79.9		79.8	79.9
North East region (statistical)	↑	436,082	82.5*		82.4	82.6
Northumberland	↑	59,550	85.6		85.3	85.9
Redcar and Cleveland	↑	26,362	84.3		83.9	84.7
North Tyneside	↑	33,508	83.7		83.4	84.1
County Durham	↑	88,640	83.6		83.4	83.9
Stockton-on-Tees	↑	27,868	82.4		82.0	82.8
Gateshead	↑	34,343	82.0		81.7	82.4
Darlington	↑	18,740	82.0		81.4	82.4
Sunderland	↑	46,782	81.0		80.7	81.3
Newcastle upon Tyne	↑	37,675	80.9		80.5	81.2
South Tyneside	↑	26,156	80.3		79.9	80.8
Hartlepool	↑	15,293	79.3		78.7	79.9
Middlesbrough	↑	21,165	78.5		78.0	79.0

Source: NHS England

Figure 5 Population Coverage Pneumococcal vaccinations over 65yrs

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	7,506,242	71.8	71.8	71.8
North East region (statistical)	↑	415,613	75.1	75.0	75.2
Gateshead	↑	31,930	80.3	79.9	80.7
Darlington	↑	17,833	78.3	77.8	78.8
South Tyneside	↑	24,002	77.4	76.9	77.8
Sunderland	↑	42,291	77.0	76.6	77.3
Newcastle upon Tyne	↑	33,906	76.7	76.3	77.1
Northumberland	↑	64,973	75.2	74.9	75.5
County Durham	↑	85,392	74.6	74.3	74.8
Stockton-on-Tees	↑	28,894	74.0	73.5	74.4
North Tyneside	↑	30,955	73.8	73.4	74.2
Redcar and Cleveland	↑	23,918	72.7	72.2	73.1
Middlesbrough	↑	19,197	71.5	71.0	72.1
Hartlepool	→	12,322	64.1	63.5	64.8

Source: UK Health Security Agency (UKHSA)

Figure 6 Breast Cancer Screening coverage 2023 %

Better 95% Similar Worse 95% Not compared

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

Cancer screening coverage: breast cancer 2023

Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	4,307,866	66.2*	66.2	66.3
North East region (statistical)	↓	221,019	67.1*	67.0	67.3
Darlington	↓	9,620	71.7	70.9	72.4
Sunderland	↓	24,620	70.9	70.5	71.4
Northumberland	↓	32,513	70.5	70.1	70.9
South Tyneside	↓	13,371	69.6	69.0	70.3
County Durham	↓	46,406	69.4	69.1	69.8
Stockton-on-Tees	↓	16,488	69.0	68.4	69.6
Gateshead	↓	15,839	67.6	67.0	68.2
Redcar and Cleveland	↓	12,154	66.7	66.0	67.3
Hartlepool	↓	7,835	65.6	64.8	66.5
Middlesbrough	↓	10,325	63.6	62.9	64.3
Newcastle upon Tyne	↓	16,873	58.0	57.4	58.6
North Tyneside	↓	14,975	57.2	56.6	57.8

Figure 7 Cervical cancer screening coverage (aged 25-49 yrs) 2023 %

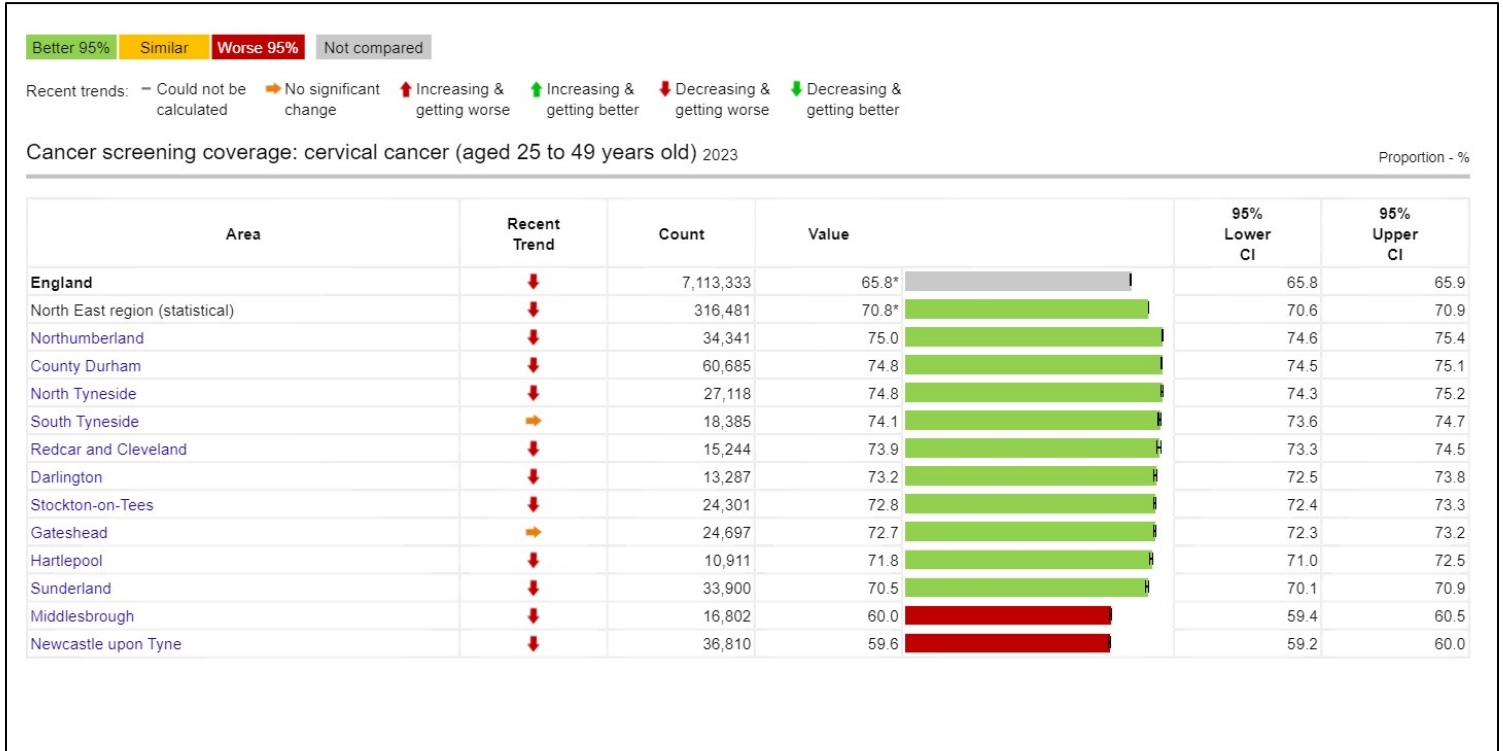
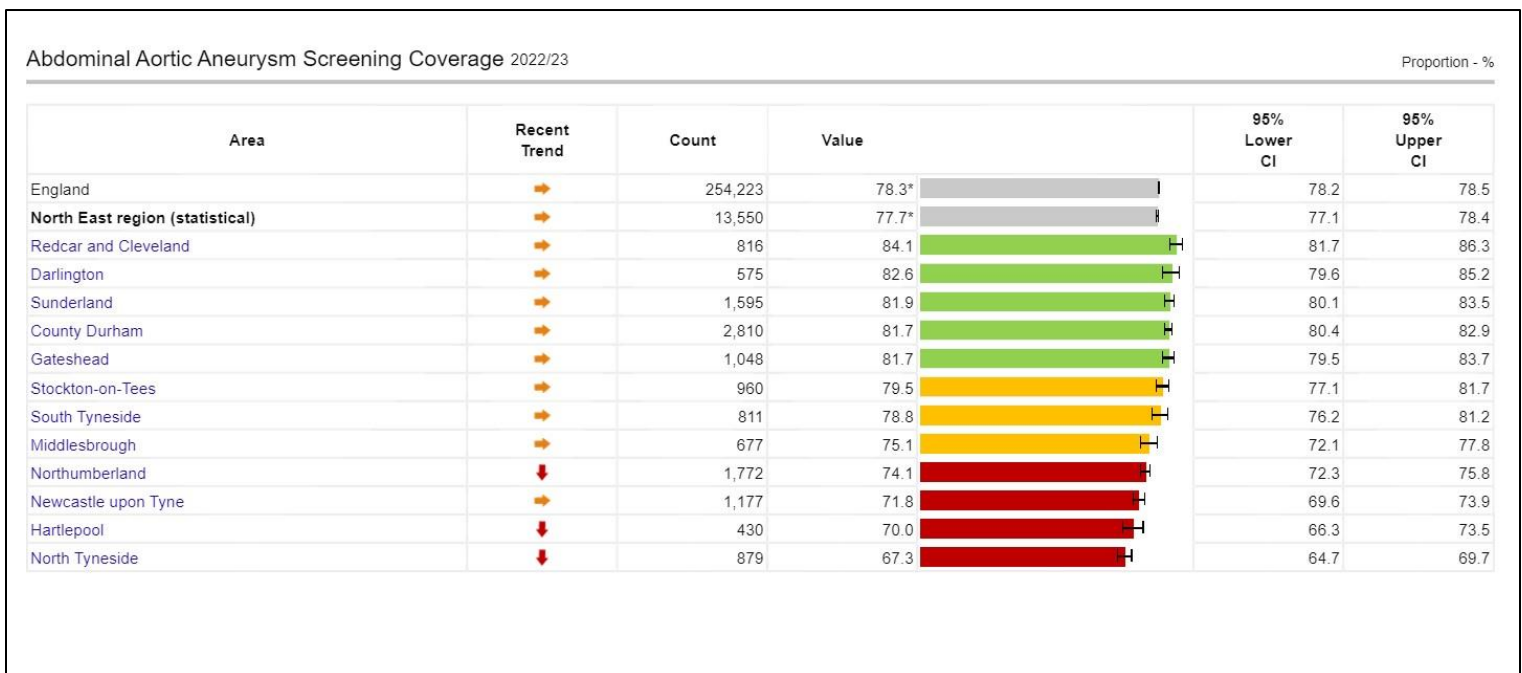


Figure 8 Abdominal Aortic Aneurysm uptake (men aged 65-74yrs) 2022/23 %



**HEALTH AND HOUSING SCRUTINY COMMITTEE
28 AUGUST 2024**

HOUSING SERVICES ANTI-SOCIAL BEHAVIOUR POLICY ANNUAL REVIEW 2023-24

SUMMARY REPORT

Purpose of the Report

1. To provide members with an annual update of Housing Services Anti-Social Behaviour Policy.

Recommendation

2. It is recommended that Members:
 - (a) Consider the presentation and update of the Housing Services Anti-Social Behaviour Policy.

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

Background Papers

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

Anthony Sandys: Extension 6926

Council Plan	This report supports the Council plan's HOMES priority to provide affordable and secure homes that meet the current and future needs of residents
Addressing inequalities	There are no implications
Tackling Climate Change	There are no issues which this report needs to address
Efficient and effective use of resources	There are no implications
Health and Wellbeing	Tackling anti-social behaviour within our communities will have a positive impact on the health and well-being of our tenants
S17 Crime and Disorder	Housing Services will work with the Police and other agencies to tackle anti-social behaviour within our communities
Wards Affected	All wards with Council housing
Groups Affected	Council tenants and leaseholders
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework
Key Decision	This report does not represent a key decision
Urgent Decision	This report does not represent an urgent decision
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

Anti-Social Behaviour Policy Annual Review 2023/2024

Health and Housing Scrutiny Committee
28 August 2024

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Borough Council

Anti-Social Behaviour Policy Annual Review

The Anti-Social Behaviour (ASB) Policy was approved by Health & Housing Scrutiny and Cabinet in 2022 to ensure Housing Services effectively deal with ASB and hate incidents in the areas where we own social housing.

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Anti-Social Behaviour Policy Annual Review

The policy, combined with the Tenancy Agreement strike a balance between:

- **Prevention** – This is key to building strong and safe communities and ensuring that we allocate our properties appropriately.
- **Early intervention & Support**- The team use all available tools to help to resolve neighbour issues before they escalate to legal action such as:
 - Mediation.
 - Facilitated conversations.
 - Advice and signposting to appropriate agencies such as Police.
 - Support.
- **Enforcement** - This ranges from tenancy breach letters to repossession of tenants homes.



Anti-Social Behaviour Policy Annual Review

Policy aims

- To re-enforce Housing Services zero tolerance approach to housing related nuisance and anti-social behaviour in Council properties.
- To ensure Council tenants feel safe in their homes and communities.
- To ensure that Council tenants are aware of the actions we can take to resolve issues.
- To ensure Council tenants are fully aware of their responsibilities around their behaviour and that of their visitors.
- To ensure Housing Services meet the regulatory standards relating to the Neighbourhood and Community Involvement Standard.
- To promote and enhance Housing Services partnership working with other agencies to prevent and tackle anti-social behaviour in the neighbourhoods where we own homes.



Anti-Social Behaviour Policy Annual Review

New regulatory requirements were introduced on 1st April 2024 through the Neighbourhood and Community Standard. In relation to Anti-social behaviour and the incidents, the specific expectations are:

- We must have a policy on how we will work with relevant organisations to deter and tackle ASB in the neighbourhoods where we provide social housing.
- We must clearly set out our approach for how we deter, and tackle hate incidents in neighbourhoods where we provide social housing.
- We must enable ASB and hate incidents to be reported easily and keep tenants informed about the progress of their case.
- We must provide prompt and appropriate action in response to ASB and hate incidents, having regard to the full range of tools and legal powers available to us.
- We must support tenants who are affected by ASB and hate incidents, including signposting them to agencies who can give them appropriate support and assistance.

Our policy and internal processes will help us to ensure that we meet these standards.



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Anti-Social Behaviour Policy Annual Review

Support

We recognise that both victims and perpetrators require support, and this can resolve issues rather than using enforcement action and a tenant becoming homeless.

Community Peer Mentors have supported people across Darlington and County Durham since 2017 and are one of the support agencies that we regularly refer tenants to. They provide support to anyone, and their aims include:

- Empowering change.
- Reducing vulnerability.
- Providing a voice for the unheard for anyone across County Durham and Darlington.

Mentors are volunteers from local communities and offer unique support to both victims and perpetrators to help them feel safer and inspire confidence.



Community
Peer Mentors



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Anti-Social Behaviour Policy Annual Review

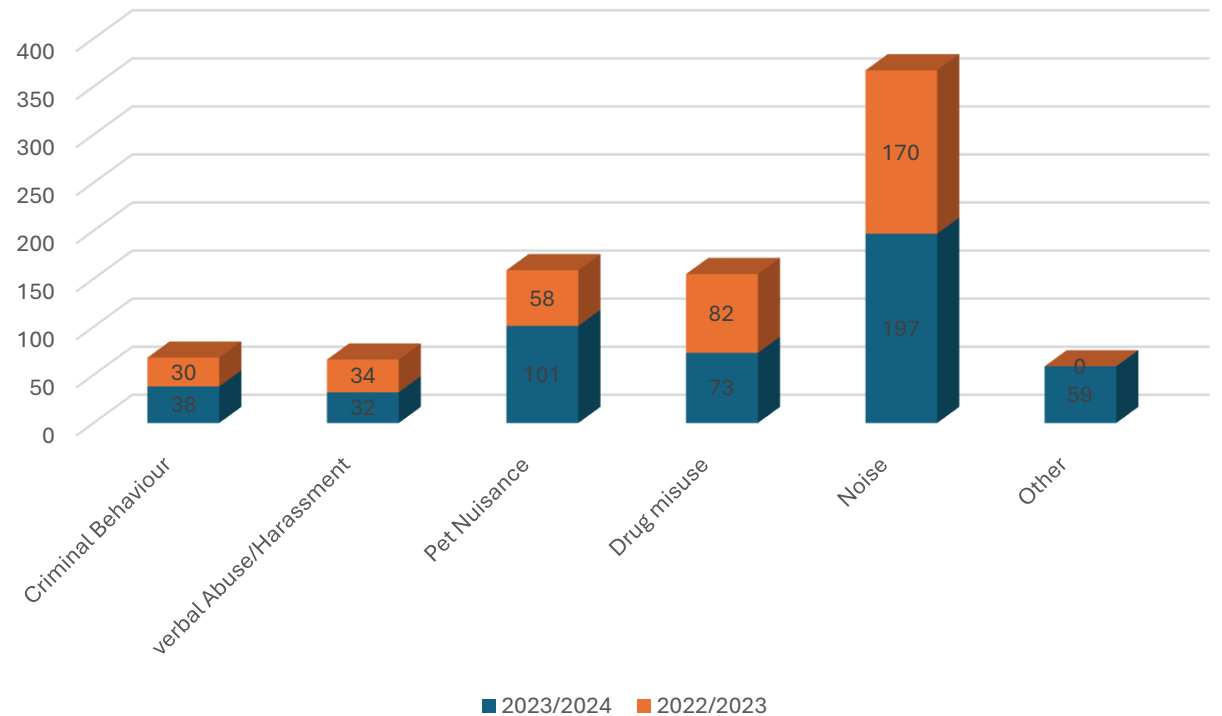
Performance

In 2023/24 500 cases involving Council tenants were opened. this was a slight increase from 444 in 2022/2023.

The 3 main themes were:

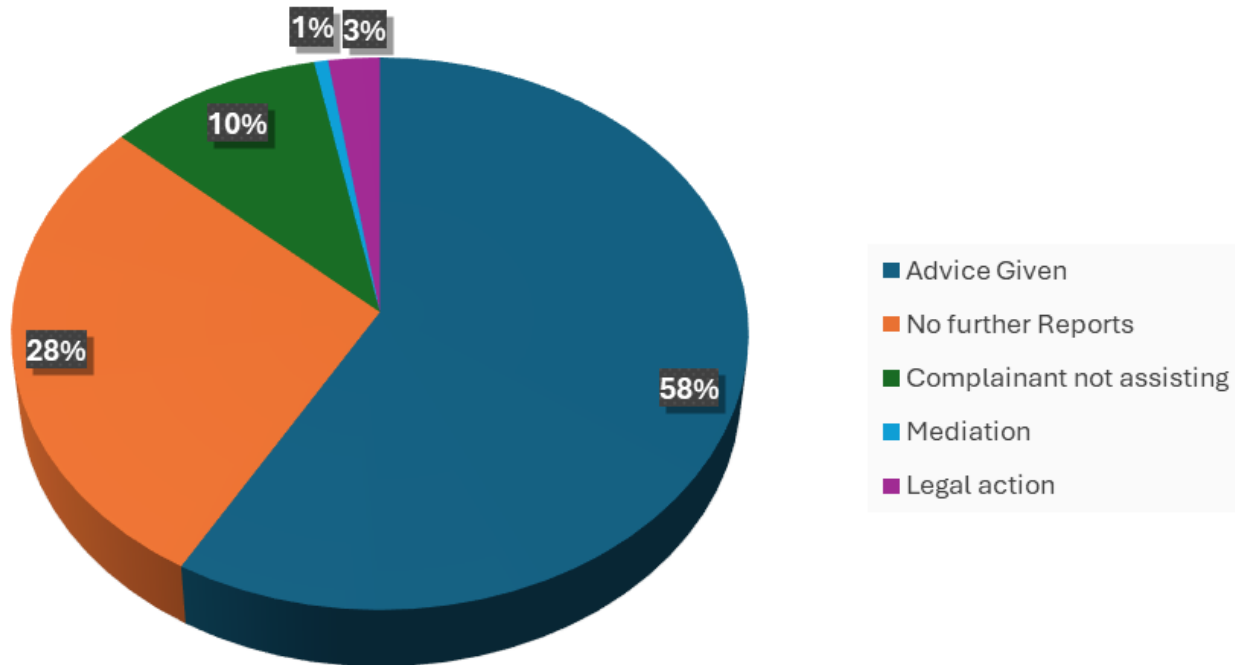
- Noise.
- Drug misuse.
- Pet nuisance.

Main reasons for ASB complaints 2023/2024



Anti-Social Behaviour Policy Annual Review

Case Closure Reasons 2023/2024



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Performance

Case closure reasons were:

- Advice given – 58%
- No further reports – 28%
- Complainants not assisting with investigation – 10%
- Legal action – 3%
- Mediation – 1%



Anti-Social Behaviour Policy Annual Review

Enforcement

Enforcement action is only one of the tools available to us when dealing with anti-social behaviour. It can take a significant period to collect evidence and to be granted a court date and the decision to evict a tenant sits with the Courts and not Housing Services.

Prior to any court action will take advice from legal services and consider:

Page 85 Is there sufficient evidence and witness statements to support the legal application?

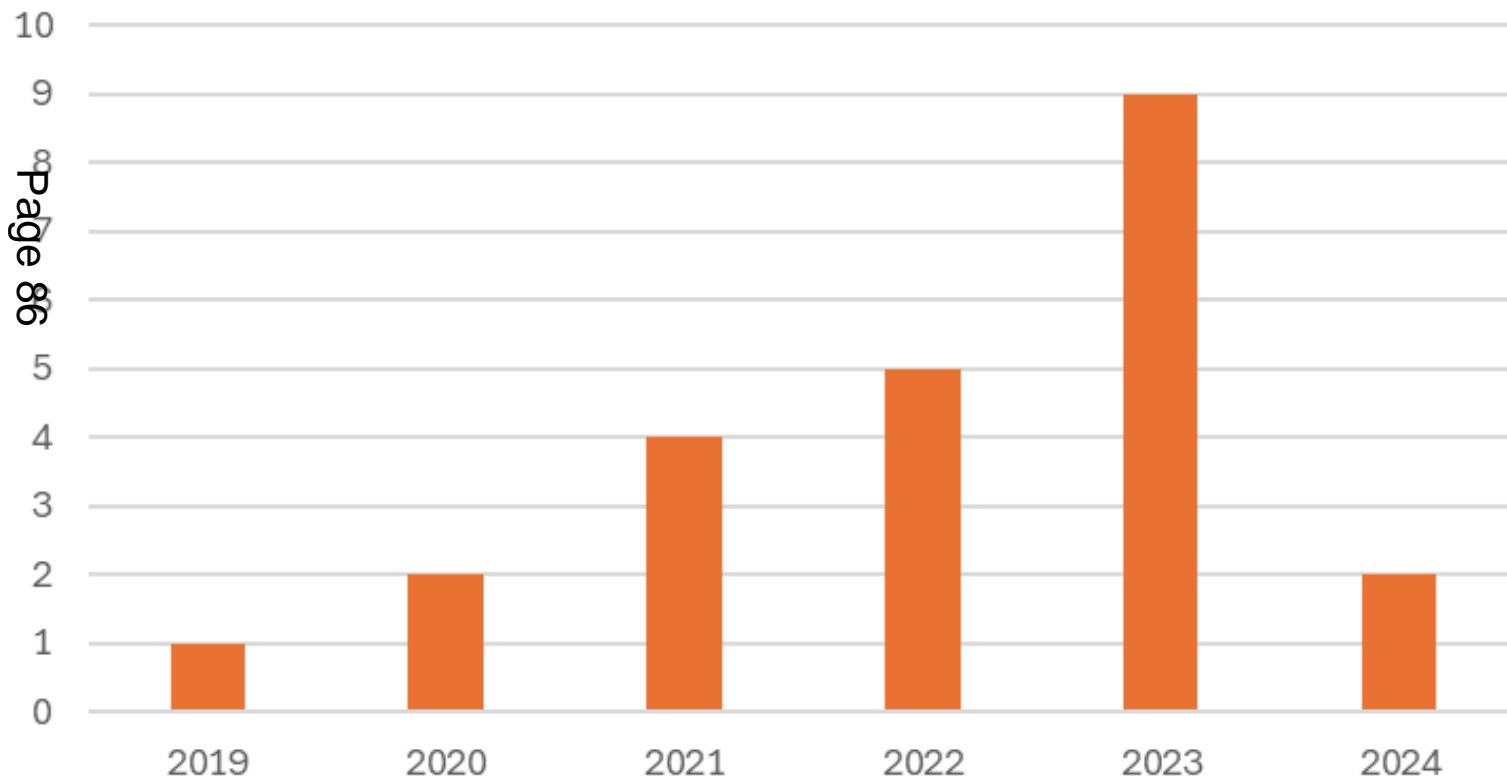
The likelihood of gaining an order at court.

- Do any of the victims or perpetrators have any vulnerabilities?
- The impact on victims and the perpetrator.
- Is there any alternative to court action that may avoid someone losing their home and becoming homeless.
- Can support agencies assist to resolve issues.



Anti-Social Behaviour Policy Annual Review

Number of Evictions Due to ASB per calendar year



Statistics show that since introducing the policy in 2022 that Housing Services have taken significantly more enforcement action than previous calendar years, helping to reduce the impact on victims.



Anti-Social Behaviour Policy Annual Review

Tenancy Enforcement Action in 2023/2024

- In 2023/2024 we successfully applied and were granted by the Courts, 5 possession orders on tenancies which has resulted in the tenant losing their home through a court eviction. Giving a clear example to tenants that we do not tolerate ASB and criminal behaviour in our properties and will take action when evidentially possible.
- The reasons for repossession included a mix of the following:
 - Ongoing and excessive noise despite interventions.
 - Drug misuse and drug dealing from the property.
 - Harboursing known criminals in a property.
 - Threats to Housing staff.
 - Alcohol related ASB including noise, threats and abusive language to neighbours when intoxicated.
 - Criminal violence including use of a weapon.
 - Failure to reside in the property as their sole and only residence.
 - Criminal activity.



Anti-Social Behaviour Policy Annual Review

Tenancy Enforcement Action in 2023/2024 (cont)

Re-possession is not the only tool that we can use against those tenants that cause ASB and breach the terms of their tenancy agreement.

Examples of other interventions include:

- ASB injunctions – 3 injunctions were awarded against Council tenants, all of which had the power of arrest attached should the tenant breach the injunction and evidence supported the breach.
- Suspended possession orders against tenancies – 3 injunction orders were awarded to us by the Courts meaning that any further legal action such as eviction is suspended as long as the tenant adheres to the terms of the tenancy agreement.
- Several Introductory tenants had their tenancy extended, effectively extending their probationary period and meaning that should they fail to meet the terms of the tenancy agreement Courts would give an immediate possession order.

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Anti-Social Behaviour Policy Annual Review

Tenancy Enforcement Action in 2023/2024 (cont)

- 6 Closure Orders were also granted against tenants involved in criminal activity or ASB in 2023/24.
- These orders mean that no one (including Housing Services) can enter a premises for a set period of time.
- The courts must be assured that the tenant has engaged in disorder, ASB or criminal behaviour in the premises or that it may occur if the order is not made.
- Breach of a closure order without reasonable excuse is a criminal offence punishable with imprisonment and/or a fine.
- During that time period Housing Officers can apply for a possession order to legally end the tenancy.
- All 6 closure orders related to serious criminal activity and ASB and were supported with Police evidence as well as neighbour evidence.



Anti-Social Behaviour Policy Annual Review

Tenancy Enforcement Action in 2023/2024 (cont)

Enforcement action can also be taken to assist in the safeguarding of tenants.

Case example: ASB Injunction with power of arrest

- *Tenancy Enforcement Officers obtained an ASB Injunction with power of arrest against a Council tenant who had been financially abusing another DBC tenant.*
- *This order meant the tenant was not allowed to make contact with their victim and if they did so they risked being arrested and potentially imprisoned for breach of injunction.*
- *The order reinforced that we will not tolerate anti-social behaviour and ensures our actions are victim centred, making sure we safeguard our tenants, to feel safe in their homes and communities.*



Anti-Social Behaviour Policy Annual Review

Multi-agency working

- Complainants are key when gathering evidence and without their input and statements we cannot take court action. We appreciate this can be a slow process but without evidence we cannot take action.
- Where criminal behaviour forms part of the complaint we also rely upon the Police to take criminal action which we can use as solid evidence to take action against a tenancy.
- We also work closely with colleagues in Civic Enforcement, Probation and the Community Peer Mentors to help resolve issues and ASB within our communities.
- This multi-agency working allowed us to take action on 2 tenancies due to misuse of off-road bikes in Darlington.



Anti-Social Behaviour Policy Annual Review

What have we done in the last 12 months?

- Produced new CCTV and Smart Doorbells leaflet for tenants following several complaints and queries from residents over their use in Council housing and communal gardens.
- Produced a service standard for tenants to assist them to know what to expect from Housing Services when they report ASB or hate incidents to us.
- Introduced a new online feedback form so tenants can give us feedback and suggest improvements in the investigation process.
- Continued to build effective relationships with communities and agencies to ensure effective resolutions for ASB.
- Reviewed all procedures to ensure that they meet the new Regulator of Social Housing consumer standards.
- Increased Tenancy Enforcement Officers attendance at events to build relationships with tenants and increase ability to report issues.

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Anti-Social Behaviour Policy Annual Review

The next 12 months

We will:

- Continue to build effective relationships with communities and agencies to ensure effective resolutions for ASB.
- Continue to ensure that our procedures meet the new Regulator of Social Housing consumer standards.
- Embrace continuous learning from feedback, complaints, compliments and good practice.
- Introduce body-cams for Tenancy Enforcement Officers to assist with evidence collection, to build tenant confidence and reassure that appropriate safeguards are in place.
- Develop and improve ASB scrutiny within the Tenants Panel to assist us to look for areas of improvement and involve our tenants in decision-making.
- Improve our feedback to tenants through social media, Housing Connect and webpages on how we have improved, areas of success, what actions we have taken and how tenants can easily report ASB to us.

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Any questions?



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HEALTH AND HOUSING SCRUTINY COMMITTEE 28 AUGUST 2024

PERFORMANCE INDICATORS QUARTER 4 - 2023/24

SUMMARY REPORT

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2023/24 at Quarter 4.

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 are updated on a six-monthly basis and twenty-seven annually. The annual indicators are updated throughout the year depending on their national release date.
5. Six indicators are reported by both Housing and Leisure Services and twenty-four by Public Health.
6. All six Housing and Leisure Services and one Public Health indicator have year-end 2022/23 data to report. The other thirty-five Public Health indicators latest information is from 2020 to 2023.

Housing Indicators

April to March 2022/23 comparison to 2023/24

7. Rent arrears of current Council tenants in the financial year as a percentage of rent debit has increased (HBS 013 – 3.46% to 3.69%). The team collected £27.9m throughout 2023/24. Collection rates were affected by bank holidays and delayed payments hitting accounts. Had direct debits and payments hit accounts appropriately the level would have been 3.1% and would have met the target of 3.4%. The team continue to collect with care, offering guidance, help and support to customers, assisting with benefit claims and budgeting skills at the beginning of a tenancy and throughout.

8. The amount of rent collected as a proportion of rents owed on Council homes, including arrears brought forward debit, has increased from the previous year (HBS 016 – 95.9% to 96.0%). Collection rates during quarter 4 were affected by a double bank holiday and delayed payments hitting accounts. Managed Migration to Universal Credit is due to commence in Darlington from spring/summer 2024 and collection rates are expected to be affected as tenants await their payments and move from weekly to monthly payments. The team are planning some joint events with the Department for Work and Pensions to support and guide tenants through the period of migration.
9. The average number of days spent in Bed and Breakfast accommodation for people affected by homelessness has increased (HBS 025 – 7,308 to 9,616). The average length of stay per household has increased by 1.3 from 18.5 to 19.8 nights per household. Waiting lists for social rented accommodation have increased and access to the private rented market has become more difficult and expensive. More people are presenting who meet the priority need category due to their vulnerabilities. The number of households placed has increased from 395 in 22/23 to 518 in 23/24.
10. The number of positive outcomes where homelessness has been prevented decreased (HBS 027i - 720 to 547). The reduction in the number of presentations to the Housing Options Service, changes in the housing market, availability of private rented accommodation and the increased demands on the social housing waiting lists have all impacted on the number of positive outcomes.
11. The average number of days to re-let empty Council dwellings has increased (HBS 034 – 70.75 to 99.35). The re-let process has been improved for officers with the introduction of the new allocation system Darlington Homesearch. There difficulties in recruiting qualified tradespeople in Housing Repairs has resulted in the introduction of a program of recruitment within that team.
12. The percentage of dwellings not with a gas service within 12 months of the last service date has decreased (HBS 072 – 0.5% to 0.48%). The Council met its statutory obligation with the completion of all properties due a gas service receiving one in quarter 4. This result shows the priority given to ensuring the health and safety of Council tenants within their homes.

Leisure Indicators

April to September 2022/23 comparison to 2023/24

13. The Active Lives Adult Survey carried out by the leading research company IPSOS-MORI and produced by Sport England gathers data on how adults aged 16 and over in England engage with sport and physical activity to provide local data. The information for the indicators on physical inactivity (CUL 008a), physical activity (CUL 009a) and taking part in sport (CUL 010a) are taken from this survey.
14. Physical inactivity has decreased (CUL 008a - 30.1% to 25.9%). Physically active has increased (60.9% to 64.5%). Taking part in sport and physical activity at least twice has increased (71.5% to 77.9%). The Adult sport activities, organised and ran by the council from the Eastbourne Sports Complex, attracted over 10,000 visits over the year. They deliver activities such as Walking, Inclusive Activities, Nordic Walking, Walking Football and

Weight Goals. A new 5-year Physical Activity Strategy is in development outlining how the council in partnership with other organisations can develop, organise, and promote new projects to encourage adult participation in physical activity and continue the upward trends.

15. Visitor numbers to the Dolphin Centre have decreased (CUL 030 – 851,821 to 742,527). The extended main pool closure has had an effect on attendance figures. Due to the re-opening of the pool in January, the number of visitors rose from an average of 177,00 per quarter to 211,515. Membership numbers and income levels also reached their highest during the quarter 4 period of January to March.
16. The number of school pupils participating in the sports development programme has decreased by 2,652 (CUL 063 – 14,167 to 11,515). The capital project works at Eastbourne Sports Complex and the delay in completion of the track had an effect on the figure. The 2024/25 full School Games for Primary/Secondary Athletics has already been booked.
17. Number of individuals participating in the community sports development programme has increased by 6,000 (CUL 064 – 12,987 to 18,987). The development of the Move More projects and activities, provided by the team at Eastbourne Sports Complex, has increased uptake by residents over the past year. Examples the Holiday Activity Project, Eastbourne Sports Complex Move More Programme, Houghton Matters and The Sheltered Housing Activity project.

Public Health Indicators

18. All of the 24 indicators reported by Public Health are annually reported. Information is available for one indicator for 2020/21, five for 2021/22, seventeen for 2022/23 and one for 2023/24.

2019/20 comparison to 2020/21

19. The latest rate of under 75 mortalities from cardiovascular diseases considered preventable decreased (PBH 056 – 32.6 to 24.0), statistically similar to the North East and England. The Authority commissions the NHS Health Checks provided by all 11 GP Practices in Darlington. The Public Health team are supporting the Primary Care Network (PCN) to identify those in high-risk communities and improve access to early identification and treatment.

2018/19 comparison to 2021/22

20. The percentage of 5-year-olds with experience of visually obvious dental decay increased, (PBH 054 – 22.3% to 24.8%), statistically similar to both the England and North East. Dental decay is the most common cause of hospital admissions for 5- to 9-year-olds. The Health Visiting service commissioned by Public Health is working with families on healthy weaning for babies, to help reduce dietary sources of sugar. The Public Health team also commission a Supervised Toothbrushing programme across 16 schools and nurseries in Darlington.

2020/21 comparison to 2021/22

21. The percentage low birth weight of term babies has decreased (PBH 009 - 3.3% to 2.3%), statistically similar to the North East and England. An action in the 0-19 year's contract is that Health Visitors visit expectant mothers between 28 and 36 weeks of their pregnancy to provide information, advice, and support to maximise the mother's health the optimum conditions for a healthy pregnancy. New government funding is enabling the authority to provide more targeted and effective support to pregnant women who smoke to quit which helps reduce the risk of low birthweight.
22. The rate of under-18 conceptions per 1,000 population has increased slightly (PBH 016 – 16.8 to 17.1), statistically similar with North East and England averages. The authority coordinates a broad range of evidence-based interventions and programmes across partners to tackle and contribute to the reduction in teenage conceptions through the Teenage Pregnancy and Sexual Health Strategy and action plan. This includes commissioning Sexual Health Services and support schools in their delivery of Sex and Relationship Education to a high standard.
23. The percentage of HIV late diagnosis has increased, still below the North East and England averages (PBH 050 – 25.0% to 33.3%). This equates to two individuals who were identified as being diagnosed late using the CD4 cell count at diagnosis. Early diagnosis improves treatment and long-term outcomes. The Sexual Health Service has increased new patients receiving a HIV risk assessment and there is more and easier routes to access HIV testing including postal testing kits and access to Pre-Exposure Prophylaxis treatment to reduce the potential for exposure to HIV.
24. The rate of under 75 mortalities from respiratory disease has decreased (PBH 060 - 44.8 to 44.6), statistically similar to the North East but statistically worse and England. The Public Health team commission a range of prevention interventions including a Stop Smoking Service which supports individuals to quit, improving their respiratory health and the effects of second-hand smoke and interventions to children and young people. Extra government money has enabled the authority to significantly increase investment into the stop smoking services to provide a more comprehensive offer and provision to reach more people to help them quit.

2021/2022 compared to 2022/23

25. The percentage of infants that are totally or partially breastfed at age 6-8 weeks has increased (PBH 013c - 35.1% to 38.0%), statistically similar to the North East but statistically worse than England. The midwifery team in the hospital initiates breastfeeding with new mothers at the time of delivery. The Health Visiting team then provides a proactive offer of structured breastfeeding help new mothers maintain their breastfeeding at home.
26. The percentage of women who smoke at time of delivery has decreased (PBH 014 - 14.0% to 12.9%), statistically similar to the North East however worse than England. The NHS provides stop smoking support through local maternity services. The Local Authority commissions a specialist stop smoking service that supports women to stop smoking before and after being pregnant. New government funding is enabling the authority to significantly increase investment into the stop smoking services which has enabled a more comprehensive offer and provision of effective support to pregnant women who smoke to quit

27. The percentage of children aged 2-2½yrs offered Ages & Stages Questionnaire 3 (ASQ-3) as part of the Healthy Child Programme or integrated review has remained the same for the third year (PBH 018 – 99.5% to 99.5%), statistically better than the North East and England. ASQ-3 is a comprehensive assessment of a child's development including motor, problem solving and personal development. The Health Visiting team work with the Education service, Early Years settings and parents to ensure those identified with additional needs are offered an integrated assessment so that the child and family can receive appropriate support.
28. The percentage excess weight among Reception pupils has increased slightly (PBH 020 – 26.2% to 26.7%), statistically similar to the North East however worse than England. The percentage excess weight among Year 6 pupils decreased (PBH 021 – 26.2% to 26.7%), statistically similar to the North East and England. The Darlington Childhood Healthy Weight Plan identified evidence-based interventions delivered with partners to address underlying causes of obesity in children and young people. Work includes activity with schools and local commercial food premises to develop a healthy catering standard for a healthy food offer.
29. The rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years increased (PBH 026 – 124.7 to 153.5), statistically worse than the North East and England. Most of these admissions are due to avoidable accidents in the home.
30. The rate of hospital admissions caused by unintentional and deliberate injuries in children aged under 15 years increased (PBH 026 – 124.7 to 153.5), statistically worse than the North East and England. A large proportion include accidental injuries including road accidents. The Health Visiting team are informed of any child's hospital admission and will contact parents and provide them with information, guidance and support.
30. The rate of emergency Hospital Admissions for Intentional Self-Harm decreased (PBH 031 – 252.1 to 186.5), statistically similar to the North East however worse than England. Self-harm is a complex and poorly understood act with varied reasons for a person to harm themselves irrespective of the purpose of the act. This indicator is a measure of intentional self-harm events severe enough to warrant hospital admission and not a measure of the actual prevalence of severe self-harm. The authority works with partners including the NHS as part of the local Mental Health network to continue to work on a range of prevention approaches and strategies.
31. The prevalence of smoking among persons aged 18 years and over has increased, (PBH 033 – 10.6% to 11.5%), statistically similar to the North East and England. There is an ongoing impact of measures to reduce smoking in the community such as the proposed introduction of new legislation aimed at increasing the legal age to buy tobacco. New government funding has enabled the authority to increase investment in the stop smoking services which includes a new offer to support those under 18 who are smokers to quit. The authorities Trading Standards team are also active in identifying and tackling underage sales of tobacco and the sale of illicit tobacco. They have successfully taken enforcement action against different outlets including serving closure orders on premises.
32. The percentage of opiate users successfully completing their treatment has increased (PBH 035i – 4.2% to 4.4%), statistically similar to the North East and England. The provider of substance misuse services has undertaken to increase access to treatment and improve

the numbers in treatment. This has been achieved through the investment of significantly increased funding from the government which has enable the authority to increase and improve the provision of a range of evidence-based interventions and work with partners to increase referrals into services and improve their support in the community.

33. The percentage of users on non-opiates successfully completing their treatment has decreased (PBH 035ii – 27.8% to 15.2%), statistically worse than the North East and England. This reduction reflects the changing patterns of substance misuse and the emergence of new substances which are more resistant to treatment along with the focus on improving opiate treatment in the national strategy.
34. The percentage of alcohol users successfully completing their treatment has decreased (PBH 035iii – 27.4% to 18.0%), statistically worse than the North East and England. This reduction reflects the ongoing increasing impact of alcohol on our local communities resulting in a growing demand for alcohol treatment services in Darlington with increasing levels of dependency in people presenting for treatment. This requires a multiagency action to respond and mitigate the impact of alcohol in our communities.
35. The percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five-year period has decreased slightly, (PBH 046 – 47.4% to 45.8%), statistically better than England and the North East. The authority commissions the GP Federation who works with local practices to support them to ensure that they continue to provide an offer of a health check to the eligible population.
36. The rate of Chlamydia diagnoses in 15–24-year-olds has increased (PBH 048 – 1,513 to 1,964), statistically better than England and similar to the North East. An increased detection rate is indicative of increased control activity; the detection rate is not a measure of disease in the community. The council commissions a specialist Sexual Health Service which has been working to improve uptake of screening by targeting younger people under 25 years and including access to online testing for over 16 years. The School Nursing Service work with schools and Personal, Social & Health Education leads to ensure Chlamydia screening is promoted within the curriculum.
37. The adjusted antibiotic prescribing in primary care by the NHS has increased slightly (PBH 052 – 0.95 to 1.07), statistically similar to both England and the North East. The NHS has an action plan to help reduce antibiotic prescribing and is working with individual GP Practices and hospital doctors and microbiologists to ensure good antibiotic stewardship. The NHS produces information campaigns to reduce the demand and expectations for antibiotics from patients for relatively minor and self-limiting illnesses.
38. The Under 75 mortality rate from cancer increased (PBH 058 – 136.7 to 141.6), statistically similar to England and the North East. The public health team works with a broad range of partners in their work to contribute to preventing and reducing early deaths from cancer. This includes increasing the offer of support to smokers in quitting. The public health team is also working with NHS partners to improve the uptake of screening to improve early detection and treatment to maximise those who survive a diagnosis of cancer.

2021/2022 compared to 2022/23

39. The rate of admission episodes for alcohol-related conditions per 100,000 population looks to have decreased (PBH 044 – 774 to 659), statistically worse than England but statistically similar to the North East. The council commissions treatment services and is engaged with partners to implement strategies to reduce admissions. These high rates of admissions on reflect the ongoing increasing impact of alcohol on our local communities resulting in increasing levels of dependency and people becoming ill due to their alcohol consumption. The authority commissions treatment services however demand has increased significantly. The public health team continues to work with a range of partners and stakeholders in multiagency action to respond and mitigate the impact of alcohol in our communities.

Performance Summary

40. 13 indicators have Quarter 4 (Year End) information for 2023/24. When taking into consideration what is best performance for each indicator:

a) 7 of the 13 indicators show performance better than from when last reported.

b) 6 of the 13 indicators show performance not as good as when last reported.

41. 17 indicators have Quarter 4 (Year End) information for 2022/23. When taking into consideration what is best performance for each indicator:

a) 7 of the 17 indicators show performance better than from when last reported.

b) 9 of the 17 indicators show performance not as good as when last reported.

c) 1 of the 17 indicators shows performance has not changed.

42. Five indicators have Quarter 4 (Year End) information for 2021/22. When taking into consideration what is best performance for each indicator:

a) 2 of the 5 indicators show performance better than from when last reported.

b) 3 of the 4 indicators show performance not as good as when last reported.

43. One indicator has Quarter 4 (Year End) information for 2020/21. When taking into consideration what is best performance for this indicator it was better than last reported.

44. A detailed performance scorecard is attached at Appendix 1.

45. Detailed performance graphs and narratives for each indicator is attached at Appendix 2.

Recommendation

46. 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

Lorraine Hughes
Director of Public Health

Background Papers

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

Council Plan	This report contributes to the Council Plan by involving Members in the scrutiny of performance relating to the delivery of key outcomes with regards to Health and Housing.
Addressing inequalities	This involves members in the scrutiny of the level to which Health and Housing contributes to ensuring that opportunities are accessible to everyone, with a focus on ensuring a good job, home and/or social connections for all.
Tackling Climate Change	This report does not identify any issues relating to climate change.
Efficient and effective use of resources	This report allows for the scrutiny of performance which is integral to optimising outcomes and ensuring efficient use of resources.
Health and Wellbeing	This report supports performance improvement relating to improving the health and wellbeing of residents.
S17 Crime and Disorder	This report supports the Councils Crime and Disorder responsibilities.
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.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.

Health and Housing Scrutiny Committee 2023 - 2024 QUARTER 4												APPENDIX 1		
												Year End data direction of travel		
Indicator	Title	Return Format	Reported	What is best	2020/2021	2021/2022	2022/2023	2023/2024 - Qtr 1	2023/2024 - Qtr 2	2023/2024 - Qtr 3	2023/2024 - Qtr 4	Qtr 4 - 2021/2022 compared to 2020/2021	Qtr 4 - 2022/2023 compared to 2021/2022	Qtr 4 - 2023/2024 compared to 2022/2023
CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week	Percentage Value	Annually	Lower	26.9%	33.1%	30.1%	Annual indicators no data to report for these quarters			25.9%	↓	↑	↑
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Percentage Value	Annually	Higher	61.5%	54.9%	60.9%				64.5%	↓	↑	↑
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Percentage Value	Annually	Higher	77.2%	68.5%	71.5%				77.9%	↓	↑	↑
CUL 030	Total number of visits to the Dolphin Centre (all areas)	Number	Monthly	Higher	74,259	619,748	851,821	176,042	358,123	530,992	742,527	↑	↑	↓
CUL 063	Number of school pupils participating in the sports development programme	Number	Monthly	Higher	10,675	12,634	14,167	2,192	3,343	7,966	11,515	↑	↑	↓
CUL 064	Number of individuals participating in the community sports development programme	Number	Monthly	Higher	4,157	11,089	12,987	4,137	10,075	14,547	18,987	↑	↑	↑
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)	Percentage	Quarterly	Lower	2.5%	2.7%	3.5%	3.1%	2.9%	3.3%	3.7%	↓	↓	↓
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd	Percentage	Quarterly	Higher	101.6%	97.5%	95.9%	98.1%	98.8%	97.2%	96.0%	↓	↓	↑
HBS 025	Number of days spent in Bed and Breakfast	Days	Monthly	Lower	4,116	3,697	7,308	1,477	3,657	5,647	9,616	↑	↓	↓
HBS 027i	Number of positive outcomes where homelessness has been prevented	Number	Monthly	Higher	645	578	720	144	252	427	547	↓	↑	↓
HBS 034	Average number of days to re-let dwellings	Average Days	Monthly	Lower	38.91	19.00	70.75	75.38	52.37	73.50	99.35	↑	↓	↓
HBS 072	% of dwellings not with a gas service within 12 months of last service date	Percentage	Monthly	Lower	0.76%	0.20%	0.50%	0.34%	1.38%	0.58%	0.48%	↑	↓	↑
PBH 009	(PHOF C04) Low birth weight of term babies	Percentage	Annually	Lower	3.3%	2.3%	No data available	Annual indicators no data to report for these quarters			No data available	↑	NA	NA
PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth - current method	Percentage	Annually	Higher	34.4%	35.1%	38.1%				No data available	↑	↑	NA
PBH 014	(PHOF C06) Smoking status at time of delivery	Percentage	Annually	Lower	14.4%	14.0%	12.9%				No data available	↑	↑	NA
PBH 016	(PHOF C02a) Rate of under-18 conceptions	Per 1,000 pop	Annually	Lower	17.0	17.1	No data available				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	99.5%	99.5%	99.5%				No data available	↔	↔	NA
PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)	Number	Annually	Lower	25.0	26.2	26.7				No data available	↓	↓	NA
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)	Number	Annually	Lower	42.4	38.7	37.3				No data available	↑	↑	NA
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Per 10,000 pop	Annually	Lower	152.4	146.2	205.9				No data available	↑	↓	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	100.1	124.7	153.5				No data available	↓	↓	NA
PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Per 10,000 pop	Annually	Lower	144.2	252.1	186.5				No data available	↓	↑	NA
PBH 031	(PHOF C14b) Emergency Hospital Admissions for Intentional Self-Harm	Per 100,000 pop	Annually	Lower	300.6	270.9	197.5				No data available	↑	↑	NA
PBH 033	(PHOF C18) Prevalence of smoking among persons aged 18 years and over	Percentage	Annually	Lower	13.8%	10.6%	11.5%				No data available	↑	↓	NA
PBH 035i	(PHOF C19a) Successful completion of drug treatment - opiate users	Percentage	Annually	Higher	3.1%	4.2%	4.4%				No data available	↑	↑	NA

Health and Housing Scrutiny Committee 2023 - 2024 QUARTER 4

APPENDIX 1

													Year End data direction of travel		
Indicator	Title	Return Format	Reported	What is best	2020/2021	2021/2022	2022/2023	2023/2024 - Qtr 1	2023/2024 - Qtr 2	2023/2024 - Qtr 3	2023/2024 - Qtr 4	Qtr 4 - 2021/2022 compared to 2020/2021	Qtr 4 - 2022/2023 compared to 2021/2022	Qtr 4 - 2023/2024 compared to 2022/2023	
PBH 035ii	(PHOF C19b) Successful completion of drug treatment - non-opiate users	Percentage	Annually	Higher	18.0%	27.8%	15.2%				No data available	↑	↓	NA	
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment	Percentage	Annually	Higher	19.0%	27.4%	18.0%				No data available	↑	↓	NA	
PBH 044	(PHOF C21) Admission episodes for alcohol-related conditions (narrow) (new method)	Per 100,000 pop	Annually	Lower	504	552	774				659	↓	↓	↑	
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	48.9%	47.4%	45.8%				No data available	↓	↓	NA	
PBH 048	(PHOF D02a) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Per 100,000 pop	Annually	Higher	1,674	1,513	1,964				No data available	↓	↑	NA	
PBH 050	(PHOF D07) HIV late diagnosis (%)	Percentage	Annually	Lower	25.0%	33.3%	No data available				No data available	↓	NA	NA	
PBH 052	(PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS	Number	Annually	Lower	0.78	0.95	1.07				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	24.8%	No data available				No data available	NA	NA	NA	
PBH 056	(PHOF E04b) Under 75 mortality rate from cardiovascular diseases considered preventable (1 year range)	Per 100,000 pop	Annually	Lower	24.0	No data available	No data available				No data available	NA	NA	NA	
PBH 058	(PHOF E05a) - Under 75 mortality rate from cancer (1 year range)	Number	Annually	Lower	160.9	136.7	141.6				No data available	↑	↓	NA	
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease (1 year range)	Per 100,000 pop	Annually	Lower	44.8	44.6	No data available	No data available	↑	NA	NA				

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Better than =	↑	18	14	7
Not as good as =	↓	15	15	6
The same as =	↔	1	1	0
No comparative data	NA	2	6	23

DBC Number

CUL 008a

Indicator Name

Percentage of the adult population physically inactive (doing less than 30 minutes moderate activity per week)

Theme or Portfolio

Priority or Key Action

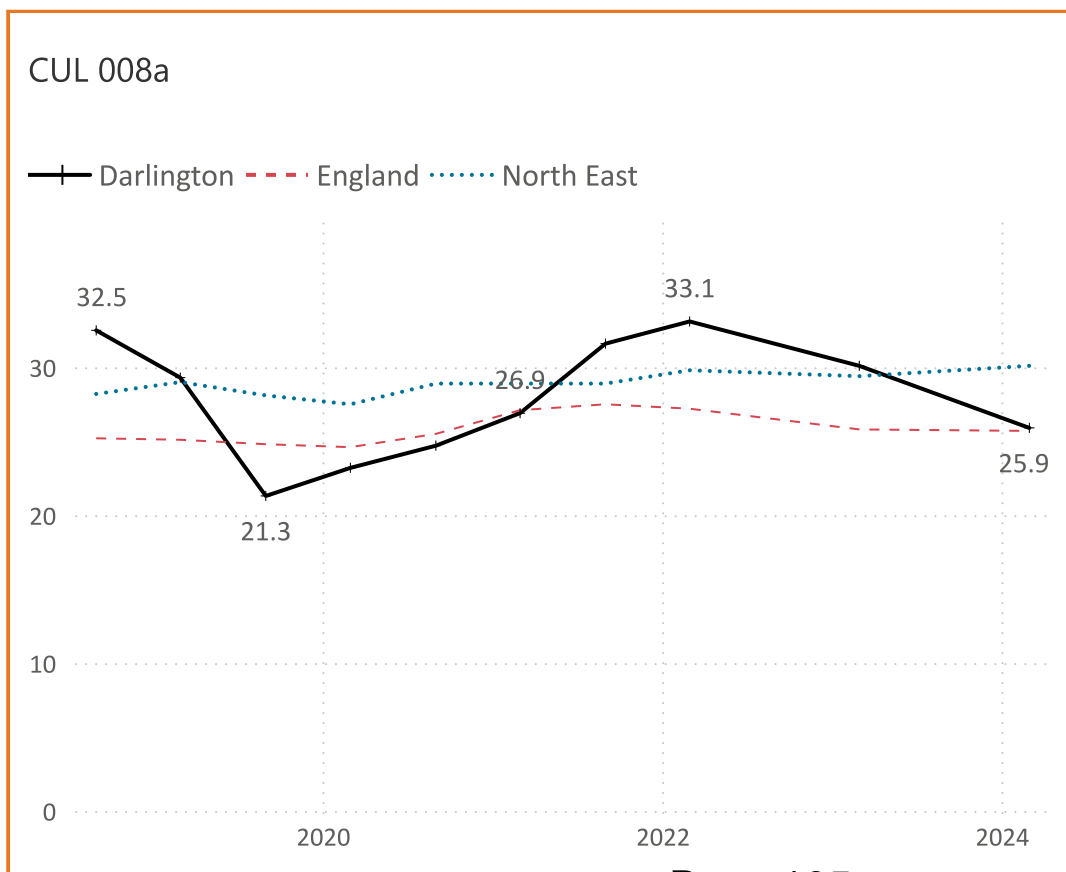
Narrative

The 2022-23 Active Lives survey results show that there has been a 14% reduction in physical inactivity (30.1% 2022/23 to 25.9% 23/24). This is a positive trend and below the North East average of 30.1% and in line with the England average of 25.7%.

The adult projects organised and ran by the council from the Eastbourne Sports Complex Move More Programme, Haughton Matters, The Sheltered Housing Activity project and numerous new community out reach sessions attracted over 10,000 visits in the year. They deliver activities from Walking, Inclusive Activities, Nordic Walking, Walking Football, Weight Goals and various other activities.

A new 5 year Physical Activity Strategy is in development and scheduled to go to Cabinet this year. It outlines how the council in partnership with other organisations can develop, organise and promote new projects to encourage adult participation in physical activity, therefore continue the downward trend of adult physical inactivity.

Graph/Table



DBC Number

CUL 009a

Indicator Name

Percentage of the adult population physically active (doing 150 minutes moderate activity per week)

Theme or Portfolio

Priority or Key Action

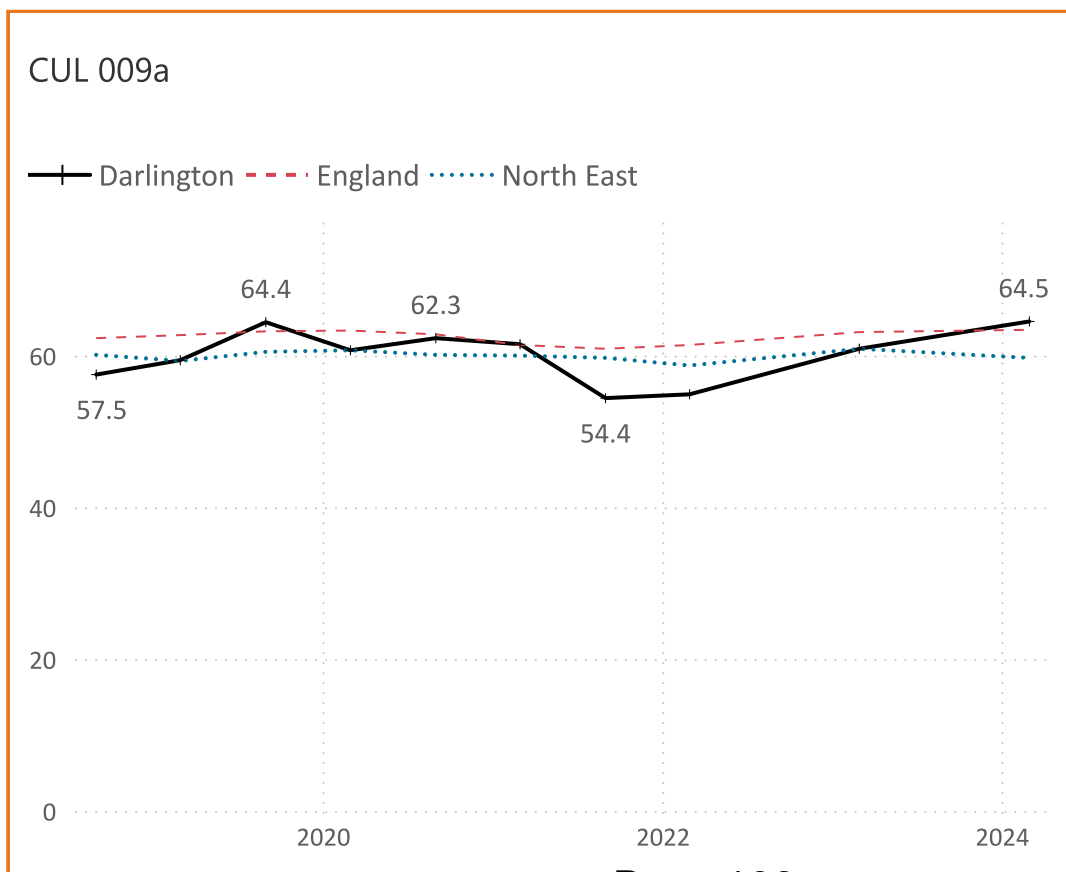
Narrative

The 2022-23 Active Lives survey results show that there has been a 5.9% increase in adults being physically active in Darlington (60.9% 2022/23 to 64.5% 23/24). This is a positive trend and above the North East average of 59.7% and in line with the England average of 63.4%.

The adult projects organised and ran by the council from the Eastbourne Sports Complex Move More Programme, Haughton Matters, The Sheltered Housing Activity project and numerous new community out reach sessions attracted over 10,000 visits in the year. They deliver activities from Walking, Inclusive Activities, Nordic Walking, Walking Football, Weight Goals and various other activities.

A new 5-year Physical Activity Strategy is in development and scheduled to go to Cabinet this year. It outlines how the council in partnership with other organisations can develop, organise, and promote new projects to encourage adult participation in physical activity, therefore continue the upward trend of adult physical activity.

Graph/Table



DBC Number

CUL 010a

Indicator Name

Percentage of the adult population taking part in sport and physical activity at least twice in the last month

Theme or Portfolio

Priority or Key Action

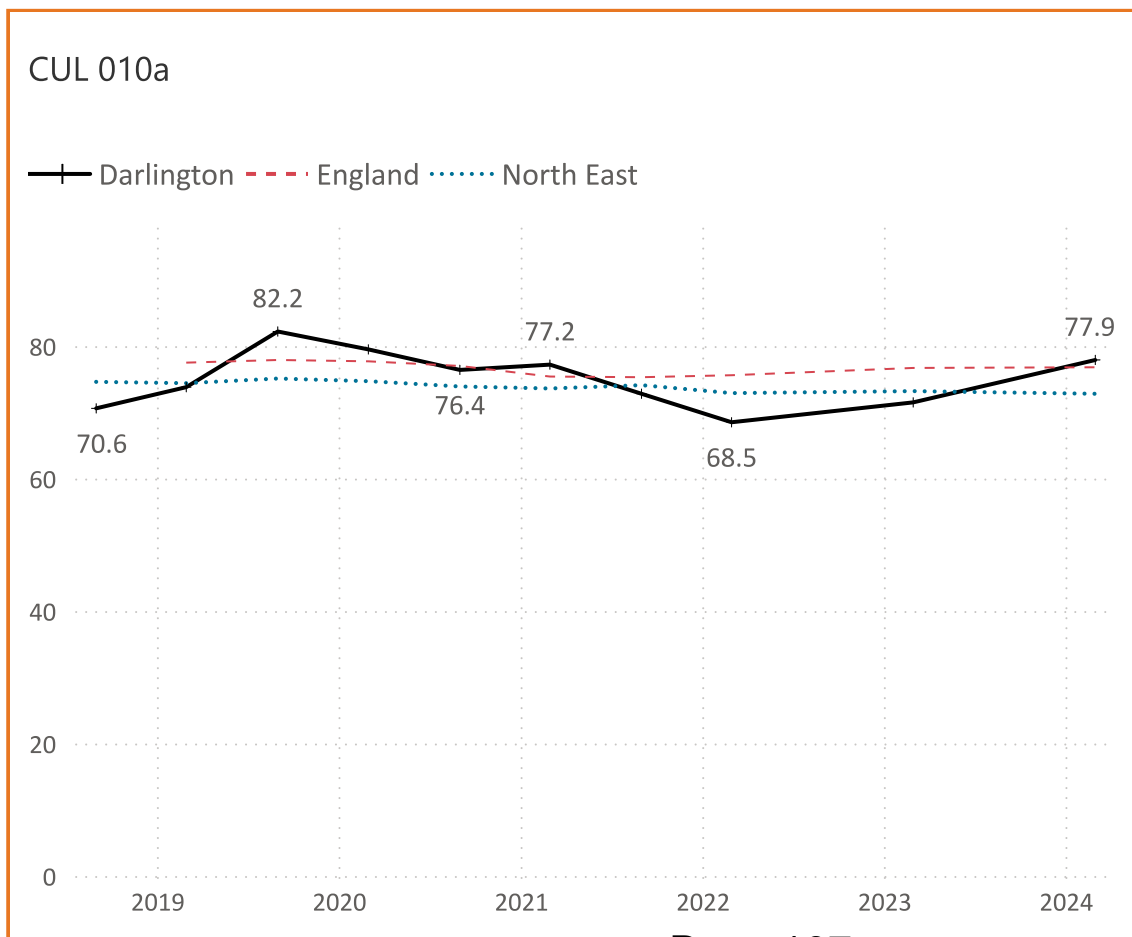
Narrative

The 2022-23 Active Lives survey results from November show there has been an 8.9% increase in adults taking part in sport and physical activity at least twice a month in Darlington (71.5% 2022/23 to 77.9% 23/24). This is a positive trend with Darlington now being above both the North East average of 72.8% and the England average of 76.8%.

The Move More team delivered numerous new community outreach sessions throughout the year, attracting over 10,000 visits, which targeted hard to reach groups and communities.

A new 5-year Physical Activity Strategy is in development and scheduled to go to Cabinet this year. It outlines how the council in partnership with other organisations can develop, organise, and promote new projects to encourage adult participation in physical activity, therefore continue the upward trend of adult physical activity.

Graph/Table



DBC Number

CUL 030b

Indicator Name

Total number of visits to the Dolphin Centre (quarterly)

Theme or Portfolio

Health and Housing Portfolio

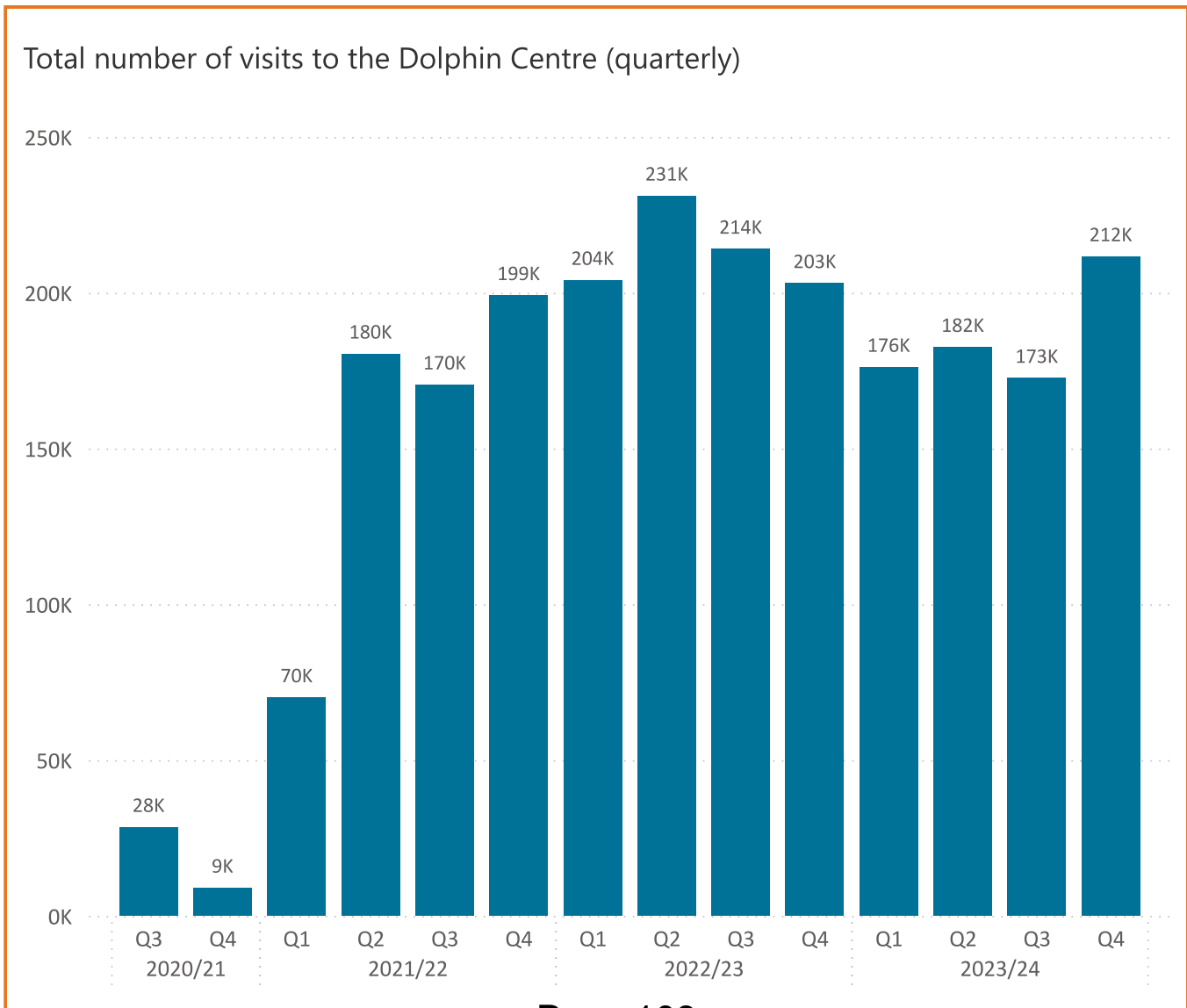
Priority or Key Action

Review the vacant space within the Dolphin Centre to improve the leisure offer and so maximise income

Narrative

Visits to the Dolphin Centre were up in Quarter 4 compared to the same quarter in 22-23, demonstrating the impact on footfall with the reopening of the main pool in January 24. Income levels are also reporting a rise with February half term celebrating the highest ever performance levels. Memberships have also hit the highest level in the history of the Dolphin Centre with a clear rise directly after opening the main pool.

Graph/Table



DBC Number

CUL 063

Indicator Name

Number of school pupils participating in the sports development programme

Theme or Portfolio

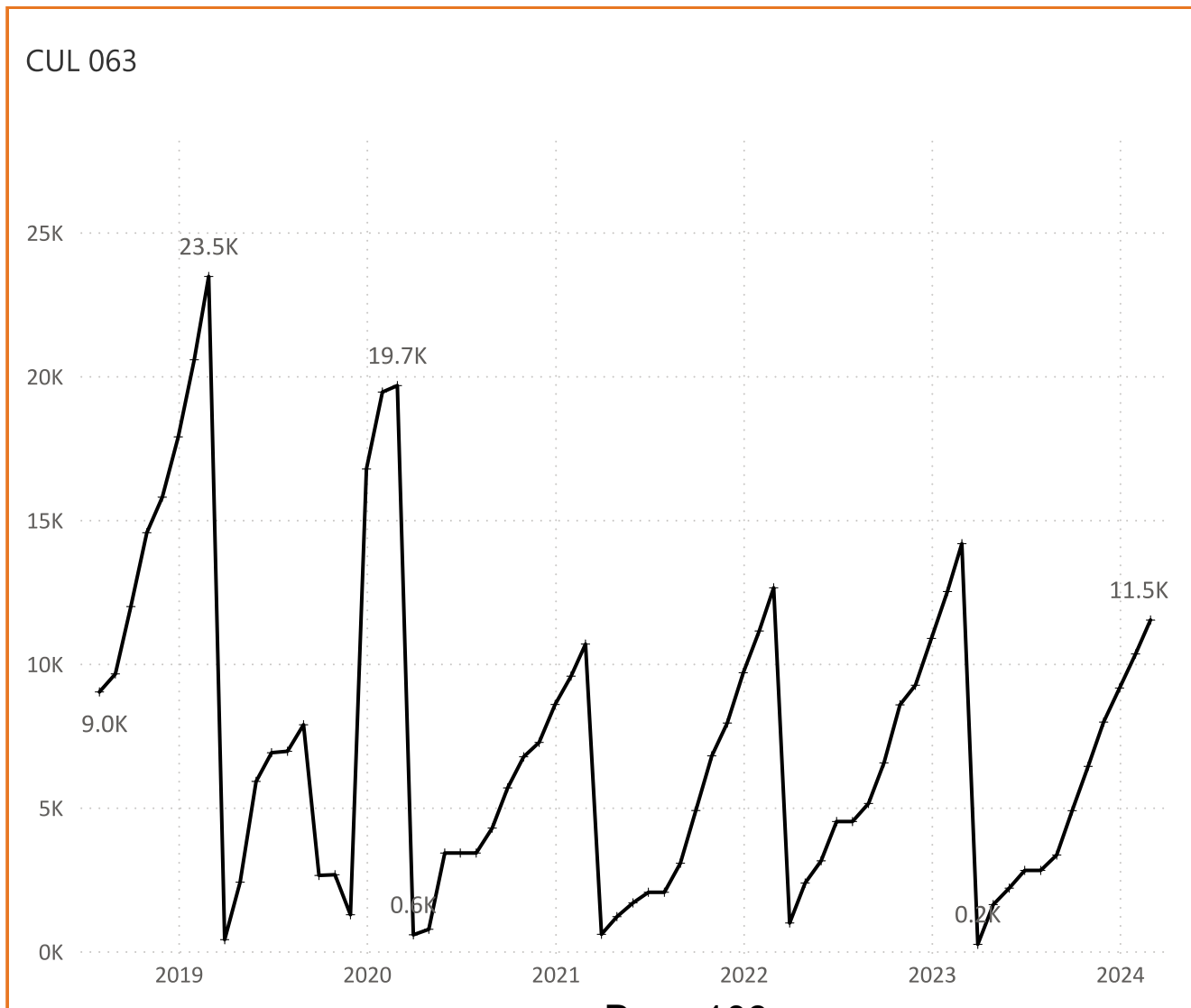
Priority or Key Action

Narrative

The end of March figures are slightly lower in 2024 than March 2023. However, there will be a full School Games programme scheduled in 24/25 now that the Eastbourne Sports Complex is fully re-opened following the investment project in the facilities.

The Primary/Secondary Athletics, multiple Quadkids, Change 4 Life, Community Games and Multi Skill Festivals are all scheduled to take place from May onwards and this will significantly increase the figures this year.

Graph/Table



DBC Number

CUL 064

Indicator Name

Number of individuals participating in the community sports development programme

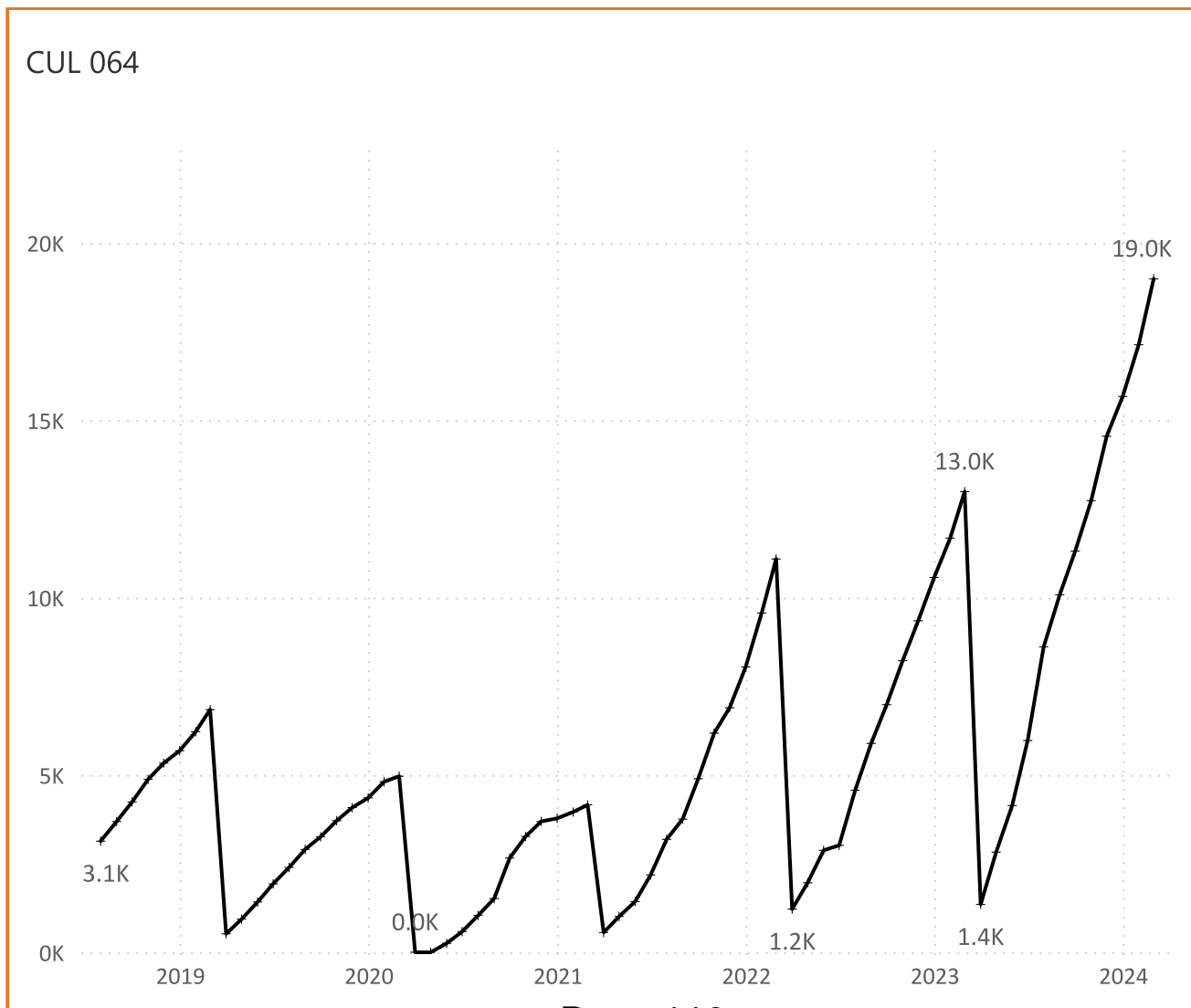
Theme or Portfolio

Priority or Key Action

Narrative

The figures are showing an upward trend this year following the growth in various Move More projects and activities. These include the Holiday Activity Project, Eastbourne Sports Complex Move More Programme, Haughton Matters, The Sheltered Housing Activity project and numerous new community out reach sessions that the team deliver from Walking, Inclusive Activities, Nordic Walking, Walking Football, Weight Goals and various other activities.

Graph/Table



DBC Number

HBS 013

Indicator Name

Rent arrears of current tenants in the financial year as a percentage of rent debit

Theme or Portfolio

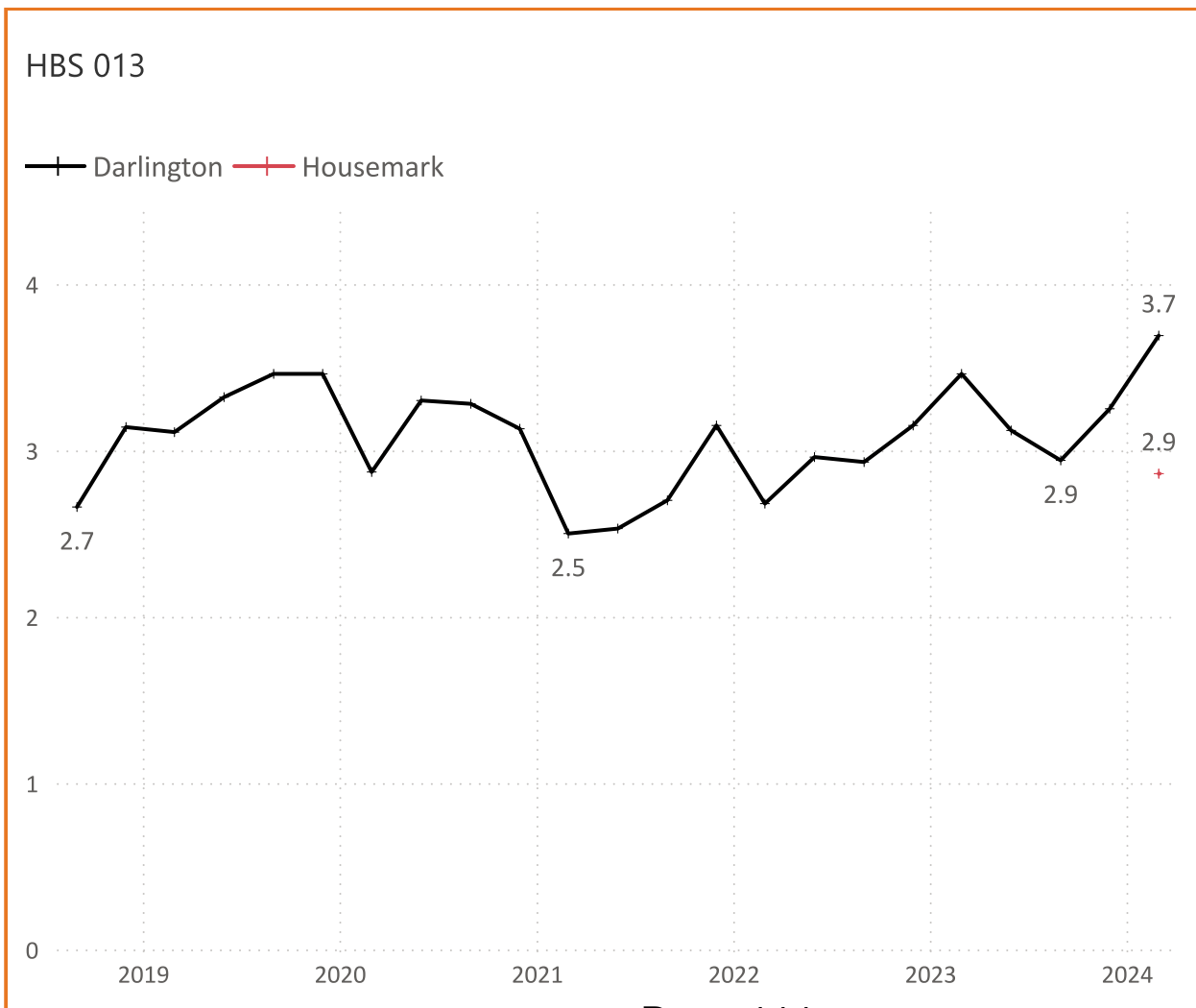
Priority or Key Action

Narrative

The team collected £27.9m throughout 2023-24. However, rent arrears levels in Q4 did not quite meet target of 3.4% with arrears at 3.69% of the annual debit. Collection rates were affected by bank holidays and delayed payments hitting accounts. Had direct debits and payments hit accounts appropriately the level would have been 3.1% and would have met the target.

The team continue to collect with care, offering guidance, help and support to customers, assisting with benefit claims and budgeting skills at the beginning of a tenancy and throughout and only taking enforcement and court action when all other avenues have been exhausted.

Graph/Table



DBC Number

HBS 016

Indicator Name

Rent collected as a proportion of rents owed on HRA dwellings

Theme or Portfolio

Health and Housing Portfolio

Priority or Key Action

Maximise rental and service charge income from council tenants to ensure we are able to provide them with a comprehensive range of good quality housing management and support services

Narrative

Collection rates have slightly decreased in Q4 2023/24 to 95.9%, this was affected by a double bank holiday and delayed payments hitting accounts.

Over 2040 Council tenants are now in receipt of some element of Universal Credit and have the 5 week wait prior to first payments being received, however average arrears for UC customers remains around 5 weeks average rent.

Managed Migration to UC is due to commence in Darlington from spring/summer 2024 and collection rates are expected to be affected as tenants await their payments and move from weekly to monthly payments. The team are planning some joint events with the DWP to support and guide tenants through the period of migration.

Graph/Table

Rent collected as a proportion of rents owed on HRA dwe...

Year	Quarter	Value
2022/23		
	Q1	96.2%
	Q2	97.3%
	Q3	96.4%
2023/24	Q4	95.9%
	Q1	98.1%
	Q2	98.8%
	Q3	97.2%
	Q4	96.0%

DBC Number

HBS 025

Indicator Name

Number of days spent in "Bed and Breakfast"

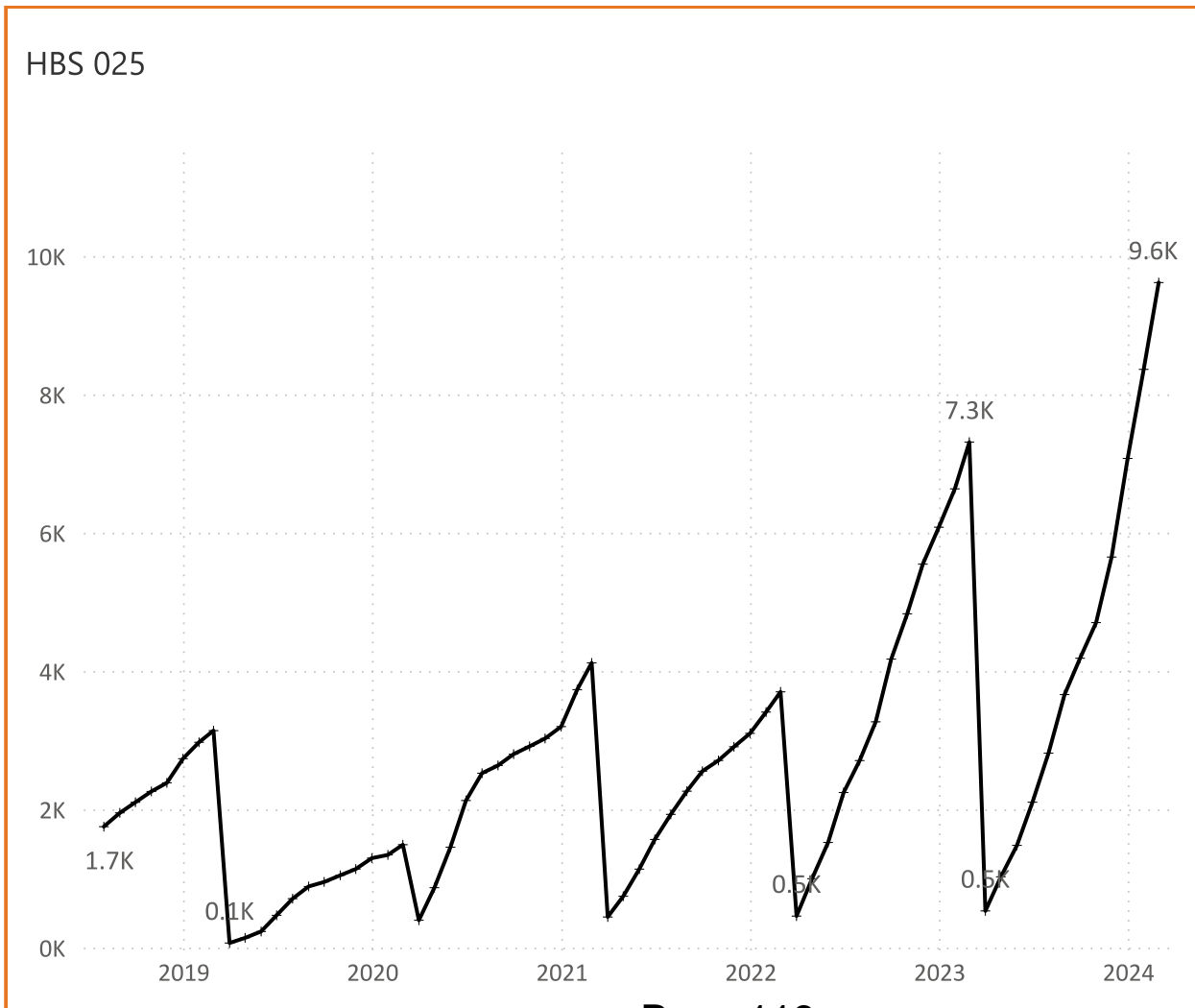
Theme or Portfolio

Priority or Key Action

Narrative

The number of nights spent in bed and breakfast accommodation was 7,308 in 22/23 and has increased to 9,616 in 23/24 which is a 31.6% increase. The average length of stay per household has increased by 1.3 days in 23/24 to 19.8 nights per household, compared to 18.5 nights for 22/23. It is the council's statutory function to provide temporary accommodation under the Homeless legislation. The days spent in temporary accommodation has increased due to difficulties moving people on to permanent accommodation. Waiting lists for social rented accommodation have increased and access to the private rented market has become more difficult and expensive. More people are presenting who meet the priority need category due to their vulnerabilities. The number of households placed has increased by 31.1%, 395 in 22/23 to 518 in 23/24.

Graph/Table



DBC Number

HBS 027i

Indicator Name

Number of positive outcomes where homelessness has been prevented

Theme or Portfolio

Health and Housing Portfolio

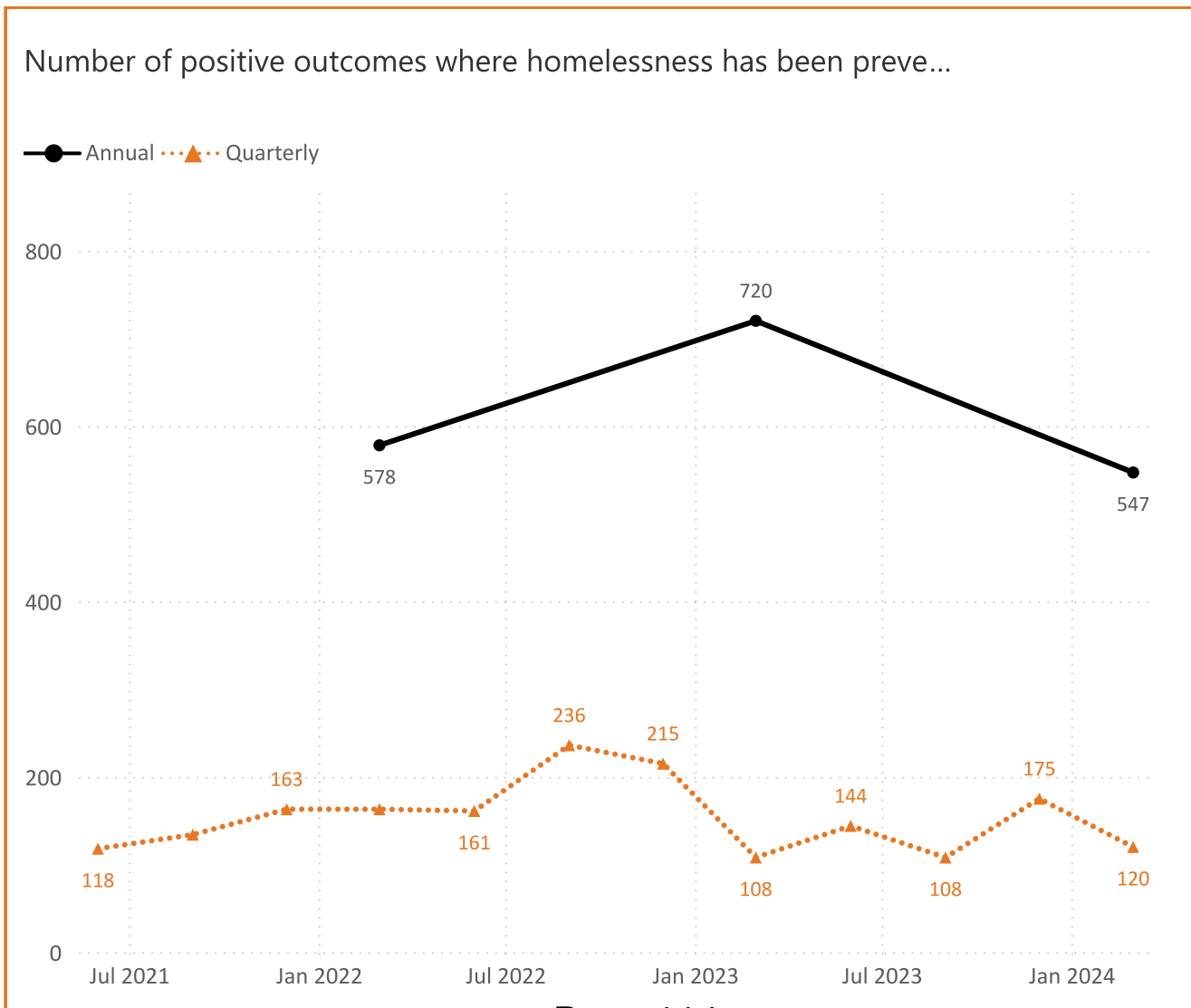
Priority or Key Action

Review the Darlington Preventing Homelessness and Rough Sleeping Strategy

Narrative

There has been a decrease of 446 (24.2%) in the number of presentations to the Housing Options Service, from 1,842 in 22/23 to 1,396 in 23/24. The percentage of positive outcomes remained at 39% for the second year, with the number of positive outcomes decreasing from 720 in 22/23 to 547 in 23/24. There have been changes in the housing market, less private rented accommodation is available and the demands on the social housing waiting lists has increased.

Graph/Table



DBC Number

HBS 034

Indicator Name

Average number of days to re-let dwellings

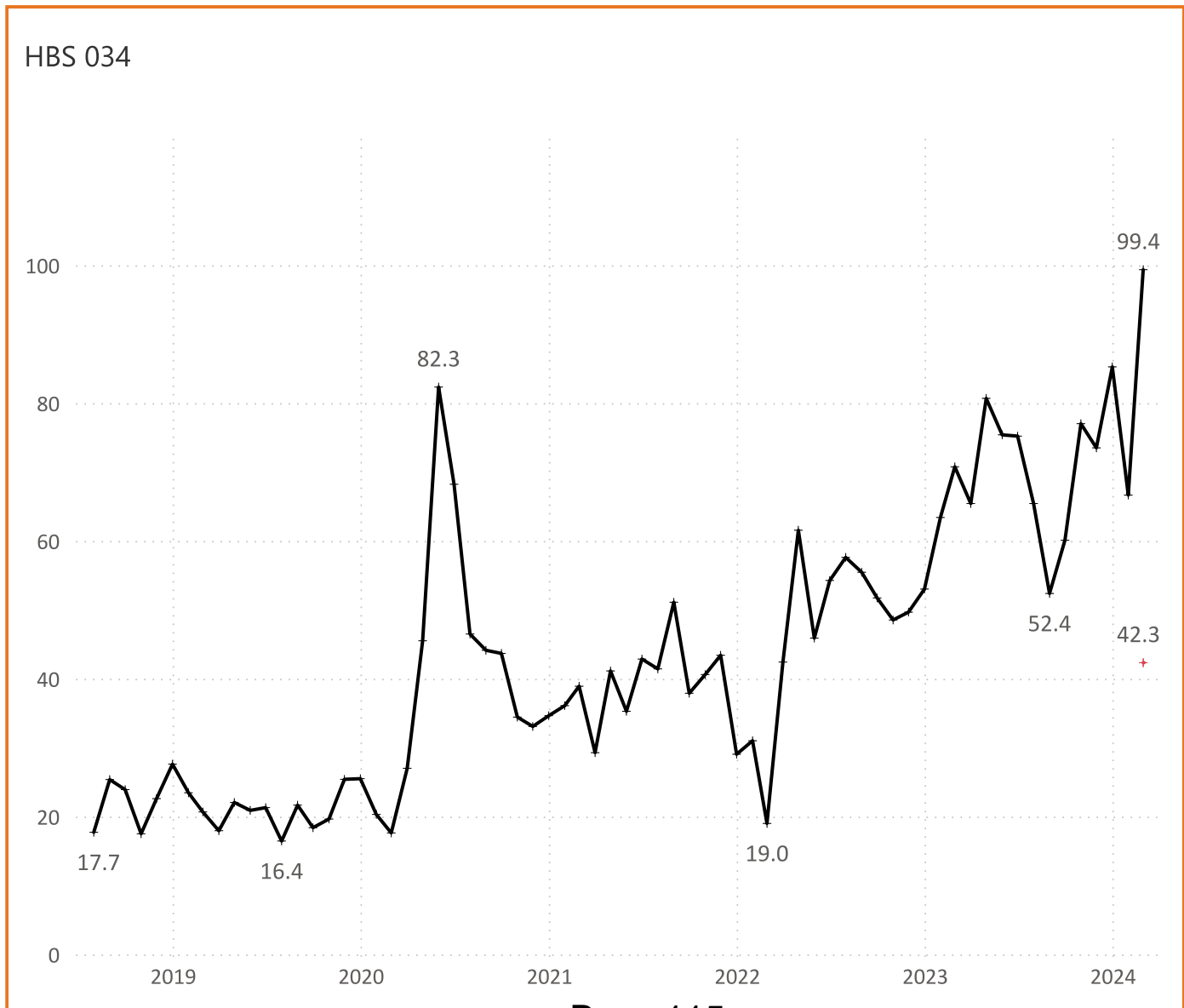
Theme or Portfolio

Priority or Key Action

Narrative

The average re-let time in March has increased from February 2024. Whilst the introduction of the new allocation system Darlington Homesearch assisted with Officers being able to re-let, the timescales for completing repairs before letting has continued to increase. This is due to difficulties in recruiting qualified tradespeople in Housing Repairs. A program of recruitment is ongoing within that team.

Graph/Table



DBC Number

HBS 072

Indicator Name

Percentage of dwellings not with a gas service within 12 months of last service date

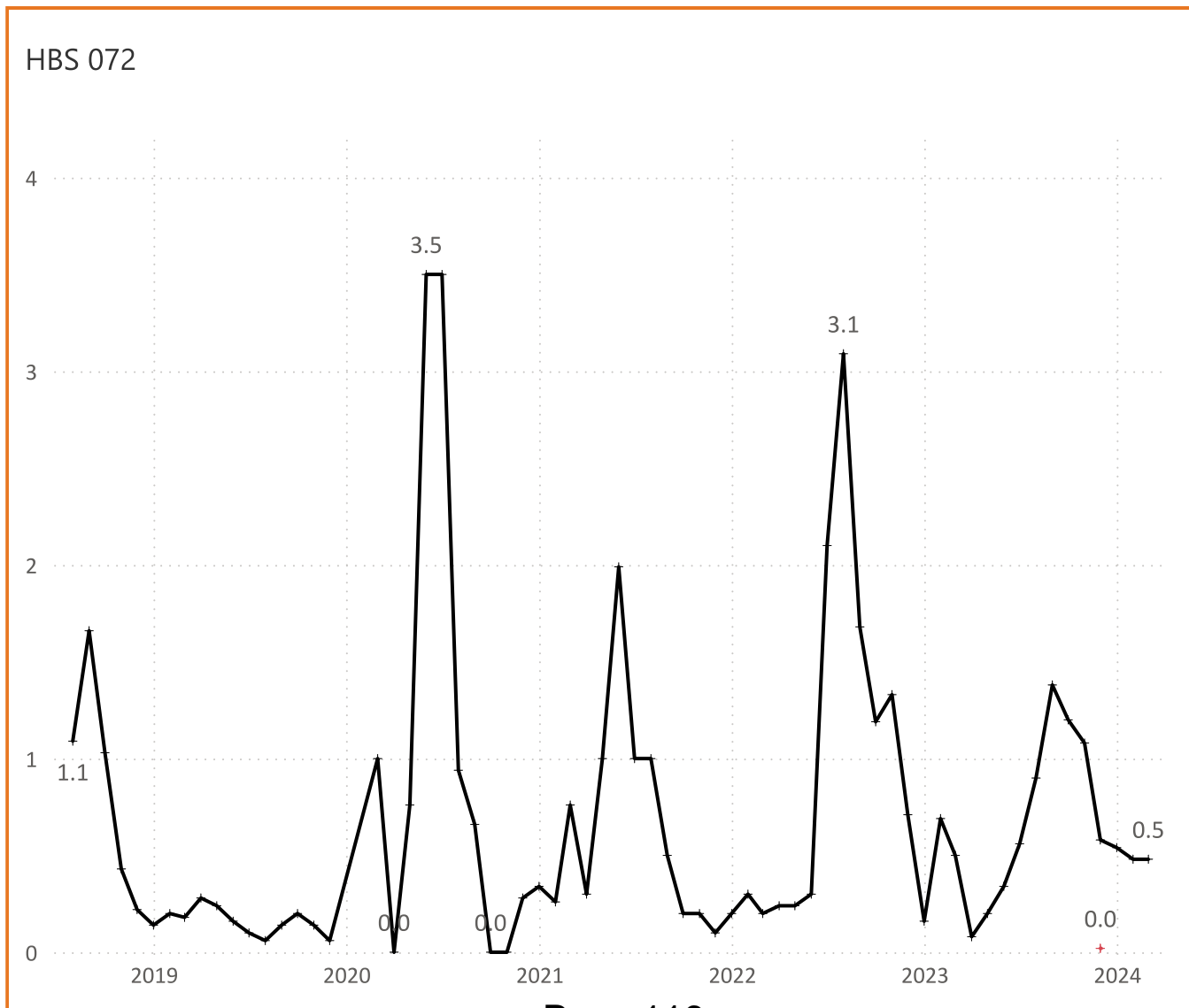
Theme or Portfolio

Priority or Key Action

Narrative

The percentage of dwellings without a gas service within 12 months of last service date was 0.5% in Quarter 4. All Council properties due a gas service in 2023-24 were completed so we have met our statutory obligations and performance in Q4 was well within the 1% target. This result shows the priority given to ensuring the health and safety of Council tenants within their homes.

Graph/Table



DBC Number

PBH 009

Indicator Name

Percentage of live births (with a gestational age of at least 37 weeks) which have a low birth weight

Theme or Portfolio

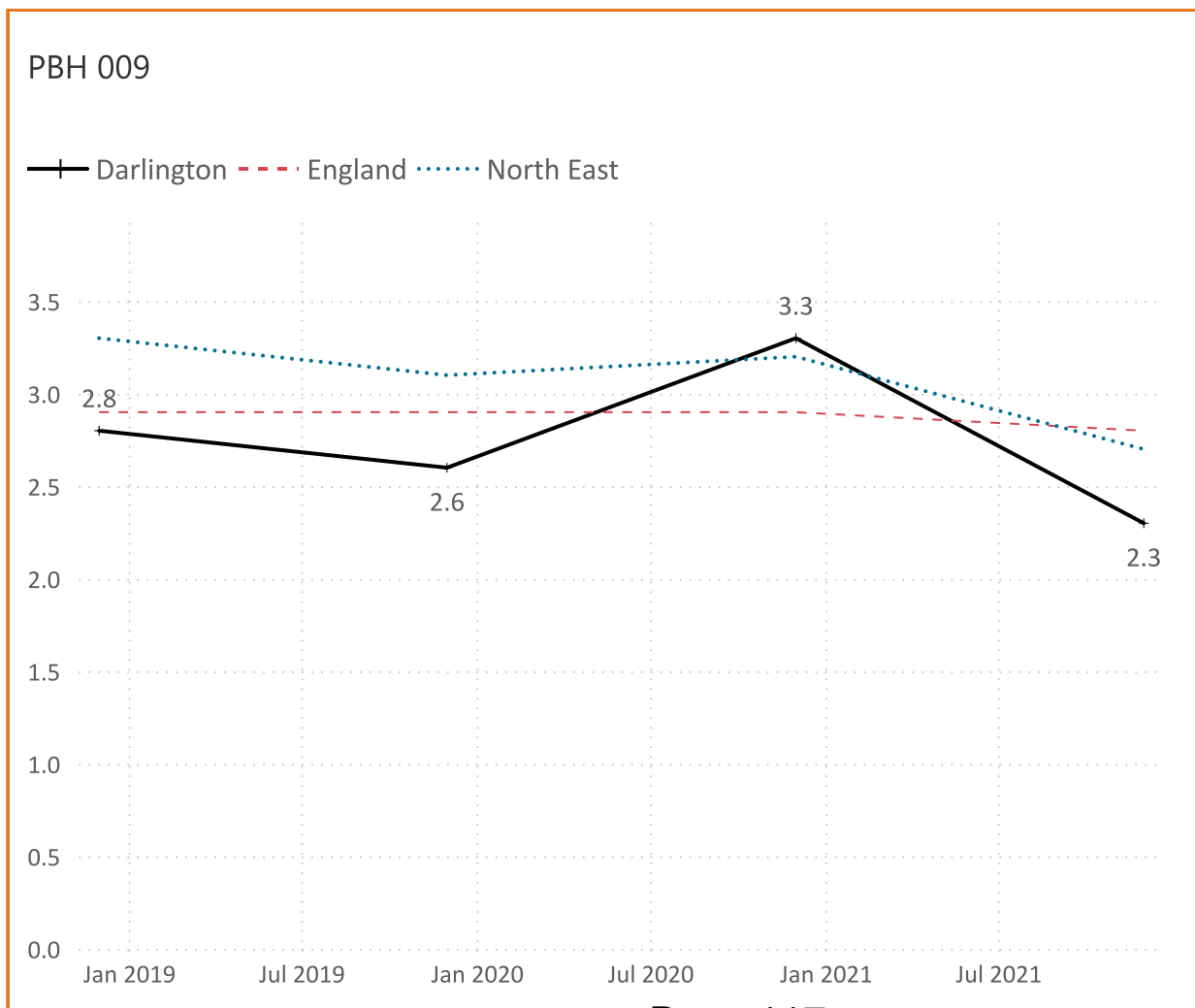
Priority or Key Action

Narrative

This data (from 2021) shows that there is no significant change to the trend for low birth rate of term babies. 2.3% of infants are recorded as low birth weight. Compared to our North East neighbours Darlington is ranked 12th. 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 mothers between 28 and 36 weeks of their pregnancy. This visit provides an opportunity to provide information, advice and support to maximise the mother's health the optimum conditions for a healthy pregnancy.

Graph/Table



DBC Number

PBH 013c

Indicator Name

Percentage of infants that are totally or partially breastfed at age 6-8 weeks

Theme or Portfolio

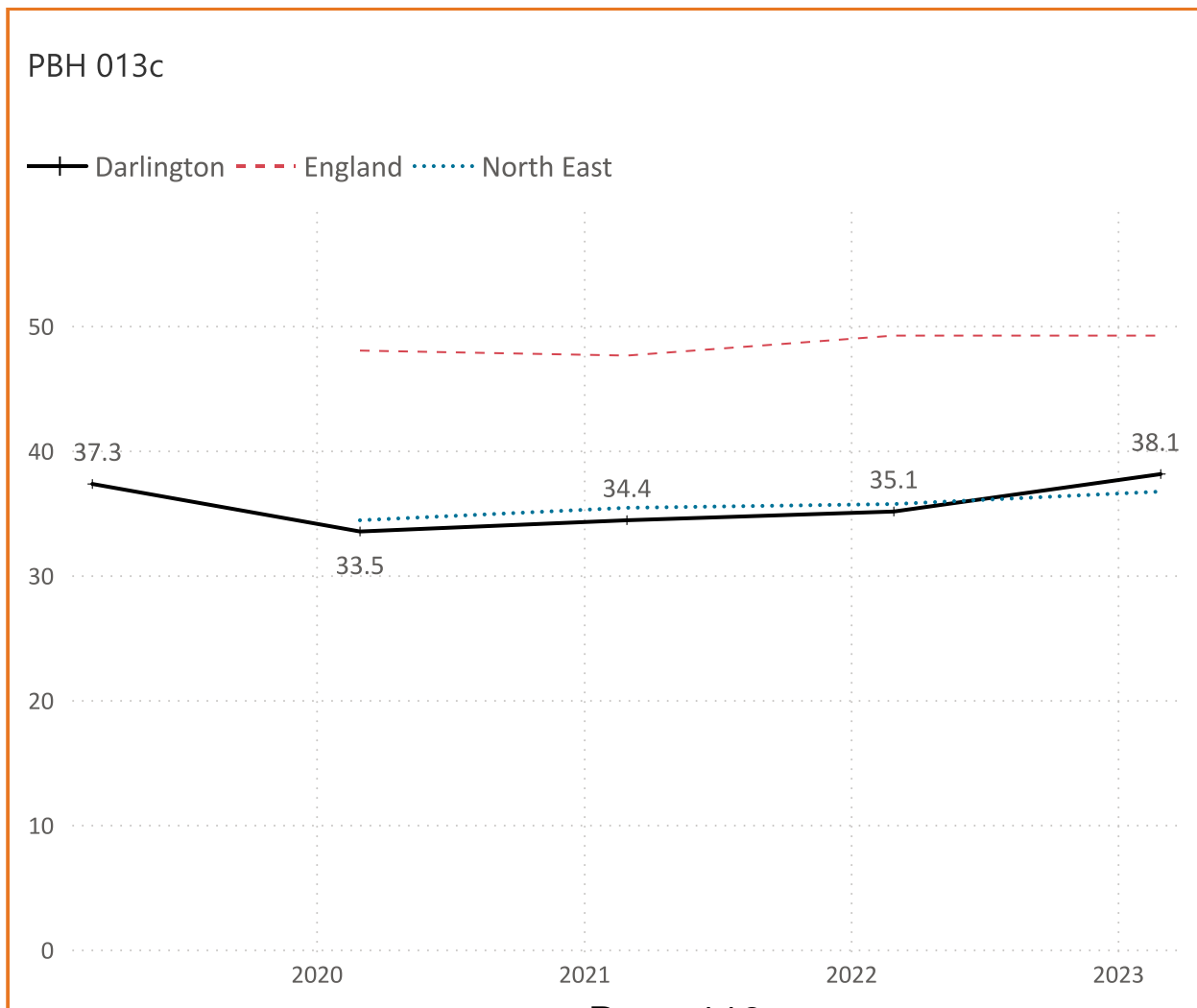
Priority or Key Action

Narrative

The data (from 2022/23) shows that 38.1% of infants in Darlington are totally or partially breastfed at 6-8 weeks after birth. This is an improving picture and statistically similar to the North East. Although statistically worse than England the gap is narrowing.

The midwifery team in the hospital initiates breastfeeding with new mothers at the time of delivery. When the mother and baby is discharged from the midwifery service the Health Visiting team then provides a proactive offer of structured breastfeeding help. The Health Visiting Service hold UNICEF BFI Gold Ambassador Status, which demonstrates sustainability of good practice.

Graph/Table



DBC Number

PBH 014

Indicator Name

Percentage of women who smoke at time of delivery

Theme or Portfolio

Health and Housing Portfolio

Priority or Key Action

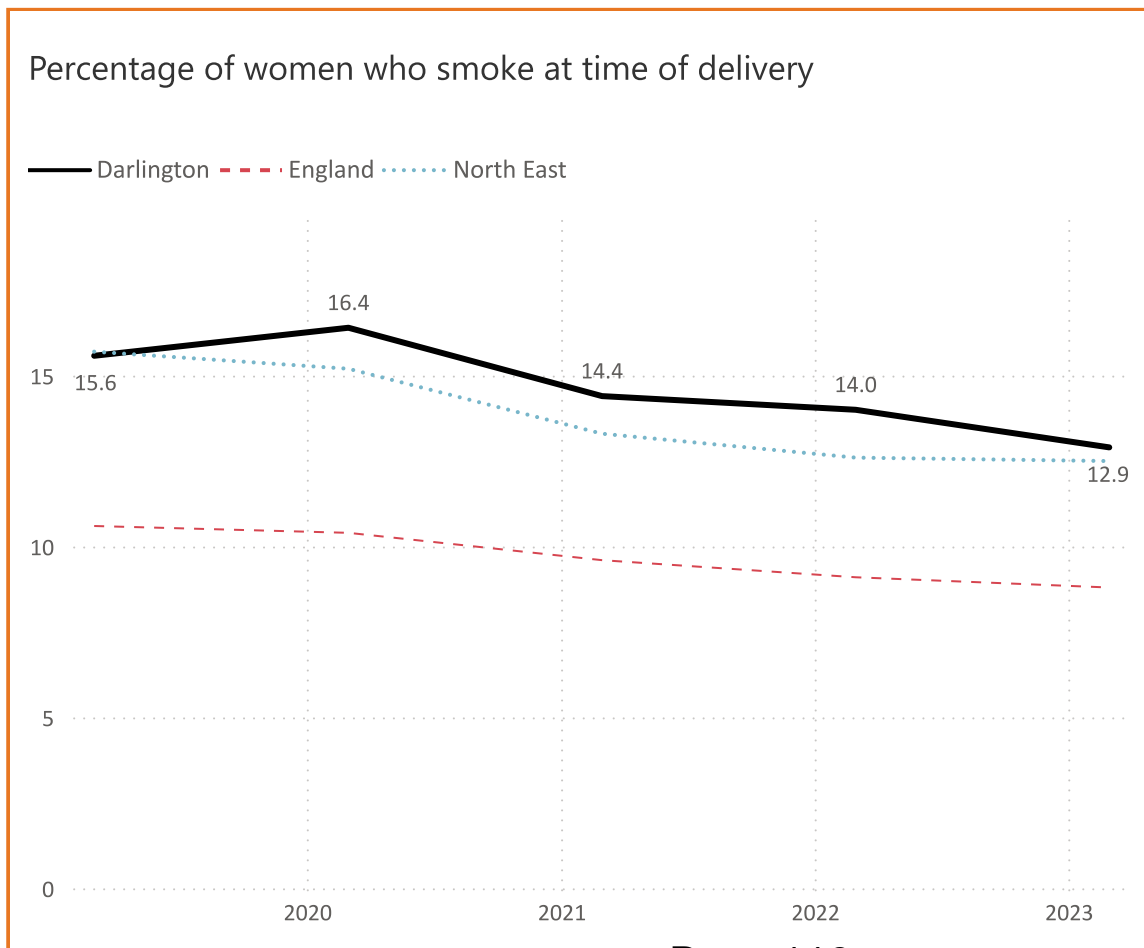
Continue the reduction in smoking to achieve a smoke free Darlington (i.e. just 5% of total population smoking) by 2030

Narrative

The data (from 2022/23) shows that there is no significant change to the trend for women who smoke at time of delivery. 12.9% of mothers are known to be smokers at time of delivery. Darlington is statistically similar to the North East and statistically worse than England. The gap between Darlington and the North East and England has narrowed since 2020.

The NHS provides stop smoking support through local maternity services. The Local Authority commissions a specialist stop smoking service that supports women to stop smoking before and after being pregnant. The authority works with partners to encourage all residents, including pregnant mothers, to quit smoking at every opportunity.

Graph/Table



DBC Number

PBH 016

Indicator Name

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

Theme or Portfolio

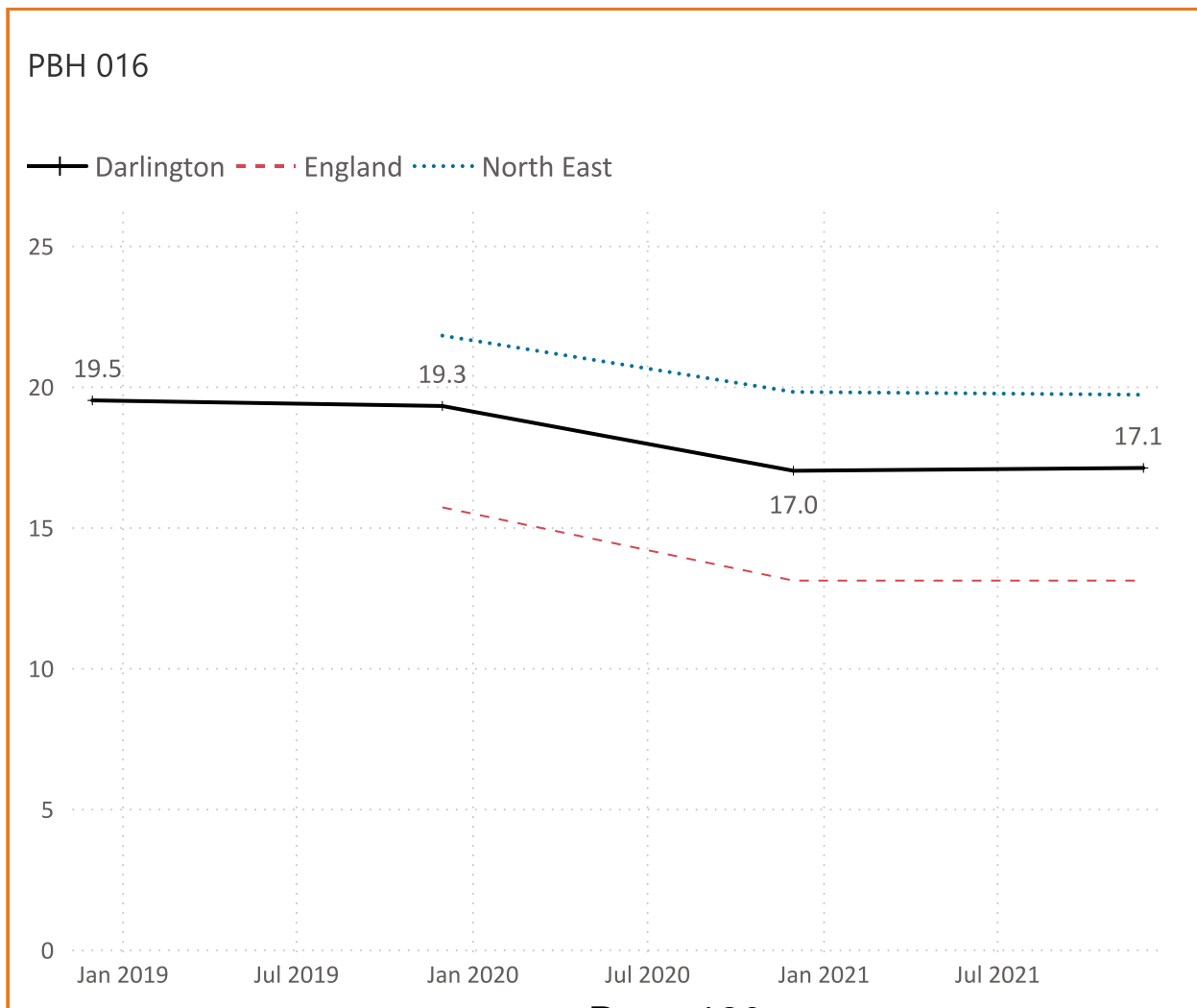
Priority or Key Action

Narrative

This data (from 2021) shows that there is no significant change to the trend for under 18s conception rate/1,000. 17.1 per 1,000 of pregnancies that occur in women aged under 18. Compared to our North East neighbours Darlington is ranked 9th. Statistically similar to the North East and England.

The authority coordinates a broad range of evidence based interventions and programmes across partners to tackle and contribute to the reduction in teenage conceptions through the Teenage Pregnancy and Sexual Health Strategy and action plan. This includes commissioning Sexual Health Services and support schools in their delivery of Sex and Relationship Education.

Graph/Table



DBC Number

PBH 018

Indicator Name

Percentage of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review

Theme or Portfolio

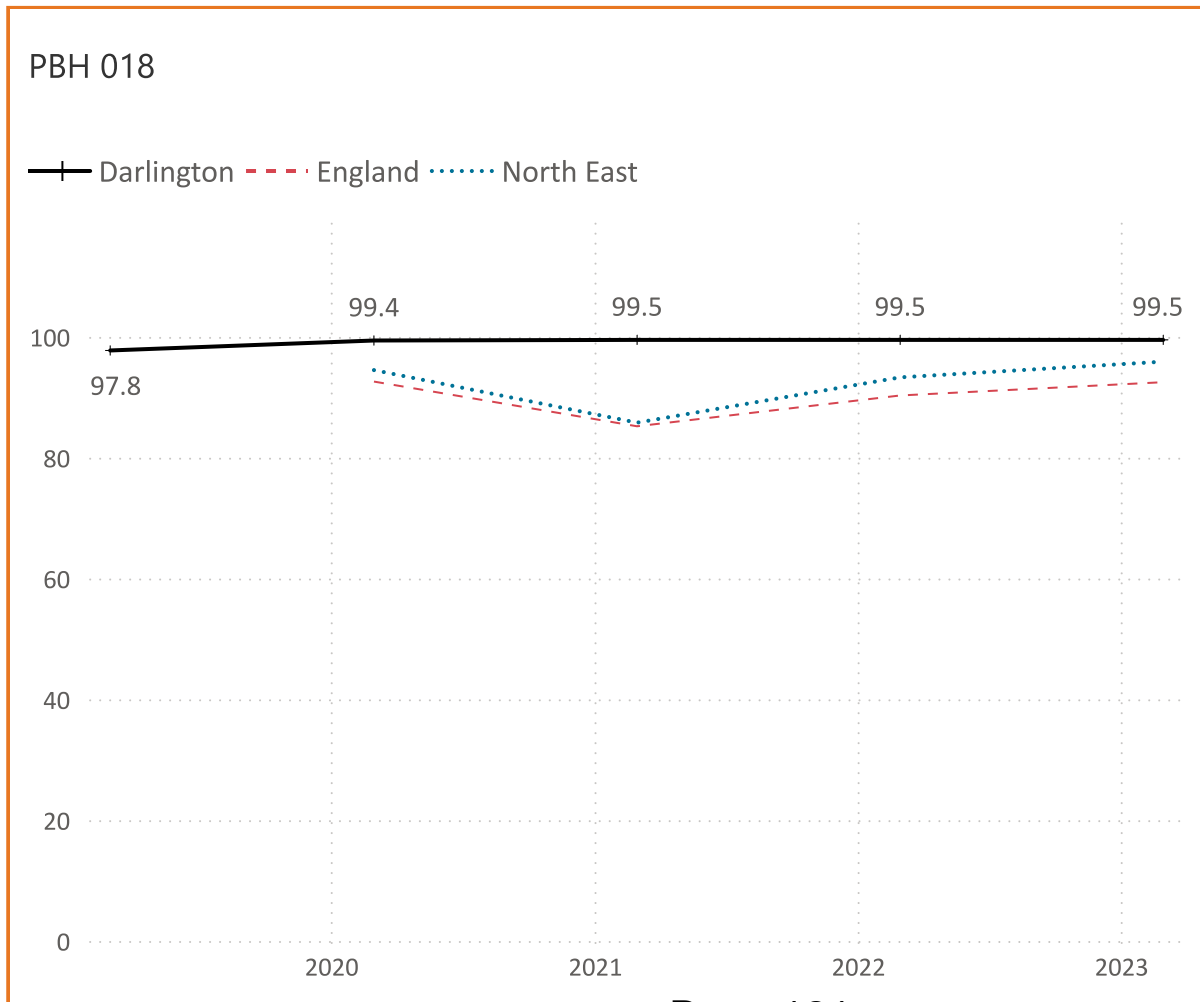
Priority or Key Action

Narrative

This data (from 2022/23) shows that 99.5% of children aged 2-2.5 years were offered an ASQ-3 test as part of the mandated Healthy Child programme contacts (or an integrated assessment). Darlington is statistically better than the North East and England.

ASQ3 is a comprehensive assessment of child's development including motor, problem solving and personal development. The Health Visiting team work with Education and Early Years settings and parents to ensure those identified with additional needs are offered an integrated assessment to identify any developmental needs as early as possible so that the child and family can receive appropriate support.

Graph/Table



DBC Number

PBH 020

Indicator Name

Excess weight among Reception pupils (%)

Theme or Portfolio

Health and Housing Portfolio

Priority or Key Action

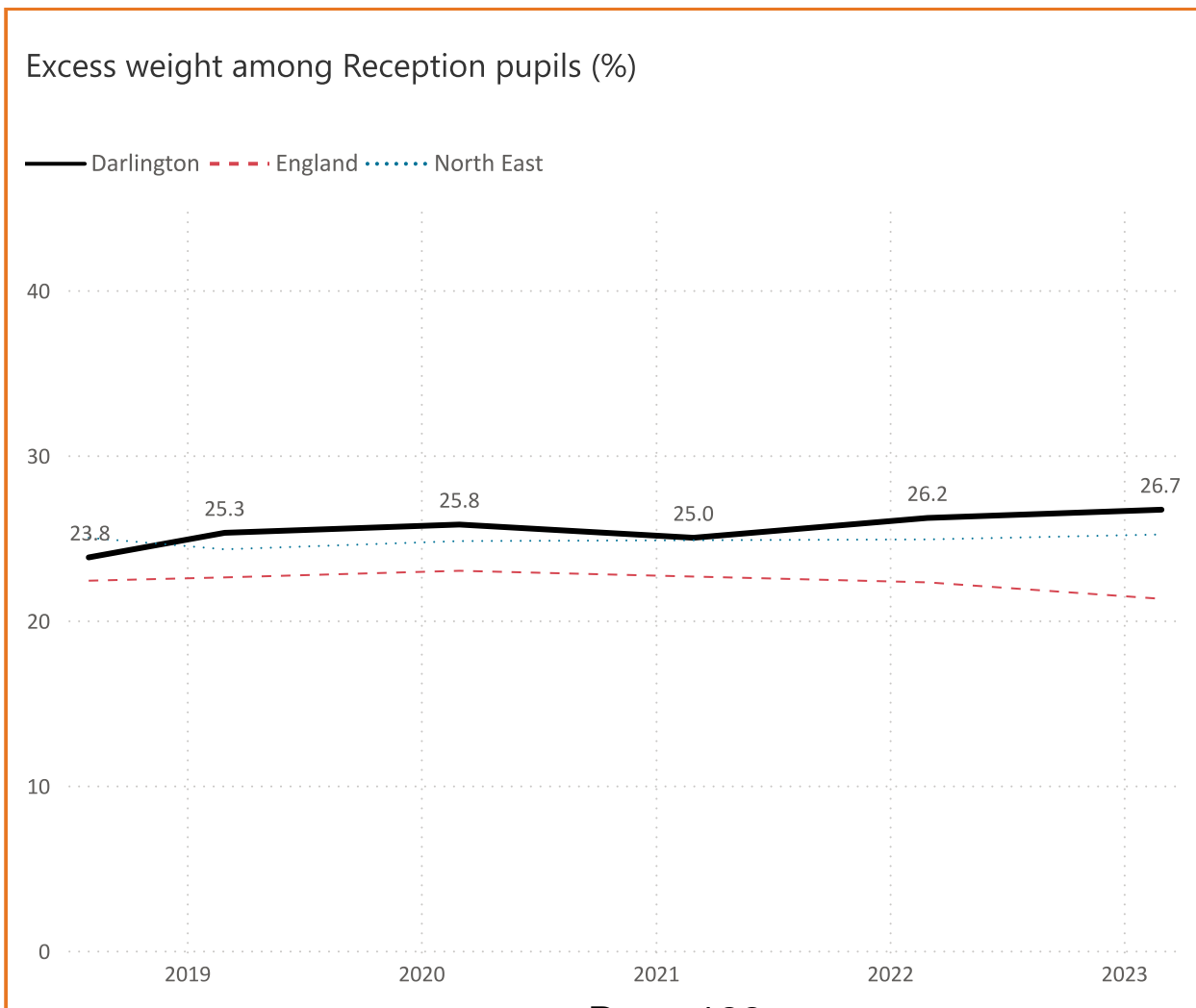
Implement the Darlington Child Healthy Weight Plan with partners

Narrative

This data (from 2022/23) shows that there is no significant change to the trend for Reception prevalence of overweight (including obesity). 26.7% of reception children aged 4-5 years were classified as overweight or obese. Darlington is statistically similar to the North East and statistically worse than England.

The Darlington Childhood Healthy Weight Plan identified evidence-based interventions delivered with partners to address underlying causes of obesity in children and young people. Work includes activity with schools and local commercial food premises to develop a healthy catering standard for a healthy food offer.

Graph/Table



DBC Number

PBH 021

Indicator Name

Excess weight among Year 6 pupils (%)

Theme or Portfolio

Health and Housing Portfolio

Priority or Key Action

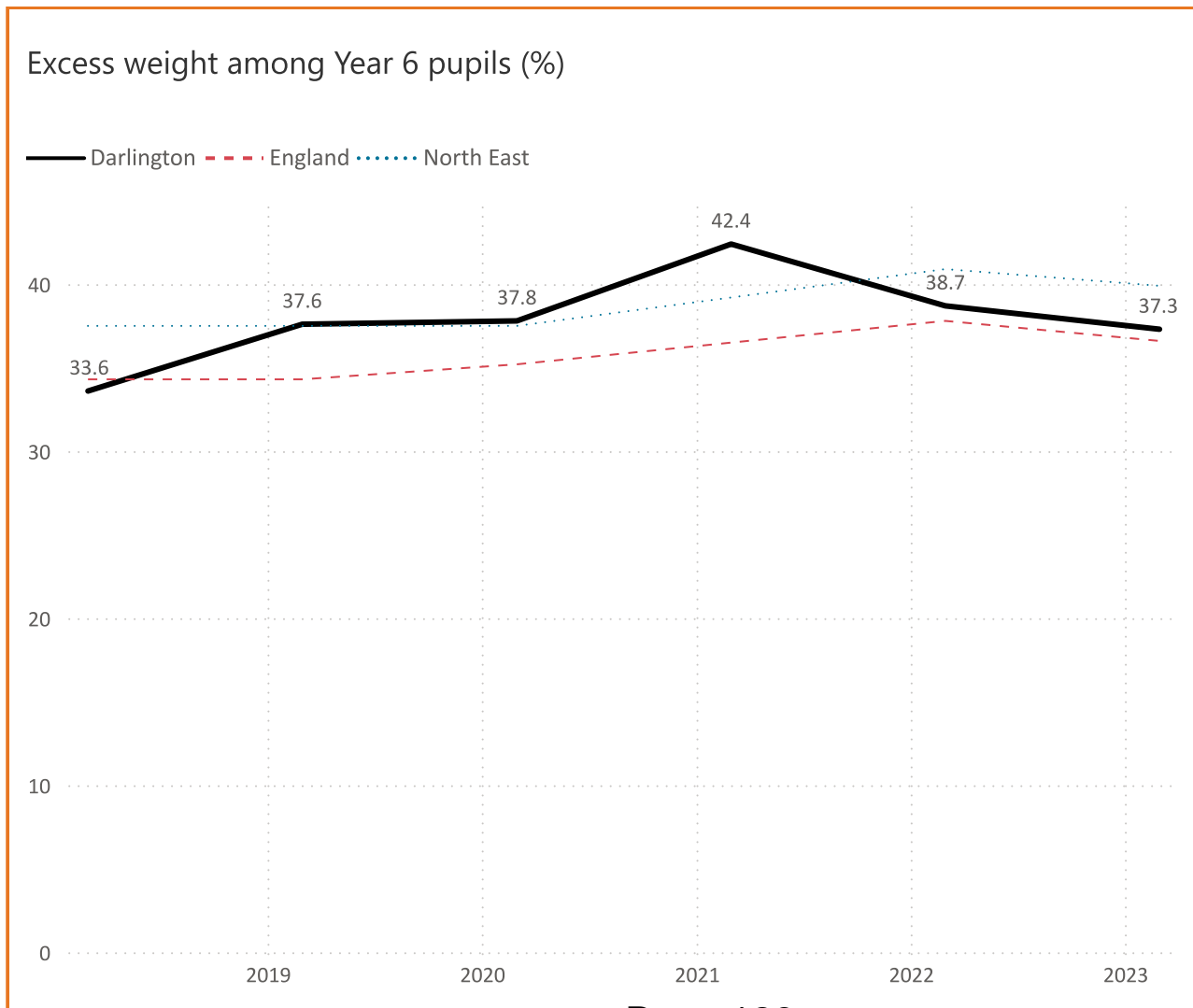
Implement the Darlington Child Healthy Weight Plan with partners

Narrative

This data (from 2022/23) shows that 37.3% of year 6 children aged 10-11 years were classified as overweight or obese. Darlington is statistically similar to the North East and England.

The Darlington Childhood Healthy Weight Plan identified evidence-based interventions delivered with partners to address underlying causes of obesity in children and young people. Work includes activity with schools and local commercial food premises to develop a healthy catering standard for a healthy food offer.

Graph/Table



DBC Number

PBH 024

Indicator Name

Hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years (per 10,000 0-5 population)

Theme or Portfolio

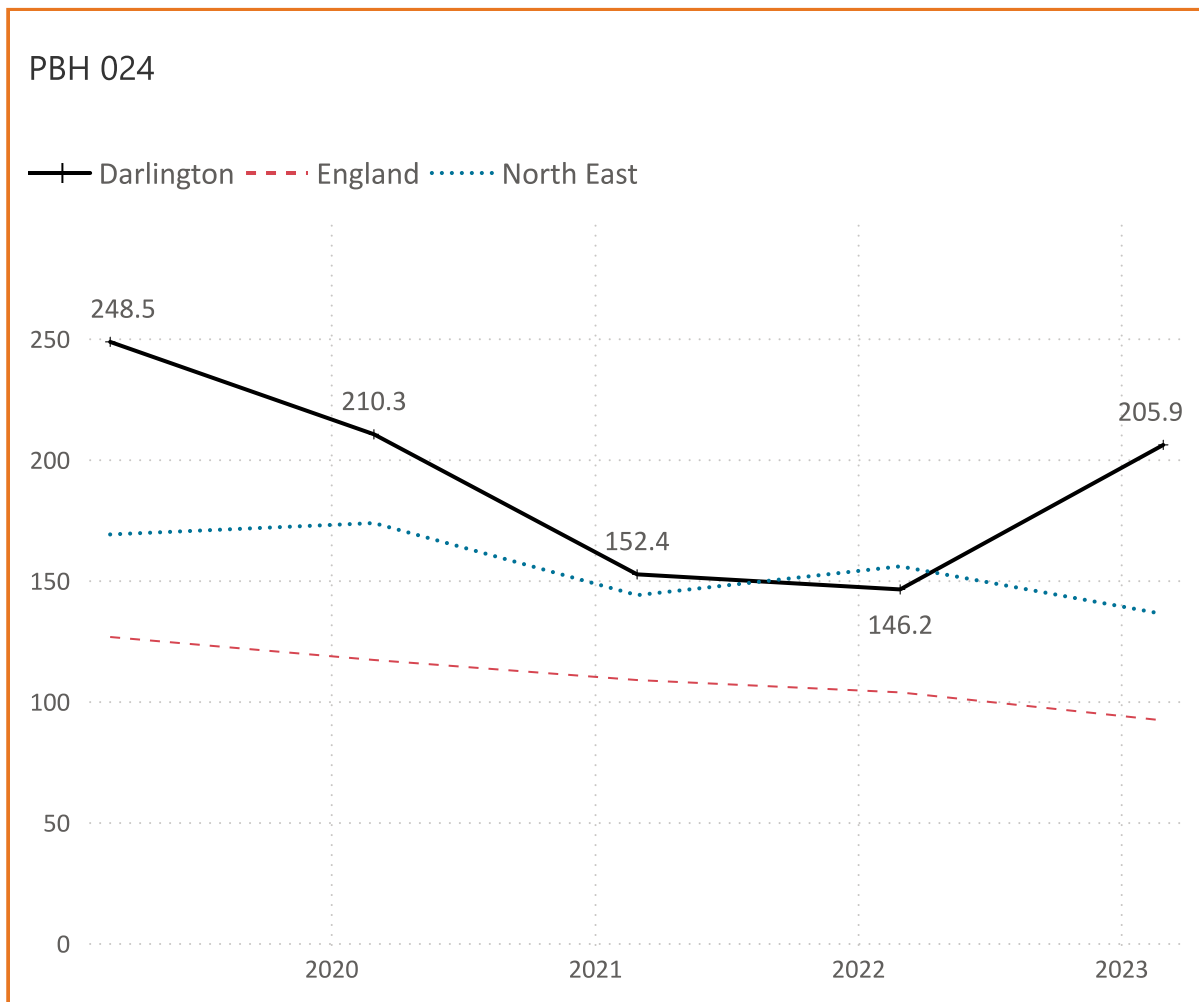
Priority or Key Action

Narrative

This data (from 2022/23) shows an increase in this rate to 205.9 per 10,000 population for emergency admissions for 0-4 years. Compared to our North East neighbours Darlington is ranked 1st and is statistically worse than the North East and England rate. The Darlington rate in 2022/23 was the highest in England.

Most of these admissions are due to avoidable accidents in the home. This issue requires system wide action, including a greater understanding of the data, with input from a range of different partners. The Health Visiting team are informed of any child's hospital admission and will contact parents and provide them with information, guidance and support.

Graph/Table



DBC Number

PBH 026

Indicator Name

Hospital admissions caused by unintentional and deliberate injuries in children aged under 15 years (per 10,000 0-15 population)

Theme or Portfolio

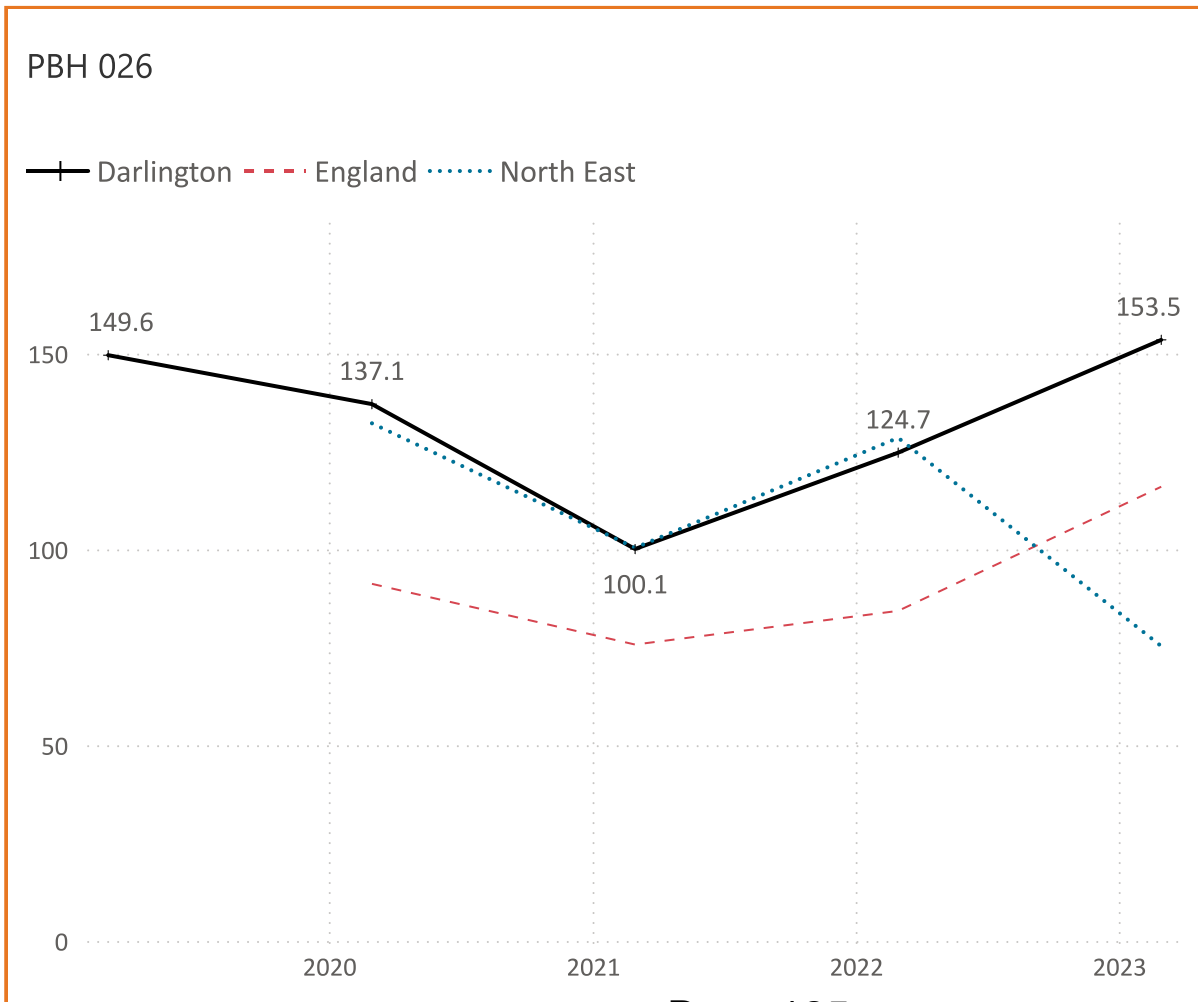
Priority or Key Action

Narrative

This data (from 2022/23) shows that there is an increasing trend similar to the England trend data. The rate for Darlington is 153.5 per 10,000 for emergency admissions for 0-14 years. Darlington is statistically worse than the North East and England.

The causes of admissions for this group are more complex but a large proportion include accidental injuries including road accidents. This issue requires system wide action with input from a range of different partners. The Health Visiting team are informed of any child's hospital admission and will contact parents and provide them with information, guidance and support.

Graph/Table



DBC Number

PBH 027

Indicator Name

Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years (per 10,000 15-24 population)

Theme or Portfolio

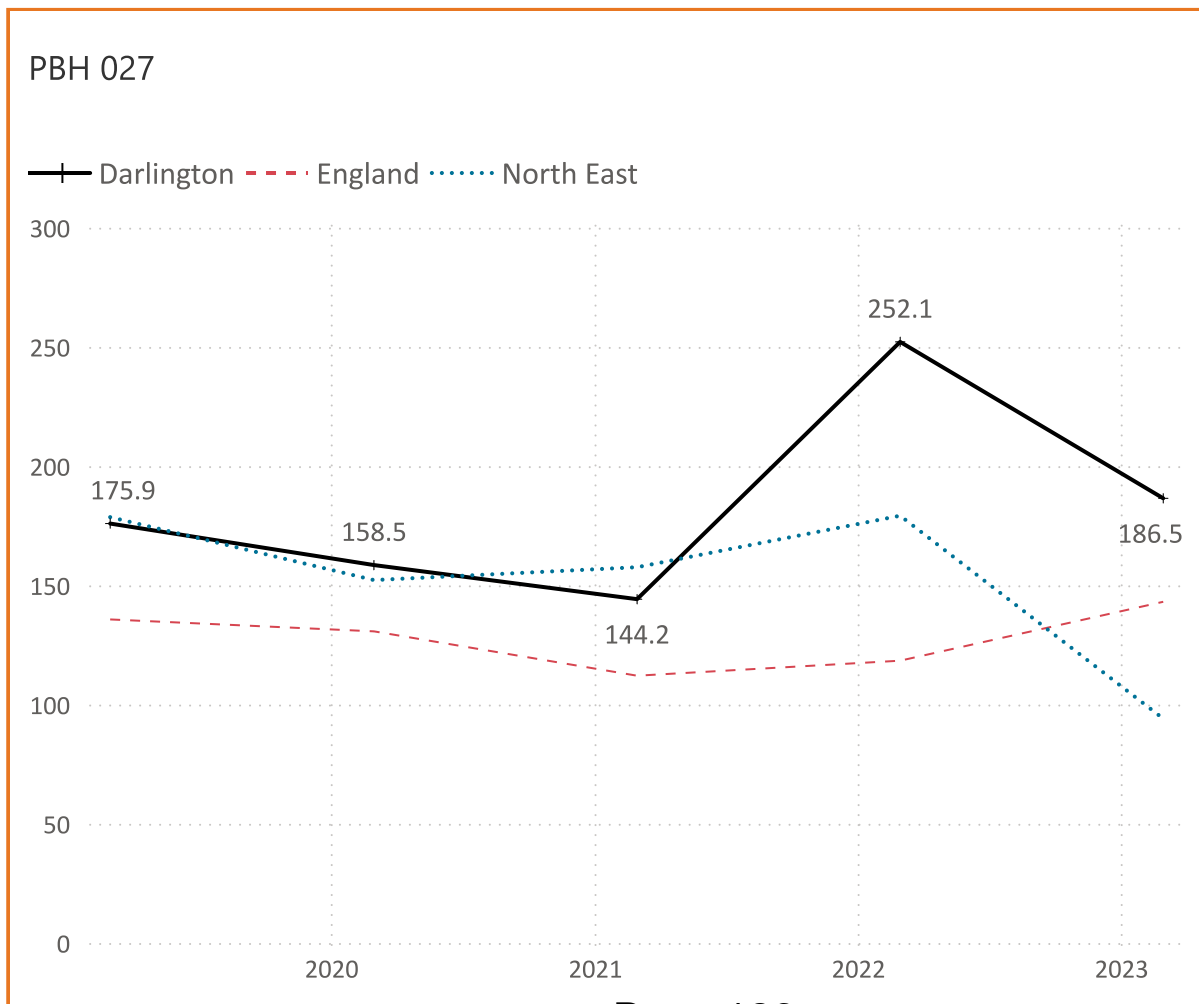
Priority or Key Action

Narrative

This data (from 2022/23) shows that this rate has reduced from the peak in 2022 in line with the England trend. For Darlington the rate is now 186.5 per 10,000 for emergency admissions for 15-24 years. This is statistically worse than the North East and England.

The underlying causes of admissions for this age group are complex including traffic and sporting injuries. This also includes injuries as a result of self harm for this group. This issue requires system wide action with input from a range of different partners. The Health Visiting team are informed of any child's hospital admission and will contact parents and provide them with information, guidance and support.

Graph/Table



DBC Number

PBH 031

Indicator Name

Emergency Hospital Admissions for Intentional Self-Harm (per 100,000 population)

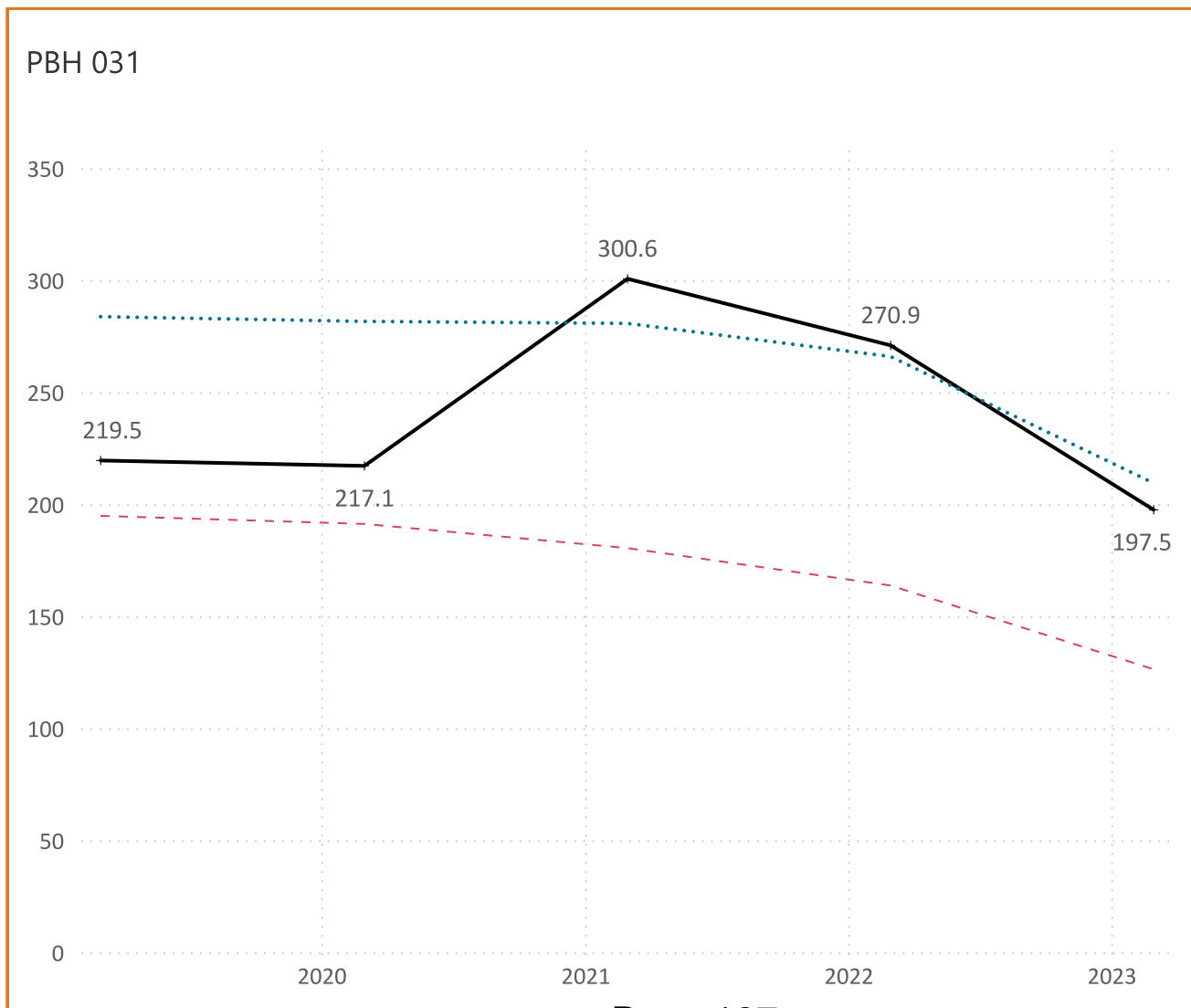
Theme or Portfolio

Priority or Key Action

Narrative

The latest data shows a decreasing trend for Darlington at 197.5 pre 100,000 which is statistically similar to the North East and statistically worse than England. Self harm is a complex and poorly understood act with varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm. This indicator is a measure of intentional self harm events severe enough to warrant hospital admission and not a measure of the actual prevalence of severe self harm

Graph/Table



DBC Number

PBH 033

Indicator Name

Prevalence of smoking among persons aged 18+ years

Theme or Portfolio

Health and Housing Portfolio

Priority or Key Action

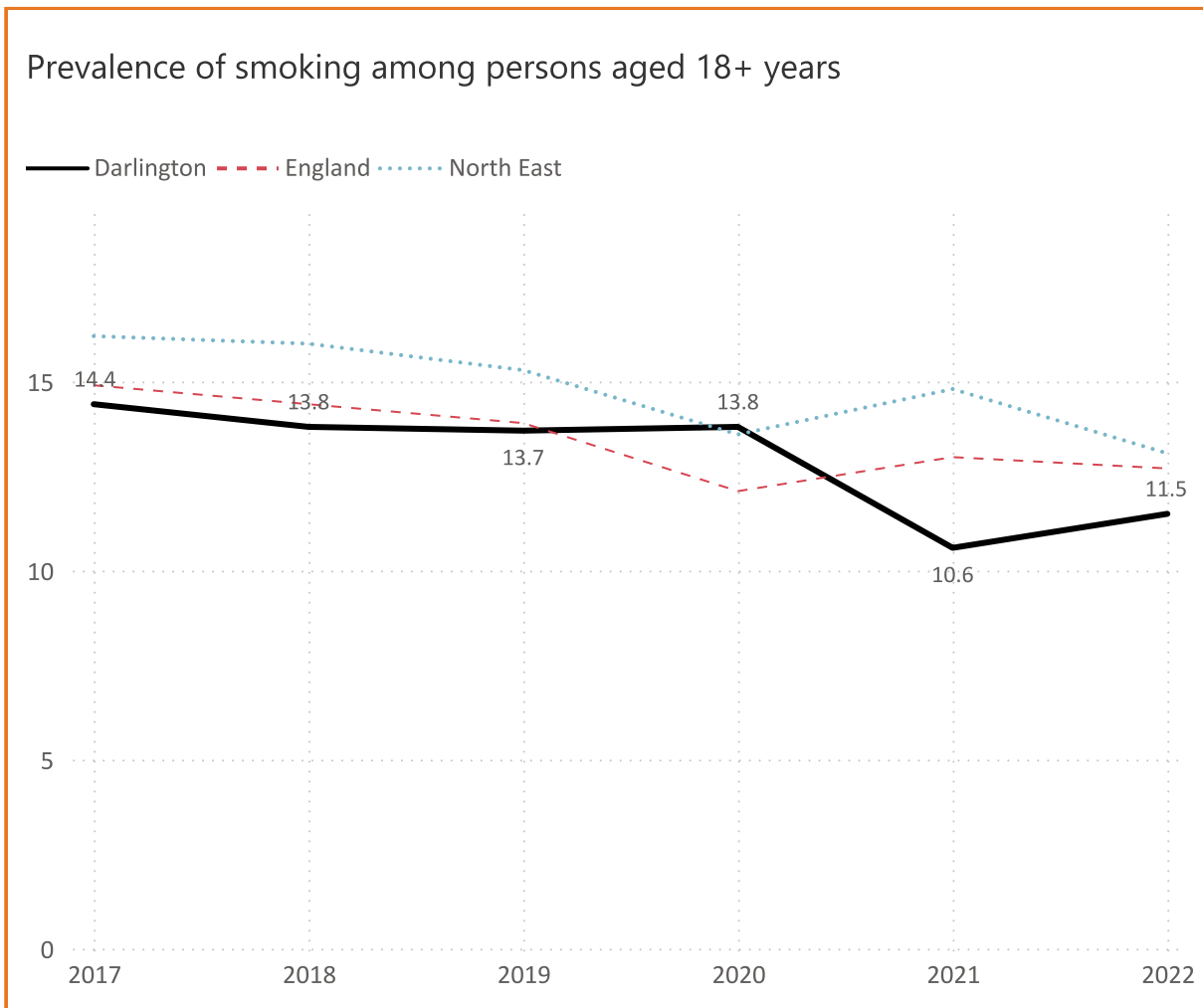
Continue the reduction in smoking to achieve a smoke free Darlington (i.e. just 5% of total population smoking) by 2030

Narrative

This data (from 2022) shows that 11.5% of persons aged 18+ self-reported themselves as smokers in the Annual Population Survey (APS). This has increased slightly from 2021 but is not statistically significant. Darlington is statistically similar to the North East and England.

The trend over time continues to reduce and it is anticipated that further falls will be recorded in future due to the ongoing impact of measures to reduce smoking in the community such as the raising of the smoking age and funding to increase access to stop smoking interventions.

Graph/Table



DBC Number

PBH 035i

Indicator Name

Percentage of opiate users successfully completing their treatment

Theme or Portfolio

Stronger Communities Portfolio

Priority or Key Action

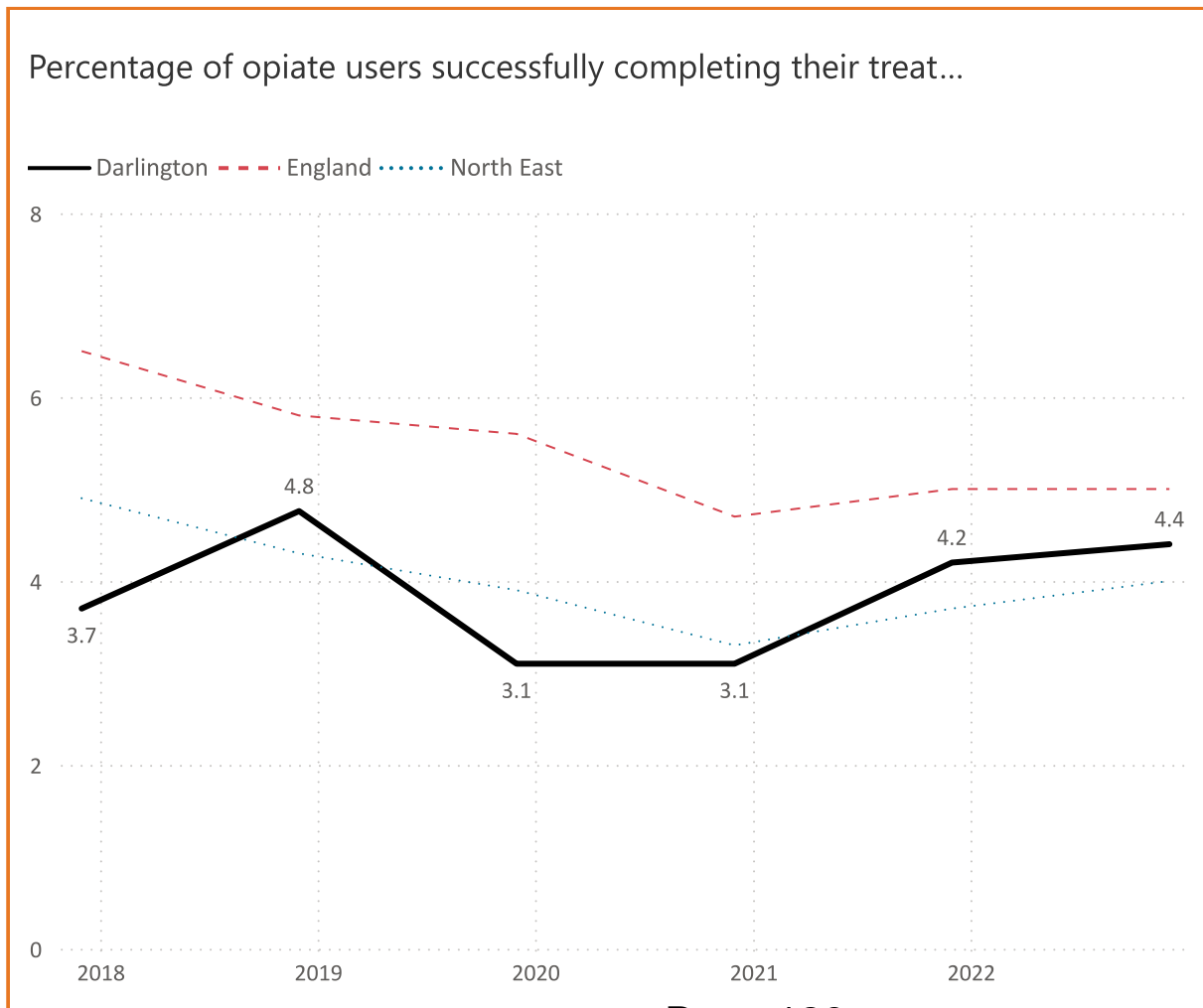
Work with Durham Constabulary and other key partners to improve our collective response to dealing with drug and alcohol issues

Narrative

This data (from 2022) shows that there is an increasing trend for the proportion of Opiate users who are successfully completing structured drug treatment. This has increased to 4.4% of opiate users for Darlington which is now statistically similar to the North East and England.

This rise reflects the work the provider of substance misuse services in Darlington has undertaken to increase access to treatment and improve the numbers in treatment. They are also implementing evidence based interventions such as optimising prescribing to ensure treatment is optimised and effective.

Graph/Table



DBC Number

PBH 035ii

Indicator Name

Percentage of users on non-opiates successfully completing their treatment

Theme or Portfolio

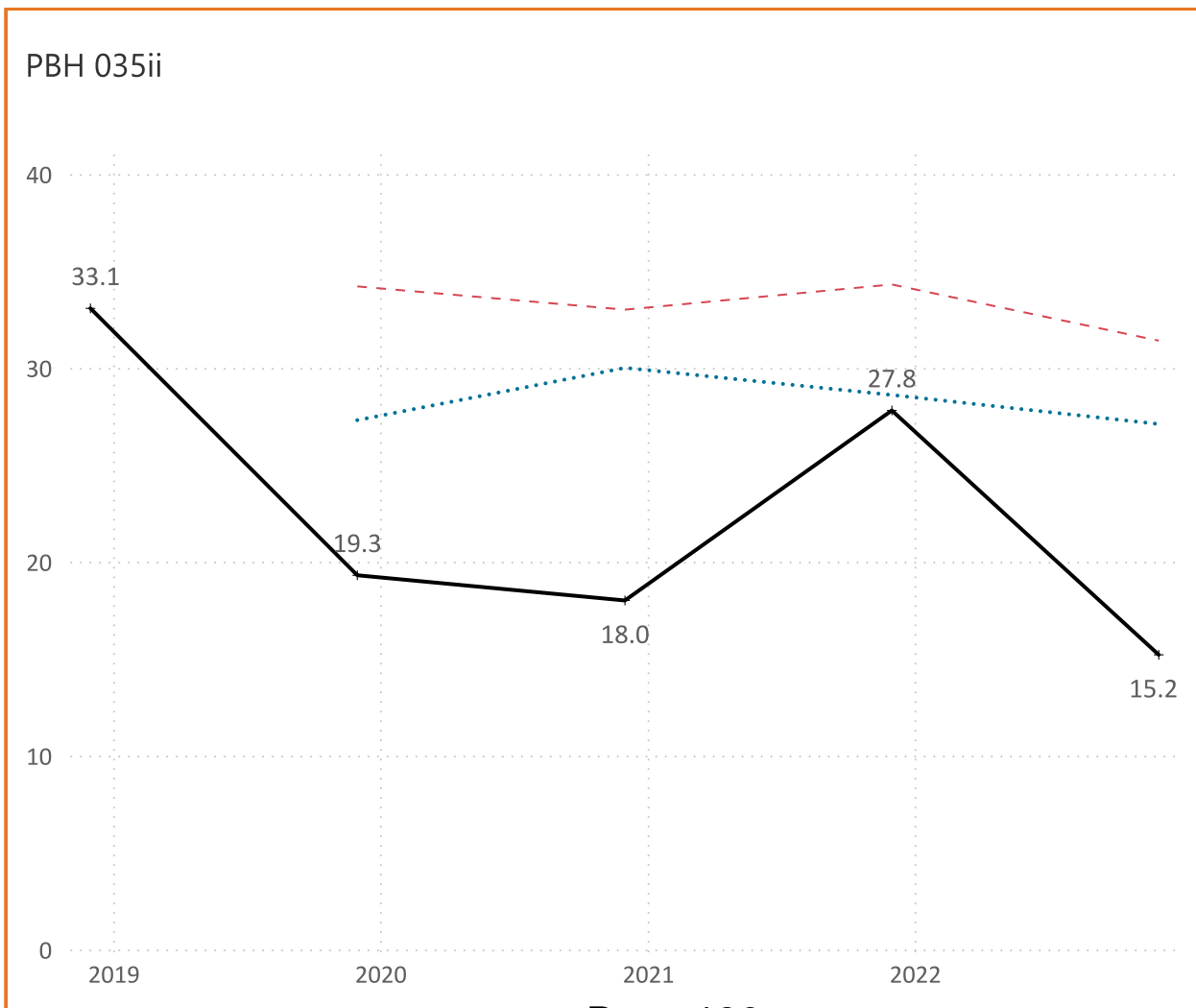
Priority or Key Action

Narrative

This data (from 2022) shows a decreasing trend of non opiate drug users completing treating, with 15.2% successfully completing structured drug treatment compared to 27.8 in the previous reporting period. Darlington is statistically worse than the North East and England.

This is a key performance indicator within the Support, Treatment and Recovery In Darlington through Empowerment (STRIDE) service contract monitoring tool. This reduction in successful completions reflects the changing patterns of substance misuse in Darlington and the emergence of new substances which are more resistant to treatment along with the focus on improving opiate treatment in the national strategy.

Graph/Table



DBC Number

PBH 035iii

Indicator Name

Percentage of alcohol users successfully completing their treatment

Theme or Portfolio

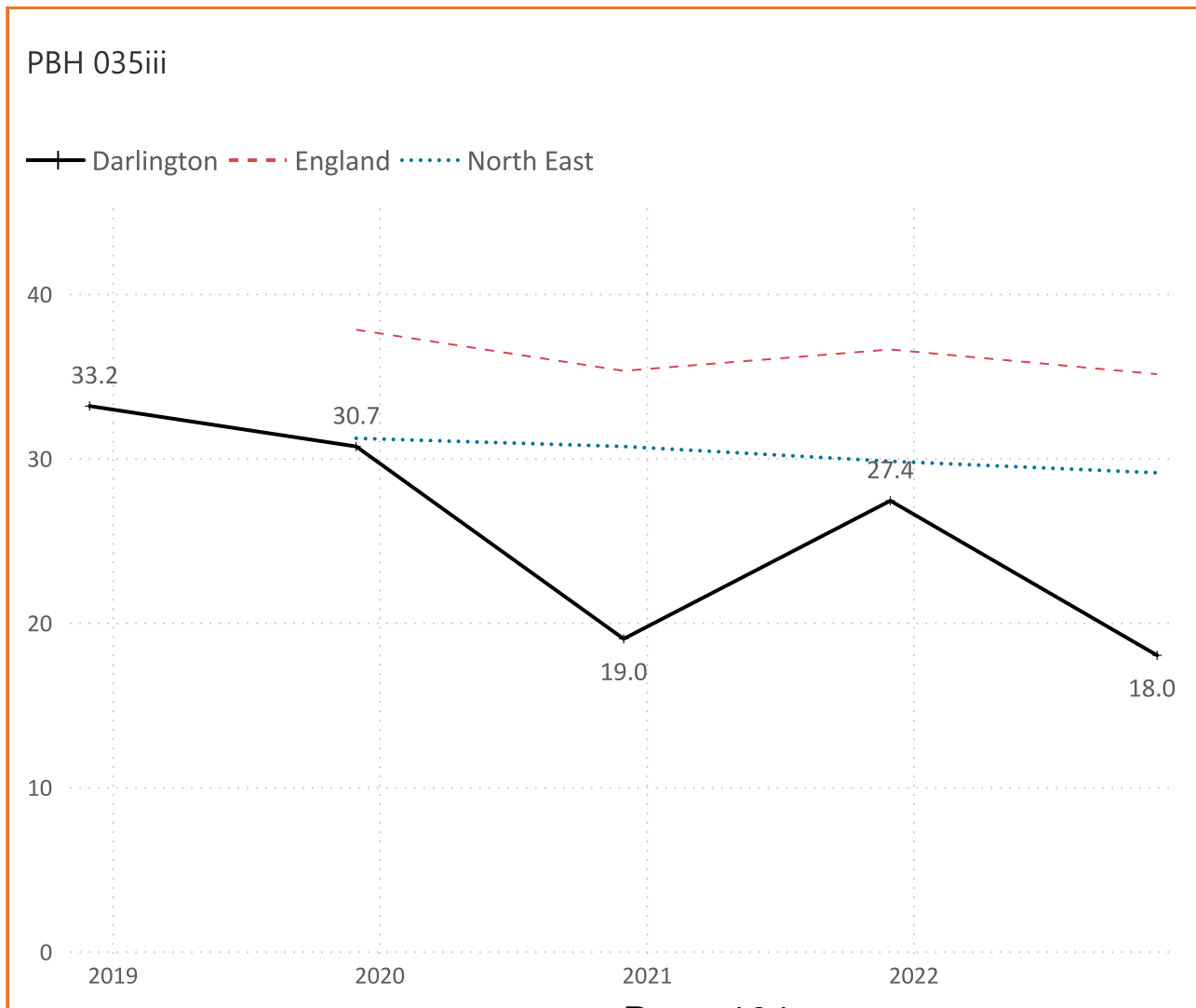
Priority or Key Action

Narrative

This data (from 2022) shows a decreasing trend since 2019 with 18.4% of alcohol users successfully completing structured treatment in Darlington which is statistically worse than the North East and England.

This is a key performance indicator (KPI) within the substance misuse treatment service contract. This reduction reflects the growing demand for alcohol treatment services in Darlington with increasing levels of dependency in people presenting for treatment. This requires a multiagency action to respond and mitigate the impact of alcohol in our communities.

Graph/Table



DBC Number

PBH 044

Indicator Name

Alcohol related admissions to hospital (per 100,000 population)

Theme or Portfolio

Priority or Key Action

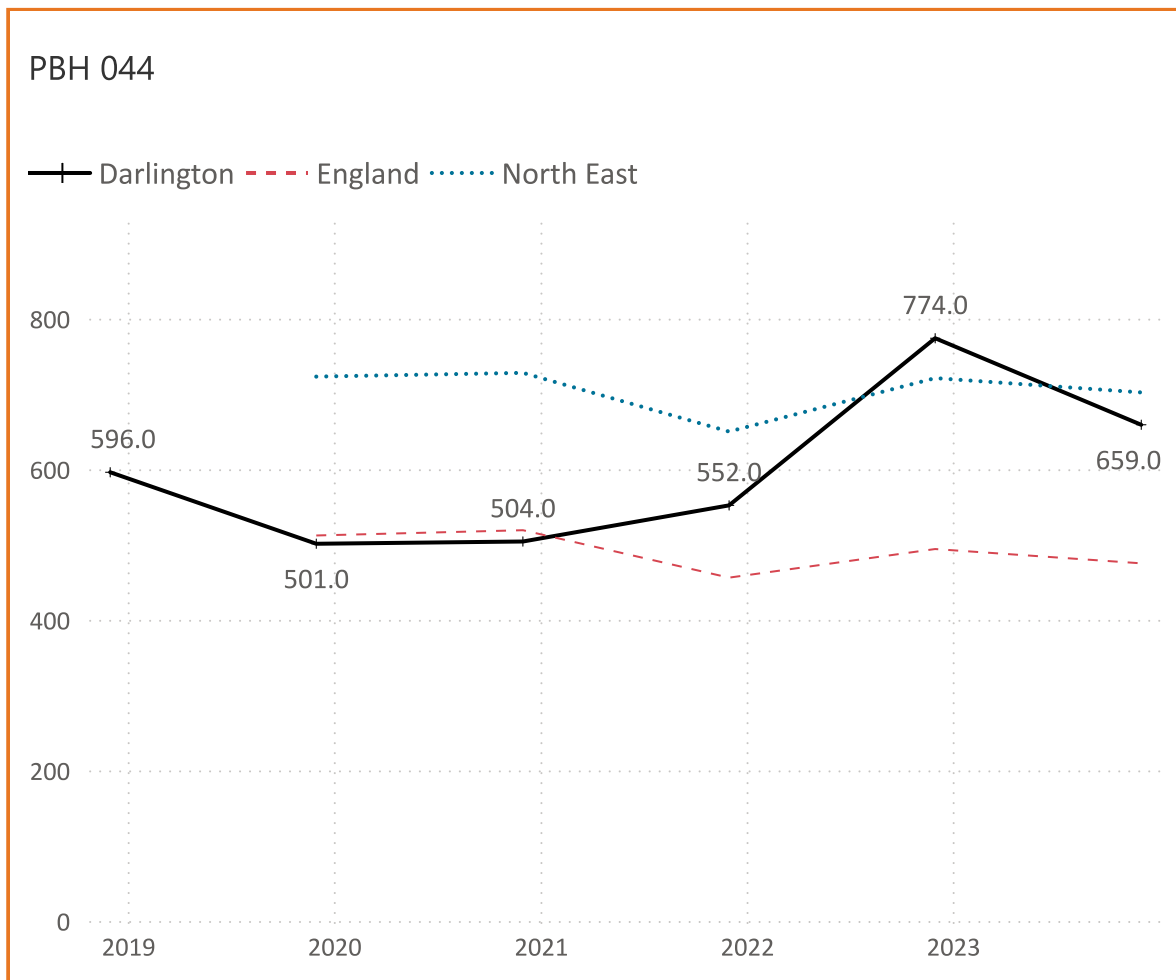
Narrative

The method used to calculate this indicator changed in 2020/21. This means that data before that date cannot be compared.

The most up to date data for 2022/23 shows that in Darlington the rate of alcohol related admissions was 659.0 per 100,000. This has reduced from the previous data. Darlington is statistically worse than England but statistically similar to the North East

This indicator represents the burden of disease from alcohol consumption in Darlington. The council commissions preventative and treatment services and is engaged with partners to implement strategies to reduce alcohol consumption and harms from alcohol to contribute to reducing alcohol admissions.

Graph/Table



DBC Number

PBH 046

Indicator Name

Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period

Theme or Portfolio

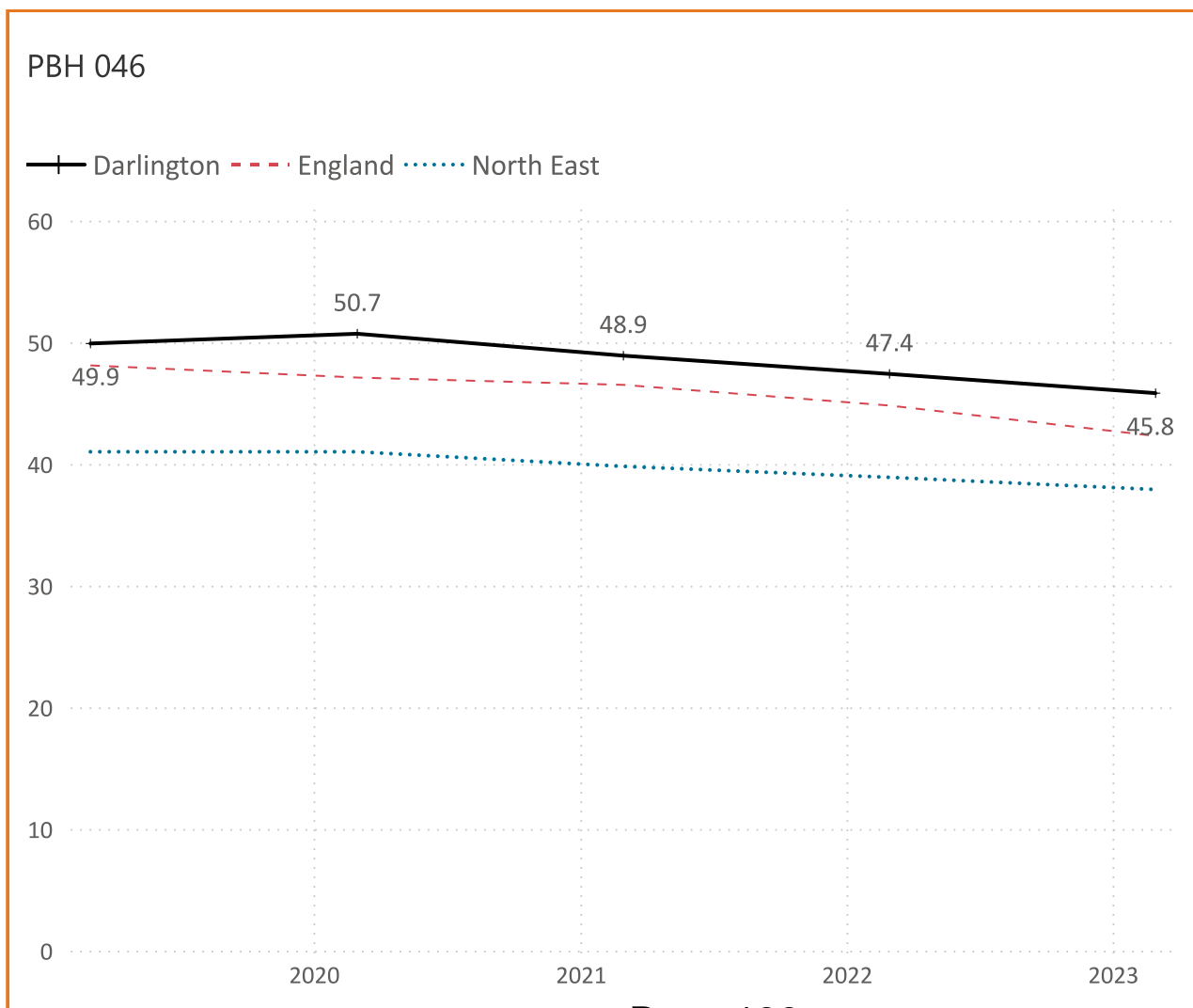
Priority or Key Action

Narrative

The latest data shows that 45.8% of those in Darlington who are eligible for an NHS Health Check are successfully receiving the check. Darlington is statistically better than England and the North East

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.

Graph/Table



DBC Number

PBH 048

Indicator Name

Chlamydia diagnoses in 15-24 year olds (per 100,000 15-24 population)

Theme or Portfolio

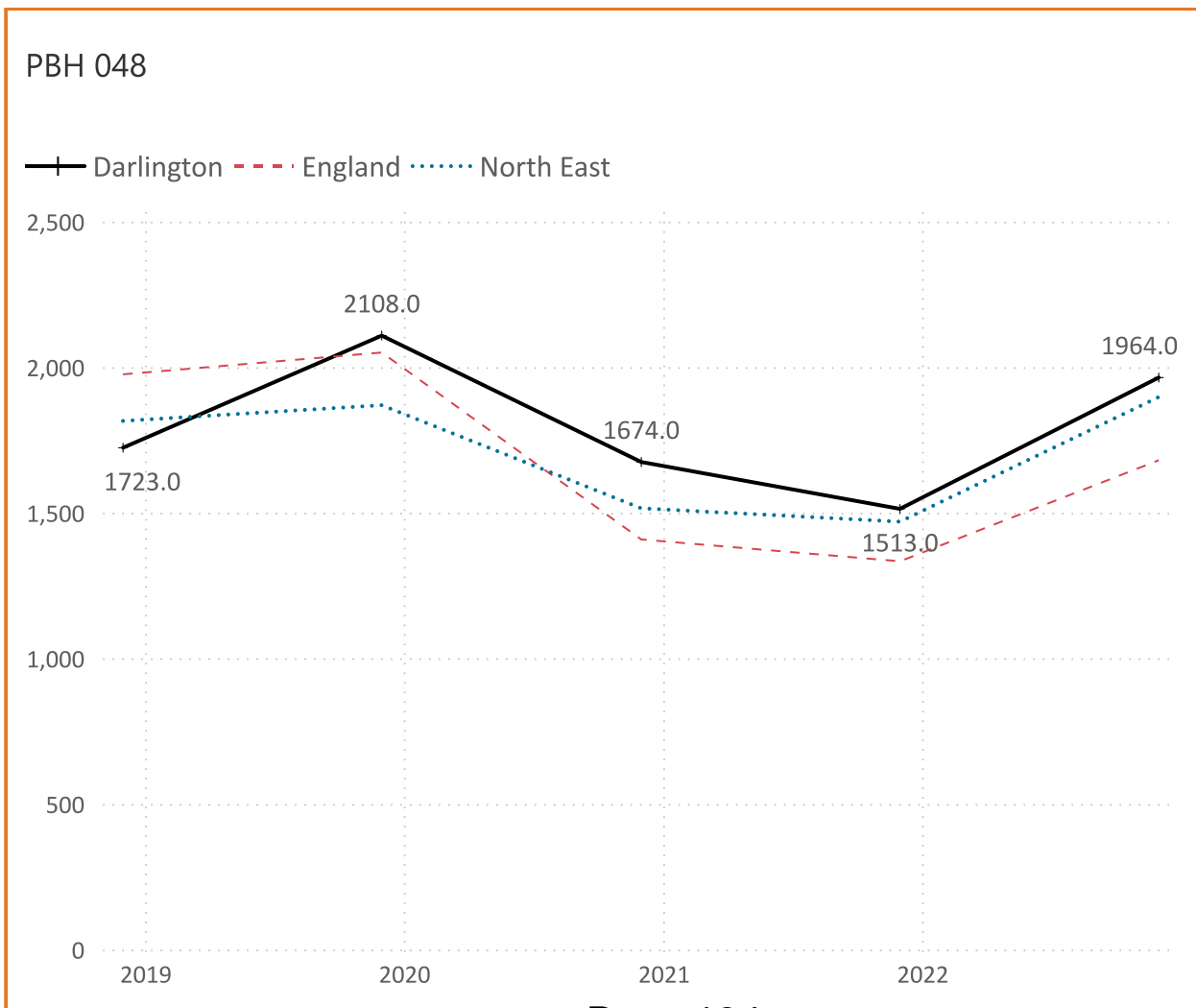
Priority or Key Action

Narrative

The latest data is 2022 which shows a diagnoses rate of 1,964 per 100,000. Statistically better than England and statistically similar to the North East. An increased detection rate is indicative of increased control activity. It is not a measure of disease in the community.

The council commissions a specialist Sexual Health Service which has been working to improve uptake of screening by targeting younger people under 25 yrs, including access to online testing for over 16 years. This has increased the number of people getting tests. The School Nursing Service work with schools and Personal, Social & Health Education leads to ensure Chlamydia screening is promoted within the curriculum.

Graph/Table



DBC Number

PBH 050

Indicator Name

People presenting with HIV at a late stage of infection (percentage of all those presenting with HIV)

Theme or Portfolio

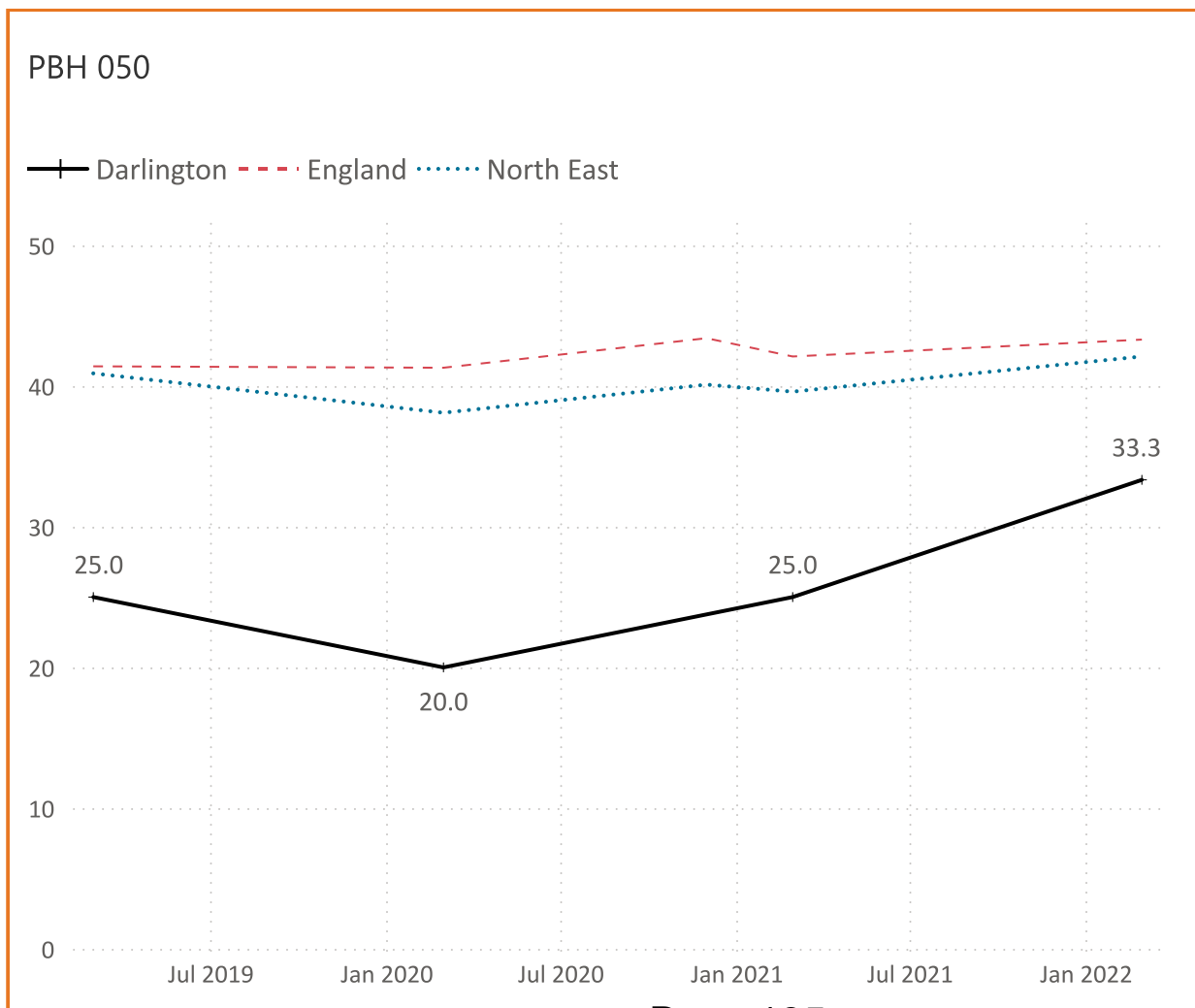
Priority or Key Action

Narrative

Due to the small numbers of people who are diagnosed with HIV this data is cumulative from 2020-22 data. 33.3% of adults were identified as being diagnosed late using the CD4 cell count at diagnosis. This impacts on what treatment options can be offered. This corresponds to 2 individuals Compared to our North East neighbours Darlington is statistically similar to the North East and England against the benchmarked goal of <25%.

The Sexual Health Service has increased new patients receiving a HIV risk assessment, more and easier routes to access HIV testing including postal testing kits and C Card to reduce the potential for exposure to HIV.

Graph/Table



DBC Number

PBH 052

Indicator Name

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

Theme or Portfolio

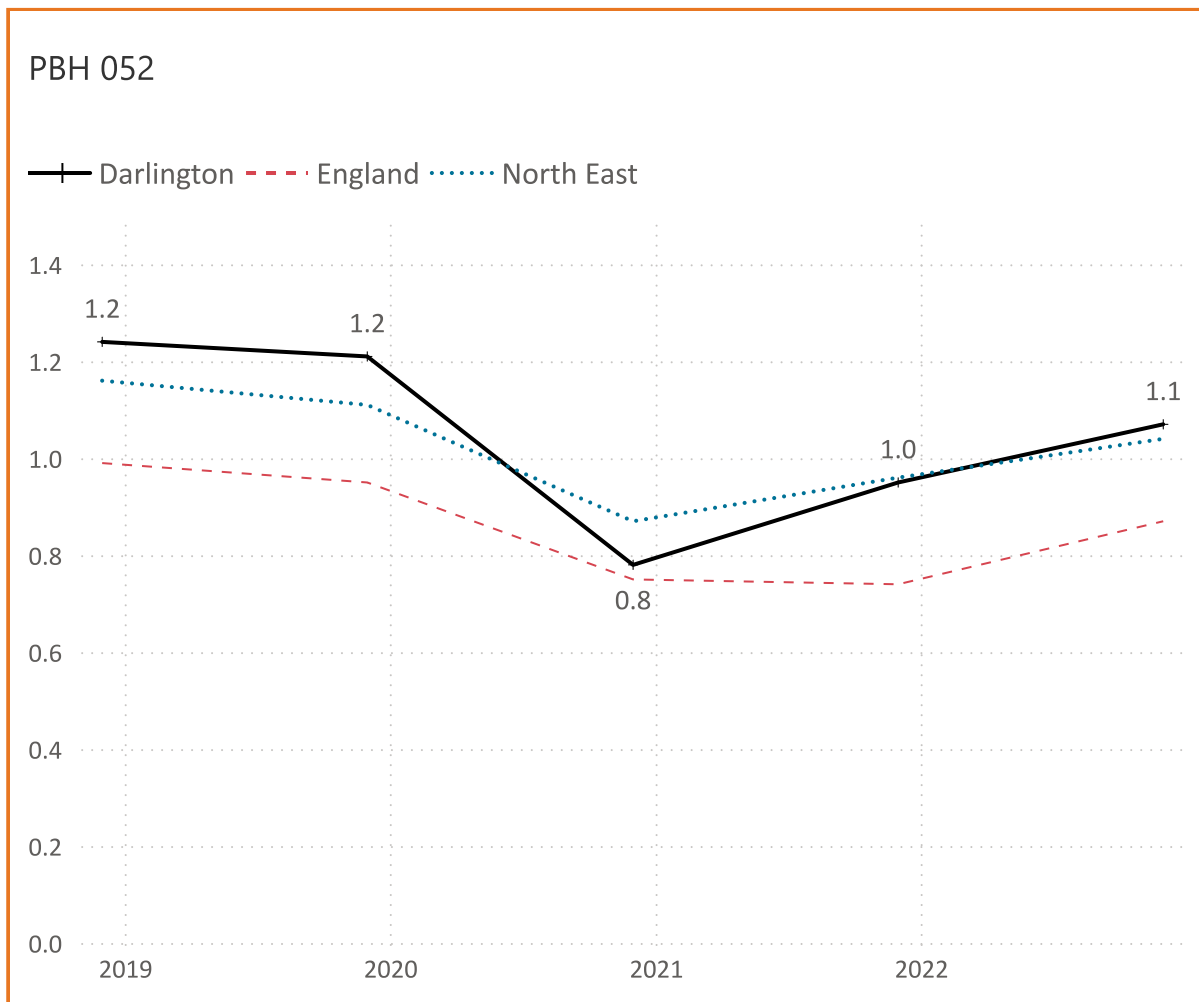
Priority or Key Action

Narrative

The rate of antibiotic prescribing within the local NHS is statistically similar to both England and the North East average with Darlington having 1.07 STAR-PU's. (Specific Therapeutic Group Age sex weightings Related Prescribing Units) .

The NHS has an action plan to help reduce antibiotic prescribing and is working with individual GP Practices and hospital doctors and microbiologists to ensure good antibiotic stewardship. The NHS through the ICB produces 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.

Graph/Table



DBC Number

PBH 054

Indicator Name

Percentage of 5 year olds with experience of visually obvious dental decay

Theme or Portfolio

Health and Housing Portfolio

Priority or Key Action

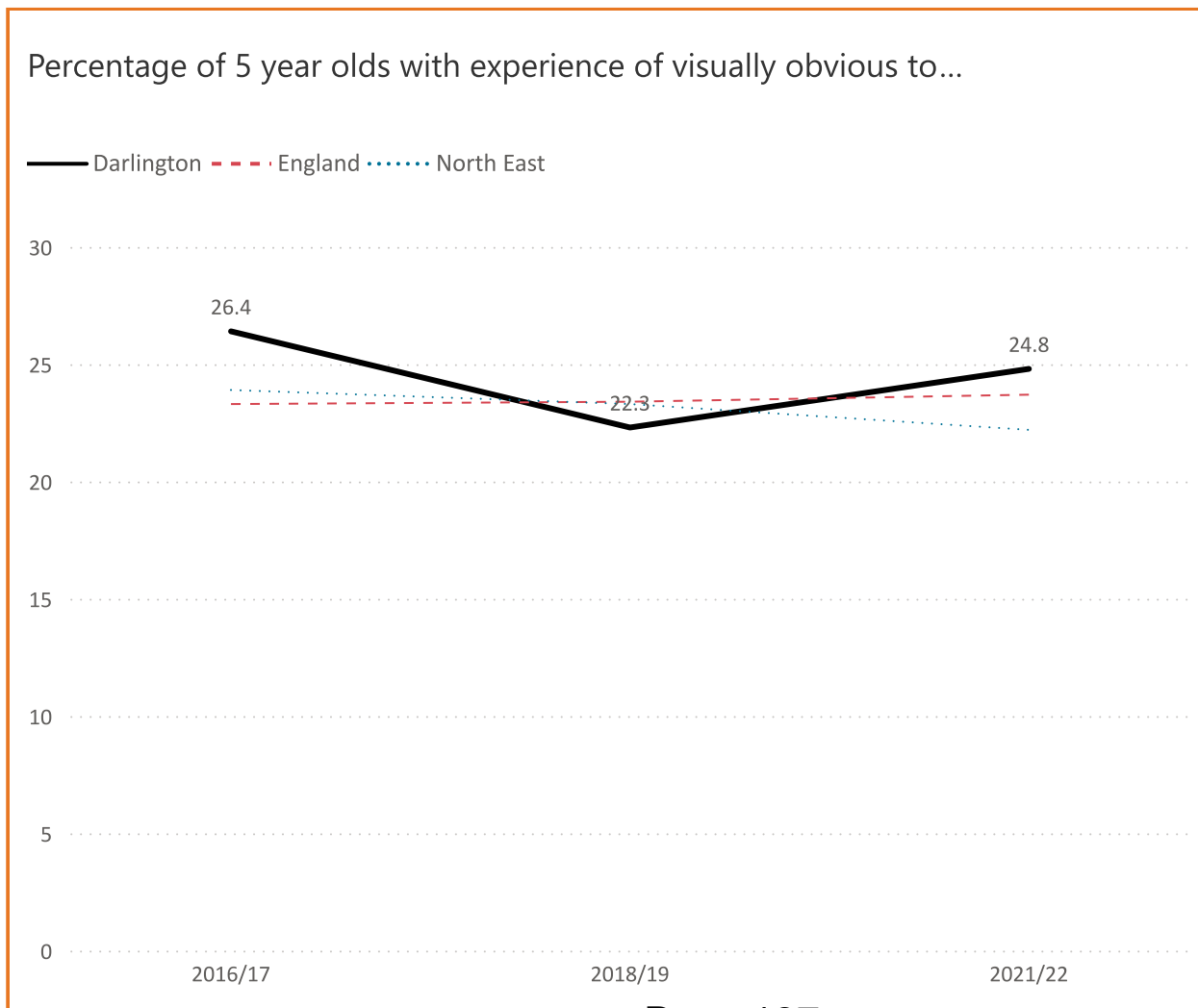
Implement the Darlington Oral Health Plan 2017-2022 with partners

Narrative

The latest data shows that the the percentage of Darlington 5-year-olds with experience of visually obvious dental decay has increased to 24.8%. This is statistically similar to both the England and North East

It is a preventable cause of avoidable pain and illness in children in Darlington. Dental decay is the most common cause of hospital admissions for 5 to 9 year olds and a significant contribution to the days absent from school. The Childhood Healthy Weight Plan for Darlington includes actions such as reducing sugar and fizzy drinks in settings such as schools and working with families on healthy weaning for babies, to help reduce dietary sources of sugar.

Graph/Table



DBC Number

PBH 056

Indicator Name

Under 75 mortality rate from cardiovascular diseases considered preventable (per 100,000 population)

Theme or Portfolio

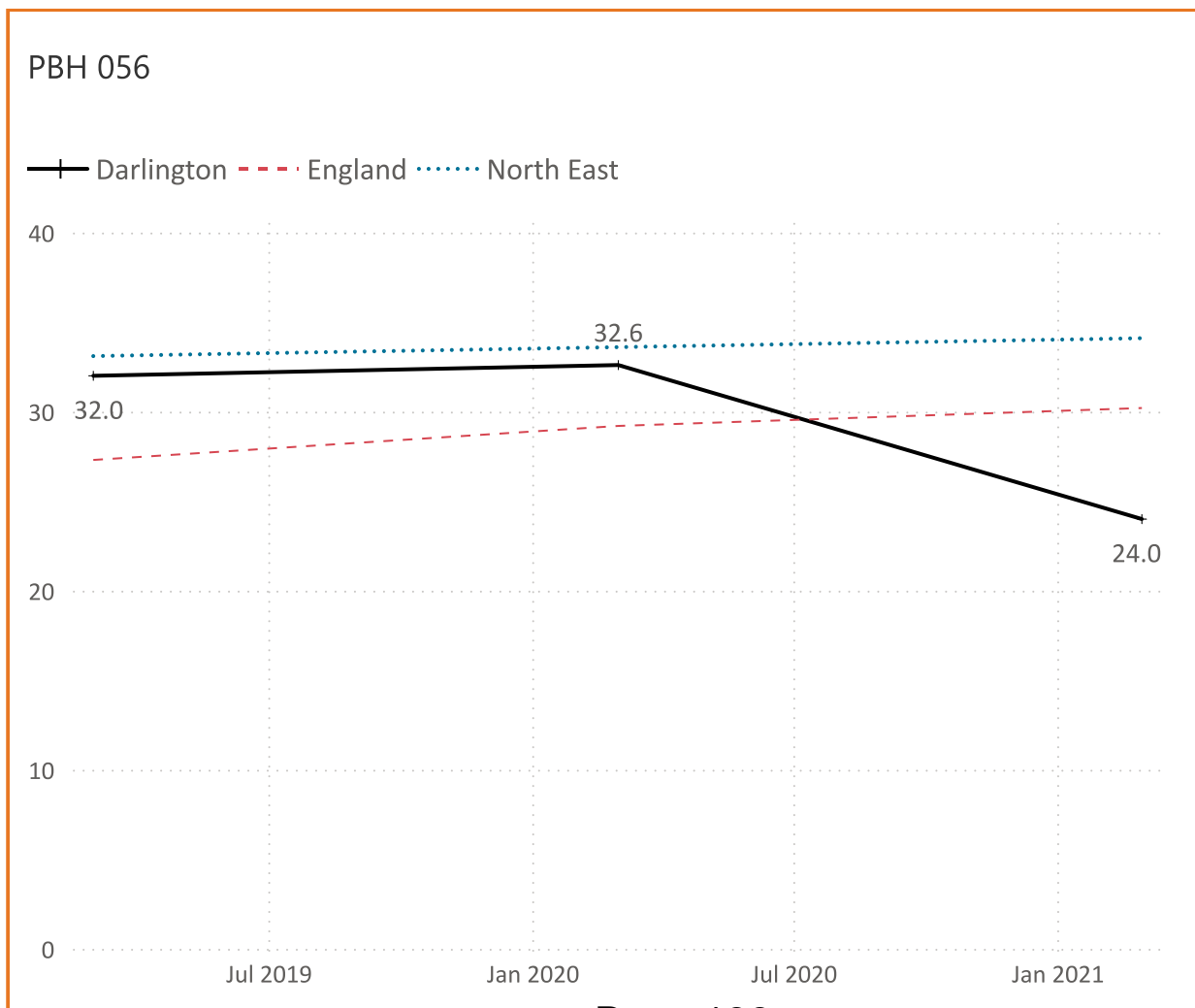
Priority or Key Action

Narrative

Preventable mortality are those deaths that could have potentially been avoided by public health interventions. This indicator reinforces that prevention is just as important as treatment. The latest available data for Darlington shows a rate of 24.0 per 100,000 . Darlington is statistically similar to the North East and England.

The Authority commissions the NHS Health Checks provided by all 11 GP Practices in Darlington. The Public Health team are supporting the Primary Care Network (PCN) to identify those in high risk communities and improve access to early identification and treatment.

Graph/Table



DBC Number

PBH 058

Indicator Name

Under 75 mortality rate from cancer (per 100,000 population)

Theme or Portfolio

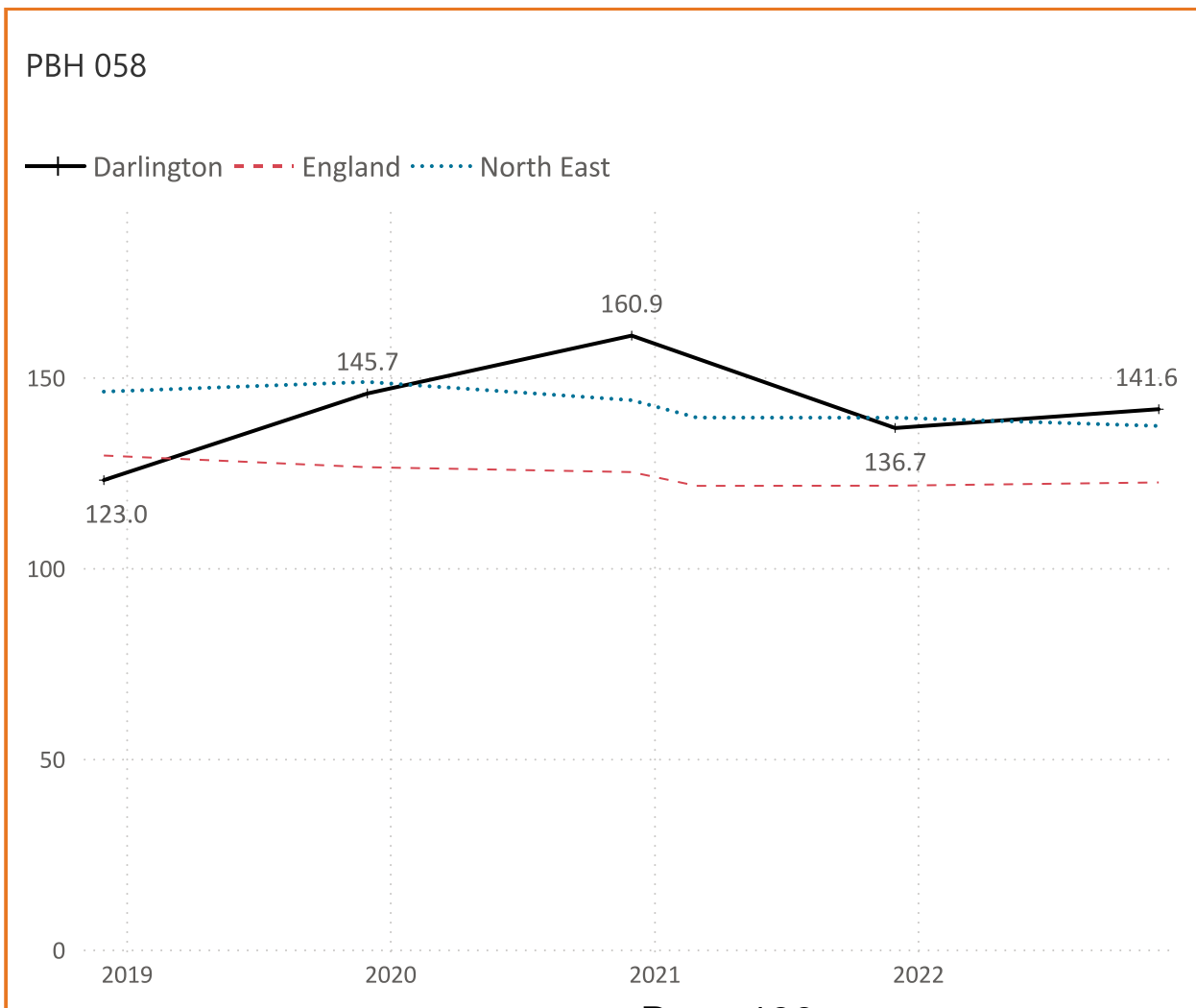
Priority or Key Action

Narrative

The latest data shows that the rate of under 75 mortality from cancer in a year in Darlington was 141.6 per 100,000. Darlington is statistically similar to England and the North East.

Cancer is the highest cause of death in England in under 75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer the public health team supports a range of partners in their work to contribute to preventing and reducing early deaths from cancer. This includes providing support to smokers in quitting smoking and supports the NHS in supporting better uptake of screening and treatment to maximise those who survive a diagnosis of cancer.

Graph/Table



DBC Number

PBH 060

Indicator Name

Under 75 mortality rate from respiratory disease (per 100,000 population)

Theme or Portfolio

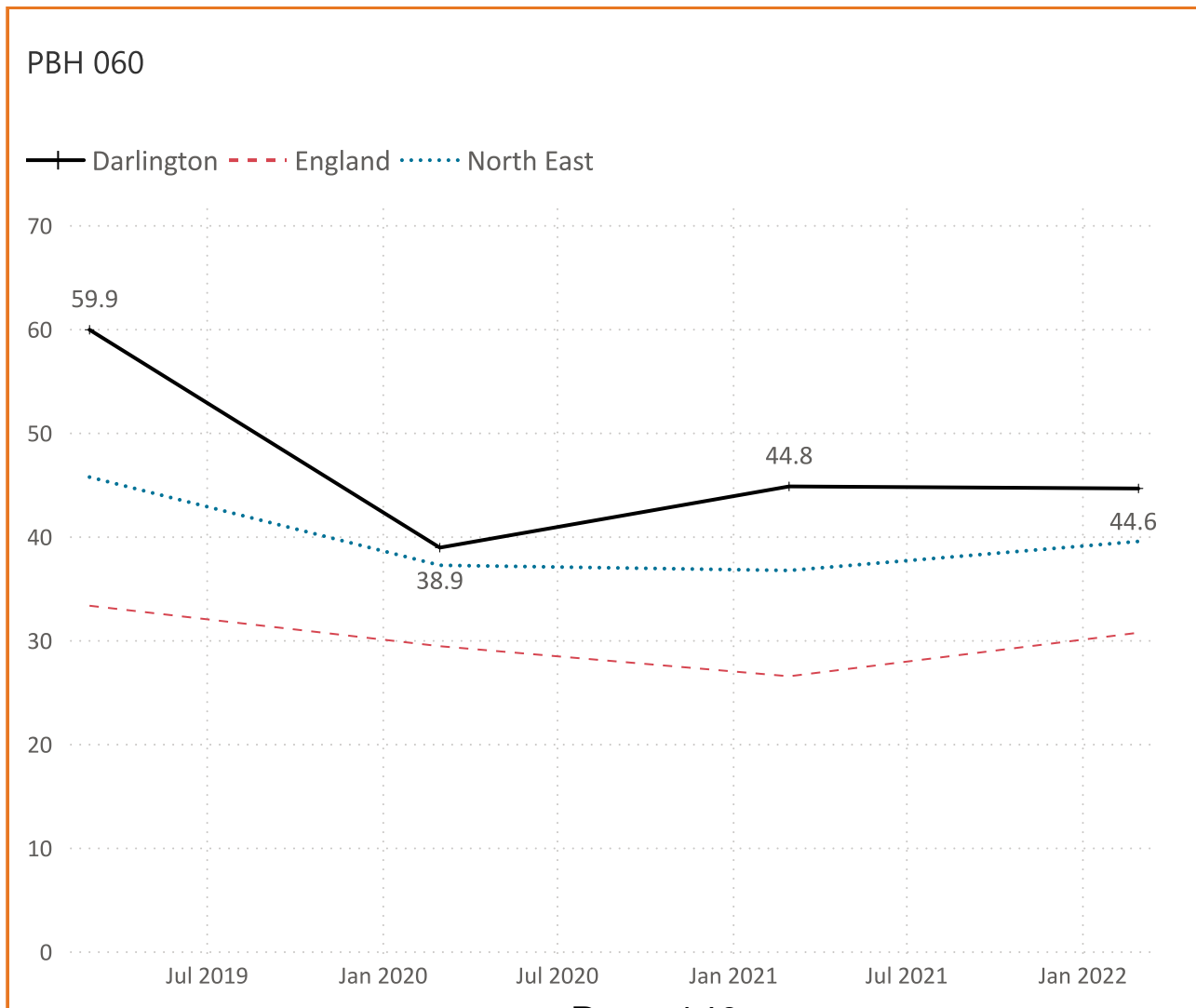
Priority or Key Action

Narrative

The latest data shows that Darlington has a rate of 44.6 per 100,000 of deaths from respiratory diseases in people aged under 75. This is statistically similar to the North East statistically worse and England.

The Public Health team commission a range of prevention interventions including a Stop Smoking Service which supports individuals to quit which improves their respiratory health and reduces the effects of second-hand smoke and interventions for children and young people which highlights the harms from tobacco. Environmental Health also monitor air quality including an annual action plan to improve air quality.

Graph/Table



**HEALTH AND HOUSING SCRUTINY COMMITTEE
28 AUGUST 2024**

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 2024/25 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 2024/25 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**).
4. Members will recall that, at the last meeting of this Scrutiny Committee when discussing the draft work programme, a Member suggested a number of additional items which could be included and, following that meeting, has now provided further information on areas within those topics which the Scrutiny Committee could focus on.
5. This information will be used as a basis for the items when they are scheduled to be brought to Scrutiny.

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

Ext: 5801

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. The Work Programme contains items which enable Members to scrutinise those areas that contribute the priority of ‘Homes’ - affordable and secure homes that meet the current and future needs of residents and ‘Living Well’ – a healthier and better quality of life for longer, supporting those who need it most.
Addressing inequalities	There are no issues relating to diversity which this report needs to address.
Tackling Climate Change	There are no issues which this report needs to address.
Efficient and effective use of resources	This report has no impact on the Council’s Efficiency Programme.
Health and Wellbeing	This report has no direct implications to the Health and Well Being of residents of Darlington.
S17 Crime and Disorder	This report has no implications for Crime and Disorder.
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
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 was adopted on 18 July 2024, and outlines Darlington Borough Council’s long-term ambitions for Darlington and priorities for action over the next three years. It

gives strategic direction to the Council and Council services, defining priorities, identifying key actions, and shaping delivery.

9. The Council Plan identifies six priorities, including 'Homes', which states that good housing should be affordable, safe, secure and of decent quality and that good housing is important for the health and wellbeing of residents and communities, it revitalises communities and encourages businesses to locate and create jobs; and 'Living Well', which states that more years in good health leads to more fulfilling lives, and a better standard of living, however the Plan highlights that are inequalities in Darlington across all stages of life which are influenced by broader social factors including education, employment, housing and income. These priorities are supported by eight and seven key deliverables respectively.

Forward Plan and Additional Items

10. Once the Work Programme has been agreed by this Scrutiny Committee, any Member seeking to add a new item to the work programme will need to complete a quad of aims.
11. A copy of the Forward Plan has been attached at **Appendix 3** for information.

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HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME 2024/25

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role / Notes
Health and Safety Compliance in Council Housing update	28/08/2024	Cheryl Williams / Anthony Sandys		
Housing Services Anti-Social Behaviour Policy update	28/08/2024	Claire Gardner-Queen		
Director of Public Health Annual Report	28/08/2024	Lorraine Hughes		
Health Protection Assurance Report	28/08/2024	Ken Ross / Cherry Stephenson		
Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	28/08/2024	Relevant AD		To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Tenant Engagement Strategy 2025-2029	23/10/2024	Claire Gardner-Queen		Prior to submission to Cabinet on: 5 Nov 2024
Physical Activity	23/10/2024	Lisa Soderman / Joanne Hennessey		
Health and Wellbeing Strategy	23/10/2024	Lorraine Hughes		
Suicide Prevention	23/10/2024	Julie Wells		
Medium Term Financial Plan	Jan-25	Brett Nielsen		To scrutinise those areas of the MTFP within the remit of this Scrutiny Committee.
Housing Revenue Account MTFP	15/01/2025	Anthony Sandys		Prior to submission to Cabinet on: 4 February 2025

HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME 2024/25

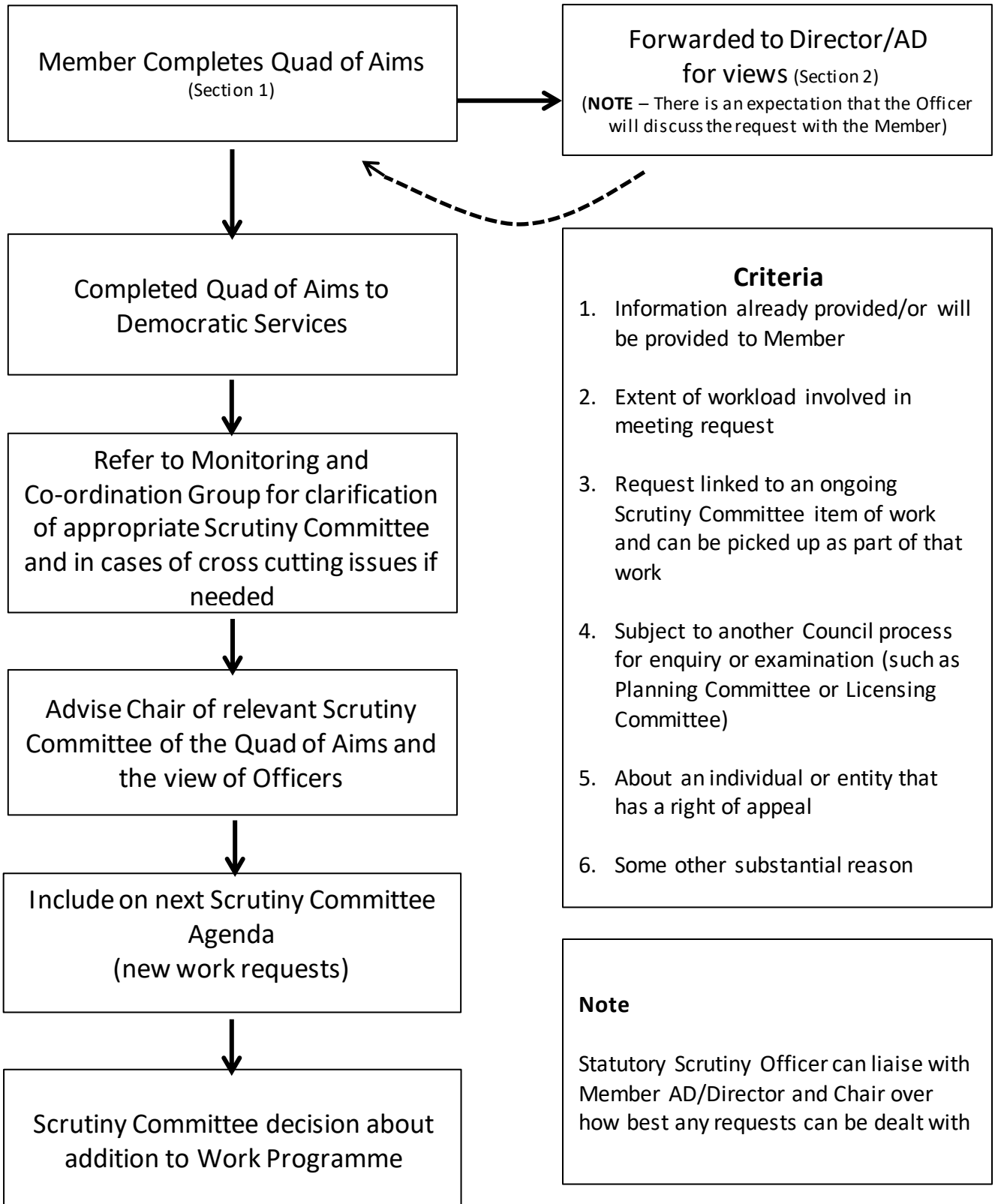
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role / Notes
Housing Services Climate Change Strategy update	15/01/2025	Anthony Sandys		
Preventing Homelessness and Rough Sleeping Strategy 2025-2030	15/01/2025	Janette McMain		Prior to submission to Cabinet on: 4 February 2025
Healthy Weight Plan	26/02/2024	Joanne Hennessey		
Primary Care (including access to GP appointments)	26/02/2025	Emma Joyeux, ICB		
Update on NHS Dentistry provision and Primary Care Dental Access	26/02/2025	Pauline Fletcher ICB / Dr Kamini Shah		
Community Mental Health Transformation	02/04/2025	John Stamp, TEWV		
Children and Young People Mental Health Update	02/04/2025	James Graham, CAMHS		
Tenancy Policy	TBD	Claire Turnbull		
Strategic Housing Needs Assessment	TBD	Claire Gardner-Queen / Anthony Sandys		
Sexual Health Provision including methods of access.	TBD	Lorraine Hughes		
Drug Abuse including understanding of numbers and offered provision / preventative measures.	TBD	Lorraine Hughes		

HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME 2024/25

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role / Notes
Chronic Illness and preventative measures.	TBD	Lorraine Hughes		
Wider Determinants of Health	TBD	Lorraine Hughes		
Insulation Standards in Council Properties	Jan-25	Anthony Sandys		To be included in the scheduled Housing Services Climate Change Strategy update.
CDDFT Quality Accounts – 6 Monthly Update	TBD	Warren Edge		
Costs and impacts of buying-back of Council homes.	2025 / 26	Anthony Sandys		To be presented once complete data is available.
Waiting lists for NHS services	TBD	TBD		

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



PLEASE RETURN TO DEMOCRATIC SERVICES

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

SECTION 1 TO BE COMPLETED BY MEMBERS

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

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

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Signed Councillor

Date

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

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

Signed **Position** **Date**

PLEASE RETURN TO DEMOCRATIC SERVICES

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**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**



DARLINGTON

Borough Council

**FORWARD PLAN
FOR THE PERIOD: 7 AUGUST 2024 - 31 DECEMBER 2024**

Title	Decision Maker and Date
Air Quality Strategy 2024/29	Cabinet 10 Sep 2024
Annual Review of the Investment Fund	Cabinet 10 Sep 2024
Climate Change	Council 26 Sep 2024
	Cabinet 10 Sep 2024
Complaints, Compliments and Comments Annual Reports 2023/24	Cabinet 10 Sep 2024
Complaints Made to Local Government Ombudsman	Cabinet 10 Sep 2024
Fees and Charges	Cabinet 10 Sep 2024
Project Position Statement and Capital Programme Monitoring - Quarter 1	Cabinet 10 Sep 2024
Public Consultation on Draft Appraisal for the Northgate Conservation Area including Proposed Boundary Extensions	Cabinet 10 Sep 2024
Regulatory Investigatory Powers Act (RIPA)	Cabinet 10 Sep 2024
Revenue Budget Monitoring - Quarter 1	Cabinet 10 Sep 2024
Treasury Management Annual Report and Outturn Prudential Indicators 2023/2024	Cabinet 10 Sep 2024
Annual Procurement Plan Update	Cabinet 8 Oct 2024
Environment Act 2021 – Waste Management Arrangements	Cabinet 8 Oct 2024
Offset Strategy	Cabinet 8 Oct 2024
Council Tax Support - Scheme Approval 2025/26	Cabinet 5 Nov 2024
Housing Services Tenant Engagement and Involvement Strategy 2024/29	Cabinet 5 Nov 2024
Land at Faverdale - Burtree Garden Village - Proposed Infrastructure Development Agreement (IDA)	Cabinet 5 Nov 2024
Project Position Statement and Capital Programme Monitoring - Quarter 2	Cabinet 5 Nov 2024
Proposed Middleton St George Conservation Area - Consultation	Cabinet 5 Nov 2024
Revenue Budget Monitoring - Quarter 2	Cabinet 5 Nov 2024
Strategic Asset Plan	Cabinet 5 Nov 2024
Woodland Road Waiting Restrictions	Cabinet 5 Nov 2024
Housing Revenue Account - Medium Term Financial Plan 2025/27 to 2028/29	Cabinet 3 Dec 2024
Mid Year Prudential Indicators and Treasury Management Monitoring Report 2024/25	Cabinet 3 Dec 2024
Review of the Medium Term Financial Plan (MTFP)	Cabinet 3 Dec 2024

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