



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 23 October 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 28 August 2024 (Pages 3 - 6)
4. Substance Misuse Service Update: Support Treatment and Recovery in Darlington Through Empowerment (STRIDE) – Report of the Director of Public Health and Presentation by Public Health Portfolio Lead – Health Care (Pages 7 - 34)
5. Housing Services Tenant Involvement Strategy 2024/29 – Report of the Assistant Director – Housing and Revenues (Pages 35 - 48)
6. Joint Local Health and Wellbeing Strategy 2024 - 2028 – Report of the Director of Public Health (Pages 49 - 70)
7. Work Programme (Pages 71 - 88)

8. Health and Wellbeing Board –
Included for information are the approved Minutes of the meeting held on 20 June 2024.
The Board last met on 12 September 2024. The next meeting is scheduled for 5
December 2024.
(Pages 89 - 94)
9. Regional Health Scrutiny (Pages 95 - 108)
10. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are
of an urgent nature and can be discussed at the meeting.
11. Questions



Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 15 October 2024

Town Hall
Darlington.

Membership

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

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this agenda please contact Hannah Miller, Democratic Officer, Operations Group, during
normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m.
Fridays email: hannah.miller@darlington.gov.uk or telephone 01325 405801

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 28 August 2024

PRESENT – Councillors Layton (Chair), Beckett, Crudass, Holroyd, Johnson, Mahmud and Mammolotti

APOLOGIES – Councillors Pease and Mrs Scott,

ABSENT – Councillors Baker

ALSO IN ATTENDANCE – Councillors Roche and Michelle Thompson (Healthwatch Darlington)

OFFICERS IN ATTENDANCE – Lorraine Hughes (Director of Public Health), Anthony Sandys (Assistant Director - Housing and Revenues), Claire Gardner-Queen (Head of Housing) and Hannah Miller (Democratic Officer)

HH11 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH12 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 19 JUNE 2024

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 19 June 2024.

A number of amendments were requested to the minutes, namely the addition of ‘Lorraine Hughes’ and ‘Michael Conway’ in the attendance list; and Appointment of Chair for the Municipal Year 2024/25, Appointment of Vice Chair for the Municipal Year 2024/25 and Times of Meetings for the Municipal Year 2024/25.

RESOLVED – That, with the above amendments, the Minutes of the meeting of this Scrutiny Committee held on 19 June 2024 be approved as a correct record.

HH13 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023-24

The Director of Public Health submitted a report (previously circulated) sharing the Director of Public Health Annual Report 2023-2024 – Women’s Health: Taking action in Darlington (also previously circulated).

It was reported that the Annual Report considered keys areas of women’s health, with the aims of highlighting inequalities that girls and women face, and understanding what this means for Darlington; and that the report included chapters on early years and adolescence, women’s health services, employment and wellbeing and the importance of women’s safety on their ability to live a healthy, fulfilling life.

Following a query, Members entered into a discussion regarding mental health, noting that reasons for self-harm and suicide were complex; Members highlighted the need for a focus on healthy exercise rather than ‘sport’ and were informed that work was being undertaken

to develop a physical activity strategy; and Members queried school readiness and how this was measured.

RESOLVED – That the Annual Report of the Director of Public Health 2023-24 be received.

HH14 HEALTH AND SAFETY COMPLIANCE IN COUNCIL HOUSING

The Assistant Director – Housing and Revenue submitted a report (previously circulated) updating Members on the health and safety compliance standards for Council housing stock and performance against these in 2023-24.

It was reported that the Regulator of Social Housing (RSH) sets a number of consumer standards, which social housing providers must comply with; and the Council has well established and robust processes in place to monitor health and safety compliance in relation to its Council housing stock.

The submitted report provided details of the areas where compliance was monitored on a regular basis, including asbestos, electrical, gas, fire, fire door and water safety, lift safety, smoke alarms and carbon monoxide detectors and damp and mould.

Following a question, Members were advised of the range of mechanisms in place to ensure that council tenants were informed of their rights and responsibilities in relation to health and safety.

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

(b) That this Scrutiny Committee continues to consider reports on health and safety compliance in Council Housing on an annual basis.

HH15 HEALTH PROTECTION ASSURANCE

The Director of Public Health submitted a report (previously circulated) updating Members on health protection arrangements in Darlington.

It was reported that the protection of the health of the population was a legally mandated responsibility of the local authority as part of the Health and Social Care Act 2012; the Director of Public Health was responsible for the discharge of the health protection functions delegated to the Council; and an annual health protection assurance report was produced to provide an overview of health protection arrangements and relevant activity.

Members were informed that health protection describes activities and arrangements that seek to protect the population from risks to health arising from biological, environmental or chemical hazards through prevention, surveillance and control.

Reference was made to the role of Directors of Public Health and local authority Public Health teams in supporting health protection work; the range of groups, information flows and reports in place to support health protection functions were outlined; and information was provided on the performance and activity in relation to prevention, surveillance and control.

Members raised their concerns regarding the hazards associated with the Aycliffe Quarry. The Director of Public Health informed Members that the quarry was regulated by the Environment agency, that gas emissions had reduced as a result of work undertaken at the site and the advice of the UKHSA was that there were no long term health risks associated, however short term symptoms can be reported to the GP.

Further discussion ensued regarding the reduction in uptake of the Human Papilloma Virus (HPV) vaccine; Members were informed that Darlington was not an outlier and was performing similar to England and that behavioural insights had been undertaken which would be used to improve information that is communicated regarding the vaccine.

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

(b) That the shared responsibility for Health Protection be noted.

(c) That it be noted that the Director of Public Health is assured that the health protection arrangements are appropriate and effective in dealing with the various aspects of health protection in Darlington.

HH16 ANTI-SOCIAL BEHAVIOUR POLICY ANNUAL REVIEW 2023-24

The Assistant Director Housing and Revenues submitted a report (previously circulated) to provide Members with an annual update of the Housing Services Anti-Social Behaviour (ASB) policy. A presentation accompanied the report (also previously circulated).

It was reported that the policy was approved by Cabinet in 2022 to ensure Housing Services effectively deal with ASB and hate incidents; the aims of the policy were outlined; and reference was made to the new regulatory requirements introduced on 1 April 2024 and their expectations.

Members were provided with details of performance, noting that 500 cases involving tenants were opened in 2023/24; with the main themes being noise, drug misuse and pet nuisance; and it was reported that the majority of complaints being resolved through advice being given.

The presentation outlined the tenancy enforcement action undertaken, work undertaken in the last 12 months along with planned work for the next 12 months.

Members queried the support provided to tenants who had been evicted; and support provided to victims and perpetrators of anti-social behaviour.

RESOLVED – That the update be noted.

HH17 PERFORMANCE INDICATORS - 2023-24 QUARTER 4

The Assistant Director – Housing and Revenues, Assistant Director – Community Services and Director of Public Health submitted a report (previously circulated) providing Members with performance data against key performance indicators for 2023/24 at Quarter 4.

Details were provided of the 36 indicators reported to this Scrutiny Committee, six indicators were reported by both Housing and Culture and 24 by Public Health.

It was reported that at Quarter 4, 17 of the 36 indicators showed performance better than from when last reported; 18 indicators showed performance not as good as when last reported; and 1 indicator showed performance the same as when last reported.

Members raised concerns regarding the figures for opiate users successfully completing treatment and were informed that service users entering treatment have very high levels of dependency and required a lot of support to get to the point of accessing treatment; and were assured that outcomes were improving as a result of additional investment and increased staffing. Members also requested further information regarding NHS Health Checks.

RESOLVED – That the submitted report be noted.

HH18 WORK PROGRAMME

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

Discussion ensued on the current work programme and Members noted that a number of items would be deferred to the next municipal year.

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

HH19 HEALTH AND WELLBEING BOARD

It was reported that the Board last met on 20 June 2024 and that the next meeting of the Board was scheduled for 12 September 2024.

RESOLVED – That Members of this Scrutiny Committee receive the Minutes of the Health and Wellbeing Board.

**HEALTH AND HOUSING SCRUTINY COMMITTEE
23 OCTOBER 2024**

**SUBSTANCE MISUSE SERVICE UPDATE: SUPPORT TREATMENT AND RECOVERY IN DARLINGTON
THROUGH EMPOWERMENT (STRIDE)**

SUMMARY REPORT

Purpose of the Report

1. To provide an update to Health and Housing Scrutiny Committee members on the current performance, provision and composition of STRIDE specialist substance misuse treatment and recovery services delivered within Darlington.

Summary

2. This report details the work undertaken locally in delivering against the National Drug Strategy: From Harm to Hope and the utilisation of the Supplementary Substance Misuse Treatment and Recovery grant funding allocated to Darlington in order to support the attainment of an accessible, high quality, effective, person-centred alcohol and drug treatment and recovery system.
3. The report outlines current governance arrangements, local performance against key metrics within the National Drug Strategy and describes the current treatment and recovery system, highlighting key aspects of local delivery. It also highlights a recent visit from Dame Carol Black who carried out the independent national review on drugs which led to the 10-year strategy From Harm to Hope, alongside Andrew Brown, Head of Drug and Alcohol Improvement and Darlington's inclusion as a case study site for the independent evaluation of the Drug Strategy Investment in Treatment and Recovery (D-SITAR) research.

Recommendation

4. It is recommended that the Committee note the contents of this report and agree to receive further updates as required.

**Lorraine Hughes
Director of Public Health**

Background Papers

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

Author: Mark Harrison, Portfolio Lead Public Health

Council Plan	This report contributes to the priorities agreed in the Council Plan
Addressing inequalities	This report highlights work undertaken with socio-economic deprived population, inclusion health and vulnerable groups
Tackling Climate Change	There are no implications arising from this report
Efficient and effective use of resources	This report supports the efficient use of resources through shared partnership priorities
Health and Wellbeing	This plan supports the priorities set out in the Health and Wellbeing Strategy
S17 Crime and Disorder	This report highlights the pathways/linkages with criminal justice partners both in reducing crime and disorder and promoting community safety
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	There are no implications for the Budget or Policy Framework
Key Decision	No Key Decision required
Urgent Decision	No Urgent Decision required
Impact on Looked After Children and Care Leavers	This report references support available and/or provided to Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

5. Following the publication of the **National Drugs Strategy**; From Harm to Hope in December 2021, the Government published guidance for local delivery partners in May 2022 outlining the recommended steps that local areas should take to help deliver the three main priorities of the Strategy: breaking drug supply chains; delivering a world-class treatment and recovery system and achieving a generational shift in the demand for drugs.
6. In response to the National Drugs Strategy Darlington and Durham have established a Combatting Drugs and Alcohol Partnership (CDAP) for which the Police and Crime Commissioner is Chair and Senior Responsible Owner. This partnership reports into the Darlington Community Safety Partnership and Safer Durham Partnership and has responsibility for oversight of the delivery of the Grant Plans as part of the wider Combatting Drugs Action Plan.
7. In August 2022 the Office for Health Improvement and Disparities published the '**Commissioning quality standard**: alcohol and drug treatment and recovery guidance' which supports the national drug strategy aim of having accessible, high quality, effective, person-centred alcohol and drug treatment and recovery systems.
8. To support the improvements described in the National Drug Strategy, three years (confirmed annually) of additional ring-fenced funding for treatment and recovery have been allocated to local areas in the form of the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) 2022 - 2025. A condition of this grant is that Local Authorities

maintain or build upon their existing core Public Health grant investment in drug and alcohol treatment in line with their RO3 outturn for 2020-21.

Current Position and Performance Outcomes

9. Funding allocations for Darlington’s treatment system are detailed below and have supported the increased rollout of Naloxone, long acting Buprenorphine and the development of the ACCESS (Assertive Community Connection, Engagement and Support) service in 2022/23 and increased clinical/non clinical capacity, enhanced pharmacy supervision/dispensing arrangements, increased treatment capacity for Young People, commissioning of a DACT (Drug and Alcohol Care Team) within TEWV NHSFT and development of our community recovery offer and ‘Dayhab’ programme via Recovery Connections in 2023/24. Developments within 2024/25 have focussed on increasing capacity within Young People’s team, increased detoxification and residential rehabilitation capacity, development of a team to build treatment capacity, which will be embedded within key organisations to support identification of individuals with unmet treatment needs (e.g. primary care, social care, Criminal Justice etc.). There has also been the development of ‘dayhab’ provision and further development of our local LERO (Lived Experience Recovery Organisation) with a variety of additional posts to deliver a comprehensive recovery offer, such as Volunteer Coordinator, Prehab Coach, Wellbeing Coach and Lived Experience Harm Reduction Worker. Both WithYou and Recovery Connections have also been successful in bidding independently for an additional three Mental Health Wellbeing Practitioners to enhance the work we are doing in developing better access to mental health support.

Darlington SSMTRG/IPD Allocations 2022/25	£
2022/23	
Drug strategy allocation	£316,193
Inpatient detoxification allocation	£27,021
2023/24	
Drug strategy allocation	£518,179
Inpatient detoxification allocation	£27,021
2024/25	
Drug strategy allocation	£1,000,006
Inpatient detoxification allocation	£27,021
Total additional SSMTRG Investment over Initial 3 years of Drug Strategy	£1,915,441

10. Current ‘consortia’ arrangements for IPD (Inpatient detoxification) are in place with Redcar & Cleveland as the ‘lead’ authority for the L.A.3 (Darlington, Middlesbrough, Redcar and Cleveland) providing access to a range of detoxification facilities and a potentially expanded offer, which would provide care closer to home, linked to the new residential rehabilitation facility within Brotton led by South Tees Public Health.

11. Our clinical provider WithYou, following a request from Dame Carol Black to their CEO for examples of good practice nationally, put forward the partnership in Darlington as an excellent example of how this can work well with positive outcomes for service users. Dame Carol, who carried out the independent national review on drugs which led to the 10-year strategy From Harm to Hope, alongside Andrew Brown, Head of Drug and Alcohol Improvement, came to visit Darlington on 11th September to see in practice how an effective partnership can make a real difference in enhancing the delivery of treatment and recovery services. They met with delegates from DBC, treatment and recovery workers and people who have previously/are currently receiving support, whilst visiting both Tubwell Row and Coniscliffe Road sites. Feedback received from both Dame Carol and Andrew Brown referenced the great way that DBC work with our Provider Managers and their teams to create a very integrated treatment and recovery system. They also expressed their appreciation for the open way that we approached the visit and acknowledged the challenges we've got, that it was apparent our ambitions remain undimmed and that the OHID team stand ready to offer any support we might need to help us achieve them.
12. Drug Strategy Investment in Treatment and Recovery (D-SITAR) - RAND Europe and partners at King's College London National Addiction Centre, The University of Manchester and South London and Maudsley NHS Foundation Trust have been awarded funding through the National Institute for Health and Care Research (NIHR205228) to conduct an independent evaluation of the first three years of the treatment and recovery (T&R) portfolio of the 10-year drug strategy, From Harm to Hope.

This study is looking at the funding provided to LAs by the Department of Health and Social Care (DHSC), the Office for Health Improvement and Disparities (OHID) and other departments to improve treatment and recovery services for people who use alcohol and other drugs. This research will help the government find out what does and does not work in relation to the (T&R) portfolio and may inform how the portfolio is implemented after the first three years of funding.

Darlington has been selected as a case study site for the independent evaluation of the D-SITAR and we will have research staff visiting Darlington on 18th November for a week of interviews and focus groups. Case study sites have been selected to provide variation in terms of geography, rurality/urbanity, populations, treatment needs, and services/support that have been implemented through the drug strategy. The purpose of case studies is not to rank LAs, or to identify high and low performing LAs in terms of their implementation of the portfolio, but to maximise diversity in terms of how LAs are using the Drug Strategy funding to improve treatment and recovery services.

The D-SITAR study will also include five evaluations of priority areas within the portfolio that have been selected by DHSC and OHID:

- Support for accessing housing through the Housing Support Grant
- The workforce transformation programme for people who provide treatment and recovery support
- Integration of lived experience recovery organisations (LEROs) in treatment and recovery pathways
- Collaboration between mental and physical health services (service integration)

- Treatment of opioid dependence using depot buprenorphine.

13. As part of the national performance expectations within the Drug Strategy, local areas have been asked to set local ambitions/stretch targets to deliver the combined outcomes required. This includes increasing access to new high-quality drug and alcohol treatment places across a range of substances, enhanced pathways with HM Prison and Probation Service (HMPPS) to ensure effective continuity of care arrangements and the provision of a treatment place for every offender with an addiction. There is also an expectation that we develop effective systems, harm reduction interventions and treatment options which deliver a reduction in drug related deaths, as well as significant increases in the numbers achieving and sustaining long term recovery from addiction, to achieve a 30-year low, cutting levels of drug use to the lowest since 1991.
14. Local performance against the main areas of national focus is detailed below and whilst progress has been slower than expected, our numbers in treatment performance have been impacted with the change in local information management systems. Continuity of care has seen reductions which are consistent with regional figures since the implementation of the 'early release from custody' initiative, and we are working with national providers to ensure that all detoxification and residential rehabilitation activity is recorded, as current activity is not fully reflecting commissioned activity.

Numbers in Treatment	Baseline (March 2022)	Latest Performance	Change from Baseline	Year 3 Ambition 2024/25
All adults "in structured treatment"	877	891	24	1100
Opiates	415	415	0	450
Combined non-opiate only and non-opiates and alcohol	170	149	-21	260
Alcohol	292	327	35	390
Young people "in treatment"	55	62	7	90
Continuity of care (% of prison leavers with a continued treatment need picked up within 3 weeks)	Baseline (March 2022)	Latest Performance	Change from Baseline	Year 3 Ambition 2024/25
Local planning (%)	60%	60%	0%	80%
Res. Rehabilitation	Baseline (March 2022)	Latest Performance	Change from Baseline	Year 3 Ambition 2024/25
Local planning (number)	0	1	1	22

15. Our STRIDE engagement activity, delivered via ACCESS, has seen the development of multiple pathways into treatment services and the team providing rapid initial assessment of individuals and facilitation of timely access to specialist treatment and recovery provision, as well as wider community resources with the aim of reducing substance related harm and

building pathways of recovery for the benefit of individuals, families and the wider community. This will ensure individuals are offered fair access to services and where it exists, challenge stigma, discrimination, and less favourable treatment, as well as help individuals to navigate existing systems and identify any barriers they face to accessing their preferred treatment/care pathway. The team deliver time limited person-centred support, tailored to an individual's needs/strengths and which facilitates engagement into structured treatment, with the aim that they are enabled to successfully complete treatment and sustain long-term recovery. Some of the more recent pathways include:

- Criminal Justice - working closely with probation and the Integrated Offender Management Unit (IOMU) to increase numbers into treatment and undertaking more joint work to engage people who may be reluctant to access support. ACCESS have also undertaken some prison 'in reach' alongside Recovery Connections to complete assessments prior to release from custody, which has enabled access to residential rehabilitation directly upon release.
- Social care - joint working with Social Care to identify individuals where safeguarding concerns are raised in relation to self-neglect via Social Care. ACCESS attend joint visits to support engagement in treatment and recovery services alongside colleagues within Social Care.

16. Our STRIDE harm reduction, clinical services and psychosocial interventions delivered via WithYou has seen increased numbers trained in the use of Naloxone as well as numbers accessing treatment, and work is continuing to develop pathways into treatment throughout Darlington. WithYou's service in Darlington has achieved micro-elimination of hepatitis C, which is a first for the organisation and is one of only two services within the North East to have achieved this: a huge step towards NHS England's target to eliminate the virus by 2025. The achievement of micro-elimination, is defined as:
 - 100% of clients in structured treatment are offered a hepatitis C test.
 - 100% of those with a history of injecting have been tested.
 - 90% of current and previous injectors (at risk) have a hepatitis C test date within the last 12 months.
 - 90% of clients who've tested positive for hepatitis have commenced treatment.
17. Complex clinical, harm reduction and prescribing provision is now well established and delivering services out of Tubwell Row, with all new opiate referrals and those accessing harm reduction/needle exchange services being seen at this site. This includes the dispensing of medication to a small cohort of individuals under Home Office licence who require an enhanced treatment offer and greater supervision.
18. Our STRIDE recovery provision delivered via Recovery Connections has seen a welcome expansion to recovery activity within the borough and has resulted in a rapid uptake of these services, which has surpassed performance expectations and gives a clear indication of the level of pent-up demand for these services. The visibility of our recovery communities has given us a real opportunity to demonstrate the positive impact of treatment, and that recovery is a real possibility for the people of Darlington.
19. Recovery Connections has recently begun delivering community recovery support groups from Willow Road. This has generated the space to accommodate our 'dayhab' provision from a central location, which will be in operation by the end of October. The dayhab will

run abstinence groups five days per week, alongside weekend support and will have the same rules as a residential rehabilitation setting, whereby anyone who uses a substance whilst engaged in dayhab will be supported back into the community groups to protect the integrity of the programme and keep other members of the group safe.

20. Recovery Connections also provide our Individual Placement Support, which supports people looking for employment at the earliest opportunity, using trained employment specialists alongside treatment for substance misuse as part of a multi-disciplinary treatment team, rather than separately provided by the generic Jobcentre Plus or Work and Health Programme. There is a high prevalence of unemployment among people with illicit drug and alcohol dependence and many of the people in this population can and want to work but struggle to access the open job market and achieve stable employment. For many years now it has been an aim of successive governments to support people to go from substance misuse treatment into paid employment. There are good reasons for this; employment is associated with improved treatment outcomes as well as a range of other personal gains, such as greater independence, financial resilience and new social networks. All these gains can strengthen the benefits of treatment for an individual long after the treatment ends.
21. Our STRIDE Young People's provision has undergone reconfiguration and strengthening to both bolster our prevention and early intervention activity and ensure we have an enhanced offer for young people within the borough. The service now has a full time Team Leader to support the wider team and deliver care to those with greater complexity/care needs alongside the addition of both a dedicated young people's engagement and outreach as well as lived experience posts to strengthen and add capacity to increase engagement and support. Some recent developments include:
 - a) Schools - educational sessions are being carried out in various schools (secondary), these educational sessions are taking place in a classroom setting with approximately 15 pupils to maximise engagement, covering topics from drug/alcohol awareness to exploitation involved in substance use. Teachers are also being offered substance awareness training and regular drug alerts circulated within STRIDE and forwarded to the appropriate school contact.
 - b) Young People's Engagement and Justice Service (YPEJS) - currently the Young Person's Engagement Worker 'hot desks' from Central House once a week, this offers immediate support and guidance to YPEJS staff and allows rapid assessments of individuals who are difficult to engage.
 - c) YMCA - drop-in sessions are scheduled to be held weekly from Middleton Street, providing support for older YP clients and those in the transitional support age range (16-21)
 - d) Looked after throughcare team - educational sessions have been held with all workers at Pease House, fortnightly drop-in sessions are being held to engage challenging clients.
 - e) Residential Children's Homes - regular drop-in sessions are being held at various Children's homes to create a regular presence for both clients and staff, this provides a great format to discuss current themes and trends with staff.

- f) Promotional events - Both college fresher events were attended to provide promotional material and information for students and staff.
- g) College (awaiting start date) - A request from Darlington Technology College to carry out monthly substance awareness sessions with students as part of their health & social care qualification.



DARLINGTON
Borough Council

Health and Housing Scrutiny Committee

STRIDE Presentation

Darlington Town Hall

23rd October 2024

Mark Harrison

2022-2025 SSMTRG L.A. Funding Allocations (Darlington and County Durham)

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DARLINGTON
Borough Council

	Darlington	Durham
2022/23		
Drug strategy allocation (£)	£316,193	£1,452,381
Inpatient detoxification allocation (£)	£27,021	£113,898
Drug strategy housing support grant (£)	£0	£405,261
Rough Sleeping Drug and Alcohol Treatment Grant (£)	£0	£273,795
2023/24		
Drug strategy allocation (£)	£518,179	£2,380,175
Drug strategy allocation (£)	£27,021	£113,898
Drug strategy housing support grant (£)	£0	£405,261
Rough Sleeping Drug and Alcohol Treatment Grant (£)	£0	£308,869
2024/25		
Drug strategy allocation (£)	£1,000,006	£4,593,370
Inpatient detoxification allocation (£)	£27,021	£113,898
Drug strategy housing support grant (£)	£0	£405,261
Rough Sleeping Drug and Alcohol Treatment Grant (£)	£0	£308,868
Total additional SSMTRG Investment over Initial 3 years of Drug Strategy	£1,915,441	£10,874,935

SSMTRG Menu of Interventions



Area and Intervention

1. System coordination and commissioning
2. Enhanced harm reduction provision
3. Increased treatment capacity
4. Increased integration and improved care pathways between the criminal justice settings, and drug treatment
5. Enhancing treatment quality
6. Residential rehabilitation and inpatient detoxification
7. Better and more integrated responses to physical and mental health issues
8. Enhanced recovery support
9. Other interventions which meet the aims and targets set in the drug strategy
10. Expanding the competency and size of the workforce

Darlington Performance – Adults in Treatment



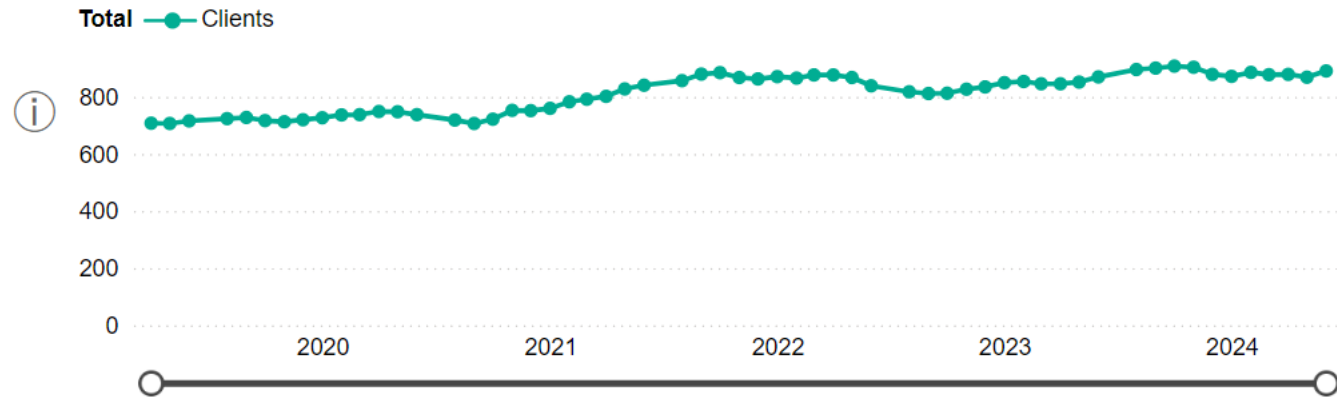
Darlington

Adults in treatment

891

Jul 2023 to Jun 2024

Baseline: March 2022
877



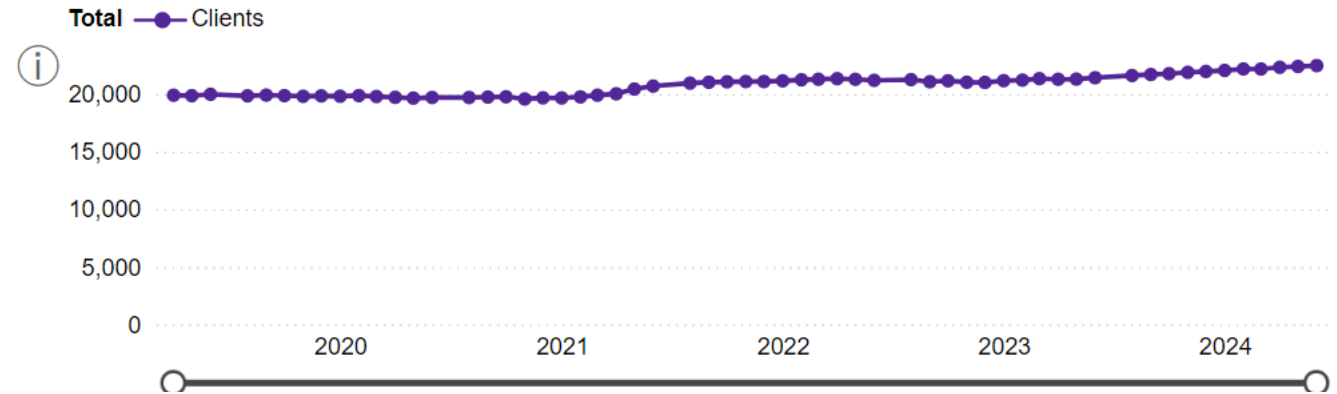
North East

Adults in treatment

22,475

Jul 2023 to Jun 2024

Baseline: March 2022
21,291



Darlington Performance – Young People in Treatment



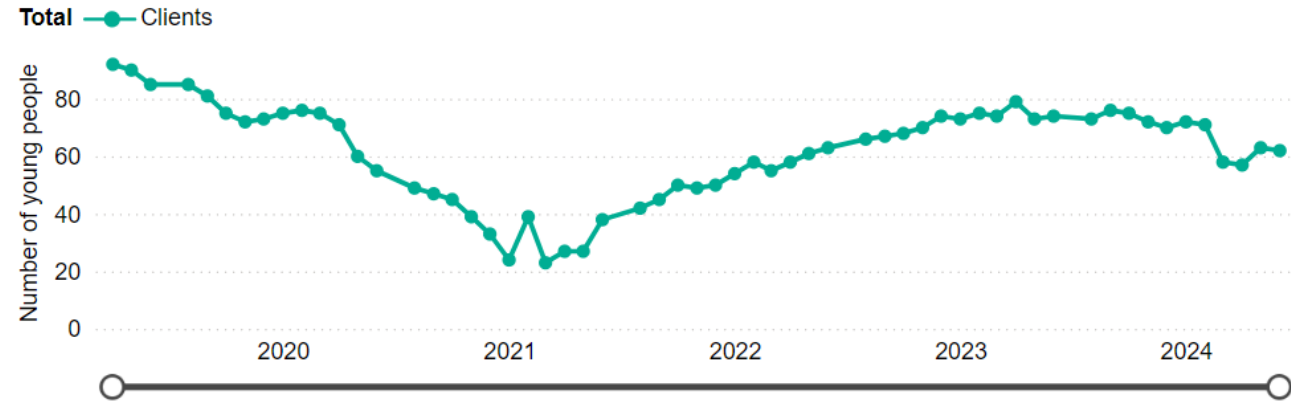
Darlington

Young people in treatment

62 ⓘ

Jul 2023 to Jun 2024

Baseline: March 2022
55



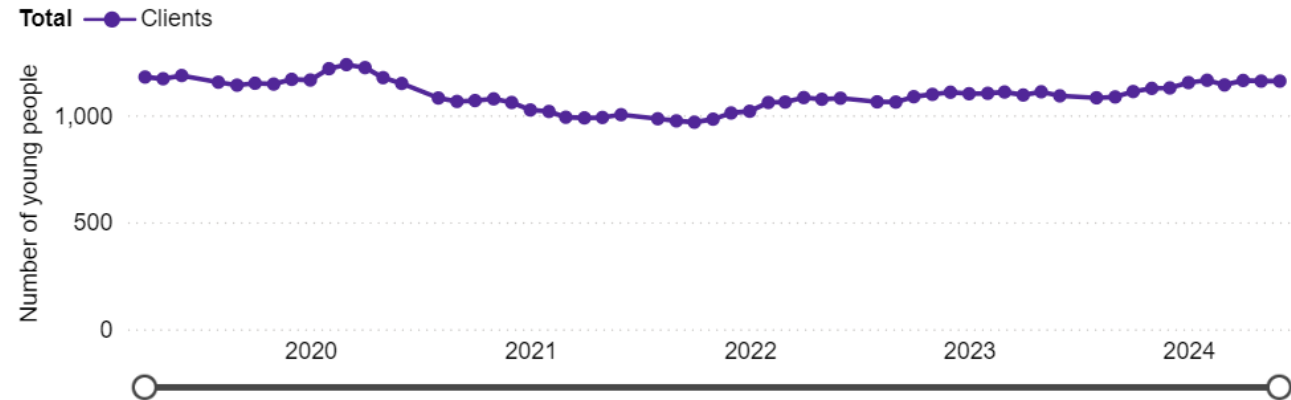
North East

Young people in treatment

1,160 ⓘ

Jul 2023 to Jun 2024

Baseline: March 2022
1,062

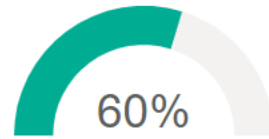


Darlington Performance – Continuity of Care (Rolling 12 Months)



Darlington

Proportion of clients

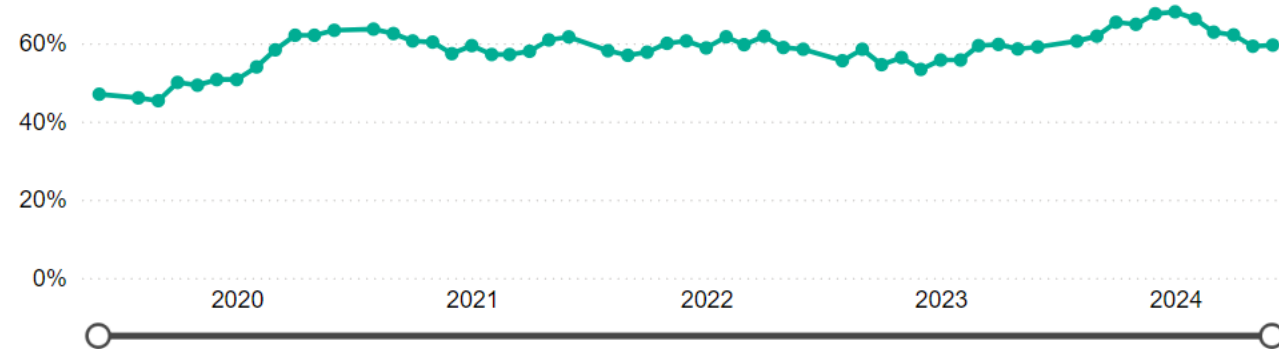


Prison exits Apr 2023 to Mar 2024 (Jun 2024 community data)

Baseline: March 2022 community data
60%

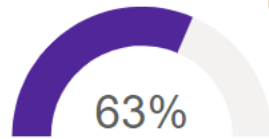


Total — Clients



North East

Proportion of clients

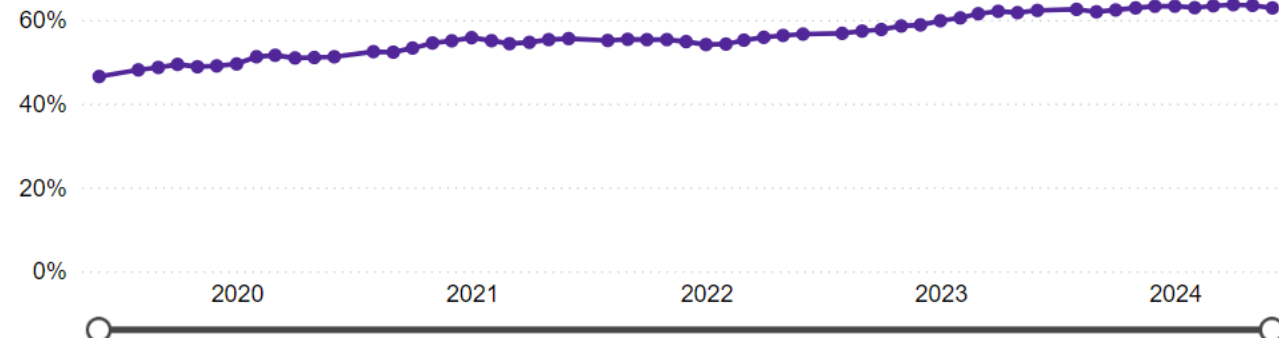


Prison exits Apr 2023 to Mar 2024 (Jun 2024 community data)

Baseline: March 2022 community data
55%



Total — Clients

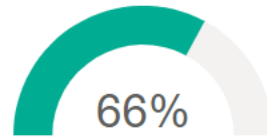


Darlington Performance – Continuity of Care (Rolling 3 Months)



Darlington

Proportion of clients

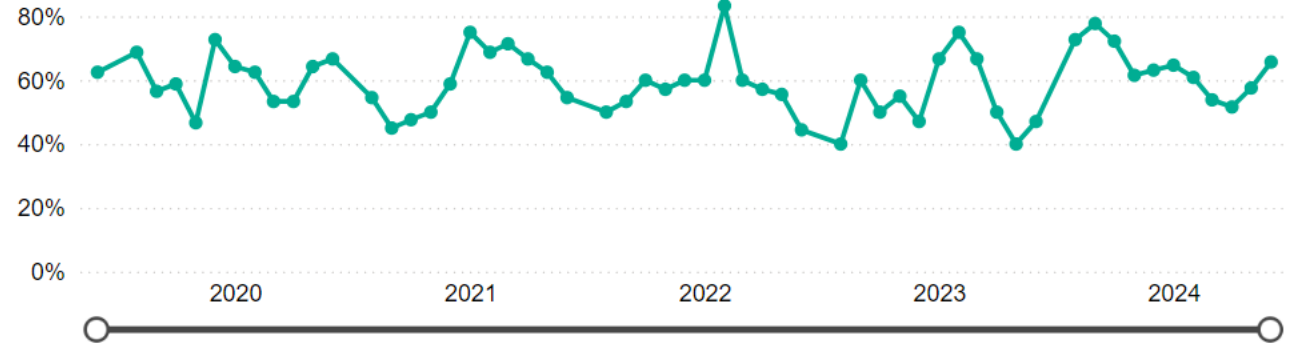


Prison exits Mar 2024 to May 2024 (Jun 2024 community data)

Baseline: March 2022 community data
60%

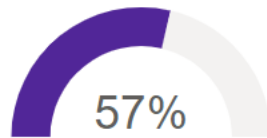


Total — Clients



North East

Proportion of clients

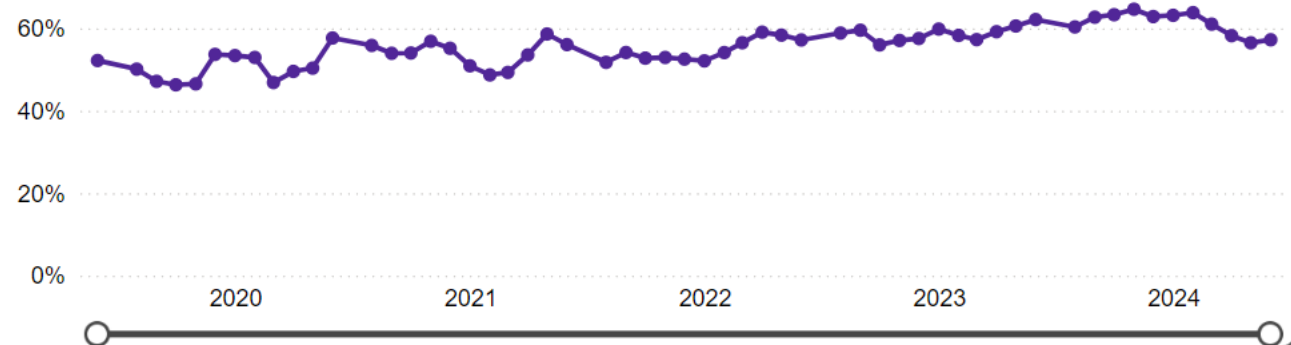


Prison exits Mar 2024 to May 2024 (Jun 2024 community data)

Baseline: March 2022 community data
57%



Total — Clients



Darlington Performance – Drug Related Deaths



Darlington

Proportion of all in treatment

1.12%

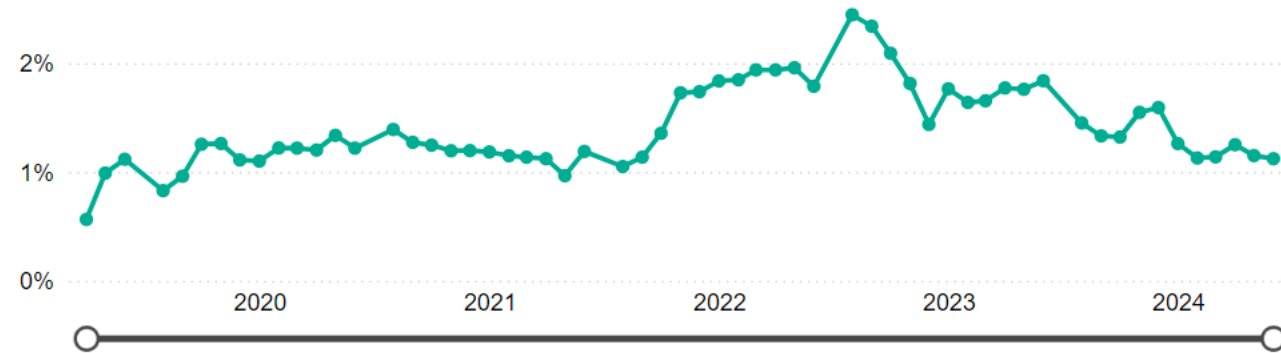
Jul 2023 to Jun 2024

Baseline: March 2022

1.94%



Total ● Clients



North East

Proportion of all in treatment

1.39%

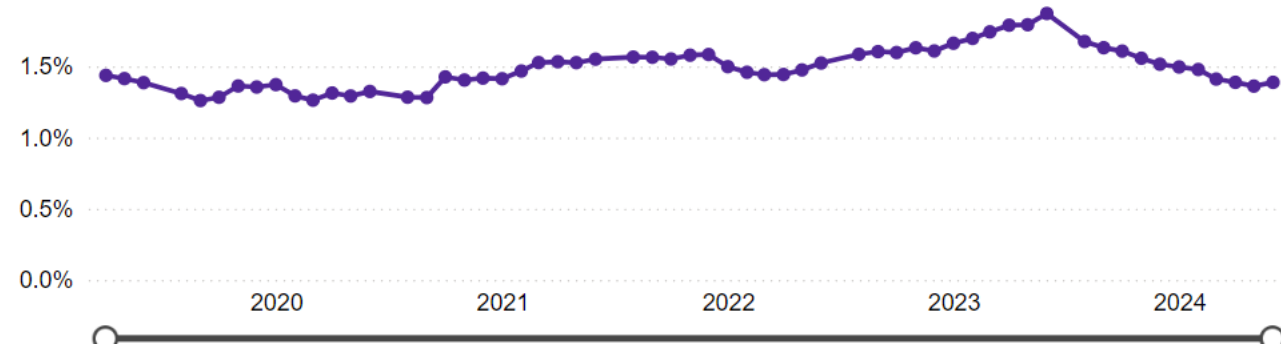
Jul 2023 to Jun 2024

Baseline: March 2022

1.44%



Total ● Clients





DARLINGTON
Borough Council

Thankyou

mark.harrison@darlington.gov.uk

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Adults and Young People's Drug and Alcohol Service (STRIDE)

Gary Besterfield – Head of Service Delivery, WithYou

Michelle Burns – Service Manager, Recovery Connections

Charlotte Hallatt – ACCESS Team Leader



Partners:



What we offer Darlington (STRIDE)



- ✓ Pharmacological interventions opiates/alcohol/onsite disp.
- ✓ Psychosocial Interventions (PSI) – one to one and groups
- ✓ Harm reduction and needle and syringe programme
- ✓ Health and wellbeing assessments

- ✓ Recovery support:
 - Coaching
 - Community
- ✓ Group Facilitation
- ✓ Community building
- ✓ Ambassador programme
- ✓ Addressing stigma & education
- ✓ Individual Placement & Support

STRIDE working together

- Police
- Probation
- Social Services/children's Services
- Safeguarding teams
- Housing teams
- Darlington Carers Service
- Mental health services - Tees, Esk and Wear Valleys NHS FT
- Harbour - Domestic Abuse
- Edge Centre and community hubs

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withyou



Recovery support in numbers...

Since opening...



- **1,663** group attendances since April 2024
- Supporting **88 people per month** on average
- **5 people** started the ambassador course in March 2024
- **4 people** have gone on to employment, 4 within our service.
- We had **307 group attendances** in August 2024





STRIDE referrals – 2024/2025 YTD

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Adult 471
Referrals
in Darlington



YP 49 Referrals
in Darlington

272 – Self Highest referral sources
40 – Adult Social Care
36 – Prison
22 – Hospital Alcohol Team
18 – Outreach
14 – Housing/Homeless Service
9 – Probation
3 – Liaison and Diversion

6 – Self Highest referral sources
8 – Universal Education
3 – YOT
4 – YP Housing
19 – Children and Family Services

Real people, real stories...

withyou

What's next for STRIDE?

- ✓ Work better **together** to increase referrals/support criminal justice/primary care/hospitals
- ✓ Provide our partners with **more information** about services and how STRIDE can help people within drug/alcohol issues
- ✓ Enhance our **young persons** offer and increase **early prevention measures**
- ✓ Continue supporting **continuity of care** with adult engagement increasing for both male and female prison leavers
- ✓ Keep building the **recovery support offer**

Thank you

26 Coniscliffe Road
Darlington
DL3 7JX



01325 809 810

wearewithyou.org.uk

info@recoveryconnections.org.uk

ACCESSteam@darlington.gov.uk

ACCESS Team – 01325406571

withyou



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**HEALTH AND HOUSING SCRUTINY COMMITTEE
23 OCTOBER 2024**

HOUSING SERVICES TENANT INVOLVEMENT STRATEGY 2024-2029

SUMMARY REPORT

Purpose of the Report

1. For Members to consider the draft Housing Services Tenant Involvement Strategy 2024-2029, before approval by Cabinet on 5 November 2024.

Summary

2. Darlington Borough Council Housing Services has a long history of working with our tenants to help shape their communities and influence decisions about their homes and the services we provide. Our approach to tenant involvement is embedded in our culture of openness and honesty, demonstrated through our Tenants Panels.
3. The Regulator of Social Housing's (RSH) new consumer standards from April 2024, set out their expectations for how social landlords must give tenants a wide range of meaningful opportunities to influence and scrutinise their landlord's strategies, policies and services.
4. The Housing Services Tenant Involvement Strategy 2024-2029 at **Appendix 1** sets out how we will involve and empower our tenants, including how our engagement activities will be monitored and reported, and how we will involve our tenants in decisions about the services they receive.
5. The Tenants Panel has been consulted on the draft strategy and they have given their full support.

Recommendation

6. It is recommended that Members consider the report and draft Housing Services Tenant Involvement Strategy 2024-2029 at **Appendix 1** and agree its onward submission to Cabinet.

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	The Tenant Involvement Strategy will help the Council to deliver fair and equitable outcomes for our tenants
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	There are no implications
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. Darlington Borough Council provides over 5,300 high quality homes for local residents. We are committed to providing the best homes and services to tenants as possible. Involving and engaging our tenants is critical to help achieve this. Our tenants are best placed to let us know how to make improvements and to review our plans and proposals for the future.
8. The RSH sets a number of Consumer Standards, which apply to all social housing providers, including Councils. Specifically, in relation to the Transparency, Influence and Accountability Standard, social housing providers must:
 - (a) Take action to deliver fair and equitable outcomes for tenants.
 - (b) Take tenants’ views into account in their decision-making about how landlord services are delivered and communicate how tenants’ views have been considered.
 - (c) Communicate with tenants and provide information so tenants can use landlord services, understand what to expect from their landlord, and hold their landlord to account.
 - (d) Collect and provide information to support effective scrutiny by tenants of their landlord’s performance in delivering landlord services.
 - (e) Ensure complaints are addressed fairly, effectively, and promptly.

9. The Council has well established processes in place to involve and engage our tenants in delivering our services. The Housing Services Tenant Involvement Strategy 2024-2029 at **Appendix 1** promotes our continued commitment to tenant involvement. Specifically, the strategy covers the following areas:

Providing the right information

10. We will provide our tenants with the right information about our services in the ways they want. We will encourage our tenants to use our digital services, providing opportunities for everyone to be involved. We will ensure that we provide the right level of support for our tenants to access our services, ensuring no-one is excluded.

Supporting tenants to make their voice heard

11. We will encourage tenant involvement and effective participation. We will provide a wide range of opportunities for our tenants to be involved, develop, and feel fulfilled. We will put our tenants at the heart of everything we do and ensure their voice is heard.

Making decisions with our tenants

12. We will ensure the results of feedback are used to develop services and bring about positive change. We will use customer insight to make improvements and shape what we do and how we do it. We value the contribution tenants make in improving services. We will involve our tenants to ensure their homes are safe and decent.

Maximising scrutiny and accountability

13. We will build trust and transparency and ensure our tenants can hold us to account. We will ensure our Council Members provide scrutiny of our decisions to ensure our tenants have been involved and listened to. We will work with our partners to get a better understanding of how we can engage with and support our communities. We will use complaints about our services to understand what has gone wrong and what we need to do to put things right.

Outcome of Consultation

14. Our Tenants Panel were consulted in September 2024 and overall, the Panel support the proposed Housing Services Tenant Involvement Strategy 2024-2029. Examples of the Panel's comments were as follows:
 - (a) "Thank you for allowing me the opportunity to read the proposed Tenant Involvement Strategy, which seems a great start for a commitment from both tenants and DBC, to work closer together to build a better community in all areas. This is why it is important that tenants get involved in groups like the Tenants panel, so tenants, through the Tenants Panel members, can have a direct voice in the decisions that affect them and their communities. The main thing I am looking forward to as a tenant panel member is change."
 - (b) "I have read the Strategy and support it fully. As a panel member and before that a member of the Tenants Board, I have spent something like 15 years helping the

Council and tenants like me, work together for better understanding and improving scrutiny of how the council works. I've seen things change with much more involvement with the digital side of things allowing tenants who can't get to meetings get their point of view across. The council are constantly working to improve tenant involvement and inclusivity and are always willing to listen.”

- (c) “I think the Tenants Panel ask questions that otherwise would not be included in decision making. We know how important it is to have our voices heard.”
- (d) “As a Tenants Panel member, we as a team have read through a lot of information that goes to scrutiny before the council tenants and are always asked our opinions. As a panel member our voices are heard. Opinions on issues are listened to. We are the voice of the tenants. Over the next 5 years it will be more challenging as the new government goes forward. There will be issues I feel will arise that affects all tenants of DBC. To be able to help with that is going to be interesting.”

Housing Services Tenant Involvement Strategy

2024 - 2029

Foreword

Darlington Borough Council is committed to providing the best homes and services to tenants as possible. Involving and engaging tenants is critical to help achieve this. Tenants are best placed to let us know how to make improvements and to review our plans and proposals for the future.

This strategy increases our commitment to tenant involvement, which we plan to invest in more over the coming years. We know that not all tenants can get involved in the same way. So, we want to make sure there are as many different ways to get involved as possible – from making comments on individual repairs to sitting on the Tenants Panel.

Thank you so much to the many tenants that are already involved. I hope this strategy will mean that many more tenants can join them, so that Council homes and services can continue to improve and be the best they can be.

Councillor Matthew Roche, Health and Housing Portfolio Holder

As members of your Tenants Panel, we fully support this new strategy and the clear commitment to tenant involvement.

The strategy promotes the commitment of us as tenants and Housing Services staff to work closely together to build better communities across the Borough. Partnership working is key to achieving our aims and we, as the Tenants Panel, are looking forward to supporting this through the next 5 years.

We recognise that over the next 5 years it will be challenging as the new government goes forward. There will be issues that will arise that affects all of us as tenants of Darlington Borough Council, and we embrace this challenge and look forward to supporting new ways of working and new strategies.

The Tenants Panel and Digital Tenants Panel allows us to have a direct voice in decisions that affect us all and all our communities. Some of our members have been involved with Housing Services through the Tenants Panel for over 10 years, showing our commitment to improving services and making change happen. As Tenant Panel members, our voices are heard, our opinions on issues are listened to, we are the voice of the tenants.

If you are interested in being a part of the exciting changes and helping us to improve, we're always looking for new members from across our communities in whatever capacity you can offer.

Housing Services Tenants Panel

Introduction

Darlington Borough Council Housing Services has a long history of working with our tenants to help shape their communities and influence decisions about their homes and the services we provide. Our approach to tenant involvement is embedded in our culture of openness and honesty, demonstrated through our Tenant Panels.

This strategy sets out how we will continue to involve and empower our tenants, ensuring they are at the heart of everything we do. It also sets out how we will explore new ways to engage with our tenants and ensure that no-one is left out.

Our strategy will help us to meet regulatory requirements and strengthen and expand opportunities for our tenants to make a positive difference to our services and future direction.

Our Aims

- To provide our tenants with the right information.
- To ensure our tenants can give us their views in the ways they want to and make their voice heard.
- To ensure we offer our tenants a wide range of meaningful opportunities to influence and scrutinise.
- To improve and expand the ways our tenants can be involved and participate in decision making.
- To improve the ways we can engage with our tenants, through digital and social media channels.
- To empower tenants by providing training opportunities, to ensure they have the right skills to effectively scrutinise and make decisions around service delivery.
- To involve our tenants in making key decisions, such as improving safety and tackling climate change.
- To work with our tenants to improve services and help us implement change.
- To ensure we provide our tenants with feedback following consultation.
- To learn from complaints about our services, put things right and be open and honest when things haven't gone well.
- To work with our partners to get the best outcomes for our tenants.
- To meet the diverse needs of our tenants to ensure all tenants can engage with opportunities.

Our Priorities

Providing the right information

We will provide our tenants with the right information about our services in the ways they want. We will encourage our tenants to use our digital services, providing opportunities for everyone to be involved. We will ensure that we provide the right level of support for our tenants to access our services, ensuring no-one is excluded.

How will we do this?

- We will make all of our written communications easy to understand, accessible and clear about our services.
- We will provide up to date information about our services through our website, our tenants magazine Housing Connect and the Housing Facebook page.
- We will provide support and advice on how our tenants can use our digital services and through our Darlington Home Online service.
- We will regularly update our social media platforms giving tenants information about their homes and the area they live in.
- We will provide options where tenants can provide feedback on our services, as well as through the annual Tenant Satisfaction Measures survey.
- We will provide telephone and face to face services for those who need it and ensure our staff are on hand to speak to our tenants.
- We will provide and adhere to our customer service standards, so tenants know what level of service to expect from us.
- We will ensure we have useful leaflets and information available on a wide range of subjects for our tenants.
- We will provide data on our performance online, in our Annual Report and produce a special Tenant Satisfaction Measures edition of our Housing Connect annually, so tenants can scrutinise our performance.

How will we know we have been successful?

- All of our written communications, policies and strategies will be in Plain English and approved by our Tenants Panel.
- Increased hits to our website pages and more subscribers to our Facebook page.
- More subscribers to the Darlington Home Online service.
- Reduced calls to our Housing Contact team; helping us to provide more support to the people who need us the most.
- Positive feedback from our tenants about the information we provide and the ways in which they can contact us.

Supporting tenants to make their voice heard

We will encourage tenant involvement and effective participation. We will provide a wide range of opportunities for our tenants to be involved, develop, and feel fulfilled. We will put our tenants at the heart of everything we do and ensure their voice is heard.

How will we do this?

- We will make it as easy as possible for our tenants to give their views and get involved. We will use a variety of ways such as through surveys, Tenants Panel, the Digital Tenants Panel, face to face consultations and mystery shopping.
- We will give clear expectations and explanations of the role our tenants play in tenant involvement and how these will shape services.
- We will consider tenant's views and will communicate to tenants how their views have been taken into account in decision making.
- We will develop training opportunities for our Tenants Panel and promote wider training opportunities for our tenants to ensure everyone has the right skills to get involved and participate fully in activities, which they feel are important to them.
- We will provide funding opportunities to support tenant led activities and groups (Community Fund).
- We will understand the barriers to effective engagement and take action to remove them.
- We will ensure community activities support locally prioritised actions.
- We will create a positive engagement culture, where all staff understand the importance of customer engagement and actively promote it as an essential part of their roles.
- We will use the results of transactional feedback surveys and Tenant Satisfaction Measure surveys to help us improve services to our tenants. We will hold Focus Groups with our tenants to understand results in specific areas and consult with our Tenants Panel on next steps and areas of improvement.
- We will promote the results of the annual Tenant Satisfaction Measure surveys through our tenant's magazine, Housing Connect which is delivered to every tenant, is available online and which is available in an audio version.
- We will make it easy for our tenants to contact us to make a complaint, a compliment or comment about our services. We will use these as areas of learning to help us to continually improve and meet tenants' needs.
- We will take all reasonable steps to ensure all tenants have an equitable opportunity to be involved and to provide feedback on our services.
- We will involve the Tenants Panel in decision making for Community fund bids.

How will we know if this has been successful?

- Increased tenant involvement and evidence that tenants have given their views through a range of activities.

- Increased attendance by our Tenants Panel at training events, to help improve their knowledge and skills.
- Improved Tenant Satisfaction Measure results and transactional feedback survey results .
- Increased participation through online engagement.
- Tenant led activities and groups successfully delivered using the Community Fund.

Making decisions with our tenants

We will ensure the results of feedback are used to develop services and bring about positive change. We will use customer insight to make improvements and shape what we do and how we do it. We value the contribution tenants make in improving services. We will involve our tenants to ensure their homes are safe and decent.

How will we do this?

- We will use the results of any feedback to help us make decisions about our services and communities.
- We will provide feedback on what we have done to improve services and bring about positive change, as a direct result of tenant involvement.
- We will hold Focus Groups with our tenants in their communities, to help us understand more about what our tenants want.
- We will involve our tenants with the maintenance, safety, and energy efficiency of their homes.
- We will work with our Tenants Panel and tenants to recruit Community Champions in our local communities. We will promote the work of these Champions within the communities and provide them with training and support to undertake these roles.
- We will empower our tenants to make decisions and take the lead.
- We will engage with the tenants of our new build homes and use their feedback to inform our future designs and choice of products.
- We will ensure our tenants are aware of opportunities within their local community and within the wider town of opportunities.
- We will provide a wide range of opportunities for our tenants to give their views and get involved through Surveys, Tenants Panel, the Digital Tenants Panel, Face to Face consultations and Mystery Shopping.

How will we know that this has been successful?

- Increased satisfaction levels in feedback and surveys (including Tenant Satisfaction Measures).
- Evidence that tenant involvement has been used to make decisions and shape services.
- Evidence that tenants have been empowered to make a positive contribution to the maintenance, safety, and energy efficiency of their homes.
- Increasing numbers of Community Champions across our communities.
- Evidence that tenant's views have informed our future designs and choice of products.

Maximising scrutiny and accountability

We will build trust and transparency and ensure our tenants can hold us to account. We will ensure our Council Members provide scrutiny of our decisions to ensure our tenants have been involved and listened to. We will work with our partners to get a better understanding of how we can engage with and support our communities. We will use complaints about our services to understand what has gone wrong and what we need to do to put things right.

How will we do this?

- We will provide a wide range of opportunities for our tenants to scrutinise our performance, our policies, strategies, and decisions.
- We will use our Tenants Panel to provide effective tenant scrutiny and challenge and ensure that decisions that affect our tenants are transparent.
- We will publish our performance through our Housing Connect magazine and online on a regular basis, so that tenants can see how we are measuring up and improving.
- We will ensure we have robust governance arrangements and key decisions about our services will be made by Council Members, and the results of tenant involvement will form the basis of any recommendations. Equality impact assessments will help us understand any adverse effects on the decisions we make.
- We will ensure tenants understand the level of service they can expect from us and what to do if they don't think we're meeting it.
- We will ensure our tenants know how they can complain about our services and that complaints are given priority. We will thoroughly investigate all complaints and provide tenants with a full and honest response.
- We will put right what has gone wrong and ensure we learn from any mistakes, publishing the details of any improvements.
- We will engage with our colleagues and external organisations about how we can better engage and support our tenants.
- We will use the results of transactional feedback surveys and Tenant Satisfaction Measure surveys to help us improve services to our tenants. We will consult with our Tenants Panel on next steps and areas of improvement.
- We will advertise our performance and give benchmarking data, so tenants can compare our results with previous years and other providers.
- We will adhere to the Housing Ombudsman Complaint Handling Code and will annually report on performance. We will also report complaint performance to our Tenants Panel quarterly.

How will we know when we have been successful?

- Evidence of decisions made in consultation with our tenant's panel.
- Evidence of challenge and scrutiny by our Council Members.
- Evidence that key performance measures and how we compare with others are regularly published and communicated to our tenants. Evidence that performance has improved.

- Evidence that complaints are consistently resolved promptly, politely, and fairly.
- Evidence that we meet the Housing Ombudsman Complaint Handling Code.
- Complaints about our service are reducing.
- Evidence that complaints about our services have been used to drive changes and improvements.

How can tenants get involved?

The following table explains the opportunities that are available to all out tenants to get involved and how we share information with our tenants:

Activity	Frequency	Participants/Recipients	Where to find more information
Neighbourhood inspections	Bi-monthly	Tenants, Housing Officers, StreetScene, Police, Local Councillors, Tenant Involvement Officer	Website
Coffee mornings	Weekly	Tenants, Lifeline Officers	Within relevant sheltered or extra care facility
Tenant Hubs	Usually monthly	Tenants, Housing Officers, Lifeline Officers (where appropriate), Tenant Involvement Officers	Website
Focus Groups	Following Tenant Satisfaction Measure results	Tenants, Housing Officers, Tenant Involvement Officers	Social media and within relevant community centres
Tenants Panel	10 each year	Tenants, Housing Officers, Tenant Involvement Officers	Website
Housing Connect magazine	3 each year	Tenants	Website and hand delivered to each tenants home
Social Media (Facebook)	Usually a minimum of 3 posts each week	Tenants	Housing Facebook page
Transactional Surveys	As appropriate	Tenants	Website
Tenant Satisfaction Measure surveys	Annually	Tenants	Special edition Housing Connect and website
Digital Tenants Panel	As appropriate	Tenants	Website

Tenant Groups	As arranged by individual groups	Involved tenants (can include non-Council tenants)	Social media and website
Consultations	As required	Tenants	Website and social media
Community Fund	As required	Tenants (Tenants Panel involved also in decision making)	Website

Measuring and Monitoring

Effective monitoring and reporting of this strategy will help us understand if our engagement activities are making a difference. Therefore, we will measure and report on the effectiveness of this strategy by doing the following:

- We will expect to see an increase in the number of our tenants becoming involved and influencing decision making. We will measure and report on this through our website, our Tenant’s Panel, Housing Connect magazine and an annual report to our tenants.
- We will evaluate the progress of engagement activities at regular intervals throughout the year to ensure these are working effectively.
- We will publish the details of tenant involvement opportunities through an annual plan, regularly reporting on how we are progressing.
- We will publish the records of meetings and decisions made.
- We will provide an annual report to the Health and Housing Scrutiny Committee on progress against our strategy.
- We will ensure tenant involvement forms a core competency for housing staff and is reflected in all job roles, recruitment processes and training plans.

HEALTH AND HOUSING SCRUTINY COMMITTEE 23 OCTOBER 2024

JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2024 - 2028

SUMMARY REPORT

Purpose of the Report

1. To receive the draft Joint Local Health and Wellbeing Strategy (JLHWS).

Summary

2. The JLHWS sets out the local priorities for improving the health and wellbeing of the population of Darlington. The development of the Strategy has been informed by the Joint Strategic Needs Assessment (JSNA) and a series of workshops with members of the Health and Wellbeing Board and wider partners.
3. The JLHWS has adopted a life course approach, with the themes of *Best Start in Life - Children and Young People, Staying Healthy – Living Well and Staying Healthy – Ageing Well*.
4. There is an additional theme of *Healthy Places*, in recognition of the importance of taking action to improve the wider determinants of health, as not everyone has the same opportunities to live long and healthy lives. However, it is acknowledged that many of the building blocks of health, including good educational attainment, availability of good quality and affordable housing and job creation, are outside the direct remit of the Health and Wellbeing Board and therefore are not included within the scope of the JLHWS.
5. The JLHWS sets out the vision that Darlington is a place where everyone has the opportunity to *thrive and live well*.
6. The Health and Wellbeing Board is a partnership and as such the JLHWS sets out the principles (*Healthy Ways of Working*) of how we will work together to deliver against the identified priorities.
7. For each of the themes of the JLHWS there is a brief description of why it is important, a stated ambition, summary of local need, identification of 2 overarching priorities and a description of the difference to be delivered, with the latter outlining the initial areas of focus.
8. The overarching priorities for each theme are:
 - (a) Best Start in Life - Children and Young People: **pregnancy and early years; mental health and resilience**

- (b) Staying Healthy – Living Well: **making smoking history; mental health and wellbeing**
- (c) Staying Healthy – Ageing Well: **minimise time in ill health; maximise independence**
- (d) Healthy Places - **workplace health and good work; healthier environments.**

9. All feedback on the draft JLHWS will be considered collectively, as part of the process of consultation and finalising the Strategy for agreement at the Health and Wellbeing Board.
10. It is the intention that the JLHWS, alongside the JSNA and local intelligence, will support a regular process of assessing need and agreeing actions to meet the needs identified.

Recommendation

11. It is recommended that the Health and Housing Scrutiny Committee: -
 - (a) Receive the draft Joint Local Health and Wellbeing Strategy for consideration and review.
 - (b) Note the content of the draft Joint Local Health and Wellbeing Strategy, including the overarching priorities identified to improve the health and wellbeing of the population of Darlington.
 - (c) Suggest any changes required to the content of the Joint Local Health and Wellbeing Strategy.

**Lorraine Hughes
Director of Public Health**

Background Papers

None

Lorraine Hughes extension 6203

Council Plan	The report supports the Council Plan priority of Living Well as it focuses on the health and wellbeing of the population.
Addressing inequalities	The report considers health inequalities and poor health outcomes experienced in Darlington, identifying key actions to be taken forward.
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 as actions delivered will need to be contained within agreed budgets.
Health and Wellbeing	The report sets out the priorities of the Joint Local Health and Wellbeing Strategy, to improve the health of the population.
S17 Crime and Disorder	There are no implications arising from this report.

Wards Affected	All
Groups Affected	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	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’s Health and Wellbeing Strategy

2024 – 2028

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Staying Healthy: Ageing Well

Healthy Places

Foreword

To be added.

Cllr Roche

Chair, Health and Wellbeing Board

DRAFT

Acknowledgements

Thanks are given to everyone who has contributed to the development of Darlington's Joint Local Health and Wellbeing Strategy. Particular thanks are given to members of the Health and Wellbeing Board and those individuals who attended one or more of the workshops held in May and June 2024.

Endorsement

The following organisations have endorsed the content of Darlington's Joint Local Health and Wellbeing Strategy.

County Durham and Darlington NHS Foundation Trust

Darlington Borough Council

Darlington Post-16 Education

Darlington Primary Care Network

Darlington Primary Schools

Darlington Secondary Schools

Durham Police and Crime Commissioner's Office

Harrogate and District NHS Foundation Trust

Healthwatch Darlington

NHS England and Improvement

North East and North Cumbria Integrated Care Board

Tees, Esk and Wear Valleys NHS Foundation Trust

Teesside University

Introduction

Our Joint Local Health and Wellbeing Strategy (JLHWS) sets out the local priorities for improving the health and wellbeing of the population of Darlington. The development of the Strategy has been informed by the Joint Strategic Needs Assessment (JSNA)¹ and a series of workshops with members of the Health and Wellbeing Board and wider partners.

A **life course approach** has been taken in the JLHWS, with the themes of *Best Start in Life - Children and Young People, Staying Healthy – Living Well and Staying Healthy – Ageing Well*.

Adopting a life course approach is helpful for promoting health and reducing avoidable health inequalities, as it recognises that each stage of a person's life impacts on the next stage of their life. Many factors can influence a person's health and wellbeing over their lifetime, positively and negatively. Understanding what can help to protect someone's health and taking action to increase such opportunities, for example by providing access to a safe and pleasant environment which supports a person to be physically active on a day-to-day basis or opportunities for good work which allows the working age population to have a job which is secure and provides a good income, will help to improve overall health.

At the same time, by understanding the risk factors which contribute to worse health outcomes, we can be proactive in our efforts to reduce the likelihood of the risk occurring in the first place whilst also supporting individuals and communities to reduce or remove the risk factors. Whilst it is true that some of this action can only be taken at a national level, like it was with previous interventions such as removing advertising of tobacco products, raising the cost of products and increasing the age of sale, there are still lots of actions we can take in Darlington to reduce the impact of risks. For example, continuing with the theme of tobacco, specialist stop smoking services are available to support people who smoke and want to quit, and we need to make sure we are reaching as many people as possible and making it easy for them to come forward for help, whilst reducing the number of people who take up smoking in the first place.

It is important that as a Borough we take action to improve the wider determinants of health as these are the building blocks of good health and are essential if we want to have better health and wellbeing for all of our communities in Darlington, as not everyone has the same opportunities to live long and healthy lives.^{2,3} It is for this reason that the Strategy has an additional theme of *Healthy Places*. However, it is acknowledged that many of the building blocks of health, including good educational attainment, availability of good quality and affordable housing and job creation, are outside the direct remit of the Health and Wellbeing Board and therefore are not included within the scope of the JLHWS.

Through the joint efforts of the Health and Wellbeing Board we have a real opportunity to improve the health and wellbeing of the population in Darlington, allowing people to be

¹ [Darlington BC - Darlington Joint Strategic Needs Assessment 2024](#)

² The Health Foundation. 16 May 2024. Accessed 29 May 2024. <https://www.health.org.uk/news-and-comment/charts-and-infographics/what-builds-good-health#download%20resources>

³ The Health Foundation. July 2024. Accessed 17th July 2024. <https://doi.org/10.37829/HF-2024-HL02>

born well and grow, live, work and age well⁴. We also need to make sure that our efforts are focused on reducing the health inequalities which exist within Darlington, many of which have widened over time.

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⁴ World Health Organization (2018) The life-course approach: from theory to practice. Casestories from two small countries in Europe. [9789289053266-eng.pdf \(who.int\)](#), accessed 20th August 2024

Our Vision

Our vision is that Darlington is a place where everyone has the opportunity to **thrive and live well**.

How Will We Work Together?

The Health and Wellbeing Board have agreed an approach to support *Healthy Ways of Working*, which will help to deliver the vision, shared ambitions, priorities and actions set out in the JLHWS.

Healthy Ways of Working

We will work together to:

- Make the best use of resources to achieve the greatest impact, including ensuring there is always a focus on seeking to understand and reduce health inequalities
- Build upon what we already have in place and do well
- Embed an approach of early support and prevention
- Develop a culture of high support and high challenge
- Celebrate successes
- Use data and evidence to develop our priorities, including maintaining the JSNA so data is good quality and provides a picture of health inequalities in Darlington
- Listen to what our communities tell us, including hearing the voice of lived experience and co-producing programmes of work and interventions, where it is possible and appropriate to do so
- Share learning from engagement surveys, service user feedback and community leaders
- Adopt a 'think family' approach in all of our work
- Monitor progress being made against our priorities
- Seek to understand if we are making a difference
- Be willing to try new things to help build the evidence base when it is not there, making sure we reflect and learn

Marmot Principles

In the 2010 Marmot Review 'Fair Society Healthy Lives'⁵ six evidence based policy objectives were identified for action to reduce health inequalities. In 2020 'Health Equity in England: The Marmot Review 10 Years On'⁶ was published, highlighting the continued importance of

⁵ Marmot M, Allen J, Goldblatt P, Boyce T, McNeish D, Grady M (2010) Fair Society, Healthy Lives: The Marmot Review. London. [Fair Society Healthy Lives \(The Marmot Review\) - IHE \(instituteofhealthequity.org\)](#), accessed 17th July 2024.

⁶ Marmot M, Allen J, Boyce T, Goldblatt P, Morrison J (2020) Health equity in England: The Marmot Review 10 years on. London: Institute of Health Equity. [Marmot Review 10 Years On - IHE \(instituteofhealthequity.org\)](#), accessed 17th July 2024

the policy objectives. Since then, 2 additional objectives (7 and 8) have been included. Whilst some of the policy objectives are of greater relevance than others to the JLHWS they highlight the importance of a 'Health in All Policies' (HiAP) approach⁷ and the contribution which can be made through the work of the Health and Wellbeing Board and delivery of the Strategy.

1. Giving every child the best start in life

2. Enabling all children, young people and adults to maximize their capabilities and have control over their lives

3. Creating fair employment and good work for all

4. Ensuring a healthy standard of living for all

5. Creating and developing sustainable places and communities

6. Strengthening the role and impact of ill-health prevention

7. Tackle racism, discrimination and their outcomes

8. Pursue environmental sustainability and health equity together

⁷ LGA (2016) Health in All Policies: a manual for local government, [health-all-policies-hiap--8df.pdf](https://www.local.gov.uk/sites/default/files/2016-09/health-all-policies-hiap--8df.pdf) ([local.gov.uk](https://www.local.gov.uk)), accessed 29th August 2024. A HiAP approach provides a framework for local authorities to take into account the health implications of decisions.

Life Course Data Map

– **to be added**

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Themes

The themes and actions have been informed by the JSNA and the output from three workshops, which had a total of 58 participants. The workshops considered the topics of:

- *Best Start in Life – Children and Young People*
- *Staying Healthy – Living Well and Ageing Well*
- *Healthy Places and Ways of Working.*

The development of the JLHWS provides an opportunity to set out the agreed priorities and actions for partners to address the identified health and wellbeing needs of the population of Darlington, supporting a regular process of assessing need through the JSNA and local intelligence and agreeing actions to meet the needs identified.⁸

Best Start in Life (Children and Young People)

Giving our children and young people the best start in life is about establishing those important early foundations for a healthy life, from pre-conception to young adulthood.

Ambition

We will reduce inequalities and improve health outcomes for children and families.

What is the local need?

There are many examples of collaboration and delivery already happening in Darlington to improve maternal and child health outcomes, these efforts will continue. Evidence from the JSNA and information gathered through the workshops highlights the following areas of concern in Darlington:

- around 1 in 8 (12.9%) of pregnant women smoke during pregnancy (smoking status at time of delivery)
- the percentage of all births recorded with low birth weight and very low birth weight has increased between 2017 and 2021
- reducing the proportion of babies born with a low or very low birth weight
- continue to increase rates of breastfeeding
- supporting children to develop good communication skills and be ready for school
- reducing levels of tooth decay in children
- increasing the number of children who are a healthy weight
- reducing the impact of alcohol harms and substance misuse
- improving the mental health and resilience of children and young people
- reducing hospital admissions caused by unintentional and deliberate injuries

⁸ [Health and wellbeing boards – guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/health-and-wellbeing-boards) Accessed 17th July 2024

Priorities

- Pregnancy and early years
- Mental health and resilience

What is the difference we want to see?

We will focus first on:

Pregnancy and early years

- Reduction in the proportion of mothers recorded as being smokers at time of delivery
- Address the health inequalities in rates of smoking during pregnancy across Darlington
- Fewer women returning to smoking after they have had their baby, to reduce the risk of harm from second hand smoke
- Build upon the momentum of increasing rates of breastfeeding in Darlington, to ensure this includes the wards which have the lowest rates of breastfeeding currently
- Increase levels of school readiness in children as measured at the end of reception, including for children who have free school meal status and children with Special Educational Needs and Disabilities (SEND)

Mental health and resilience

- Reduction in the rate of hospital admissions as a result of self-harm in young people (aged 10 – 24 years)
- Halt the increase in hospital admissions as a result of self-harm in girls and young women
- Reduction in the rate of hospital admissions for mental health conditions in young people under the age of 18 years
- Young people who need support for mental health and wellbeing know what services are available for support and how to access them
- Through the continued provision of mental health support teams in education settings a greater number of children and young people will be able to access NHS-funded mental health services

Staying Healthy: Living Well

Staying healthy in adulthood has many benefits, including helping you to participate in day to day activities, go to work, socialise and do things you enjoy in your spare time; supporting good mental health; preventing and delaying the onset of illness and disease which can contribute to people living longer and in good health.

Ambition

We will increase average life expectancy and narrow the gap in life expectancy across Darlington.

What is the local need?

Many different services are available in Darlington to support people to stay healthy and live well, including sexual and reproductive health provision, specialist support for people to stop smoking or get help with drug and alcohol conditions, NHS Health Checks, leisure services, health screening and immunisation and primary and secondary care services for people who have illnesses and diseases such as mental ill health, diabetes, chronic obstructive pulmonary disorder and high blood pressure.

Life expectancy is a measure of the average number of years a person would expect to live at the time of birth. Data shows that life expectancy has been declining in Darlington (a trend also seen in the North East and England), after a sustained period over recent decades of increasing life expectancy.

How healthy we are and how long we live is influenced by many different things, including our socioeconomic conditions, access to healthcare, the physical environment in which we live and health behaviours. The theme of **Staying Healthy: Living Well** is concerned with health behaviours and risk factors.

Evidence from the JSNA and information gathered through the workshops highlights the following areas of concern in Darlington:

- Life expectancy for men has fallen from a peak of 78.7 years to 77.2 years
- Life expectancy for women has fallen from a peak of 82.5 years to 81.3 years in women
- Within Darlington life expectancy can vary significantly, with data showing an average difference in life expectancy between the best and worst off areas in Darlington of 13 years for men and 10.6 years for women. These inequalities have widened over time
- Healthy life expectancy, a measure of the number of years a person can expect to live in 'good' health, has been reducing in Darlington over the last 5 to 10 years for men and women
- Increasing rates of the chronic health conditions of diabetes and hypertension
- Declining rates of uptake of breast and cancer screening amongst eligible women
- Rates of smoking have increased in people aged 18 and over and amongst routine and manual workers
- It is estimated that 9,900 adults in Darlington smoke⁹
- Obesity in adults has been rising steadily, with 1 in 3 adults in Darlington categorised as obese
- Rates of suicide has increased over time for men and women
- An increasing burden of alcohol harms across a range of measures

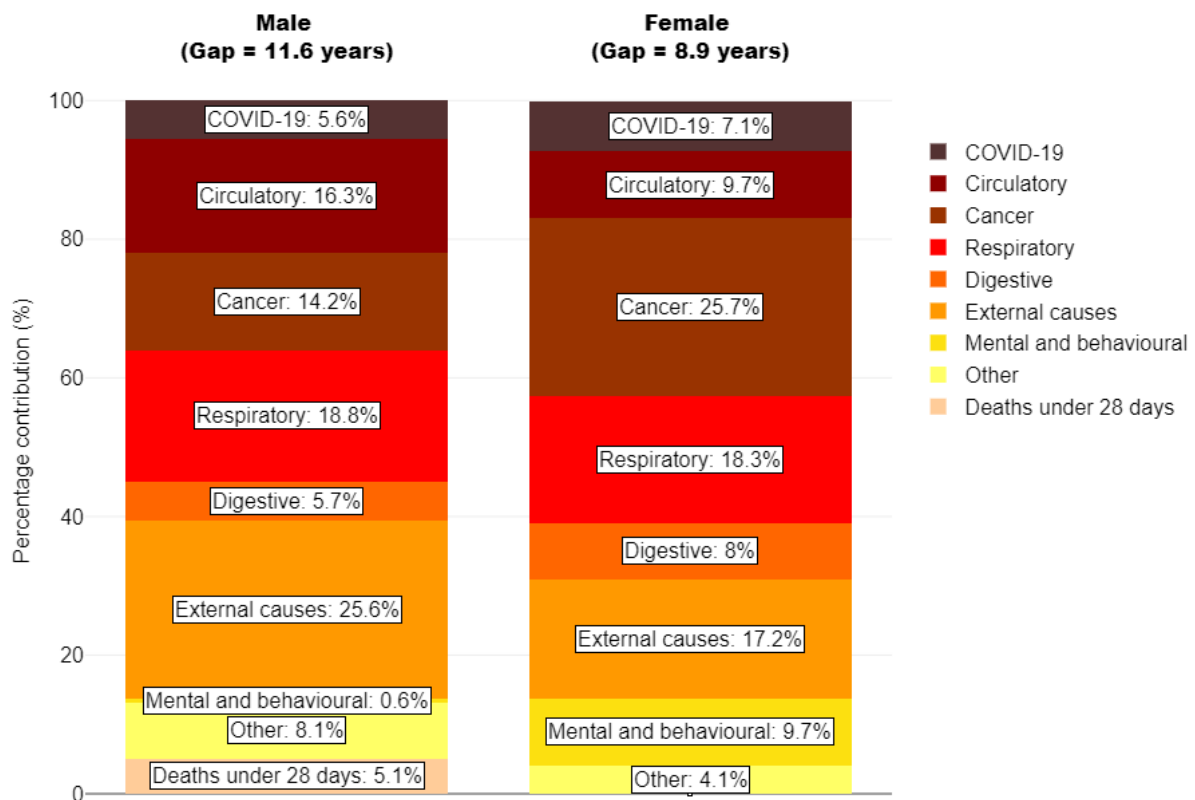
Through understanding more about the causes of death which are driving inequalities in life expectancy across Darlington it is possible to take action to address the risk factors which have the greatest impact. This approach will support efforts to reduce health inequalities.

⁹ ashresources.shinyapps.io/ready_reckoner/, accessed 29th August 2024.

The charts below show that in 2020-21 the 4 leading causes of death for males in Darlington were external causes (deaths from injury, poisoning and suicide), respiratory diseases (COPD, flu and pneumonia), circulatory (heart disease, stroke) and cancer (particularly lung cancer). Overall, in this time period there were 254 deaths in the most deprived areas of Darlington, 127 (50%) of which would have been avoided if the areas had the same mortality rate as the least deprived areas.

In the same period, the leading causes of death for females in Darlington were cancer (there has been an increase in the number of deaths from lung cancer), respiratory diseases, external causes, circulatory and mental and behavioural (dementia and Alzheimer’s disease). Overall, in this time period there were 237 deaths in the most deprived areas of Darlington, 103 (43%) of which would have been avoided if the areas had the same mortality rate as the least deprived areas.

This highlights that increasing efforts to reduce rates of smoking and support good mental health and wellbeing could have a positive impact on health outcomes and reducing inequalities.



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

Priorities

- Making smoking history
- Mental health and wellbeing

What is the difference we want to see?

We will focus first on:

Making smoking history

- Reduce rates of smoking in Darlington to 5% or less by 2030
- Reduce rates of smoking in routine and manual workers
- Address the health inequalities in rates of smoking across Darlington

Mental health and wellbeing

- Reduce rates of suicide in men and women
- Increase the number of people with drug and alcohol dependency accessing treatment
- Increase the number of people with drug and alcohol dependency successfully completing treatment
- Support the work of Darlington Mental Health Network to enable greater collaboration and partnership working, using the learning which emerges to strengthen preventative approaches and inform the future commissioning and delivery of mental health services

Staying Healthy: Ageing Well

In Darlington men and women are spending an increasing period of their lives in poor health, which means they may often struggle with day to day tasks, can no longer do things they used to enjoy, are less likely to be able to continue to work and will be suffering from illness or disability. All of this has a very real impact on people, for example not being able to spend quality time with family and loved ones, having less money to spend on bills, essentials and hobbies, being unable to provide informal care giving to others or needing care and support themselves.

This does not have to be the case, if we can enable people to maximise their health going into the period of older age it will be possible to start to shift this trend and reduce the length of time people spend in periods of ill health. Through actions to promote healthy ageing and prevent disease it is possible to reduce or delay the experience of ill health and disability and prolong independence, so people can continue to do the things they enjoy and have a good quality of life.¹⁰

¹⁰ Chief Medical Officer's annual report 2023: health in an ageing society, [Chief Medical Officer's annual report 2023: health in an ageing society](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118444/Chief-Medical-Officer-annual-report-2023-health-in-an-ageing-society), accessed 21st August 2024.

Improving the environment for older adults, for example through urban planning and building design, also has an important role to play but is outside the scope of the JLHWS.

A good death (often described as a good end of life experience) is important for individuals at end of life and their families and carers, and it could be argued a reflection of how as a society we care for the most sick and vulnerable. Whilst there are specialist NHS and palliative services which provide this very important support it continues to be the experience of many that we don't have the right language to talk about death and this can sometimes get in the way of making sure people get the right support for them as they approach the end of life. Through people providing care asking about peoples wishes and taking these into account we can help people at end of life care to live as well as possible until they die, and to die with dignity.

Ambition

People in Darlington are able to enjoy a healthy and independent older age.

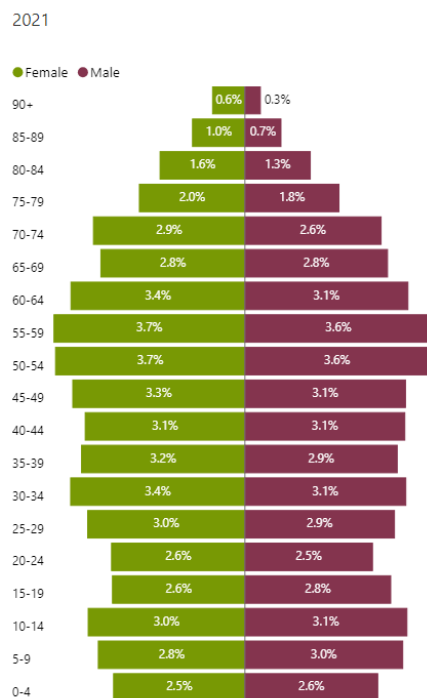
What is the local need?

Census data¹¹ shows that Darlington has an ageing population, the impact of which if nothing else changes would be increased levels of health and social care need. This makes it more important than ever that people are able to stay as healthy as possible for as long as possible, in adulthood and through most of their older age.

Between 2011 and 2021 the average age of a resident in Darlington increased by two years, from 41 to 43 years of age. Over this same time period there has been:

- a decrease of 2.5% in children (477) aged under 15 years
- a decrease of 1.2% in people (848) aged 15 to 64 years
- an increase of 11.7% in people (2,449) aged 50 to 64 years
- an increase of 19.9% in people (3,663) aged 65 years and over
- an increase of 15.8% in people (1,378) aged 75 years and over

¹¹ [Darlington population change, Census 2021 – ONS](#)



Evidence from the JSNA and information gathered through the workshops highlights the following areas for action:

- Healthy life expectancy at 65, a measure of the average number of years a person aged 65 years would expect to live in good health, has been reducing over time in Darlington for men and women, although the last data point shows an improvement for men from 8.6 years to 10.5 years.
- Disability-Free Life Expectancy at 65, a measure of the number of years a person can expect to live free from a limiting long-term illness or disability, has been reducing over time in Darlington, for both men and women.
- Life expectancy at 65 shows a small reduction for men and not much change for women.
- Falls are the biggest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes.
- Falls and fractures in those aged 65 and over account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion in England.
- The rate of hospital admissions for falls in all those over 65 years has been increasing over the last 10 years in Darlington.
- The rate of those requiring hospital treatment due to a fall increases with age, with the eldest (over 80 years) having the highest rates of admission.
- Support people at end of life to have a good death.

Priorities

- Minimise time in ill health

- Maximise independence

What is the difference we want to see?

We will focus first on:

Minimise time in ill health

- Making Every Contact Count (MECC) embedded within the health and social care sector in Darlington
- Increase in the number of older people accessing health improvement services, including stop smoking support and drug and alcohol services
- Review the offer and uptake of NHS Health Checks to support increased uptake in wards with the greatest levels of need

Maximise independence

- Develop an integrated falls prevention strategy, for the purpose of reducing falls in older people and minimising the impact of a fall on a person's health and independence
- Opportunities such as Dying Matters awareness week to increase awareness of the importance of supporting people to have a good death and help those working in health and social care to increase their confidence in having conversations about dying and death

Healthy Places

A healthy place is somewhere it is easy to be healthy. This includes having access to green open spaces, good local employment and being able to eat well and be active.

Ambition

We will encourage the development of healthier environments to promote health and wellbeing for all.

Priorities

- Workplace health and good work
- Healthier environments

What is the difference we want to see?

We will focus first on:

Workplace health and good work

- Develop a Darlington offer for workplace health, including a wellbeing pledge

- Continue to expand the Making Every Contact Count (MECC) approach to local workplaces, to support health promoting behaviours and reduce health inequalities

Healthier environments

- Opportunities to address the negative impacts of commercial determinants of health are explored further
- Work with council officers and developers to ensure the Darlington Borough Local Plan requirements for a Health Impact Assessment are met, to support the evaluation of the impacts of proposed developments on health and wellbeing
- The Good Food Local programme is taken forward in Darlington, working with Sustain and the North East Public Health network, to prioritise good food and commit to action on a breadth of food issues

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HEALTH AND HOUSING SCRUTINY COMMITTEE 23 OCTOBER 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 3**).
4. A request has been received (**Appendix 2**) from a Member of this Committee, requesting that consideration be given to an item in relation to mental and psychological support for residents in Darlington who are living with long term conditions and chronic illnesses.
5. In accordance with the agreed procedure (**Appendix 3**), the request was forwarded to the Public Health Specialist on behalf of the Director of Public Health, for a view on its merits, using the identified criteria.
6. The response of the Public Health Specialist is attached (**Appendix 2**).

Recommendation

7. It is recommended that;
 - a) Members note the current status of the Work Programme and consider any additional areas of work they would like to include.
 - b) In accordance with the agreed procedure, taking into account the views of the Public Health Specialist, this Scrutiny Committee makes a decision about whether an item in relation to mental and psychological support for residents in Darlington who are living with long term conditions and chronic illnesses be added to its work programme, and, if so, how it wishes to proceed.

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

8. 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.
9. 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.
10. 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

11. Once the Work Programme has been agreed by this Scrutiny Committee, any Member seeking to add a new item to the work programme will need to complete a quad of aims.
12. A copy of the Forward Plan has been attached at **Appendix 4** for information.

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HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Tenant Engagement Strategy 2025-2029	23/10/2024	Claire Gardner-Queen		Prior to submission to Cabinet on: 5 Nov 2024
Health and Wellbeing Strategy	23/10/2024	Lorraine Hughes		
Substance Misuse	23/10/2024	Lorraine Hughes/We Are With You		To receive an update to gain an understanding of numbers and offered provision / preventative measures.
Medium Term Financial Plan	08/01/2025	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
Preventing Homelessness and Rough Sleeping Strategy 2025-2030	15/01/2025	Janette McMain		Prior to submission to Cabinet on: 4 February 2025
Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	15/01/2025	Relevant AD		To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Physical Activity	15/01/2025	Lisa Soderman / Joanne Hennessey		
Healthy Weight Plan	26/02/2025	Joanne Hennessey		
Primary Care (including access to GP appointments)	26/02/2025	Emma Joyeux, ICB		emma.joyeux@nhs.net
Update on NHS Dentistry provision and Primary Care Dental Access	26/02/2025	Pauline Fletcher ICB / Dr Kamini Shah		pauline.fletcher2@nhs.net kamini.shah4@nhs.net
Waiting lists for NHS services	26/02/2025	ICB		
Community Mental Health Transformation	02/04/2025	John Stamp, TEWV		john.stamp@nhs.net
Children and Young People Mental Health Update	02/04/2025	James Graham, CAMHS		james.graham8@nhs.net
Housing Services Climate Change Strategy update	02/04/2025	Anthony Sandys		
Suicide Prevention	TBC	TBC		

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Better Care Fund	TBC	Paul Neil		
Chronic Illness and preventative measures.	TBC	Lorraine Hughes		
Wider Determinants of Health	TBC	Lorraine Hughes		
Quality Accounts – 6 Monthly Update	TBC	CDDFT/TEWV		
Health and Safety Compliance in Council Housing update	2025/2026	Cheryl Williams / Anthony Sandys		Annual Update
Housing Services Anti-Social Behaviour Policy update	2025/2026	Claire Gardner-Queen		Annual Update
Director of Public Health Annual Report	2025/2026	Lorraine Hughes		Annual Update
Health Protection Assurance Report	2025/2026	Ken Ross / Cherry Stephenson		Annual Update
Insulation Standards in Council Properties	2025/2026	Anthony Sandys		
Costs and impacts of buying-back of Council homes.	2025/2026	Anthony Sandys		

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Tenancy Policy	2025/2026	Claire Turnbull		
Strategic Housing Needs Assessment	2025/2026	Claire Gardner-Queen / Anthony Sandys		
Sexual Health Provision including methods of access	To be provided as a briefing	Lorraine Hughes		

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

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

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?)
<p>Chronic diseases and long-term conditions are highly prevalent within Darlington communities. The distribution and severity of these conditions vary across the borough, leading to inequalities. Evidence suggests that individuals with long-term physical conditions are more likely to experience poor mental health as a result of their ongoing health issues</p> <p>To mitigate the impact and cost of long-term conditions and improve the quality of life for those affected, evidence suggests that addressing both the mental and physical health needs of individuals is crucial. It is not clear what mental and psychological support is available to residents in Darlington who are living with long term conditions. It is not clear what referral pathways or other means to access mental health or psychological support are in place to support Darlington residents diagnosed or living with a long term health condition.</p>	<ul style="list-style-type: none"> • Public Health support • Data Analyst capacity • Input from key agencies/partners including: <ul style="list-style-type: none"> • NHS – <ul style="list-style-type: none"> ○ Commissioners (NENC ICB) ○ Primary Care (Primary Care Network) ○ Mental Health (TEWV) ○ NHS Talking Therapies • Patients and their advocates e.g. Healthwatch, Macmillan cancer services • Examples of services and pathways with integrated mental health support e.g. prehabilitation and rehabilitation
<p>PROCESS (HOW CAN SCRUTINY ACHIEVE THE ANTICIPATED OUTCOME?)</p>	<p>HOW WILL THE OUTCOME MAKE A DIFFERENCE?</p>

<p>I suggest that the Health and Housing Scrutiny Committee lead an initiative to...</p>	
<ul style="list-style-type: none"> • Examine the Impact: Investigate and understand the mental health effects on individuals living with long-term conditions and chronic illnesses. • Assess Support Systems: Evaluate the mental health and psychological support available to those diagnosed with or undergoing investigation for chronic illnesses in Darlington. • Review Service Pathways: Ensure that pathways to appropriate services are in place and that both local residents and professionals are aware of these pathways. • Recommend Improvements: Provide recommendations to enhance the commissioning and provision of local services. 	<p>The project will:-</p> <ul style="list-style-type: none"> • Map existing provision of mental health/psychological support related to long term conditions • Identify gaps in provision • Map and identify pathways into services • Identify examples of good practice • Make recommendations for improvements in practice and commissioning • Improve the experience and outcomes for local people living with long term conditions.

Signed Councillor Kate Mammolotti

Date 20 August 2023

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

<p>1. (a) Is the information available elsewhere? Yes</p> <p>If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services)</p> <p>There is information about the range of long-term conditions and chronic illnesses including mental health conditions available through a range of local and national statistics and data. There would have to be a focus on one or two specific conditions as there is too much data to be interrogated and analysed across the full range of long terms conditions, as defined by the NHS.</p>		<p style="text-align: center;">Criteria</p> <ol style="list-style-type: none"> 1. Information already provided/or will be provided to Member 2. Extent of workload involved in meeting request 3. Request linked to an ongoing Scrutiny
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<p>(b) Have you already provided the information to the Member or will you shortly be doing so?</p> <p>This specific information has not yet been provided to the member however following a meeting with the elected member a more specific and targeted data set was identified to focus on. This will be collected and analysed at a high level for the elected member to review. More information is required from partners to fully inform this work.</p> <p>2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff?</p> <p>If this request was included in the Committee Work Programme it would require specific input from a number of different officers at different stages of the project, which would need to be scheduled and coordinated.</p> <p>3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that?</p> <p>It could potentially compliment or be informed by some existing topics scheduled on the Work Programme including topics such as Primary Care ((26/02/25) or Community Mental Health Transformation (02/04/25).</p> <p>4. Is there another Council process for enquiry or examination about the matter currently underway?</p> <p>Not specifically although the Health and Wellbeing Strategy being developed by the Health and Wellbeing Board will have a focus on Health Inequalities, health outcomes and mental health. However, it would not be specific to the detail included in the Quad of Aims.</p> <p>5. Has the individual or entity some other right of appeal?</p> <p>Not applicable</p> <p>6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme?</p> <p>No, the evidence and data indicate that long-term conditions have a significant impact on people living in our communities in the Borough. Long-term conditions not only cost the local authority and the NHS substantial amounts of money and resources to manage, but they also effect the economy due to the impact of long-term sickness and absences from work.</p>	<p>Committee item of work and can be picked up as part of that work</p> <p>4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)</p> <p>5. About an individual or entity that has a right of appeal</p> <p>6. Some other substantial reason</p>
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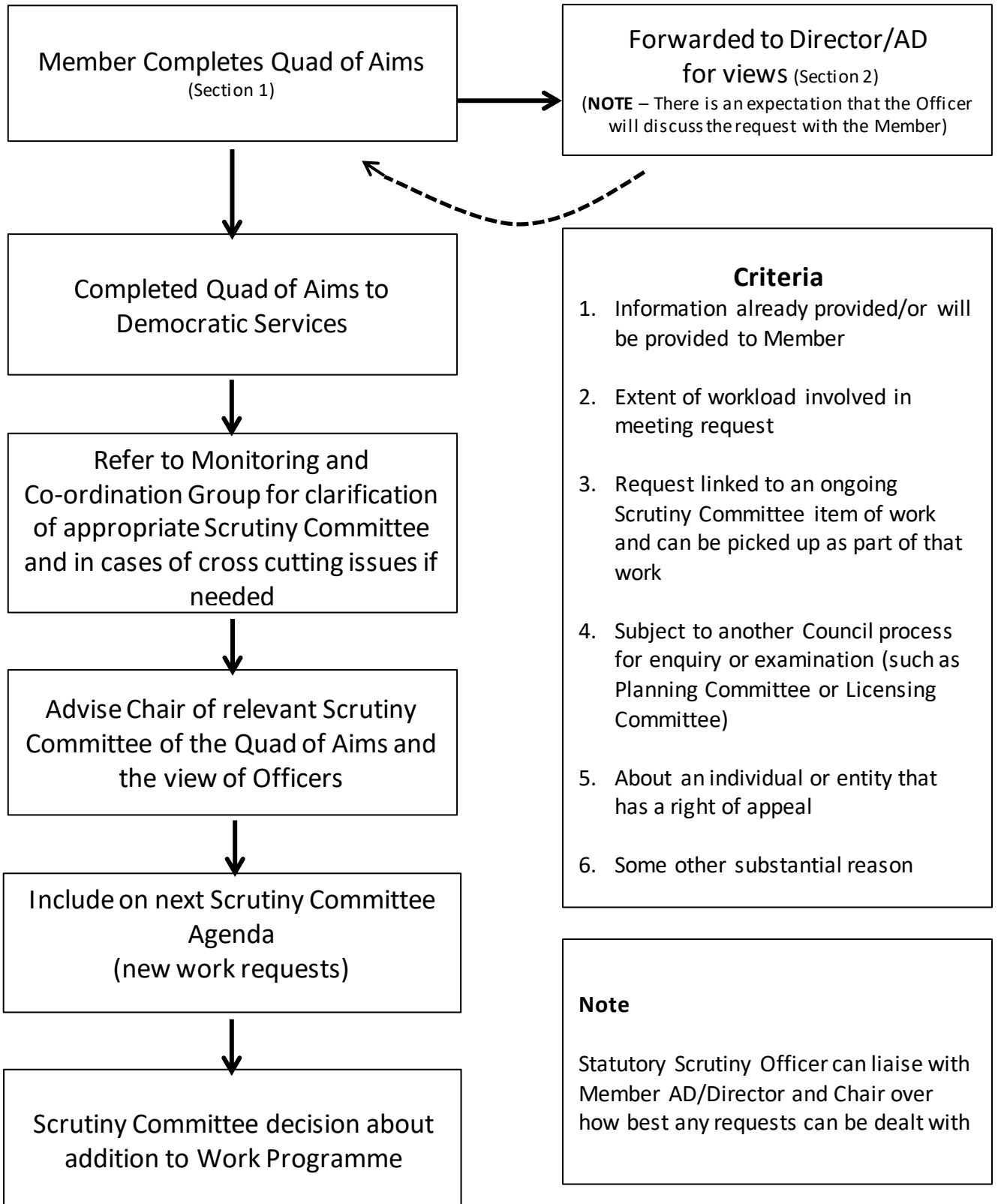
<p>Population projections suggest that more people in Darlington will develop and live with these conditions for longer. Residents should be able to be supported through a holistic approach, which considers the physical and mental health needs of the individual.</p> <p>It is within this committee's responsibility to assess the factors that impact the health of the local community, both positively and negatively.</p>	
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Signed Ken Ross OBO Director of Public Health

Position Public Health Principal

Date 17 September 2024

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



PLEASE RETURN TO DEMOCRATIC SERVICES

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

SECTION 1 TO BE COMPLETED BY MEMBERS

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

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

Page 84

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 3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work
2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff?	4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)
3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that?	5. About an individual or entity that has a right of appeal
4. Is there another Council process for enquiry or examination about the matter currently underway?	6. Some other substantial reason
5. Has the individual or entity some other right of appeal?	
6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme?	

Signed **Position** **Date**

PLEASE RETURN TO DEMOCRATIC SERVICES

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**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**



DARLINGTON

Borough Council

**FORWARD PLAN
FOR THE PERIOD: 2 OCTOBER 2024 - 28 FEBRUARY 2025**

Title	Decision Maker and Date
Offset Strategy	Cabinet 8 Oct 2024
Special Educational Needs and Disabilities (SEND) Strategy 2025/29	Cabinet 8 Oct 2024
Schedule of Transactions	Cabinet 8 Oct 2024
Annual Procurement Plan Update	Cabinet 5 Nov 2024
Children and Young People's Plan	Cabinet 5 Nov 2024
Council Tax Support - Scheme Approval 2025/26	Cabinet 5 Nov 2024
Environment Act 2021 - Waste Management Arrangements	Council 28 Nov 2024 Cabinet 5 Nov 2024
Household Support Fund 2025	Cabinet 5 Nov 2024
Housing Services Tenant Engagement and Involvement Strategy 2024/29	Cabinet 5 Nov 2024
Project Position Statement and Capital Programme Monitoring - Quarter 2	Cabinet 5 Nov 2024
Revenue Budget Monitoring - Quarter 2	Cabinet 5 Nov 2024
Skerningham Masterplan Consideration	Cabinet 5 Nov 2024
Updated Local Development Scheme (LDS) 2024/27	Cabinet 5 Nov 2024
Council Plan Performance Reporting Update	Cabinet 3 Dec 2024
Housing Revenue Account - Medium Term Financial Plan 2025/27 to 2028/29	Cabinet 3 Dec 2024
Land at Coniscliffe Road, Darlington	Cabinet 3 Dec 2024

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Land at Faverdale - Burtree Garden Village - Proposed Infrastructure Development Agreement (IDA)	Cabinet 3 Dec 2024
Mid Year Prudential Indicators and Treasury Management Monitoring Report 2024/25	Cabinet 3 Dec 2024
Proposed Middleton St George Conservation Area - Consultation	Cabinet 3 Dec 2024
Review of the Medium Term Financial Plan (MTFP)	Cabinet 3 Dec 2024
Strategic Asset Plan	Cabinet 3 Dec 2024
Maintained Schools Capital Programme - Summer 2025	Cabinet 7 Jan 2025
Woodland Road Waiting Restrictions	Cabinet 7 Jan 2025
Capital Strategy	Cabinet 4 Feb 2025
Customer Services Strategy 2025/30	Cabinet 4 Feb 2025
Digital Darlington Strategy 2025-30	Cabinet 4 Feb 2025
Housing Revenue Account - Medium Term Financial Plan 2025/27 to 2028/29	Cabinet 4 Feb 2025
Review of the Medium Term Financial Plan (MTFP)	Council 27 Mar 2025 Cabinet 4 Feb 2025
Preventing Homelessness and Rough Sleeping Strategy 2025/30	Cabinet 4 Feb 2025
Project Position Statement and Capital Programme Monitoring - Quarter 3	Cabinet 4 Feb 2025
Prudential Indicators and Treasury Management Strategy 2025/26	Cabinet 4 Feb 2025
Revenue Budget Monitoring - Quarter 3	Cabinet 4 Feb 2025
Schools Admissions 2025/26	Cabinet 4 Feb 2025
Adult Social Care Transport Policy 2024	Cabinet
Annual Statement of Accounts 2022/23	Cabinet

HEALTH AND WELLBEING BOARD

Thursday, 20 June 2024

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Harker (Leader of the Council) (Leader of the Council), Councillor Holroyd, Councillor Tostevin and Councillor Mrs Scott, Katie McLeod (Dep Director of Delivery, ICP)

APOLOGIES –Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board)

HWBB1 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB2 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.

No representations were made by Members or members of the public in attendance at the meeting.

HWBB3 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 14 MARCH 2024

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 14 March 2024.

A Board member asked that it be noted that the fluoridation consultation was highlighted in the meeting.

Resolved – That the minutes of the meeting held on 14 March 2024 be approved with the above noted.

HWBB4 DARLINGTON'S COMMITMENT TO CARERS 2023-2028 - UPDATE REPORT

The Commissioning Officer - Commissioning, Performance and Transformation provided Board members with a presentation to provide an update regarding progress in implementing Darlington's Commitment to Carers 2023-28.

Darlington's "Commitment to Carers" was launched on 17th April 2024 at a well-attended launch event, during which attendees were asked to identify actions they would take as their own Commitment to Carers, including participation in the planned social media campaign with progress already made in implementing some actions that were identified.

Board members were provided with information on the methods of targeting carers and the support that carers would require and that officers are working closely with "Darlington Carers' Support".

It was highlighted that there is an aim to reach more carers in underrepresented groups alongside a social media campaign highlighting critical points and encouraging interactions

from carers; with stories of various carers being provided and how social media is assisting their cared-for individuals and how it is assisting carers in making contact with other carers for support and advice where required. With further goals of the social media campaign being to involve organizations and “myth-bust” where possible alongside targeted monthly campaigns and regular updates with members being shown examples of upcoming campaigns.

Board members were also provided with a further presentation regarding “Young Carers Darlington” and the service offer provided including needs assessments, family work, 1-1 targeted support, group work and forums, supporting the transition of young adult carers, supporting schools and colleges to implement the young carers charter and utilise external funding opportunities to enhance the service.

Current progress towards goals was presented with a focus on strengthening links between teams and services.

Discussions were held with the point being made that many carers don’t necessarily identify as carers and social media is a useful tool in assisting with this. Board members also expressed their appreciation for young carers being recognized and agreed to circulate information and posts where possible. A Board member also suggested re-posting social media posts periodically to help engagement.

It was also highlighted that online surveys may be useful to gather information from young carers who do not have chance to become “ambassadors” to have their opinions heard.

Questions were asked including why information is shared with social services with clarification that this is to help define the understanding of what a “young carer” is and that any information sharing is by consent. Members asked if information is available in languages other than English and it was confirmed that it is.

It was asked as to whether identifying individuals via benefits is a reliable system and officers confirmed that the algorithm that is in place is proven to be robust in this regard.

Board members asked further questions including if there is a Carers’ Discount Card in place with officers confirming this is in existence and that further online updates regarding this would be useful.

It was asked if material differences are being experienced by young carers with the response that this is the case and that analytics are employed to provide the most tailored messaging possible towards this end. It was then queried what the timescale is in seeing the impact of this once analytics are employed with officers confirming that smooth mobilization has been a core goal however the new plan is still in its first quarter and may need more time to form a fully representative picture with the overriding goal still being to impact carers in meaningful and tangible ways.

RESOLVED – That Board members note the update provided and continue to act as champions for carers in Darlington.

REASON – Board members consider the work being undertaken to be worthwhile and well-orchestrated.

The Director of Public Health presented the position statement on Commercial Determinants of Health which has been produced by the Association of Directors of Public Health North East.

Board members were informed that Commercial Determinants of Health is a collective term used to describe the activities of private sector industries that impact us both positively and negatively by shaping the environments in which we're born, grow, live and work. They include political, scientific, and marketing practices which mainly cause health harm by maximising the use of potentially harmful products, either directly or by enabling corporations to block, delay, or weaken policy and deter litigation.

Information highlighted included that unhealthy commodity industries (UCIs) are for-profit and commercial enterprises/businesses delivering commercial products that lead to significant associated negative health consequences. Key examples include the tobacco, alcohol, gambling and ultra-processed food industries. The products of these industries are linked to many chronic, non-contagious diseases (non-communicable diseases), as well as other health and social issues.

Common industry tactics used include lobbying and political party donations; manufacturing doubt and shifting blame; aggressive marketing and advertising; and self-regulation and corporate social responsibility.

Industry-sponsored education and awareness raising in schools is also a common occurrence but has been shown to be biased towards industry interests (for example, promoting moderate alcohol consumption, misinformation about risks and use of ambiguous terms such as 'responsible drinking').

Central to the approach is the narrative of the personal responsibility of the individual, without acknowledgement of the influence the UCIs have in shaping our environments and ultimately influencing choices.

The harms driven by the Commercial Determinants of Health occur at an individual and population level and include health, financial and relationship harms alongside significant monetary costs to society.

The following principles (ways of working) were suggested:

- (a) UCIs should not influence health policy, health services or education/awareness-raising initiatives, particularly those aimed at young people.
- (b) Children and young people are a priority group to protect from the tactics of UCIs, particularly those living in our most deprived communities.
- (c) UCI marketing drives harmful consumption and health inequalities and needs to be tackled.
- (d) Reframing the narrative from personal responsibility to the actions of industries and their harmful products is a legitimate intervention.

A Board member expressed their concern that the report is politically motivated and presents a one-sided view with a further member expressing that they do not like the wording of the document.

Discussions held included that in the case of takeaway establishments, it is difficult to refuse a license to these premises with a further point raised that food delivery is available town-wide and not just in areas with the greatest statistic risk or with the lowest life-expectancy.

The question was raised as to what the motivation for the report is with the response that it is a newly emerging area of work but one with a track record in the past (i.e. tobacco control) in which the results are tracked across decades rather than solely on immediate impacts. Officers added that gambling and smoking have a greatest impact on the most deprived areas where life expectancy is far lower than more affluent areas due to lung / liver illness and that many areas with health detriments are those that have the most takeaways and off-licenses for example.

Awareness that some industries cause harm to people's health and reducing the impact of this is the key however officers acknowledged that companies do not wish to damage their bottom line.

It was explained to members that at this stage, an agreement on the principals of the report is sought and that further updates would be provided to future meetings.

A "show of hands" was taken with the Chair noting that the results showed that the report met majority, but not unanimous support from the members present.

RESOLVED – That Health and Wellbeing Board Members note the content of the report and position statement on Commercial Determinants of Health and that the Board receive future updates on the regional commercial determinants of health work programme, as it progresses.

REASON – To enable further work to be undertaken considering the responses and questions raised in this meeting.

HWBB6 HEALTH AND WELLBEING STRATEGY UPDATE

A verbal update was provided on the Health and Wellbeing Strategy with the Director of Public Health providing Board Members with information on recent workshops that were held in order to establish areas of work with gratitude expressed to those board members who attended and led workshop groups.

Points of note included the recognition of the importance of ageing well with a great deal of focus on the wider determinants and the key differences on life expectancy. Board Members also highlight the importance of engagement and setting immediate priorities.

A board member reported that the workshops were well attended with a cross-section of agencies being represented enabling a solid mandate. Conversations regarding process and way to enable young people to help drive targets were discussed with the belief that short-term achievable goals alongside the overarching vision would be extremely useful to build focus and momentum.

It was requested full results be fed back to board members on the usefulness of the exercise, this was agreed. With a further query as to whether those who could not attend the workshops would still be able to send ideas across, it was confirmed that this is still acceptable.

RESOLVED – That board members note the update provided.

REASON – To keep board members informed of the steps taken and the involvement of

Board Members

HWBB7 SUPPLEMENTARY ITEMS

A discussion was raised regarding water fluoridation in Darlington and Teesside, including that the deadline for public consultation on this had been extended. The Board was reminded that the Director of Public Health had circulated a draft Health and Wellbeing Board response to this consultation.

The Chair reiterated that it is not the decision of local councils but the Secretary of State.

A Board member stated that they would not sign up to the draft consultation response and that residents of Darlington are opposed to fluoridation with other members responding that there is no evidence that this is the case. The Director of Public Health provided statistics from a survey that in the North East, 60% of those asked were in favour with 16% not being in favour.

A Board member expressed that any response from the Health and Wellbeing Board should be based on the majority view and that members of the Board did not have to sign up to the Board response, if they did not wish to.

The Chair asked that Board members, that haven't done so already, respond to the Director of Public Health regarding the draft Health and Wellbeing Board consultation response.

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Tees Valley Joint Health Scrutiny Committee

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Friday 15 March 2024.

Present: Cllr Marc Besford (SBC) (Chair), Cllr Rachel Creevy (HBC) (Vice-Chair), Cllr Ceri Cawley (R&CBC), Cllr Lynn Hall (SBC), Cllr Mary Layton (DBC), Cllr Paul McInnes (R&CBC), Cllr Vera Rider (R&CBC), Cllr Jan Ryles (MC), Cllr Susan Scott (SBC)

Officers: Michael Conway (DBC); Gemma Jones (HBC); Sarah Connolly (R&CBC); Gary Woods (SBC)

Also in attendance: Dan Jackson (North East and North Cumbria Integrated Care Board); Dominic Gardner, Chris Morton, Beverley Murphy (Tees, Esk and Wear Valleys NHS Foundation Trust); Mark Cotton (North East Ambulance Service NHS Foundation Trust)

Apologies: Cllr Jonathan Brash (HBC), Cllr Christine Cooper (MC), Cllr Brian Cowie (HBC), Cllr Heather Scott (DBC), Cllr Jeanette Walker (MC)

1	<p>Evacuation Procedure</p> <p>The evacuation procedure was noted.</p>
2	<p>Declarations of Interest</p> <p>There were no interests declared.</p>
3	<p>Minutes of the Meeting held on 15 December 2023</p> <p>Consideration was given to the minutes from the Committee meeting held on 15 December 2023. Attention was drawn to the following item that was on the agenda:</p> <ul style="list-style-type: none"> <u>Office for Health Improvement & Disparities - Community Water Fluoridation:</u> Clarity was sought on what was agreed at the conclusion of this item, with some Members commenting that they were only in support of the planned consultation process, not necessarily the proposals to expand community

	<p>water fluoridation in the North East of England. Following a brief debate (which included the noting of some new related information that some Members had received from an anti-fluoride group, an entity which, according to other Members, had been previously discredited), it was agreed to amend the minutes to reflect that the Committee agreed to support the consultation process only.</p> <p>AGREED that the minutes of the Committee meeting on 15 December 2023, subject to the identified amendment for the ‘Office for Health Improvement & Disparities - Community Water Fluoridation’ item be approved as a correct record.</p>
<p>4</p>	<p>North East and North Cumbria Integrated Care Board - Update on Recent Restructure</p> <p>The Committee received an update following the recent restructuring of North East and North Cumbria Integrated Care Board (NENC ICB). Led by the NENC ICB Director of Policy, Involvement and Stakeholder Affairs, content included:</p> <ul style="list-style-type: none"> ➤ ICB 2.0 Organisational Restructure: A new way of working ➤ Significant change ➤ Executive team ➤ The NENC way ➤ Local Delivery Team comparison ➤ Contracting and devolution of budgets ➤ Networks and workstreams ➤ Example - Clinical Networks and ODNs ➤ Initial work - Networks and Alliances ➤ Still work to do... <p>The Committee was informed that the NHS typically went through a period of restructure approximately every decade. However, the formal implementation of the new national Integrated Care System (ICS) less than two years ago (mid-2022) already involved the merging of eight former Clinical Commissioning Groups (CCGs) into one regional organisation – the NENC ICB. In addition, from the onset of these new arrangements, further responsibilities were adopted and other subsequent delegations (i.e. pharmacy / optometry and dental in April 2023) had followed, with more anticipated in relation to specialist commissioning. Despite their relative infancy, ICBs had been instructed to reduce running costs by 30%, a task the NENC ICB was still working through (though around 100 posts had already been lost) – this exercise involved collaboration with each of the 14 Local Authority areas within the NENC footprint, reflecting the ICBs ‘place-based’ working approach.</p> <p>Moving forward, several key elements would underpin ‘the NENC way’ – these included a clinically-led (multi-disciplinary) and managerially-enabled focus, a structure involving eight directorates with eight executive directors, and enabling and delivery teams (the latter seeing six teams mapped to the 14 Local Authority</p>

partners, one of which would be ‘Tees Valley’ (comprising five Local Authorities)) concentrated on the delivering the vision and constitutional standards. Local committees mapped to each Local Authority area would continue.

Networks and workstreams were charted, with some inherited, some developing, and all at different levels of maturity. Clinical networks were either managed by NHS England or were transitioning to the ICB. Operational Delivery Networks (ODNs), managed within acute provider organisations but accountable to NHS England, outlined how pathways needed to work – these were listed along with the NENC clinical networks. Regarding the latter, thematic groupings / alliances were being developed to give a better strategic view of specific health conditions.

In terms of work still to do, it was expected that the mapping of system, clinical, corporate and operational delivery networks and workstreams would conclude by April 2024, and that a set of recommendations would then be created which contributed towards a streamlined organisation (reducing duplication), ensured work was aligned to the NENC ICBs *Better Health and Wellbeing for All* strategy, and enabled teams to deliver in accordance with a clear Terms of Reference. Clarity around funding and reporting mechanisms, as well as the provision of effective communication across the wider health and care system, was also envisaged.

Thanking the NENC ICB representative for the presentation, the Committee immediately drew attention to the quoted loss of 100 posts (following the request to reduce running costs by 30%) and the potential for significant redundancy costs. In response, Members heard that the ICB inherited all CCG staff when it came into being, some of whom were permanent and others who were on a fixed-term contract. Opportunities to apply for voluntary redundancy / early retirement were offered, and assurance was given that there were no additional costs incurred in relation to this reduction in the workforce. It was noted that the vast majority of ICB expenditure was on its staffing resource.

Referencing the ‘Initial work – Networks and Alliances’ slide, the Committee commented that a number of the nine categories appeared to have some form of crossover with other identified themes listed. Members were informed that the nine groupings merely represented initial thoughts, however, once confirmed, the work of these networks / alliances should benefit from a simpler decision-making process that a single ICB allowed (as opposed to the CCG era where strategic decision-making proved more challenging).

The Committee highlighted instances of people across Tees Valley accessing services in North Yorkshire (e.g. Friarage Hospital, Northallerton) and were given subsequent assurance that collaborative arrangements with neighbouring ICBs were in place to address issues that arose. Members welcomed this, though also called for developments which may have an impact on the people of Tees Valley, wherever this may be, to be appropriately scrutinised (the former Durham, Tees Valley and North Yorkshire joint health scrutiny committee was referenced).

	<p>AGREED that the North East and North Cumbria Integrated Care Board restructure information be noted.</p>
<p>5</p>	<p>Tees, Esk and Wear Valleys NHS Foundation Trust - Quality Account 2023-2024</p> <p>Representatives of Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) were in attendance to provide their annual presentation to the Committee in relation to the organisation’s Quality Account, a document which NHS Trusts had a duty to produce each year. The TEWV Chief Nurse, supported by the TEWV Care Group Director MHSOP / AMH and the TEWV Lived Experience Director for Durham, Tees Valley and Forensics, covered the following elements:</p> <ul style="list-style-type: none"> ➤ Quality Account Quality Priorities 2023/24 ➤ Priority 1: Care Planning ➤ Priority 2: Feeling Safe ➤ Priority 3: Embed the New Patient Safety Incident Response Framework (PSIRF) ➤ Setting the 2024/25 Quality Priorities ➤ Timeline <p>Agreed by the TEWV Quality Assurance Committee in May 2023, the Trust’s quality priorities for 2023-2024 were developed following discussion and review of quality data, risks and future innovations in collaboration with colleagues, patients, families and carers. Delivering on these priorities supported the ongoing mission to ensure that safe, quality care was at the heart of all TEWV did in line with its <i>Our Journey to Change</i> initiative and Quality Strategy.</p> <ul style="list-style-type: none"> • <u>Priority 1: Care Planning</u>: The Trust had identified several aims for completion by 31 March 2024 involving new system developments, measurable goals within care plans, the publication of new policies and procedures, and data collection / monitoring mechanisms to assess the effectiveness of clinical interventions. Whilst it was stated that performance impact was not yet where the Trust would want it, progress during the year was then outlined, a key element of which was the delayed implementation of (and associated training on) the new CITO patient record system which went live on 5 February 2024. Other areas noted included the continuation of region-wide work with relevant stakeholders to move away from the Care Programme Approach (CPA) (the five principles signalling how systems should start to do this were subsequently listed), the now fortnightly meeting of the Personalising Care Planning Oversight Group to provide oversight and assurance to other workstreams / groups, and the continuation of the Care Planning Co-production Group which informed TEWV from a lived experience perspective. <p>In related matters, six priorities for personalised care were highlighted – workforce (job descriptions), workforce (what is our offer?), data (e.g. waiting</p>

time metrics), interoperability (ICBs), managing risk and accountability, and working with partner organisations. Regarding the latter, it was noted that TEWV was often one of a number of entities involved in an individual's care, therefore effective links with partners (including schools) was important. Understanding data around inequalities and how this may help identify different needs (and therefore service requirements) across various geographical areas was also emphasised. From a wider perspective, the seven NENC ICB priorities around care planning were also outlined.

- Priority 2: Feeling Safe: To ascertain a better understanding of why some patients did not feel safe on TEWV's wards, as well as what would help foster a greater sense of safety, the Trust engaged with individuals using its inpatient services. Feedback on both these elements was relayed, with common themes being a lack of / need for appropriate staffing levels, involvement in their own care, opportunities for meaningful activity, access to quiet areas, and support when unwell or when incidents had occurred within their environment. Crucially, reassurance from staff and staff support was a key protective factor in ensuring that patients felt safe on the ward, with patients stating that they valued their relationships with staff.

It was explained that 'feeling safe' was not a mandated measure nationally and that all Trusts had different ways of determining and presenting this (hence benchmarking was not viable). Also emphasised was the possibility that not feeling safe could be an inherent feature of an individual's condition. To aid its aim of creating a positive relationship in which patients felt safe, TEWV had three key elements to achieve by the fourth quarter of 2023-2024 (January to March 2024), namely the implementation of the range of actions identified from the Feeling Safe Focus Groups with patients and staff, the continuation of the body-worn camera pilot work (and evaluation of impact), and the continued implementation of the *Safewards* initiative (an evidence-based model to support and enable patients to feel safe).

Progress against these three areas of focus was documented, with dedicated Action Plans being produced and monitored for services where particular concerns had been identified by the Feeling Safe Focus Groups, and a process put in place to develop an overarching rationalised strategic workplan and reporting framework in relation to 'feeling safe' (specific work undertaken within Durham, Tees Valley and Forensics in response to the care group being given a performance improvement notice was also noted). Benefits and challenges associated with the body-worn camera pilot were highlighted (it was also acknowledged that this was a controversial topic, with some (including patients) liking this and others not), with an in-depth review of the pilot now a component of the Trust's Positive and Safe Plan (approved by the Quality Assurance Committee in August 2023). In terms of *Safewards*, the need to refocus the corporate approach to the implementation, monitoring, reporting and assessment of outcomes for these standards had been agreed.

Developments in relation to TEWVs use of the question, ‘*During your stay, did you feel safe?*’ were outlined. Following review by the Trust’s Lived Experience Directors (with support from members of the Involvement Team), it had been agreed that analysis would now reflect a two-answer configuration and include ‘yes, always’ and ‘most of the time’. This change was made following the gathering of significant intelligence through focus groups which indicated that there were genuine reasons why people may not feel safe on an acute admissions ward.

Responding to a question on why Trusts were not mandated to track if people felt safe, the Committee was informed that, whilst this was a matter for NHS England, regulators would want to know if TEWV had mechanisms in place to ascertain how safe its service-users felt.

Linked to the first priority around care plan personalisation, the Committee asked if there was a way of establishing an agreed baseline measure with an individual where they can agree to feeling safe. A recent TEWV Board of Directors meeting involving a contribution from a care-experienced person who reflected on positive changes whilst using the Trust’s services was referenced, and it was also noted that the new CITO patient record system should help support the co-production (between patients and clinicians) of safety plans.

Returning to the lack of a standardised national ‘feeling safe’ metric, the Committee expressed unease that TEWVs decision to change the way it presents feedback on its existing question could be interpreted as a means to merely achieve better-looking outcomes. Hartlepool Borough Council’s health scrutiny function was writing to the NENC ICB with the aim of getting clarity around this situation and possibly establishing a baseline measure which could enable benchmarking, an endeavour the Committee agreed to support by sending its own correspondence.

The sensitive issue of body-worn camera use was probed, with Members asking if there had been any concerns raised around privacy. TEWV officers stated that employing such technology required careful consideration as there was the potential for misuse. The Trust drafted a policy for this some time ago (something the Lived Experience group had since examined), and, like the principles behind Oxehealth / OxeVision, its use had to be considered on an individual basis. If someone was not comfortable, both patient and staff needed to understand why.

The Committee drew attention to the ‘*How will we know we are making things better?*’ table (included alongside the aims for completion by the fourth quarter of 2023-2024), and felt that the lack of change in the percentage of inpatients feeling safe / supported by staff to feel safe throughout 2023-2024 suggested the measures being used to address this quality priority (e.g. body-worn cameras) were not working. TEWV officers reiterated that the wrong question was being asked of people who may not feel safe under any circumstance, and that the Trust

had perhaps not helped itself in using / publishing such a measure when other Trusts asked / reported on this in different ways. It was also highlighted that the previous year (2022-2023) had seen reduced occupancy within TEWV services (possibly as a result of the ongoing impact of the COVID-19 pandemic) which meant staff had more time for patients compared to the 2023-2024 period. Like most Trusts, TEWV was experiencing challenges around demand for its services – this was linked to wider system pressures that were being caused by a number of factors (e.g. cost-of-living).

- Priority 3: Embed the New Patient Safety Incident Response Framework (PSIRF): By the fourth quarter of 2023-2024 (January – March 2024), TEWV aimed to achieve five elements within this priority, including compliance with the national PSIRF requirements, increasing staff completion of national Patient Safety Syllabus training (level 1 and 2), introducing an annual patient safety summit and the role of patient safety partners, and completing focused work on Duty of Candour through the delivery of an improvement plan.

A summary of the implementation of PSIRF noted significant preparatory work undertaken over the past two years which ultimately led to the process going 'live' on 29 January 2024. A multi-disciplinary team (MDT) thematic review of serious incidents was undertaken in early-November 2023 and future quarterly reviews would be scheduled in collaboration with key specialty / directorate colleagues to review quarterly themes and to ensure learning was identified and embedded in workstreams and / or monitored.

Other achievements were relayed in relation to Patient Safety Syllabus training (89% staff compliance for level 1; 66% for level 2), secured monies to fund two part-time Patient Safety Partner (PSP) posts (though a recent development meant this was now in doubt), and the ongoing delivery of the Duty of Candour improvement plan which would include a forthcoming independent audit to check progress. Once PSIRF was embedded, the annual Patient Safety Summit would be held.

The Committee asked if the Trust was meeting its deadlines with regards PSIRF. Assurance was given that these were being met and that this ensured that immediate learning was established.

The presentation concluded with details on the process for setting the TEWV quality priorities for 2024-2025 (the importance of these being co-created with service-users and carers was emphasised), and the remaining timeline for the consultation period and publication of the Trust's Quality Account 2023-2024 document.

Members probed the recruitment of Lived Experience staff, with TEWV highlighting the benefits of peer support and the important role of Lived Experience Forums within the community which allowed wider engagement and a potential pathway for future use of care-experienced individuals to help shape

	<p>service delivery.</p> <p>Whilst pleased that the Lived Experience work had become more established, the Committee commented that TEWV had been on its ‘journey to change’ for some time now and queried how far along it felt it was. In response, the anticipated benefits of the new CITO system were reiterated, the routine checking of whether carers were being identified and engaged / involved was highlighted, as was the mandated monthly Quality Board where TEWV had an agenda set for them. From a regulatory perspective, the last CQC inspection saw the Trust’s three ‘inadequate’ domains improve, though it was acknowledged that the focus needed to be on patient safety (the historical backlog of serious incidents to report on were noted). Some staffing issues had also been identified, but these had since been addressed – Members felt it would have been helpful to have more detail on this latter statement, and also drew attention to the very limited statistics / data within the presentation, something which made it very difficult to determine performance / progress.</p> <p>Continuing the workforce theme, the Committee asked about the results of the recent staff survey. TEWV officers stated that this was a mandated survey, and that feedback was reflecting positive strides over the last year (data would be published nationally in the near future).</p> <p>Reflecting on the content of the presentation, Members felt there was little mention of 18-25-year-old provision and the challenges around transitioning from children’s to adult services – assurance was given that development work was ongoing in relation to this demographic. In other matters, it was acknowledged that neurodiverse individuals had been poorly served for years, and that TEWV was trying to understand how it might work differently for this particular cohort.</p> <p>AGREED that:</p> <ol style="list-style-type: none"> 1) the Quality Account-related update on Tees, Esk and Wear Valleys NHS Foundation Trust performance in 2023-2024, and the process for setting the 2024-2025 quality priorities, be noted. 2) a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair. 3) a letter be sent to the North East and North Cumbria Integrated Care Board (NENC ICB) supporting Hartlepool Borough Council’s health scrutiny function in requesting clarity around how mental health Trusts ascertain patients sense of ‘feeling safe’ and the potential establishment of a baseline measure.
<p>6</p>	<p>North East Ambulance Service NHS Foundation Trust - Quality Account 2023-2024</p> <p>A representative of North East Ambulance Service NHS Foundation Trust (NEAS)</p>

was in attendance to provide a presentation to the Committee in relation to the organisation's Quality Account, a document which NHS Trusts had a duty to produce each year. The NEAS Assistant Director – Communications and Engagement (who relayed apologies from the NEAS Deputy Director of Quality and Safety (Deputy Lead Nurse)) covered the following elements:

- Overview of quality report requirements
- 2023/24 performance (1 April – 31 December 2023)
 - Patient safety
 - Patient experience and feedback
 - 999 incident volumes
 - Category 1 response performance (including benchmarking)
 - Category 2 response performance (including benchmarking)
 - Category 3 & 4 response performance (including benchmarking)
 - Hospital handover performance
- Update 2023/24 quality priorities

Following a brief overview of the process requirements (consultation / publication) relating to the annual Quality Account (including that there was no obligation to obtain external auditor assurance this year), details were outlined on NEAS performance during the first three-quarters of 2023-2024 (April to December 2023). Regarding patient safety, the number of recorded serious incidents (140) was significantly higher than for the whole of 2022-2023 (61), though the criteria for what constituted a 'serious incident' had changed to a case where the required response time had been exceeded by more than one hour (it was noted that the recording of serious incidents was not consistent across the country, so benchmarking against other Trusts was not possible). For the 'proportion of safety incidents per 1,000 calls' measure, whilst the April to December 2023 figure (2.2%) was also up on the 2022-2023 data (1.8%), the final quarter for this year (January to March 2024) would likely reduce the overall rate for 2023-2024.

In terms of patient experience and feedback, it was pointed out that the top three themes for complaints (staff attitude, timeliness of response, and quality of care) also appeared as themes for appreciations / compliments that NEAS received. Complaint numbers had been reducing since 2019-2020, and the number of appreciations for April to December 2023 (922) had already exceeded the number for the whole of 2022-2023 (812) and had surpassed the previous record (914) set in 2019-2020.

999 incident volumes between February 2023 and January 2024 (inclusive) had followed a similar trend for both the Tees Valley and Trust-wide footprint, with a broadly consistent number from March to November 2023, and a predictable increase in December 2023 and January 2024.

For the most serious 'category 1' incidents (cardiac / respiratory arrest), Tees Valley performance compared favourably with the data for the entire NEAS patch, with mean response times consistently below the Trust-wide average for all

months from February 2023 to January 2024. Whilst June 2023 and December 2023 saw NEAS go slightly above the average mean target response time (seven minutes) for category 1 cases, it was the only ambulance Trust in the country to be below this target in January 2024, something it was very proud of, and which reflected the significant amount of work which had been done around this measure.

‘Category 2’ incidents (including strokes and heart attacks) comprised a large number of the overall contacts made to NEAS (around 70% of all calls) and, like all other ambulance Trusts across the country, mean response times were significantly above the target (18 minutes) for every month from February 2023 to January 2024 despite improvements compared to the previous year. Tees Valley mean response times were consistently worse than for the whole NEAS footprint (aside from January 2024) during the same period. Guidance around this measure was issued last year, with proposals to amend the target time from 18 minutes to 30 minutes.

NEAS work around the provision of vehicle hours was outlined, with more crews put on the road than what the Trust had modelled (involving more vehicles / staff being taken on, including the recruitment of short-term assistance to aid response). A graphic demonstrated the actual number of vehicle hours compared to the Trust’s operational plan (initiated in April 2023), with the impact on mean response times for category 2 cases against the revised 30-minute target shown. Whilst this presented a more positive picture, NEAS acknowledged that there was a clinical reason why the target was 18 minutes, something the Trust should not lose sight of.

The average number of face-to-face incidents involving NEAS was charted, with these far exceeding planned numbers for every month from April 2023 onwards (including an all-time high in January 2024) – this raised the question of how the Trust managed such levels of demand without increased resources. It was noted that NEAS also operated patient transport crews which could be deployed to lower-level incidents where possible to free up paramedic crews.

February 2023 to January 2024 performance for ‘category 3’ and ‘category 4’ (both urgent and non-urgent) cases was documented. Broadly speaking, Tees Valley response times (90th centile) were well above the targets for both (less so for the whole NEAS area, though still above target), results which were partially due to inefficiencies within the wider health system (i.e. delayed handovers at hospitals) and challenges in deploying staff with the right skills. To address the latter, NEAS was trying to develop / use Advanced Paramedic Practitioners (giving them more skills than standard ambulance crews) which aimed to benefit both patients (providing quicker care) and the whole ‘system’ (avoiding the need to take some individuals to hospital).

Hospital handover data was included which illustrated the specific pressures at the James Cook University Hospital, Middlesbrough (a site which took in more

patients due to having more speciality services). A rapid process improvement workshop was conducted to improve patient flow, and the Hospital Ambulance Liaison Officer (HALO) role had been re-introduced – such measures were working well and had been expanded across other areas of the NEAS footprint. Elsewhere, data showed rising handover delays towards the end of 2023 / start of 2024 at both the North Tees and Darlington hospitals (the latter seeing a marked increase in delays over two hours).

The presentation concluded with commentary around what had been achieved, and what was still to do, in relation to the Trust's 2023-2024 quality priorities:

- To continue working with system partners to reduce handover delays (*Patient Safety*): Thematic analysis of handover delays undertaken, with particular focus on cases of moderate harm or below (had previously focused on more serious cases). Work with partners to improve data-sharing and standardise reporting (improving whole 'system' effectiveness) also completed. To begin addressing the need to understand the impact of handover delays on patients, an ambulance dataset had been introduced to start establishing outcomes for patients after handing them over (unaware of what happens to them currently) and ascertain the impact of hospital / ambulance interventions.

This priority would not be carried forward to 2024-2025 but would instead become business-as-usual.

- Respond to patient safety incidents in a way that leads to service improvements and safer care for all our patients (*Patient Safety*): Several achievements noted, including a quality and safety profile review to inform local safety priorities, further development of governance procedures, transition to and training on PSIRF (Patient Safety Incident Response Framework), and the introduction of three patient safety partners. With regards work still to do, the Trust was on track to complete all serious incidents and actions by the end of March 2024.

This priority would not be carried forward to 2024-2025 but assurance was given that NEAS would continue to focus on patient safety matters.

- Implementation of clinical supervision (*Clinical Effectiveness*): Policies and procedures had been developed, with an audit roadmap for Clinical Team Leaders (CTLs) introduced to understand individual clinical performance. Protected time for discussions was provided (particularly relevant for those crews / staff who were often working in isolation), with clinical staff also given five hours to support any development needs identified through supervision. Looking ahead, an electronic audit tool and dashboards were to be developed, as well as a bespoke university module to help ensure all CTLs have the appropriate skills, knowledge and experience (to be completed in 2024).

This priority would not be carried forward to 2024-2025 but clinical

effectiveness considerations would continue around ‘Martha’s Rule’ (prompt access to a second opinion of an individual’s condition).

- To increase service-user and colleagues’ involvement in our patient safety and patient satisfaction activities (*Patient Experience*): NEAS Board, Trust partner, and stakeholder involvement in developments around this priority were highlighted, including the introduction of patient safety partners and the establishment of multi-disciplinary working groups for PSIRF implementation and patient safety improvement activities. A patient feedback group still needed to be created, along with a patient and carer feedback survey (post-investigations), with wider involvement from patients and colleagues to be sought in relation to recruitment activities.

This priority would not be carried forward to 2024-2025 – NEAS would instead be focusing on the triangulation of data and making sense of the information it collected.

The Committee opened its reply to the presentation by probing those instances where patients were having to wait a significant time (beyond the target) for a response. NEAS stated that much of this had been as a result of staff capacity (the Trust had filled the roles for which it was funded for), though some could also be attributed to demand pressures and handover delays at hospitals. In terms of the latter, 30 minutes was the expected time for handover (15 minutes to pass the patient into the care of the hospital, and 15 minutes to re-stock) – the average for NEAS was 23 minutes, though this can increase during certain points of the year. It was noted that once handover delays begin, they can be very difficult to rein in.

Reflecting upon public awareness of the challenges in relation to ambulance response times / handover delays, Members asked if there was any evidence of people preferring not to make contact with NEAS and instead making their own way to hospital for treatment. The Committee was informed that the North East had benefitted from relatively stable relationships between health bodies which helped tackle pressure points more effectively than in other parts of the country.

Attention was drawn to the NHS 111 phonenumber service, with the Committee querying if advice was consistent between that and the 999 number around who to contact in an emergency / non-emergency. NEAS advised that call-handlers across the region were dual-trained and that the same operators would answer whether 111 or 999 was used – the amount and order of questions may, however, be different depending on which number was dialled.

The Committee expressed concern that the positive developments around hospital handovers may slip if this was no longer an explicit priority for 2024-2025. NEAS gave assurance that the focus on ensuring timely handovers would not be lost (particularly since the issue had received national media interest) and that this was linked to the Trust’s overriding commitment to patient safety. Members were also informed that the Secretary of State now received weekly briefings around

	<p>this topic.</p> <p>A question was raised about whether the Fire Brigade still acted as responders to ‘category 3’ incidents. NEAS stated that the Fire Brigade did not act as paramedics but did have a role as community first responders – as such, they will be dispatched to certain cases if available. The Committee also noted local schemes where different personnel were responding to certain incidents / environments (e.g. falls within care homes) – NEAS requested further details around these reported schemes if clarity was required.</p> <p>With reference to the use of additional staff, the Committee asked if NEAS had been supported with extra finance for recruitment. The Trust confirmed that commissioners had recognised the need for further resourcing and had provided significant additional funding to meet demand for services.</p> <p>The Committee concluded the session by emphasising that caution would be needed that the move to increasing the category 2 target response time to 30 minutes (instead of the previous 18-minute aim) did not negatively impact patient outcomes – Members were advised that this would be fed back to the relevant NEAS personnel to see if both targets could be monitored in the future (which may also aid national benchmarking), and that the Trust was trying to be smarter about how it categorised calls (this used to be done by clinicians but, following a pilot, was now classified at the point of the call being made by the call-handler (with clinical input if required)). Improved categorisation of incidents should help patients to receive better response times depending on their need.</p> <p>AGREED that...</p> <ol style="list-style-type: none"> 1) the Quality Account-related update on North East Ambulance Service NHS Foundation Trust Quality Account performance in 2023-2024 be noted. 2) a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Chair and Vice-Chair.
<p>7</p>	<p>Work Programme 2023-2024</p> <p>Consideration was given to the Committee’s work programme for 2023-2024.</p> <p>Since this was the final meeting scheduled for the current municipal year, the Chair thanked Members for their contribution to the items which were considered during 2023-2024. As per the established rotational arrangements, support of the Committee would pass onto Hartlepool Borough Council for the 2024-2025 municipal year.</p> <p>AGREED that the Committee’s work programme for 2023-2024 be noted.</p>

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