



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 15 January 2025

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 23 October 2024 (Pages 3 - 6)
4. Housing Revenue Account - Medium Term Financial Plan 2025/26 to 2028/29 –
Report of the Assistant Director – Housing and Revenues and Presentation by Head of
Housing
(Pages 7 - 40)
5. Preventing Homelessness and Rough Sleeping Strategy 2025-2030 –
Report of the Assistant Director – Housing and Revenues
(Pages 41 - 76)
6. Performance Indicators Quarter 2 - 2024/25 –
Report of the Assistant Director – Housing and Revenues, Assistant Director Community
Services and Director of Public Health
(Pages 77 - 118)
7. Tees, Esk and Wear Valley NHS Foundation Trust - Quality Account Update –
Presentation by Associate Director of Quality Governance, Compliance and Data Quality,

Tees, Esk and Wear Valley NHS Foundation Trust
(Pages 119 - 126)

8. Work Programme –
Report of the Assistant Director Law and Governance
(Pages 127 - 140)
9. Health and Wellbeing Board –
Included for information are the approved Minutes of the meeting held on 12 September 2024. The Board last met on 5 December 2024. The next meeting is scheduled for 13 March 2025.
(Pages 141 - 144)
10. Regional Health Scrutiny (Pages 145 - 152)
11. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at the meeting.
12. Questions



Luke Swinhoe
Assistant Director Law and Governance

Tuesday, 7 January 2025

Town Hall
Darlington.

Membership

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

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Miller, Democratic Officer, Resources and Governance 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, 23 October 2024

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

APOLOGIES – Councillors Beckett and Mrs Scott

ALSO IN ATTENDANCE – Councillors Roche, Gary Besterfield (We Are With You), Michelle Burns (Recovery Connections), Vikki Brummwell (Recovery Connections), Lilly Volkmann (Recovery Connections) and Harvey Lyndon (Recovery Connections)

OFFICERS IN ATTENDANCE – Lorraine Hughes (Director of Public Health), Anthony Sandys (Assistant Director - Housing and Revenues), Claire Gardner-Queen (Head of Housing), Mark Harrison (Public Health Portfolio Lead), Charlotte Hallatt (Public Health ACCESS Team Leader), Emily Crathorne-Tennick (Public Health Project Support Officer) and Hannah Miller (Democratic Officer)

HH20 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH21 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 28 AUGUST 2024

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 28 August 2024.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 28 August 2024 be approved as a correct record.

HH22 SUBSTANCE MISUSE SERVICE UPDATE: SUPPORT TREATMENT AND RECOVERY IN DARLINGTON THROUGH EMPOWERMENT (STRIDE)

The Director of Public Health submitted a report (previously circulated) updating Members on the current performance, provision and composition of STRIDE specialist substance misuse treatment and recovery services delivered within Darlington. A presentation accompanied the report.

The submitted report stated that in May 2022 the Government had published guidance for local delivery partners outlining recommended steps that local areas should take to help deliver the three main priorities of the National Drugs Strategy, From Harm to Hope, which was published in December 2021; and in response to the strategy, Durham and Darlington established a Combatting Drugs and Alcohol Partnership (CDAP) which was chaired by the Police and Crime Commissioner.

It was reported that three years of additional ring-fenced funding for treatment and recovery had been allocated to local areas in the form of the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) 2022-2025; funding allocations for Darlington's

treatment system were outlined and details were provided of performance outcomes.

Members were provided with a presentation by the Head of Service Delivery, WithYou, outlining the offer in Darlington; partnership working; figures for number of people support, which showed 88 people per month on average; and referrals to STRIDE for the year to date. Particular reference was made to the low referral rate from probation and Members were informed that increasing referrals from criminal justice, primary care and hospitals was a key area of focus for STRIDE. Members were provided with details of next steps for STRIDE.

Two service users in attendance at the meeting provided Members with their personal stories of substance misuse and recovery.

Discussion ensued regarding training for children and young people in primary and secondary schools. Members were assured that the training package was evidence based and age appropriate, with the primary aim of building resilience.

The Head of Service Delivery at With You highlighted the importance of increasing visibility of the service, including signage for the offices in the town, which was supported by both the Director of Public Health and the Portfolio Holder in attendance at the meeting.

Following a query, Members were informed that the Access Team or WithYou would be the first point of contact for anyone requiring support for drug and alcohol use; and Members were informed of the WithYou webpage, which included a range of resources and online referral into the service.

RESOLVED – That the contents of the report be noted.

HH23 HOUSING SERVICES TENANT INVOLVEMENT STRATEGY 2024/29

The Assistant Director – Housing and Revenues submitted a report (previously circulated) requesting that consideration be given to the draft Housing Services Tenant Involvement Strategy 2024-2029 (also previously circulated) and agree its onward submission to Cabinet.

The submitted report stated that the Council's Housing Services had a long history of working with its tenants to help shape their communities and influence decisions about their homes and the services the Council provides; and the Tenants Panel had been consulted on the draft strategy in September 2024, who overall supported the proposed Housing Services Tenant Involvement Strategy 2024-2029.

It was reported that 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 landlords strategies, policies and services; and reference was made to the requirements of social housing providers in relation to the Transparency, Influence and Accountability Standard.

It was also reported that the strategy sets out how the Council would involve and empower its tenants, including how engagement activities would be monitored and reported and how the Council would involve tenants in decisions about the services they provided. Details were provided of the areas covered by the strategy.

Members queried the mechanism for contribution for residents that were not on the Tenants Panel and highlighted the need to improve feedback to residents from estate inspections. The Head of Housing informed Members that a digital Tenants Panel had been established for residents unable to attend in person meetings; and tenants could provide feedback via coffee mornings, events and corporate complaints and comments. Members were informed that You Said We Did was being used to provide feedback to residents following estate inspections.

RESOLVED – That Members of this Scrutiny Committee agree to the onward submission of the Housing Services Tenant Involvement Strategy 2024-2029 to Cabinet.

HH24 JOINT LOCAL HEALTH AND WELLBEING STRATEGY 2024 - 2028

The Director of Public Health submitted a report (previously circulated) requesting that consideration be given to the draft Joint Local Health and Wellbeing Strategy (JLHWS) (also previously circulated).

The submitted report stated that the JLHWS sets out the local priorities for improving the health and wellbeing of the population of Darlington; sets out the vision that Darlington is a place where everyone has the opportunity to thrive and live well; and 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, with an additional theme of Healthy Places in recognition of the importance of taking action to address the wider determinants of health.

It was reported that the development of the strategy had 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.

Reference was made to the overarching priorities for each theme in the JLHWS; and it was reported that the JLHWS alongside the JSNA and local intelligence, would support a regular process of assessing need and agreeing actions to meet the identified needs. Members were informed that feedback on the JLHWS would be considered collectively as part of the consultation process. It was agreed it would be helpful to further strengthen detail on wider determinants of health within the strategy.

Discussion ensued regarding the additional theme of Healthy Places and the importance of addressing wider determinants of health. Following concerns raised, the Director of Public Health informed Members that Public Health have input into planning applications via the health impact assessment requirement, but there was more which could be included and nationally the planning framework and regulations were under review.

Members queried need for the Life Course Data Map within the strategy and were provided with details as to what this would capture.

RESOLVED – (a) That the draft Joint Local Health and Wellbeing Strategy be received.

(b) That the contents 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, be noted.

(c) That Members suggest any changes required to the content of the Joint Local Health and Wellbeing Strategy to the Director of Public Health by 8 November 2024.

HH25 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 for the remainder of the 2024/25 Municipal Year.

Members also gave consideration, in line with the agreed procedure, to a Quad of Aims (QoA) which had been received in respect of mental and psychological support for residents in Darlington who are living with long term conditions and chronic illnesses. A number of Members raised concerns regarding the scope of the QoA which was felt to be too broad.

RESOLVED – (a) That the current status of the work programme be noted.

(b) That this Scrutiny Committee does not add an item to its work programme in relation to mental health and psychological support for residents in Darlington who are living with long term conditions and chronic illnesses, due to the scope being too broad.

HH26 HEALTH AND WELLBEING BOARD

It was reported that the Board last met on 12 September 2024 and that the next meeting of the Board was scheduled for 5 December 2024.

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

HH27 REGIONAL HEALTH SCRUTINY

The next meeting of the Tees Valley Joint Health Scrutiny Committee was scheduled for 7 November 2024.

RESOLVED – That Members look forward to receiving an update of the work of the Tees Valley Joint Health Scrutiny Committee at a future meeting of Scrutiny Committee.

**HEALTH AND HOUSING SCRUTINY COMMITTEE
15 JANUARY 2025**

HOUSING REVENUE ACCOUNT – MTFP 2025-26 TO 2028-29

SUMMARY REPORT

Purpose of the Report

1. To consider the Housing Revenue Account (HRA) - Medium Term Financial Plan (MTFP) for 2025-26 to 2028-29 before recommendation by Cabinet on 4 February 2025 and approval by Council on 20 February 2025.

Summary

2. Attached at **Appendix 1** is the HRA - MTFP 2025-26 to 2028-29 report, which has been approved by Cabinet as a basis for consultation.

Recommendations

3. Members are requested to consider the HRA - MTFP 2025-26 to 2028-29 and make any recommendations to Cabinet, specifically in relation to the following recommendations:
 - (a) To implement an average weekly rent increase of 2.7% for 2025-26, giving an average social rent of £86.15 and affordable rent of £97.55.
 - (b) To increase garage rents and service charges as shown in Appendix 1.
 - (c) To approve the revenue budget at Appendix 1.
 - (d) To agree the Housing Business Plan at Appendix 1.
 - (e) To approve the capital programme at Appendix 1.

Anthony Sandys
Assistant Director – Housing and Revenues

Background Papers

Regulator of Social Housing - Rent Standard

Anthony Sandys: Ext 6926

Council Plan	This report supports the Council Plan's HOMES priority to provide affordable and secure homes that meet the current and future needs of residents
Addressing inequalities	There are no issues which this report needs to address
Tackling Climate Change	There are a range of energy efficiency measures included in the business plan, which will support our Housing Services Climate Change Strategy
Efficient and effective use of resources	As the HRA is a ring-fenced budget every effort is made to maximise income and identify savings to maintain a high-quality service
Health and Wellbeing	By ensuring our housing stock is in good condition, we are making a positive contribution to the health and wellbeing of our tenants
S17 Crime and Disorder	There are no issues which this report needs to address
Wards Affected	All wards with Council housing
Groups Affected	All Council tenants and leaseholders, and Lifeline service users
Budget and Policy Framework	The issues contained within this report require Council approval and the report will be presented to Council in February 2025
Key Decision	This is not a key decision for Cabinet, as the approval of Council in February 2025 will be required
Urgent Decision	This is not an urgent decision for Cabinet, as the approval of Council in February 2025 will be required
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Background

4. Cabinet, at its meeting held on 3 December 2024, considered and approved the HRA - MTFP 2025-26 to 2028-29 at Appendix 1 as a basis for consultation.
5. Members are asked to consider the recommendations agreed by Cabinet in relation to the revenue budget, capital programme, rent levels and service charges for the Council's HRA for the financial year 2025-26 in the context of the HRA MTFP to 2028-29 and the 30-year business plan.

Consultation

6. The Tenants Panel has been consulted about the proposals and a wider consultation with all Council tenants took place during December 2024.

Outcome of Consultation

7. A consultation exercise was carried out with the Tenants Panel in December 2024, with overall supportive views about the proposed rent increase. The Panel's comments were as follows:
8. Do you agree with the proposal for Darlington Borough Council to increase their rents by 2.7% in April 2025?
 - (a) "It makes no difference as it will go up any way, it's a good thing that it's not gone up as much as last time".
 - (b) "Yes, absolutely I agree as I know the reasons behind it - it has to do to inflation".
 - (c) "As a rent payer it's necessary I agree".
 - (d) "I would like it to be lower, but we know it's going rise every year - as long housing do the jobs they are supposed to do".
 - (e) "Not particularly but it's not too bad".
 - (f) "Yes, I do as housing have to increase money".
 - (g) "Yes - we can't not agree with it - I think it's fair as everything goes up in April".
 - (h) "I agree with the 2.7% increase as is needed for works to be ongoing. Saying that, I don't think properties are kept up to date with needed improvements".
 - (i) "I think that 2.7% increase in rent is a little high mainly for those who don't get Housing Support Benefit and with the current cost of living crisis there may be many struggling with the current rent charge".
9. Do you think your rent is value for money compared to other landlords in Darlington?

- (a) "Yes definitely - I know private are much more expensive".
 - (b) "Yes definitely - Most of my friends have private and they are struggling with the payments, some of my friends who work are struggling so think I am lucky to be council tenant".
 - (c) "According to what Claire Gardner-Queen (Head of Housing) said we are competitive - I know we pay slightly more as it's a new build".
 - (d) "Yes - friends pay more in private".
 - (e) "I don't know what other landlords charge, but I presume others will be dearer".
 - (f) "I think it is value for money it's cheap in Darlington - but things need changing - lifeline is a lot of money and pay to get grass cut but they don't take away grass".
 - (g) "Yes, it's value for money and what private people pay is extreme".
 - (h) "I do think rent charged is value for money, especially when comparing like for like in the private sector and other providers".
 - (i) "I do think it's on average compared to other social housing landlords but quite low compared to private landlords, but I would say repairs are not carried out to a high standard and from some improvement works to my own home they have made very little difference and if any have caused numerous issues and problems".
10. A verbal report on the outcome of the wider consultation with Council tenants during December 2024 will be given at the meeting.

**CABINET
3 DECEMBER 2024**

HOUSING REVENUE ACCOUNT – MTFP 2025-26 TO 2028-29

**Responsible Cabinet Member - Councillor Matthew Roche,
Health and Housing Portfolio**

**Responsible Director – Elizabeth Davison,
Executive Director of Resources and Governance**

SUMMARY REPORT

Purpose of the Report

1. To consider proposals for the revenue budget, capital programme, rent levels and service charges for the Council's Housing Revenue Account (HRA) for the financial year 2025-26 in the context of the HRA Medium Term Financial Plan to 2028-29 and the 30-year Business Plan.

Summary

2. Darlington Borough Council is the largest provider of social housing in the Borough, providing 5,260 homes to local residents. Our homes offer a high standard of accommodation that meets the Decent Homes Standard, and we provide a range of quality services to tenants, including a responsive repairs and maintenance service, lifeline services and emergency call out provision.
3. We are proud of our housing and want to continually improve, so in addition to the day to day maintenance, significant investment is made in our housing stock each year to maintain and improve those standards, enhance the energy efficiency of our homes (to help our tenants reduce their energy consumption and bills, meet Government targets and tackle climate change), whilst ensuring we have the financial capacity to continue with our ambitious programme of building new Council homes.
4. The high quality of our homes and the services provided mean they are in high demand, which is why we have an ambitious programme to build new Council homes in Darlington. Our new build Council housing programme is funded through capital receipts from right to buy sales, grant funding from Homes England and through estimated borrowing of £13.8m.
5. The HRA also funds a Tenancy Sustainment Service to provide our tenants with advice and support to help address the current financial challenges they are facing. This includes support to claim welfare benefits, including the transition to Universal Credit, budgeting advice, saving money on gas and electricity, opening bank accounts and applying for the Northumbrian Water tariff, which can reduce water bills by up to 50%. Referrals are also

made to Citizens Advice for independent financial advice, as well as to food banks and furniture recycling schemes.

6. This report sets out the key decisions for the HRA for 2025-26, which includes:
 - (a) Proposed revenue expenditure of £30.186m, including:
 - (i) £6.503m to fund our responsive repairs and maintenance service, and
 - (ii) £15.947m contribution to the capital programme.
 - (b) A proposed capital programme of £30.092m, including:
 - (i) £1.325m for heating system replacements,
 - (ii) £1.760m for property adaptations, structural works, external works, and roofing,
 - (iii) £1.495m for windows and door replacements,
 - (iv) £3.600m for kitchen and bathroom replacements,
 - (v) £4.020m to deliver energy efficiency measures to tackle climate change,
 - (vi) £16.925m to complete capital schemes approved in previous years, and to deliver our new build Council housing programme and property acquisitions.
7. The key decision regarding the HRA each year is the balance between setting rent and service charge levels that are affordable to our tenants, whilst ensuring we have sufficient resources to invest in our housing stock, tackle climate change, meet the challenges of new Decent Homes Standards and new Fire Safety Regulations, and maintain services.
8. Councils have the discretion to increase rents each year by the Consumer Price Index (CPI) plus 1%. CPI for September 2024 was 1.7%, which means for 2025-26 Members could increase rents by up to 2.7%.
9. Members will recall that a 6.7% rent increase was agreed in February 2024 for the current financial year, although rents could have been increased by 7.7%. This was in recognition of the need to balance ongoing economic pressures facing our tenants and the need to invest in our Council homes and service. As far as we are aware, all other social landlords in England increased their rents by the maximum 7.7%.
10. The Council has faced substantial financial pressures over the last 12 months. There is a country wide pressure regarding building materials and contractor costs, which has, and continues to, increase prices above inflation, which subsequently impacts on the cost of both repairs and maintenance and new build properties. For example, our Repairs and Maintenance costs have increased from £4.758m in 2021-22 to an estimated £6.295m in 2024-25, a 32% increase in 3 years.

11. In addition, the significant unknown pressure is the energy efficiency programme. An independent report from Savills in 2021 estimated replacing gas boilers with air source heating will cost more than £100m. At this point we don't know the Government's long-term intentions on funding for these measures, but currently, grants are awarded on a matched funding basis.
12. We have approx. 2,500 properties that don't meet the Energy Performance Certificate (EPC) C rating which will need to be addressed by 2030. We don't know the full costs yet, but current estimates, based on stock condition data, suggest the amount to be around £32m, which is approx. £12.8k for each property. We are currently bidding for funding from the Social Housing Decarbonisation Fund (SHDF) wave 3, which will upgrade over 1,600 Council homes, however, significantly more investment will be required to meet Government targets.
13. The Government will also be consulting on new Decent Homes Standards and the Regulator of Social Housing introduced new Consumer Standards in April 2024 that places greater emphasis on social landlords to provide good quality homes to their tenants. Awaab's Law, due to be introduced in 2025, will also require social landlords to address damp and mould reports with higher priority and new Fire Safety regulations introduced in 2022 also require us to replace all our doors in blocks of flats and communal housing schemes over the next few years.
14. Considering the current economic pressures facing our tenants and balancing this with the increased costs of maintaining and improving our housing and the need to deliver our ambitious capital and energy efficiency programmes, an increase of 2.7% is recommended, or an average of £2.81 each week. It is also recommended to increase service charges by an appropriate inflationary amount.

Recommendations

15. It is proposed that the following recommendations are agreed for wider consultation:
 - (a) An average weekly rent increase of 2.7% for 2025-26 be implemented, giving an average social rent of £86.15 and affordable rent of £97.55.
 - (b) Garage rents and service charges are increased as shown in **Table 3**.
 - (c) The revenue budget at **Appendix 1** is approved.
 - (d) The Housing Business Plan at **Appendix 2** is agreed.
 - (e) The capital programme at **Appendix 3** is approved.

Reason

16. To enable the Council to deliver an appropriate level of services to tenants to meet housing need and to support the economic growth of the Borough through housing development.

Elizabeth Davison
Executive Director of Resources and Governance

Background Papers

Regulator of Social Housing - Rent Standard

Anthony Sandys: Ext 6926

Council Plan	This report supports the Council Plan's HOMES priority to provide affordable and secure homes that meet the current and future needs of residents
Addressing inequalities	There are no issues which this report needs to address
Tackling Climate Change	There are a range of energy efficiency measures included in the business plan, which will support our Housing Services Climate Change Strategy
Efficient and effective use of resources	As the HRA is a ring-fenced budget every effort is made to maximise income and identify savings to maintain a high-quality service
Health and Wellbeing	By ensuring our housing stock is in good condition, we are making a positive contribution to the health and wellbeing of our tenants
S17 Crime and Disorder	There are no issues which this report needs to address
Wards Affected	All wards with Council housing
Groups Affected	All Council tenants and leaseholders, and Lifeline service users
Budget and Policy Framework	The issues contained within this report require Council approval and the report will be presented to Council in February 2025
Key Decision	This is not a key decision for Cabinet, as the approval of Council in February 2025 will be required
Urgent Decision	This is not an urgent decision for Cabinet, as the approval of Council in February 2025 will be required
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Background

17. Darlington Borough Council is the largest provider of social housing in the Borough, providing 5,260 homes to local residents. Our homes offer a high standard of accommodation that meet the Decent Homes Standard and provides a range of quality services to tenants including a responsive repairs and maintenance service, lifeline services and emergency call out provision.
18. In addition, significant investment is made in our housing stock each year to maintain and improve those standards. A comprehensive capital programme delivers a range of home improvements to tenants, improves the energy efficiency of our homes to reduce our carbon impact and reduce the bills of our residents, whilst ensuring we have the financial capacity to continue with our ambitious programme of building new Council homes. Over 50% of households in Council housing have one or more person with a disability and we

are therefore committed to providing good quality homes to support people to live independently and maintain a good quality of life.

19. The high quality of our homes and the services provided mean they are in high demand, which is why we have an ambitious programme to build new Council homes in Darlington.
20. The key decision regarding the HRA each year is the balance between setting rent and service charge levels that are affordable to our tenants, whilst ensuring we have sufficient resources to invest in our housing stock, tackle climate change and maintain services.

Setting the MTFP for the HRA

Projected HRA Expenditure for 2025-26

21. Detailed estimates have been prepared based on current service levels and the following expenditure amounts for the revenue account are proposed for 2025-26:

Area	£m	Description
Operational costs	6.241	This includes all the costs associated with the provision of our housing management, housing income, tenancy sustainment and tenancy enforcement services, central support services and other associated support costs such as ICT, buildings, and insurance.
Service charges	3.593	This covers services charged to tenants such as building cleaning, heating, grounds maintenance and Lifeline charges to a range of clients. All service charges are fully recoverable. It also includes recharges that will be recovered through additional income including court costs and recharges to the General Fund for grounds maintenance.
Responsive repairs and maintenance	6.503	This covers the on-going general repairs to our 5,260 Council properties, which is an average of £1,236 for each property in 2025-26. The continued investment in a good quality repairs and maintenance service is essential to maintaining the high standards of our housing stock, whilst also ensuring we meet all the statutory requirements to provide for the health and safety of our tenants.
Capital financing	4.429	This covers the historic and ongoing cost of paying for borrowing undertaken to fund capital expenditure.
Bad debt provision	0.263	Provision to cover rents that are deemed to be unrecoverable.
Revenue contribution to the capital programme	15.947	This represents the amount by which the HRA can fund major capital works. A breakdown of the proposed Capital Programme for 2025-26 is given below in 'Housing Business Plan'.

Housing Business Plan

22. All Housing Capital schemes are funded fully from the HRA, and this section explains what future capital investment is planned. The priorities are identified through the Housing Business Plan and our Housing Asset Management Strategy, which are regularly reviewed to ensure investment is targeted in the areas of most need. The funding proposals for 2025-26 are:

Area	£m	Description
Adaptations and lifts	0.150	This budget delivers adaptations to Council homes to enable tenants with a disability to remain in their own home and live independently. In addition, the budget also covers any unplanned works to passenger lifts within sheltered and extra care schemes.
Heating replacements	1.325	This budget will fund new condensing boilers, air source heat pumps and central heating upgrades that are due for replacement and in addition, to any unplanned replacements required due to boiler failure before their due replacement date. This work for 2025-26 will predominantly be completed in the Eastbourne, North Road and Cockerton wards.
Structural works	0.400	This budget will be used to address structural issues identified within the year.
Lifeline services	0.310	This budget will continue to fund any upgrades required to Lifeline equipment.
Repairs before painting	0.068	This budget will be invested in joinery repair works in anticipation of the cyclical external painting programme. This work for 2025-26 will predominantly be completed in the Red Hall and Lingfield, Heighington and Coniscliffe, Sadberge and Middleton St. George, and College wards.
Roofing and repointing work	1.000	This budget will fund the replacement of flat and pitched roofs and the replacement of fascia's, soffits, and rainwater goods. In addition, it will also fund loft insulation work, where appropriate. The programme of works for 2025-26 has yet to be determined, as it will be aligned to any successful funding bid for energy efficiency work (see below).
Garages	0.050	This budget will be invested in improvements to the Council's garage blocks, including demolition, where they are beyond economical repair. This work for 2025-26 will predominantly be completed in the Red Hall and Lingfield ward.
External works	0.210	This budget will be used to provide new rear dividing fences and new footpaths to Council properties, based on their condition, in various locations across the Borough.

Area	£m	Description
Pavements	0.028	This budget will be used to fund any identified work to upgrade or adapt any pavements (including requirements for dropped kerbs for Council properties) across the Borough.
Window and door replacements	1.495	This budget will fund the window and external door replacement programme, including replacement fire doors in communal areas. This budget will also fund any window and door replacements required because of a responsive repair. This work for 2025-26 will predominantly be completed in the Park East, Stephenson, Cockerton, Whinfield, Haughton and Springfield, Red Hall and Lingfield, and Sadberge and Middleton St. George wards.
Internal planned maintenance (IPM)	3.600	This budget will fund kitchen and bathroom replacements that are due. This budget will also fund any kitchen and bathroom renewal works for properties as required, including any void properties that require this work before letting. This work for 2025-26 will predominantly be completed in the Red Hall and Lingfield, Stephenson, Hummersknott and Whinfield wards.
Energy efficiency	4.020	This budget will continue to fund energy efficiency improvements such as improved insulation and new low carbon heating systems. This will also include any match funding required for Government energy efficiency grant bids (see the 'Climate Change' section below).
Communal works	0.200	This budget will fund any work required to communal areas and will also be used to carry out upgrades to card entry systems. This work for 2025-26 will be completed in various locations across the Borough.
Capital Schemes approved in previous year	12.835	This budget will be used to fund ongoing capital schemes, including new build schemes, that were approved in a previous year but are due to be completed in 2025-26.
New build and regeneration capital investment	4.090	This budget will continue to fund the new build Council housing programme (see the 'New Build' section below). This budget will also fund any property acquisitions during 2025-26.

23. The purpose of the Housing Business Plan is to ensure that Housing Services has a sustainable medium-term financial plan, which focuses investment on our strategic priorities. The following proposals will outline our strategic priorities and how resources will be aligned against these priorities (subject to final decisions on rent levels).

New Build

24. Darlington Borough Council has set an ambitious programme to build additional new Council homes to meet increasing demand for social housing in the Borough. Since the

programme began, 315 new Council properties have already been delivered at various locations around Darlington, providing exceptionally high-quality homes to local residents. Demand for our properties continues to be high, with over 2,000 Darlington residents on the Housing Allocations register.

25. Since the abolition of the HRA borrowing cap, we have been able to prudentially borrow and have included estimated additional borrowing of £13.8m in 2025-26 to build new affordable homes. Our new build Council housing programme is funded through capital receipts from right to buy sales, grant funding from Homes England and prudential borrowing.
26. We lose around 40 homes each year through the Right to Buy scheme, although this may change under new Government rules, which has reduced the discounts available. The Housing Business Plan is funded by the rents and service charges received from Council properties and the loss of income from ongoing right to buy sales would put the Business Plan at risk if these properties were not replaced.
27. The following new build work is planned to be delivered in 2025-26:
 - (a) Work on the Neasham Road site commenced in September 2022 and will deliver 150 new homes by the end of 2025-26. The first 22 new Council homes were completed in August 2024 and tenants have already moved in. The rest of the site will be completed in phases, including 19 homes being offered as rent to buy. The site has been partly funded through £7.35m of grant from Homes England.
 - (b) Phase 2 of the Sherbourne Close site commenced in July 2024, providing an additional 14 new homes and is due to be completed in August 2025. The site has been partly funded through £0.91m of grant from Homes England.
 - (c) Construction work on the Skinnergate site is due to commence in early 2025-26, following the demolition of the existing commercial buildings. The first phase of the demolition has already been completed, with the remainder due to take place early in 2025. Development of the site has been delayed because of ongoing legal issues regarding adjoining commercial and residential properties, nutrient neutrality issues and enquiries raised by Historic England. An application for grant funding from Homes England is currently being prepared and we are anticipating an award of approx. £1.1m.
28. As noted previously, the new build programme for 2025-26 will partly be funded through additional borrowing. In addition, grant funding bids to Homes England's Affordable Housing Programme will also provide around 25% of the overall costs. It is difficult to predict exact grant funding levels, as decisions are made by Homes England on a site-by-site basis, therefore grant projections are based on previous successful bids. To reduce financing costs, unallocated balances will be used before borrowing, however this is purely for treasury management purposes, as all new build schemes are self-financing.

Housing for People with Vulnerabilities

29. Each year, Housing Services complete a range of minor and major adaptations to individual Council properties where an Occupational Therapist has identified a need. Works range

from the provision of lever taps and grab rails to semi-permanent ramps, stair lifts, hoists, and ground floor extensions.

30. The HRA adaptations budget reflects the fundamental role adaptations play in supporting people with vulnerabilities to continue to live independently, reducing the need for expensive care packages and prevent a premature move into residential or care accommodation. These high levels of need have also been considered in developing our new build housing programme. Occupational Therapists and Housing Officers work closely with our tenants to meet their needs where appropriate, such as bespoke lowered kitchens and specific bathing requirements before they move in, wherever possible.

Existing Stock Investment and Responsive Repairs

31. From our previous stock condition surveys, undertaken by external consultants, our properties have been assessed as being in good condition, reflecting our significant annual investment as part of a structured programme for both on-going capital improvements and responsive repairs and maintenance. We now have dedicated Stock Condition Surveyors who will undertake a rolling programme of surveys to inform our provision of good quality, well maintained and safe homes for our tenants. Our annual stock condition surveys will continue to shape our Business Plan and energy efficiency priorities.
32. All our properties comply with Decent Homes Standards. This can be largely attributed to a central heating programme providing A-rated combi-boilers and a planned maintenance programme which ensures properties benefit from cavity wall insulation and loft insulation. Properties have also been targeted in recent years for a more comprehensive package of energy efficiency measures including double glazed UPVC windows, composite doors, and loft insulation. In addition, all our properties comply with health and safety legal requirements and part of the cyclical maintenance programme includes statutory gas and electrical safety checks, fire door surveys and fire risk assessments.
33. The Housing Business Plan identifies a capital works budget of around £71m over the next four years and £453m budget for capital works over the next 30 years, including the New Build Programme (see Appendix 2).
34. The Business Plan also anticipates the number of responsive repairs will remain at current levels, with an annual inflationary increase for costs and so allocates a budget of £26.8m for responsive repairs and maintenance over the next four years.

Climate Change

35. We are committed to improve the energy efficiency of our homes, reduce our carbon impact, help tackle climate change, and reduce tenant's fuels bills, reflected in our Housing Services Climate Change Strategy, approved by Cabinet in January 2024. Our strategy confirmed that significant investment is required to achieve Government targets to ensure all our homes:
 - (a) Achieve a minimum EPC rating of C by 2030.
 - (b) Achieve a net zero carbon rating by 2050.

36. An independent report from Savills in 2021 estimated replacing gas boilers with air source heating will cost more than £100m. At this point we don't know the Government's long-term intentions on funding for these measures, but currently, grants are awarded on a matched funding basis.
37. The Council has already committed over £3m of capital expenditure to tackle climate change in the current financial year and this has been supplemented with Government funding from successful bids through the Social Housing Decarbonisation Fund (SHDF) to deliver improvements to Council homes as follows:
 - (a) The SHDF (wave 1) scheme delivered external and cavity wall insulation, Air Source Heat Pumps, loft insulation and solar panels to 23 Council homes using £0.24m of Government funding and £0.28m of capital expenditure.
 - (b) The SHDF (wave 2) scheme is currently delivering external and cavity wall insulation, solar panels, loft insulation, double glazing, and low energy lighting to 130 Council homes using £1.27m of Government funding and £1.27m of capital expenditure.
38. We have approx. 2,500 properties that don't meet the EPC C rating which will need to be addressed by 2030. We don't know the full costs yet, but current estimates, based on stock condition data, suggest the amount to be around £32m, which is approx. £12.8k for each property. We are currently bidding for funding from the SHDF (wave 3), which will upgrade over 1,600 Council homes, however, significantly more investment will be required to meet Government targets.

Income

Rents

39. All registered providers of social housing (including Councils) must set rents in accordance with the Government's Rent Standard, which allows social housing providers to increase rents, by CPI plus 1%.
40. Members will recall that a 6.7% rent increase was agreed in February 2024 for the current financial year, although rents could have been increased by 7.7%. This was in recognition of the need to balance ongoing economic pressures facing our tenants and the need to invest in our Council homes and service. As far as we are aware, all other social landlords in England increased their rents by the maximum 7.7%.
41. The Council has faced substantial financial pressures over the last 12 months. There is a country wide pressure regarding building materials and contractor costs, which has, and continues to, increase prices above inflation, which subsequently impacts on the cost of both repairs and maintenance and new build properties. For example, our Repairs and Maintenance costs have increased from £4.758m in 2021-22 to an estimated £6.295m in 2024-25, a 32% increase in 3 years.
42. The Council recognises that the last few years have been a difficult time for all our tenants and in the current economic climate the pressures on fuel and price inflation in general puts a strain on family finances. Conversely, rising prices also means the cost of repairs, maintenance, contractor, and material costs to maintain and invest in our stock are also

increasing. Without any rise there would be an impact on our ability to maintain and invest in our tenant’s homes and the ability to implement the significant energy efficiency measures required to tackle climate change.

43. The Government will also be consulting on new Decent Homes Standards and the Regulator of Social Housing introduced new Consumer Standards in April 2024 that places greater emphasis on social landlords to provide good quality homes to their tenants. Awab’s Law, due to be introduced in 2025, will also require social landlords to address damp and mould reports with higher priority and new Fire Safety regulations introduced in 2022 also require us to replace all our doors in blocks of flats and communal housing schemes over the next few years.
44. Considering the current economic pressures facing our tenants and balancing this with the increased costs of maintaining and improving our housing and the need to deliver our ambitious capital and energy efficiency programmes, an increase of 2.7% is recommended, or an average of £2.81 each week. It is also recommended to increase service charges by an appropriate inflationary amount.
45. In addition to the income from rent and service charges, in 2025-26 we plan to borrow an additional £13.8m to help fund our new build programme. This will be supplemented with grants from Homes England, which usually cover around 25% of the new build costs. We also plan to continue to bid for available Government funding to improve the energy efficiency of our homes and reduce our carbon impact.
46. In terms of benchmarking data, the following tables are the Government figures for 2023-24, which is the latest published and show Darlington rents both social and affordable (except for one-bedroom and four-bedroom homes with an affordable rent) as being lower.

Table 1: Average Social Rents 2023-24 (no service charges included)

House size	DBC	Other Social Landlords in Darlington
1 Bedroom	£69.95	£76.50
2 Bedroom	£79.20	£90.23
3 Bedroom	£88.08	£96.53
4 Bedroom	£93.94	£117.31
All properties	£79.08	£89.98

Table 2: Average Affordable Rents 2023-24 (including service charges)

House size	DBC	Other Social Landlords in Darlington
1 Bedroom	£100.17	£98.80
2 Bedroom	£101.46	£111.19
3 Bedroom	£113.03	£123.88
4 Bedroom	£144.14	£134.68
All properties	£103.94	£113.86

Garage Rents and Service Charges

47. The proposed service charges are shown at **Table 3** below and achieves full recovery of costs from those tenants who directly benefit from the services provided. In most cases, this means an inflationary increase is necessary that either matches or is below CPI but in some instances, a higher increase is needed to maintain current levels of service.
48. For 2025-26, the heating costs for sheltered and extra care schemes has been estimated by the North East Procurement Organisation's (NEPO) to decrease, reflecting gas price decreases in 2024-25. Therefore, the proposed service charge for 2025-26 has been decreased accordingly. The proposed meals charge for Extra Care schemes will increase by 20% from £48.61 each week, to £58.43 as the costs are currently being subsidised by the Council, although the actual cost increase of the service will be staggered over 2 years. However, by comparison, Anchor Housing currently charge £71.12 each week for a similar service and Hanover Housing charge £68.53, so our service will continue to provide value for money for residents. Similarly, the building cleaning charge has also been increased above inflation, as this service is also being subsidised by the Council.
49. Any additional costs will be covered by Housing Benefit or Universal Credit for the approximate 70% of tenants who are eligible. The HRA funds a Tenancy Sustainment Service and Income Management Team to address the financial challenges facing a considerable number of Council tenants. Referrals are also made to Citizens Advice for independent financial advice, as well as to food banks and furniture recycling schemes. Those tenants, particularly first-time tenants who require more sustained intensive support, will be referred to the Housing Plus Team.

Table 3: Garage Rents and Service Charges

Description	Current Weekly Charge (24/25)	Proposed Weekly Charge (25/26)	% increase
	£	£	
Garage Rents	9.76	10.07	3%
Building Cleaning – Flats	2.62	2.82	7%
Building Cleaning – Sheltered Schemes	4.66	5.15	10%
Building Cleaning – Extra Care Schemes	16.63	18.87	13%
Grounds Maintenance – General Housing	2.20	2.28	4%
Grounds Maintenance – Blocks of Flats	2.20	2.28	4%
Heating – Sheltered and Extra Care Schemes	28.85	19.89	-31%
Heating – Blocks of Flats	3.29	3.29	0%
Administration – Leaseholders	2.12	2.16	2%
Furnishings and Fittings – Sheltered and Extra Care Schemes	2.53	2.58	2%
Furnishings and Fittings – Good Neighbour Schemes	1.24	1.26	2%
Lifeline Response	7.92	8.57	8%
Lifeline – Sheltered and Extra Care Schemes	28.38	30.48	7%
Pavement Crossings and Hard Standings	5.12	5.20	2%
Mid-day Meal – Extra Care (Residents Only)	48.61	58.43	20%
Mid-day Meal – Extra Care (Non-Residents)	58.33	70.12	20%
Guest Rooms in Sheltered Schemes	105.48	110.75	5%
Door Entry Systems	0.93	0.95	2%
TV Aerials	0.26	0.26	2%
Furniture Charge	14.08	14.32	2%
Housing Plus Service	22.60	22.90	1%

Consultation

50. The Annual Review of the HRA Business Plan, together with the recommendation to increase rents and service charges is developed in consultation with Council tenants through our Tenants Panel and tenant surveys. The specific proposals included in this report have not yet been considered by the Tenants Panel, but the outcome of consultation will be reported to Cabinet in the February 2024 report.

Financial Implications

51. The estimates included in this report represent a fair view of ongoing plans and commitments although Members will appreciate some budgets are subject to volatility and will continue to be monitored closely.
52. With the proposed increase in rents the expenditure plans presented are affordable and the level of revenue balances projected in this report represent an adequate level of risk.

HOUSING REVENUE ACCOUNT - MTFP

	2025/26	2026/27	2027/28	2028/29
	£000	£000	£000	£000
<u>Income</u>				
Rents of Dwellings (Gross)	(24,180)	(24,764)	(25,397)	(25,674)
Sundry Rents (Including Garages and Shops)	(513)	(523)	(533)	(544)
Charges for Services and Facilities	(3,593)	(3,685)	(3,754)	(3,829)
Contribution Towards Expenditure	(1,527)	(1,642)	(1,661)	(1,681)
Interest Receivable	(374)	(210)	(163)	(163)
Total Income	(30,186)	(30,823)	(31,509)	(31,890)
<u>Expenditure</u>				
Operational Costs	6,241	6,340	6,449	6,547
Service Charges	3,593	3,685	3,754	3,829
Capital Financing Costs	4,429	4,394	4,359	4,324
Increase in Bad Debt Provision	263	276	283	291
HRA Revenue Repairs	6,503	6,624	6,752	6,883
Revenue Contribution to Capital (RCCO)	15,947	13,976	14,208	11,482
Contribution to/(from) Balance	(6,791)	(4,471)	(4,297)	(1,466)
Total Expenditure	30,186	30,823	31,509	31,890
(Surplus) / Deficit	0	0	0	0
Opening Balance	24,701	17,910	13,439	9,142
Contribution to/(from) Balance	(6,791)	(4,471)	(4,297)	(1,466)
Closing Balance	17,910	13,439	9,142	7,676

APPENDIX 2

30 YEAR HOUSING BUSINESS PLAN 2025/26 - 2054/55

	Years 1-10 (£000)	Years 11-20 (£000)	Years 21-30 (£000)	Total Spend (£000)
Adaptations and Lifts	1,642	2,002	2,441	6,085
Communal Works	2,190	2,670	3,434	8,293
Repairs Before Painting	1,284	1,715	2,170	5,169
External Works (footpaths, fencing, etc.)	2,299	2,803	3,534	8,636
Garages	323	334	398	1,054
Heating Replacements	14,504	17,680	21,552	53,736
Internal Planned Maintenance (IPM)	39,419	54,103	62,523	156,045
Roofing and Repointing Work	7,467	8,676	10,576	26,719
Structural Works	4,380	5,339	6,868	16,586
Lifeline Services	1,299	694	892	2,885
Energy Efficiency (including Window and Door Replacements)	40,535	39,075	47,120	126,731
Professional Fees	3,416	4,164	5,618	13,199
Smoke / Fire Alarms	0	1	2	3
Pavements	305	371	477	1,153
Capital Schemes Approved in the Previous Year	12,835	0	0	12,835
New Build and Regeneration Capital Investment	13,090	1,000	0	14,090
Total expenditure	144,990	140,627	167,602	453,219

HOUSING REVENUE ACCOUNT – CAPITAL PROGRAMME

	2025/26	2026/27	2027/28	2028/29
	£000's	£000's	£000's	£000's
<u>Scheme / Project</u>				
Adaptations and Lifts	150	153	156	159
Heating Replacements	1,325	1,351	1,378	1,406
Structural Works	400	408	416	424
Lifeline Services	310	203	214	217
Repairs Before Painting	68	69	134	136
Roofing and Repointing Work	1,000	663	676	690
Garages	50	50	26	27
External Works (footpaths, fencing, etc.)	210	214	218	223
Pavements	28	28	29	30
Window and Door Replacements	1,495	2,025	2,065	1,607
IPM	3,600	3,672	3,745	3,820
Energy Efficiency	4,020	3,917	3,917	1,500
Communal Works	200	204	208	212
Capital Schemes Approved in the Previous Year	12,835	0	0	0
New Build and Regeneration Capital Investment	4,090	1,000	1,000	1,000
Fees	312	318	325	331
Total spend	30,092	14,276	14,508	11,782
<u>Resourced by:</u>				
Capital Receipts	300	300	300	300
RCCO	15,947	13,976	14,208	11,482
Additional Borrowing	13,845	0	0	0

Examples of Weekly Rent Changes for 2025/26

Appendix 4

Area		Property Type	Approved Rent 2024/25	Proposed Rent 2025/26	Increase between 24/25 & 25/26	
					£	%
<u>Middleton St George</u>						
	Mount Pleasant Close	1 Bedroom Bungalow	93.41	95.93	2.52	2.7%
	Pounteys Close	2 Bedroom House	89.12	91.52	2.41	2.7%
	Thorntree Gardens	3 Bedroom House	101.65	104.40	2.74	2.7%
<u>Cockerton</u>						
	Newton Court	1 Bedroom Flat	73.59	75.58	1.99	2.7%
	Elvet Place	2 Bedroom House	86.19	88.51	2.33	2.7%
	Minors Crescent	3 Bedroom House	92.86	95.37	2.51	2.7%
<u>Haughton</u>						
	Ted Fletcher Court	1 Bedroom Flat	74.21	76.21	2.00	2.7%
	Lyonette Road	2 Bedroom Flat	84.07	86.34	2.27	2.7%
	Nightingale Avenue	2 Bedroom House	87.01	89.36	2.35	2.7%
	Rockwell Avenue	2 Bedroom House	84.07	86.34	2.27	2.7%
	Dunelm Walk	3 Bedroom House	95.14	97.71	2.57	2.7%
<u>Branksome</u>						
	Branksome Hall	1 Bedroom Flat	73.71	75.70	1.99	2.7%
	Whitby Way	1 Bedroom Flat	73.71	75.70	1.99	2.7%
	Malvern Crescent	2 Bedroom House	84.55	86.83	2.28	2.7%
	Rosedale Crescent	3 Bedroom House	96.12	98.71	2.60	2.7%
	Sherborne Close	2 Bedroom Flat	99.66	102.35	2.69	2.7%
<u>Lascelles</u>						
	Coxwold House	1 Bedroom Flat	72.85	74.82	1.97	2.7%
	Gilling Crescent	2 Bedroom Flat	72.85	74.82	1.97	2.7%
	Aldbrough Walk	2 Bedroom House	93.45	95.97	2.52	2.7%
	Caldwell Green	3 Bedroom House	92.31	94.80	2.49	2.7%
	Fenby Avenue	3 Bedroom House	112.96	116.01	3.05	2.7%
<u>Bank Top</u>						
	Graham Court	1 Bedroom Flat	74.18	76.18	2.00	2.7%
	Graham Court	3 Bedroom House	95.05	97.61	2.57	2.7%
<u>Red Hall</u>						
	Bramall House	1 Bedroom Flat	71.17	73.09	1.92	2.7%
	Aviemore Court	2 Bedroom Flat	78.26	80.38	2.11	2.7%
	Murrayfield Way	2 Bedroom House	81.52	83.72	2.20	2.7%
	Aintree Court	2 Bedroom House	79.99	82.15	2.16	2.7%
	Aintree Court	3 Bedroom House	102.89	105.67	2.78	2.7%
<u>Eastbourne</u>						
	West Moor Road	1 Bedroom Flat	69.90	71.79	1.89	2.7%
	Tansley Gardens	2 Bedroom Flat	77.86	79.96	2.10	2.7%
	Firthmoor Crescent	2 Bedroom House	81.08	83.27	2.19	2.7%
	Brignall Moor Crescent	3 Bedroom House	87.76	90.13	2.37	2.7%

<u>Skerne Park</u>						
	Trent Place	2 Bed House	87.73	90.10	2.37	2.7%
	Humber Place	3 Bed House	88.59	90.99	2.39	2.7%
<u>Parkside</u>						
	Wordsworth Road	1 Bedroom Flat	74.27	76.28	2.01	2.7%
	Shakespeare Road	2 Bedroom House	90.73	93.18	2.45	2.7%
	Ruskin Road	3 Bedroom House	94.16	96.71	2.54	2.7%

* Affordable rent properties - these rents include applicable service charges.

Housing Services – 2025/2026 Rent Consultation Results



DARLINGTON
Borough Council

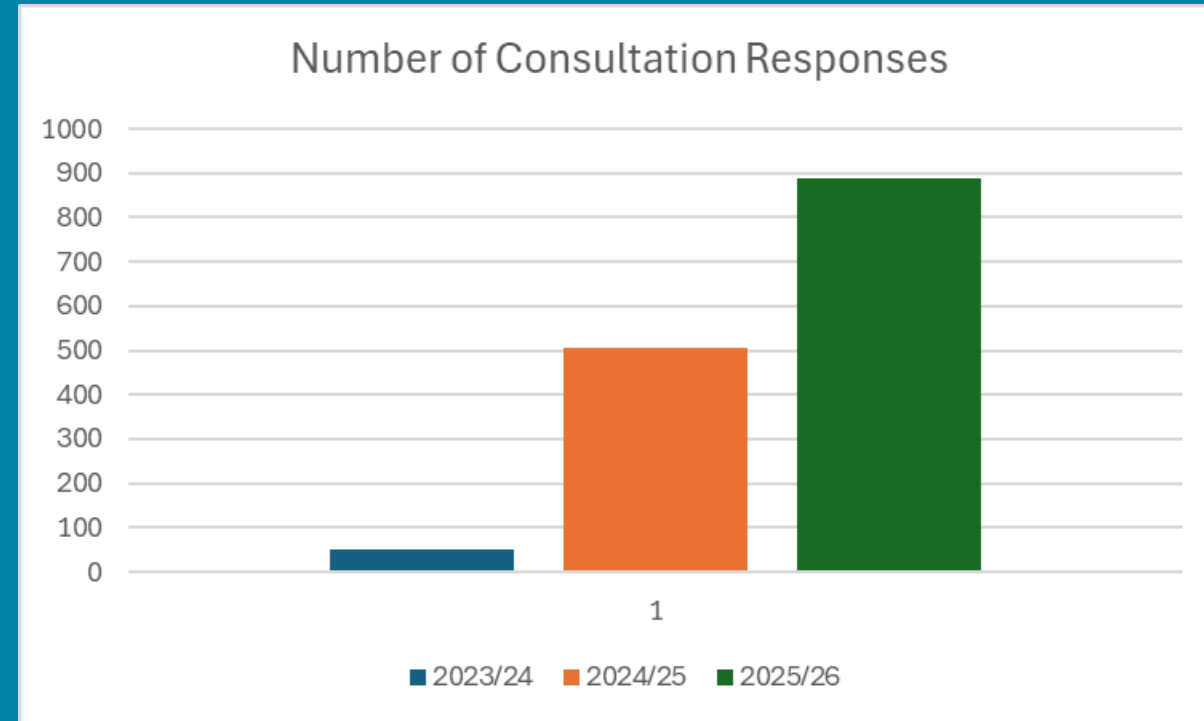
Consultation Methods and Dates

- Cabinet approval was given on 3rd December 2024 for a consultation with Darlington Borough Council tenants on the proposed rent charges for 2025/2026.
- The consultation commenced 4th December 2024 and was promoted to Council tenants via the following methods:
 - Social media campaign to promote the consultation.
 - Text message to all Council tenants (with a mobile phone number linked to their tenancy).
 - Via telephone conversations with tenants.
 - Via the Tenants Panel members.
- The survey was online, however appreciating that not all tenants have online access face to face events were held at Housing Services sheltered and extra care facilities and tenants could contact the team by telephone to complete it over the phone.
- Information sheets were produced and provided to tenants electronically and hard copies as required.
- Housing Contact and Housing Income staff received additional training to ensure they could answer tenant's queries appropriately.
- Consultation ran until midnight 31st December 2024.



Consultation response rates

- A total of 889 Council tenants completed the rent consultation survey; this is 17% of all Council tenants.
- This was a 75% increase on responses to the 2024/25 rent consultation and 1678% increase from 2023/24 rent consultation.



Questions asked in the consultation

- Tenants were asked the following questions as part of the rent consultation survey:
 - Do you agree with the proposal for Darlington Borough Council to increase the Council house rent in April by 2.7%?
 - Do you think the Council house rent you pay is value for money when compared to other landlords within the Darlington area?
 - Have you had problems paying your rent at any time over the past year?
 - Have you contacted the Council about struggling to pay rent?
 - Were the Housing Income team able to help you with the problem?
 - What are the reasons why you did not contact the Housing Income team?
 - Are you happy with the range of payment methods offered by the Council (direct debit, rent payment card, online payments, telephone payments, case, standing order)?



Results

Do you agree with the proposal for Darlington Borough Council to increase the Council house rent in April by 2.7%?



■ yes ■ no

- 889 tenants responded to this question, with 30% of tenants agreeing.
- Comments included:
 - Low-income households who did not claim welfare benefits could struggle
 - The high cost of gas and electric in addition was a worry.
 - The repairs and maintenance was good
 - It's only going up a couple of pounds increase so manageable.



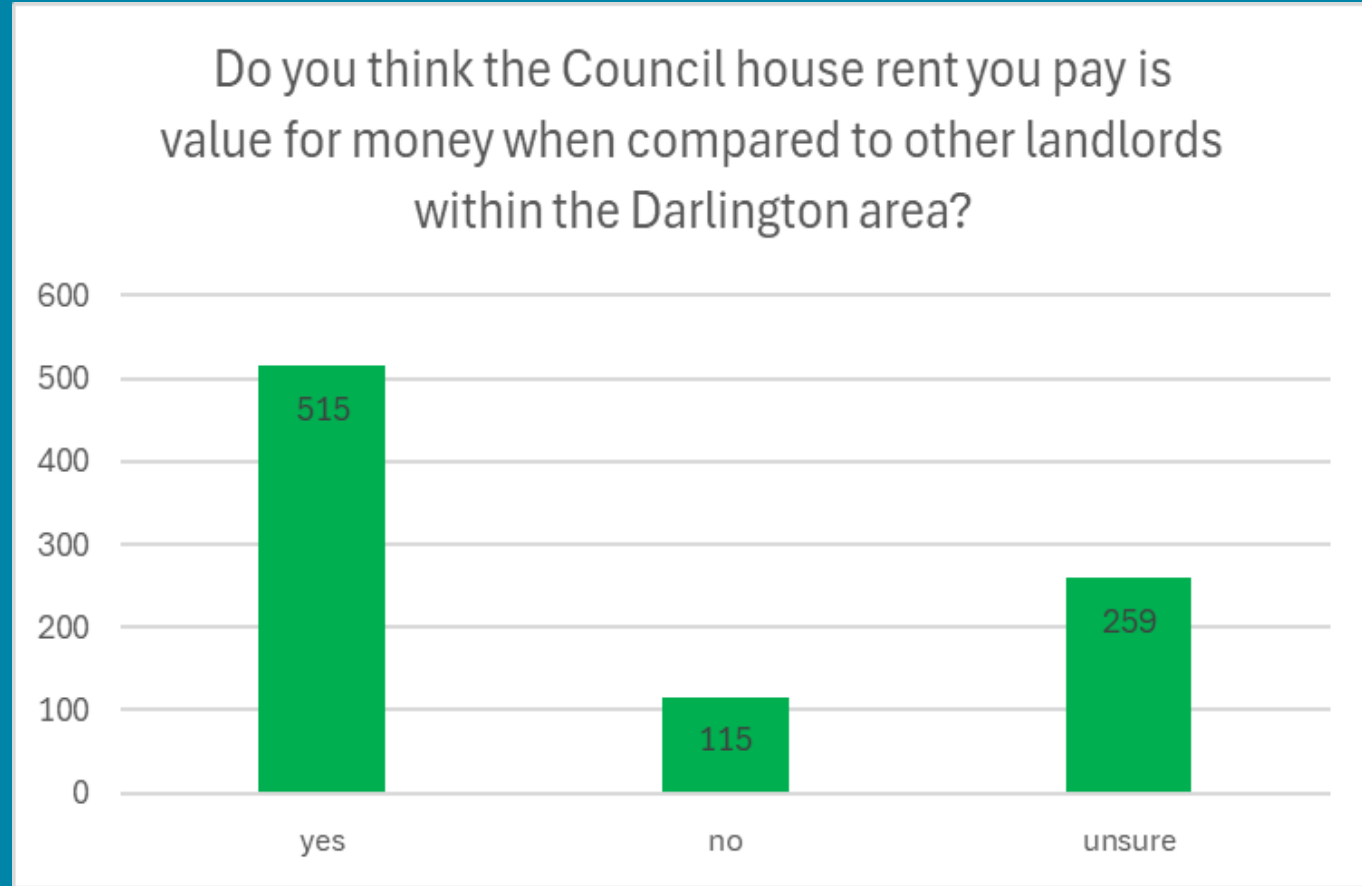
Results

889 tenants responded to this question, with 58% of tenants stating they felt the rent charges to be value for money, 12% did not and 30% were unsure.

- Comments included:

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- I agree with the increase of council house rent, other landlords are usually more expensive.
- Fair in the current market.
- Don't have to worry about repairs like homeowners.
- Suitable and adequate for the property I live in.
- Don't have to worry about repairs like homeowners
- Not aware of other rents



Results

Have you had problems paying your rent at any time over the past year?

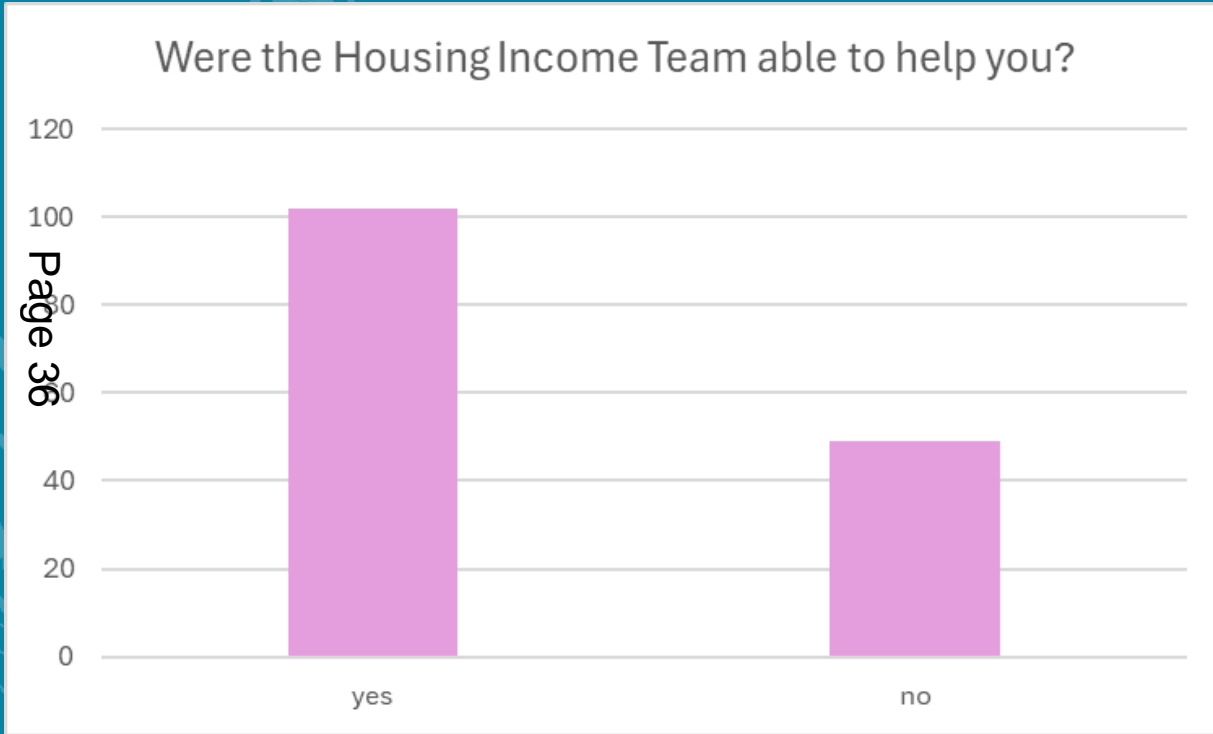


■ yes ■ no

- 889 tenants responded to this question, with 73% of tenants stating they had not had problems paying their rent and 27% (245) stating they had.



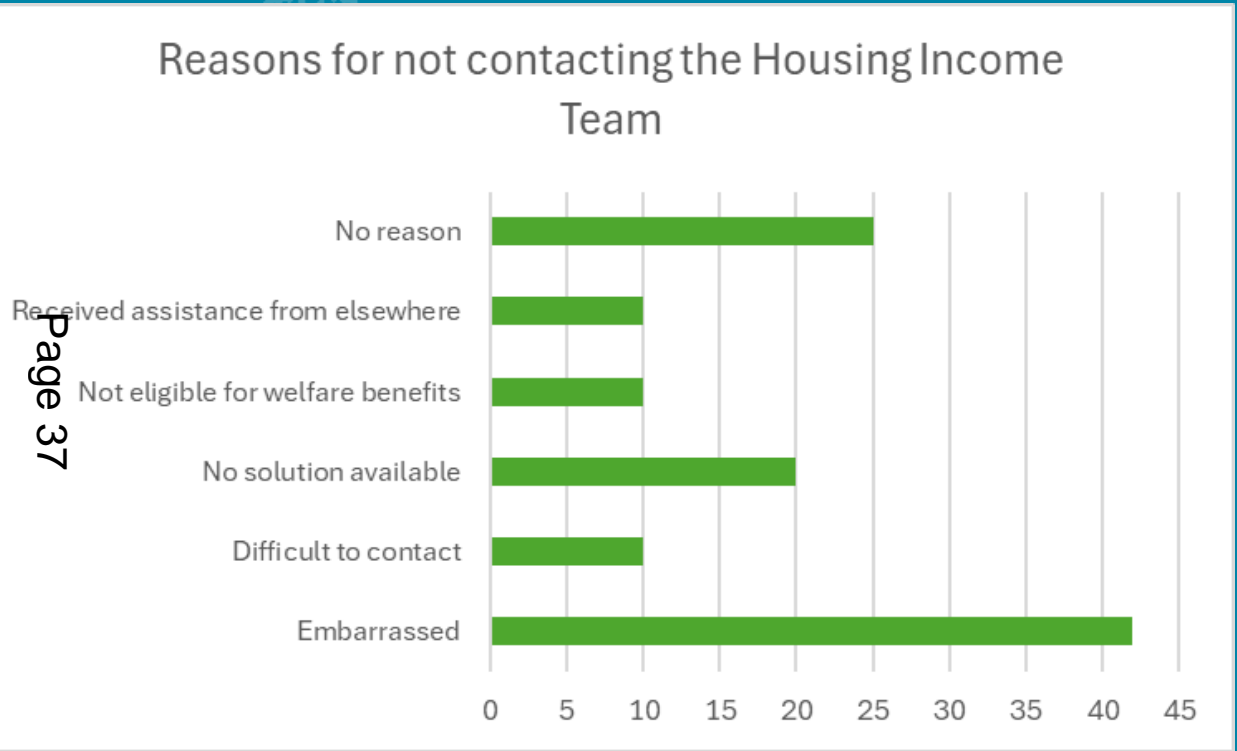
Results



Of the 245 people that stated they had struggled to pay their rent, 63% had contacted Housing Income team for assistance and 68% of those that had contacted stated the team had helped them.



Results



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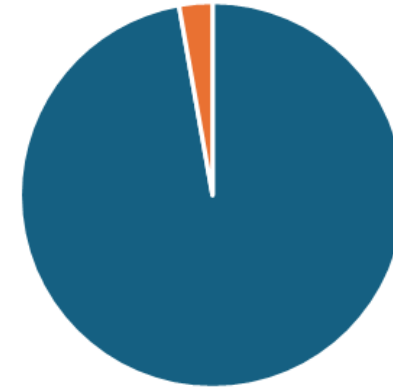
- Those tenants that had not contacted the team for assistance around their rent in the last 12 months gave the attached reasons for not doing so.



Results

- 857 tenants responded to this question with an overwhelming 97% happy with the current range of rent payment methods offered by the Council.

Are you happy with the range of rent payment methods offered by the Council?



■ Yes ■ No



Questions?



DARLINGTON
Borough Council

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PREVENTING HOMELESSNESS AND ROUGH SLEEPING STRATEGY 2025-2030

SUMMARY REPORT

Purpose of the Report

1. For Members to consider the draft Preventing Homelessness and Rough Sleeping Strategy 2025-2030, before approval by Cabinet on 4 March 2025.

Summary

2. Section 1(1) of the Homelessness Act 2002 requires housing authorities to carry out a homelessness review for their area and formulate and publish a homelessness strategy based on the results of the review every five years.
3. Together with our partners, Darlington Borough Council has an excellent track record in tackling homelessness and rough sleeping in Darlington. Our previous Preventing Homelessness and Rough Sleeping Strategy for 2019-2024 successfully delivered a number of aims and objectives to reduce homelessness and deliver the requirements of the Homelessness Reduction Act 2017.
4. However, over the past few years, and particularly since the Covid-19 pandemic, the Council has had to deal with a significant increase in demand for Homeless services. Whilst these services would normally work in a proactive way with clients to prevent homelessness, the increase in presentations and demand for temporary accommodation has meant that services have had to be more reactive to ensure that no-one is left homeless or having to rough sleep.
5. The Preventing Homelessness and Rough Sleeping Strategy 2025-2030 has been developed with the support of local partners and organisations including Commissioning, Adult and Children's Services, Health, Probation, the Police, social and private landlords and the voluntary sector. It aims to be, not just a Council document, but one that is owned by partners and the people of Darlington.
6. The strategy sets out our long-term vision, which is simple yet ambitious:
 - (a) To work in partnership to end homelessness in Darlington
 - (b) That every resident in Darlington has a secure, affordable place to call home
 - (c) That the right support is in place at the right time

(d) Where homelessness occurs it is rare, brief and non-recurrent.

Recommendation

7. It is recommended that Members:
- (a) Consider the report and draft Preventing Homelessness and Rough Sleeping Strategy 2025-2030 at **Appendix 1** and agree its onward submission to Cabinet.
 - (b) To review the Preventing Homelessness and Rough Sleeping Strategy 2025-2030 on an annual basis.

Anthony Sandys

Assistant Director – Housing and Revenues

Background Papers

- (i) The Housing Act 1996.
- (ii) The Homelessness Act 2002
- (iii) The Homelessness Reduction Act 2017

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	People experiencing homelessness can be amongst the most disadvantaged groups and therefore, reducing the risk of homelessness will have a positive impact on addressing inequalities
Tackling Climate Change	There are no issues which this report needs to address
Efficient and effective use of resources	This strategy aims to improve the quality and reduce the cost of temporary emergency accommodation, which will have a positive impact on those people affected by homelessness
Health and Wellbeing	There are significant benefits to health and wellbeing by reducing the risk of homelessness
S17 Crime and Disorder	Reducing the risk of homelessness should also have a positive impact on reducing crime and anti-social behaviour
Wards Affected	All wards are potentially affected
Groups Affected	Anyone who may be at risk of homelessness or rough sleeping
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 aims to reduce the risk of homelessness amongst young people and care leavers

MAIN REPORT

Information and Analysis

Background

8. Section 1(1) of the Homelessness Act 2002 requires housing authorities to carry out a homelessness review for their area and formulate and publish a homelessness strategy based on the results of the review every five years.
9. Together with our partners, Darlington Borough Council has an excellent track record in tackling homelessness and rough sleeping in Darlington. Our previous Preventing Homelessness and Rough Sleeping Strategy for 2019-2024 successfully delivered a number of aims and objectives to reduce homelessness and deliver the requirements of the Homelessness Reduction Act 2017.
10. However, over the past few years, and particularly since the Covid-19 pandemic, the Council has had to deal with a significant increase in demand for Homeless services. Whilst these services would normally work in a proactive way with clients to prevent homelessness, the increase in presentations and demand for temporary accommodation has meant that services have had to be more reactive to ensure that no-one is left homeless or having to rough sleep.

The Council's Statutory Homeless Duties

11. The Council's statutory duties in relation to its homelessness services include the following:
 - (a) **A prevention duty:** the Council must take reasonable steps to prevent homelessness for any eligible household at risk of homelessness within 56 days, regardless of priority need. This can involve assisting them to stay in their current accommodation or helping them to find a new place to live.
 - (b) **A relief duty:** the Council must take reasonable steps to help a household to secure suitable accommodation. Help could be, for example, providing a bond guarantee, funding a rent deposit or working with a private landlord to make properties available.
 - (c) **Personal Housing Plans:** the Council must carry out a holistic assessment of the applicant's housing needs, support needs and the circumstances that led to them becoming homeless.
 - (d) **Main housing duty:** the Council's main housing duty is to provide temporary accommodation until such time as the duty is ended, either by an offer of settled accommodation or for another specified reason. In addition, we must be satisfied that the applicant is homeless and eligible for assistance, in priority need and not

intentionally homeless.

Increases in Homelessness and Costs

12. As well as the pressures created since the Covid-19 pandemic, the lifting of the ban on section 21 (“no fault”) evictions in June 2021 has also created an increase in homeless presentations and requests for housing advice. In 2023-24, we received 1,357 presentations to the Housing Options service, compared to pre-Covid levels of 835 in 2019-20, an increase of 63%. **Table 1** below shows a breakdown of the reasons for homeless presentations and the percentage changes. The most common reasons for homeless presentations in 2023-24 have been because of:

- (a) Family and friends no longer willing to accommodate (32%)
- (b) People’s private tenancy coming to an end - served section 21 notice (18%)
- (c) Victims of domestic abuse (13%)
- (d) People leaving hospital or prison (12%)

Table 1 – Homeless presentation increases in 2023-24 compared to 2019-20

Reason for homeless presentation	2019-20	2023-24	Change
Family no longer willing to accommodate	232	306	+32%
End of Assured Shorthold Tenancy (section 21 notice)	152	238	+57%
Domestic abuse - victim	73	177	+142%
Leaving hospital/prison	51	169	+231%
Friends no longer willing to accommodate	114	128	+12%
Relationship with partner ended (non-domestic abuse)	82	80	-2%
Evicted from supported accommodation	27	60	+122%
End of social housing tenancy	28	51	+82%
Required to leave asylum seeker accommodation	13	34	+162%
End of non-Assured Shorthold Tenancy	16	23	+44%
Non-racially motivated violence or harassment	26	22	-15%
Property disrepair	6	14	+133%
Property no longer suitable due to ill health/disability	0	12	-
Mortgage repossession/arrears	10	11	+10%
Loss of Looked After Child placement	0	7	-
Fire/flood/emergency	5	5	0%
Domestic Abuse - Perpetrator	0	6	-
Loss of tied accommodation	0	4	-
Racially motivated violence or harassment	0	3	-
Homes for Ukraine sponsorship breakdown	0	2	-
Total	835	1,357	+63%

13. The main reasons given for family or friends no longer willing to accommodate in 2023-24 (the largest category) were:
- a) Sofa surfing (so not a long-term option)
 - b) Overcrowding
 - c) Arguments
 - d) The friends and family losing their accommodation
 - e) Drug and alcohol use
 - f) Benefits entitlement/tenancy rights affected.
14. As well as the increase in presentations, the nights spent in temporary accommodation has increased significantly (a 137% increase year on year in the first quarter of 2024-25), because of the difficulties to move people on to permanent settled accommodation.
15. **Table 2** below shows the number of households placed in temporary accommodation in 2023-24 (485) compared to pre-Covid levels in 2019-20 (174), an increase of 179%.

Table 2 – Homeless households placed in temporary accommodation in 2023-24 compared to 2019-20

	2019-20	2023-24	2024-25
April	7	40	32
May	8	39	40
June	13	42	37
July	11	32	40
August	22	53	43
September	18	37	29
October	16	29	
November	13	36	
December	15	43	
January	24	63	
February	14	45	
March	13	26	
Total	174	485	

16. **Table 3** below shows the number of nights spent in temporary accommodation in 2023-24 (9,616) compared to pre-Covid levels in 2019-20 (1,486), an increase of 547%. The nights spent in temporary accommodation for the first two quarters of 2024-25 is already 8,004 and is therefore on course to be over 16,000 for the year, over 10 times

the level in 2019-20.

Table 3 – Nights spent in temporary accommodation in 2023-24 compared to 2019-20

	2019-20	2023-24	2024-25
April	65	529	923
May	74	494	1,337
June	93	454	1,246
July	234	624	1,413
August	241	709	1,738
September	176	847	1,347
October	65	526	
November	96	515	
December	91	949	
January	157	1,426	
February	47	1,287	
March	147	1,256	
Total	1,486	9,616	

17. The cost of temporary accommodation is paid for by our Housing Options service, and most of those costs are covered by Housing Benefit claims, paid by the Council. Any remaining costs can usually be met from the Government's annual Homeless Prevention Grant.
18. The Council has a statutory duty to administer Housing Benefit on behalf of the Department for Work and Pensions (DWP). In most cases, Housing Benefit payments are fully subsidised by the DWP. However, in certain cases, such as temporary accommodation for homeless people and some supported accommodation, the DWP subsidy does not meet the full cost of the Housing Benefit paid. These are the claims that will not migrate to Universal Credit and so will remain the responsibility of the Council.
19. In 2019-20, we paid £214k in Housing Benefit for temporary accommodation and received £146k in subsidy from the DWP, leaving a shortfall of £68k. However, in 2023-24, we paid £897k in Housing Benefit for temporary accommodation and received £315k in subsidy from the DWP, leaving a shortfall of £582k. For 2024-25, the Housing Benefit subsidy loss is estimated to be £1.176m, of which £952k is due to homeless temporary accommodation.

The Preventing Homelessness and Rough Sleeping Strategy 2025-2030

20. The Preventing Homelessness and Rough Sleeping Strategy 2025-2030 is set within the framework of the legislation governing how we must exercise our statutory duties in relation to how we deal with homelessness, set out in paragraph 11.

21. Our strategy has been developed with the support of local partners and organisations including Commissioning, Adult and Children’s Services, Health, Probation, the Police, social and private landlords and the voluntary sector. It aims to be, not just a Council document, but one that is owned by partners and the people of Darlington.
22. The strategy sets out our long-term vision, which is simple yet ambitious:
 - (a) To work in partnership to end homelessness in Darlington.
 - (b) That every resident in Darlington has a secure, affordable place to call home.
 - (c) That the right support is in place at the right time.
 - (d) Where homelessness occurs it is rare, brief and non-recurrent.
23. The co-produced six key priority areas to enable us to achieve this vision are:
 - (a) Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness.
 - (b) Tackling rough sleeping by implementing our agreed Rough Sleeper Plan.
 - (c) Increasing the amount and improving the quality of temporary accommodation.
 - (d) Addressing homelessness faced by particular groups of people, including those presenting with multiple or complex needs.
 - (e) Improving move on accommodation provision, including specialist housing and support provision.
 - (f) Securing funding to increase accommodation and resources.
24. Many people are already in crisis before they approach our homelessness service, therefore the strategy reflects the need to focus on prevention and early intervention. We want fewer people in Darlington to experience the trauma of homelessness and ensure that those who do, can find a settled home quicker.
25. The action plan contained within the strategy sets out the key actions required to deliver our six priority areas. The actions range from sourcing more, and better quality, temporary accommodation and move-on accommodation, working better with our key partners to help reduce homelessness, and providing accommodation to specific groups, particularly those presenting with multiple or complex needs.

Outcome of Consultation

26. A consultation exercise has taken place to seek a wide range of views on our draft Strategy. We received 91 responses to our public on-line survey, and the results are set out in **Appendix 2**, together with a summary of comments made.

Equalities considerations

27. The Preventing Homelessness and Rough Sleeping Strategy 2025-2030 seeks to remove barriers which people can face in accessing housing and homelessness support.
28. People experiencing homelessness can have multiple disadvantages and it is important to identify when individuals require additional support and appropriate reasonable adjustments. This may include assisted communication or specific approaches and strategies that are known to be helpful to best engage and support the individual.
29. Where an applicant's first language is not English, we will provide interpreting services and publicise the availability of these services to residents and community organisations.
30. We will ensure all the priorities within the strategy meet the needs of all groups of people, in particular those who are the most marginalised in our communities. We will engage with our communities including people who have experienced homelessness and make sure current and future service provisions meet the need of our communities.

**Housing Services Preventing Homelessness and Rough
Sleeping Strategy 2025-2030**

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Introduction

Everyone in Darlington should have a secure, affordable place to call home, and yet many families are struggling to keep a roof over their heads. Our previous Preventing Homelessness and Rough Sleeping Strategy made significant progress in helping our residents to stay in their homes, through early intervention and strong partnership working. However, more and more of our residents are now finding themselves homeless or at risk of becoming homeless, for many reasons and we recognise that the challenge of preventing homelessness and rough sleeping is both national and local.

This strategy sets out our ambition to meet these challenges, working in partnership with local providers to deliver better outcomes for our residents at risk of homelessness and to reduce rough sleeping. Such are the challenges with homelessness at present, that we cannot manage this on our own. We must seek to build upon relationships we have with the many local landlords and agencies who are committed to providing excellent and affordable housing.

Timely homelessness prevention advice and support at the earliest opportunity will also be critical and we need to make that advice easily accessible to anyone who needs it, as well as also being able to provide the accommodation that people need in an emergency.

Many of those who are struggling with homelessness are now facing long periods awaiting re-housing, often in circumstances which are far from ideal, and it is important therefore that we do as much as possible to ensure they have the right support and decent living conditions. Ideally, homelessness should be rare, brief and non-recurring, but we recognise that much will need to be done to make progress with this ambition. With over 2,000 people awaiting re-housing on our Housing Register, we also recognise that we must plan the future supply of housing in Darlington.

Finally, I would like to thank all of you who contributed to developing this new strategy, including our residents, charities and voluntary organisations, Council staff, social housing providers and health services. You have told us what you think of our current work, and you have shared with us your ideas on how we can improve.

I would also like to thank everyone who works with us every day to help deliver the services that contribute to tackling homelessness and rough sleeping in Darlington.

Councillor Matthew Roche
Cabinet Member for Health and Housing

Vision

This strategy sets out a framework of broad priorities and key actions which we will work towards in achieving our vision for homelessness in Darlington.

Our long-term visions are simple yet ambitious:

- To work in partnership to end homelessness in Darlington.
- That every resident in Darlington has a secure, affordable place to call home.
- That the right support is in place at the right time.
- Where homelessness occurs it is rare, brief and non-recurrent.

We recognise that homelessness is complex and increasingly that creative and innovative responses are required.

We cannot tackle or prevent homelessness alone and this strategy has been prepared in partnership with other registered landlords, Council Members, statutory and voluntary sector agencies. Homelessness is not a single issue, and we all have a contribution to make and a role to play.

The co-produced 6 key priority areas to enable us to achieve this vision are:

- Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness.
- Tackling rough sleeping by implementing our agreed Rough Sleeper Plan.
- Increasing the amount and improving the quality of temporary accommodation.
- Addressing homelessness faced by particular groups of people, including those presenting with multiple or complex needs.
- Improving move on accommodation provision, including specialist housing and support provision.
- Securing funding to increase accommodation and resources.

This document provides a framework for public and voluntary organisations in Darlington to work together, with a common approach, to prevent homelessness and rough sleeping.

Many people are already in crisis before they approach a homelessness service, therefore the strategy reflects the need to focus on prevention and early intervention. We want fewer people in Darlington to experience the trauma of homelessness and ensure that those who do can find a settled home quicker.

Relevant Legislation

The Homelessness Prevention and Rough Sleeper Strategy has been developed in response to a number of legal duties and powers, and with regard to national and local policy.

Homelessness Act 2002 and Housing Act 1996

While the Homelessness Act 2002 contains the strategic duties, the main operational legislation on homelessness is contained in the Housing Act 1996 (“the 1996 Act”). This includes a statutory definition of homelessness which broadly means that you may be legally homeless if:

- You have no legal right to live in accommodation anywhere in the world.
- You have a home but cannot get into it for some reason.
- It is not reasonable to stay in your home, for example because you are at risk of violence or abuse or because of affordability problems.
- You are forced to live apart from your family, or people you normally live with, because there is no suitable accommodation for you.
- You are living in very poor conditions, such as overcrowding.

The Homelessness Reduction Act 2017

This Act made sweeping changes to the 1996 Act demonstrating the direction of government policy: towards a more collaborative approach between the local housing authority and the customer and also between public bodies, with a focus upon preventing homelessness rather than tackling it once it has happened. The key changes were:

- **A prevention duty:** the Council must take reasonable steps to prevent homelessness for any eligible household at risk of homelessness within 56 days, regardless of priority need. This can involve assisting them to stay in their current accommodation or helping them to find a new place to live.
- **A relief duty:** the Council must take reasonable steps to help a household to secure suitable accommodation. Help could be, for example, providing a bond guarantee, funding a rent deposit or working with a private landlord to make properties available.
- **Personal Housing Plans:** Personal Housing Plans: the Council must carry out a holistic assessment of the applicant’s housing needs, support needs and the circumstances that led to them becoming homeless.
- **A Duty to Refer:** certain named public authorities must refer users of their service, who they have reason to believe are homeless or threatened with homelessness, to a local housing authority of the service user’s choice. The aim of this is to help people to get access to homeless services as soon as possible and ensure that people’s housing needs are considered when they come into contact with a range of public bodies.

Rough Sleeper Strategy

The Government published a Rough Sleeper Strategy in August 2018 that lays out their commitment to halve rough sleeping by 2022 and end it by 2027. The work to deliver these aims is built around three core pillars:

- Prevention - understanding the issues that lead to rough sleeping and providing timely support for those at risk.
- Intervention - helping those already sleeping rough with swift support tailored to their individual circumstances.
- Recovery - supporting people in finding a new home and rebuilding their lives.

Welfare Reform Act 2012

The major proposal for reform was the introduction of Universal Credit, which replaced the previous in and out of work benefits. Welfare reforms present ongoing challenges to households in receipt of benefits and to the organisations and individuals that house and support them. Most notably, since the introduction of Universal Credit, local authorities and social housing providers have reported its impact on claimants' ability to meet their household costs.

The Domestic Abuse Act 2021

This Act addresses the needs of victims of domestic abuse, the act imposes a duty on the Council's to provide support in safe accommodation and that all eligible victims of domestic abuse have a priority need for assistance.

The Care Act 2014

The Care Act set a strong expectation that agencies would work together to protect children, young adults and people with care and support needs.

Children Act 1989

The Children Act sets out clear expectations on the requirement for suitable housing for 16- and 17-year-olds, looked after children and preparing care leavers for independent living. Subsequent guidance and case law has clarified how social and housing services should work together.

Current provision and achievements from the previous strategy

Darlington Borough Council provides a dedicated Housing Options team within the Housing Services department and has strong links to other internal and external departments such as Social Services, Public Health, Police and Probation.

The Housing Options team provide a dedicated, specialist service which offers signposting, advice and support to individuals who are at risk of homelessness or who have become homeless. They work in line with current homeless legislation and provide free of charge information and advice relating to:

- Preventing homelessness.
- Securing long-term and short-term accommodation.
- The rights of homeless households or those threatened with homelessness.
- Services available to homeless households or those threatened with homelessness and how to access them.
- Domestic abuse services.
- Substance misuse services and support.
- Supported accommodation.

Darlington Borough Council have excellent links with the voluntary sector and organisations within the town who help support and deliver the achievements within the previous strategy.

We look forward to building upon this and creating new partnership working as a priority within this strategy. Details of all the help available and the agencies involved can be found in the [Housing Services – A guide to homelessness advice and support in Darlington leaflet](#) (link to follow)

Our achievements from the previous strategy include:

- Established an effective Duty to Refer process and ensured professional partners and agencies are aware of this process.
- Improved our needs assessments to ensure it helps us to address individuals' issues.
- Improved the information available on the Darlington Borough Council website.
- Increased the use of social media and other digital platforms (podcasts) to ensure homeless persons have access to the right information easily.
- Collaborated with local hospitals to reduce homelessness issues from hospital discharges.
- Reduced the risk of young people becoming homeless through establishing positive support pathways for young people with colleagues in Childrens Services.
- Created a specialist Mental Health Officer post within the Housing Options team to work with Mental Health services to improve support to those households.
- Introduced a new, easy to use social housing allocation system for Council Housing and agreed nomination agreements with all other registered providers in Darlington.

- Introduced an interest free loan scheme (Homeless Prevention Fund) to improve access to private rented sector properties.
- Built effective links with the Department of Work and Pensions to address welfare benefit challenges (such as introduction of Universal Credit).
- Set up a Rough Sleeping Action Group to look at ways to reduce repeat homelessness and prevent rough sleeping.
- Established multi-agency groups to help identify and address the needs of individuals.
- Established Preventing Begging Meetings for all agencies to look at joined-up and innovative ways to reduce begging in the Borough.
- Established the Preventing Homelessness and Rough Sleeping Forum to support and improve partnership working and information sharing.
- Continued to work closely with and build new relationships with voluntary sector agencies and looked for ways of increasing support for individuals.
- Created a temporary, specialist Domestic Abuse Officer post, through government funding, within the Housing Options team to work with victims and perpetrators of domestic abuse to improve support.

Guiding Principles

At the core of our strategy are a number of guiding principles that underpin our approach to both the development and delivery of homelessness services.

These principles have been co-produced with the wider homelessness sector partners in Darlington and Council colleagues. They are:

Partnership Working

We have a strong focus on partnership working and will look to expand upon the relationships developed to tackle the many challenges that exist around homelessness and inequalities.

Person Centred

We work with people as individuals and support their unique situations, aspirations, strengths, and personal challenges.

Solution Focused

We create, share, and replicate best practice and innovation to find lasting solutions in responses to homelessness and its prevention across Darlington.

Responsive

We respond quickly and effectively, ensuring we safeguard people and provide effective flexible services. Whilst we focus our efforts on prevention, where homelessness does occur, we aim to make sure the experience is as brief as possible and not repeated.

Current national and local context

People become homeless for lots of different reasons. There are social causes of homelessness, such as a lack of affordable housing, poverty and unemployment, and life events which push people into homelessness. People can be forced into homelessness when they leave prison, care or the armed forces with no home to go to. Many people experiencing homelessness have escaped a violent or abusive relationship. People also become homeless because they can no longer afford the rent or mortgage.

What is the national data telling us?

- 94,560 households in England had initial homelessness assessments between January to March 2024, which is an increase of 10.8% compared to January to March 2023.
- 86,520 were owed a duty to prevent or relieve homelessness between January to March 2024.
- 38,440 were assessed as being threatened with homelessness, with an increase of 1.2% due to section 21 notices between January to March 2024.

- 48,080 households were assessed as homeless and owed a relief duty between January to March 2024, which is up 11.4% on January to March 2023, those with children in the household increased by 6.9% compared to the same period in 2023.
- 17,120 households were accepted as owed a main homeless duty between January to March 2024, up 19.8% from January to March 2023.
- As of 31 March 2024, 117,450 households were in temporary accommodation, which is a 12.3% increase from 31 March 2023. Those with children increased by 14.7% and single households by 8.5%.

What are the local challenges?

We have seen:

- A significant increase in homeless presentations in Darlington since 2019-2020.
- A 57% increase in presentations since 2019-2020 in section 21 notices (no fault evictions) within the Private Rented Sector. This rose from 152 in 2019-2020 to 238 in 2023-2024.
- Increasing numbers of presentations with multiple needs, making placement and long-term sustainment of tenancies more difficult. The number of presentations from people with one or more need rose from 485 in 2019-2020 to 1,039 in 2023-2024.
- An increase in presentations of people suffering domestic abuse, which was 13% of all presentations in 2023-2024, and this was a 142% increase from 2019-2020.
- An increase in presentations from hospital and prison leavers, including those from the early release scheme from prisons (Probation Refresh). Presentations rose from 51 in 2019-2020 to 169 in 2023-2024.
- An increasing number of households leaving the asylum system after gaining leave to remain. This rose from 13 in 2019-2020 to 34 in 2023-2024.
- A reduction in the number of affordable and suitable move on accommodation within the Borough.
- A lack of specialist accommodation for clients trying to withdraw from substance misuse.
- A lack of specialised accommodation for those with complex needs.
- A reduced number of suitable temporary accommodation meaning out of area placements have increased.
- An increase in presentations from families experiencing homelessness.
- An increase in presentations of people suffering homelessness due to mortgage arrears.

The 6 priority areas identified within our vision reflect the current picture within the homeless sector both locally and nationally.

Working in partnership to prevent homelessness

Working in partnership to prevent homelessness is a key area within the homelessness sector. To have a universal approach to prevention within Darlington will help reduce homelessness in the town. The work within the previous strategy shows some the positive work in this area, but we will continue to build on this.

Prevention and early intervention can help sustain tenancies and can prevent a person from becoming homeless. Most people approach the Council for help when they are in a crisis so by focusing on early homeless prevention, we can help save tenancies and stop a person becoming homeless.

By working in partnership to prevent homelessness we can recognise and understand the signs of a person not managing in their home and work together to provide support to save the tenancy and prevent homelessness.

Tackling Rough Sleeping

The longer someone experiences rough sleeping the more likely they are to face challenges around trauma, mental health and drug misuse.

The Ending Rough Sleeper Plan (<https://www.gov.uk/government/publications/ending-rough-sleeping-for-good>) sets out the national agenda around ending rough sleeping nationally, it focuses on areas of preventing rough sleeping, delivering intervention where appropriate, support recovery and providing transparent and joined up working.

Our Rough Sleeper Plan 2024-2025, which was agreed by Ministry of Housing, Communities and Local Government (MHCLG) and is reviewed annually, builds on the national Ending Rough Sleeping Plan and includes the following themes:

- Reviewing and improving accommodation for chaotic clients.
- Raising awareness with other agencies and build good relations to reduce the chance of someone rough sleeping.
- Build on the current Rough Sleeper Action Group to ensure agencies play their part in preventing, identifying and supporting rough sleepers.

Move on Accommodation

Darlington has thrived on a good private rented market within the town. In 2023-2024, 18.47% of the town population live in private sector housing. However, there has been a shift in the market following Covid and the new, proposed Renters Reform Bill are adding pressure onto private landlords and reducing access to private rented homes.

These pressures affect the number of long-term homes available for clients to move on to, and whilst we have an excellent social housing market it cannot manage the demand for accommodation alone.

Whilst the new Renters Reform Bill aims to give private renters greater security and stability within their homes, which in turn should reduce homelessness, it has had the short-term

effect of increasing the number of private rented tenants being issued a legal notice of eviction.

It has been proven that working with private landlords to support them through changes can increase access to accommodation which can reduce the time spent in temporary accommodation. This can help to reduce costs to Council's and ensure homeless persons can access longer-term accommodation.

Temporary Accommodation

The average length of stay in temporary accommodation in Darlington has increased from 8.5 days in 2019-2020 to 19.8 days in 2023-2024, increasing the net cost of temporary accommodation from £68k in 2019-2020 to an estimated £952k in 2024-2025.

This can predominantly be due to lack of permanent move on accommodation due to the changes in the private rented sector in Darlington.

As a consequence to the longer stays, temporary accommodation availability has reduced and a reliance on accommodation outside of Darlington, hotels and B&B's to meet statutory requirements has occurred.

It has proven that by increasing the availability of temporary accommodation and reducing the time spent in temporary accommodation will reduce costs to a local authority. This helps to improve the experience for the homeless client with better, longer-term outcomes.

Affordability of temporary and move-on accommodation is a significant factor as the local housing allowance remains low with no uplift since 2011 so does not reflect the current economy and rent charges.

Addressing homelessness faced by particular groups of people

The reasons for homelessness are as individual as people themselves, however, we recognise that those with additional needs such as addiction issues have an increased risk of homelessness. In particular substance misuse and mental health can be a significant factor.

Support for people suffering from these addictions are essential, to help prevent and deal with homelessness. The highest needs for clients presenting to us are:

- Mental health issues.
- Substance misuse.
- Physical health issues.
- Offending history.

Other particular groups of people are also at higher risk of homelessness, and these include:

- Prison leavers.
- Survivors of domestic abuse.
- Refugee and those that have been granted leave to remain.
- Young people (16-25) and care leavers.

- Veterans and those leaving the armed forces.

Securing funding to increase accommodation and resources

Appropriate funding is a key to this strategy and will ensure we can provide the appropriate support and accommodation for homeless households.

We will work in partnership with the Ministry of Housing, Communities and Local Government (MHCLG) and local agencies and charities to secure funding opportunities to help resource viable solutions to tackle homelessness in Darlington.

Previous funding from the government has included short-term funding such as:

- Rough sleeper initiative (RSI) which funded:
 - 2 x Housing First properties - Housing First is an approach which prioritises access to permanent housing with tailored, open-ended, wraparound support for residents that emphasises choice and control.
 - 1 x Regional Rough Sleeper Coordinator post who co-ordinates good practice across the Tees Valley to help prevent rough sleeping.
 - 1 x Outreach Support Worker post who attends to any reports of rough sleepers in the Borough from SteetLink and provides immediate support.
 - 1 x Housing Navigator post who triages any Duty to Refer referrals from agencies and arranges contact with the affected person.
- Rough Sleeper accommodation programme (RSAP):
 - 4 x units of Next Steps accommodation - The Next Steps Accommodation Programme funding provides funding for property costs and support.
 - 3 x units of move on accommodation from supported/hostel accommodation to build on independent living skills.
- Single Household Accommodation Programme (SHAP)
 - Funding for accommodation and support from 18- to 25-year-olds.
- Accommodation for Ex Offenders (AfEO)
 - Funding to support ex-offenders into private rented accommodation.
- Domestic Abuse New Burdens Funding
 - 1 Housing Options Officer post (Domestic Abuse) short term funding to provide specialist support and advice to victims and perpetrators of domestic abuse.

Action plan

Action	Outcome	Key Priority Area	Partners Involved
Source additional temporary accommodation	Reduced use of B&B/hotel accommodation	<ul style="list-style-type: none"> • Increasing the amount and improving the quality of temporary accommodation • Tackling rough sleeping by implementing our agreed Rough Sleeper Plan 	<ul style="list-style-type: none"> • DBC Commissioning • DBC Housing Services • Registered Social Housing providers • Charities
Source more move-on accommodation	Reduced time spent in temporary accommodation	<ul style="list-style-type: none"> • Improving move on accommodation provision, including specialist housing and support provision 	<ul style="list-style-type: none"> • DBC Commissioning • DBC Housing Services • Registered Social Housing providers • Charities • DBC Private Sector Housing
Re-establish multi-agency homeless forum	Improved partnership working and outcomes for homeless clients	<ul style="list-style-type: none"> • Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness • Addressing homelessness faced by particular groups of people, including those presenting with multiple or complex needs 	<ul style="list-style-type: none"> • DBC Commissioning • DBC Housing Services • Registered Social Housing providers • Charities • DBC Private Sector Housing • Probation • Police • Fire Service • Public Health • DAD • DAR

Action	Outcome	Key Priority Area	Partners Involved
Establish shared goals with partner agencies	Improved referrals, prevention and move-on plans Rough Sleeper Action Group attendees	<ul style="list-style-type: none"> • Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness • Addressing homelessness faced by particular groups of people, including those presenting with multiple or complex needs 	<ul style="list-style-type: none"> • DBC Commissioning • DBC Housing Services • Registered Social Housing providers • Charities • DBC Private Sector Housing • Probation • Police • Fire Service • Public Health
Source additional specialist temporary and longer-term accommodation including Housing First	Improved offer for those with multiple and complex needs	<ul style="list-style-type: none"> • Increasing the amount and improving the quality of temporary accommodation • Securing funding to increase accommodation and resources • Addressing homelessness faced by particular groups of people, including those presenting with multiple or complex needs • Improving move on accommodation provision, including specialist housing and support provision 	<ul style="list-style-type: none"> • DBC Commissioning • DBC Housing Services • Registered Social Housing providers • Charities
Raise awareness in the community and with agencies and charities	Improved referrals	<ul style="list-style-type: none"> • Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness • Tackling rough sleeping by implementing our agreed Rough Sleeper Plan 	<ul style="list-style-type: none"> • DBC Commissioning • DBC Housing Services • Registered Social Housing providers • Charities • DBC Private Sector Housing

Action	Outcome	Key Priority Area	Partners Involved
			<ul style="list-style-type: none"> • Probation • Police • Fire Service • Public Health • DAD • DAR
Identify higher risk groups, working with partner agencies to understand and improve support available to specific groups	Improved understanding of issues and improved offer to specific groups	<ul style="list-style-type: none"> • Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness • Addressing homelessness faced by particular groups of people, including those presenting with multiple or complex needs • Securing funding to increase accommodation and resources 	<ul style="list-style-type: none"> • DBC Housing Services • Registered Social Housing providers • Charities • DBC Private Sector Housing • Probation • Police • Fire Service • Public Health • DAD • DAR • Social Services
Identify funding opportunities	Improved resources and new services developed	<ul style="list-style-type: none"> • Securing funding to increase accommodation and resources • Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness. 	<ul style="list-style-type: none"> • DBC Commissioning • DBC Housing Services

Action	Outcome	Key Priority Area	Partners Involved
Identify and build on existing support networks	Improved partnership working and outcomes for homeless clients	<ul style="list-style-type: none"> • Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness • Addressing homelessness faced by particular groups of people, including those presenting with multiple or complex needs • Securing funding to increase accommodation and resources 	<ul style="list-style-type: none"> • DBC Housing Services
Improve communication and engagement with private landlords	Increased prevention and reduced number of homeless clients from private rented properties	<ul style="list-style-type: none"> • Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness • Tackling rough sleeping by implementing our agreed Rough Sleeper Plan 	<ul style="list-style-type: none"> • DBC Housing Services • DBC Private Sector Housing
Continue to provide Domestic Abuse a dedicated Housing Options Officer	Continued support for victims of Domestic Abuse	<ul style="list-style-type: none"> • Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness • Addressing homelessness faced by particular groups of people, including those presenting with multiple or complex needs • Securing funding to increase accommodation and resources 	<ul style="list-style-type: none"> • DBC Commissioning • DBC Housing Services • Public Health

Action	Outcome	Key Priority Area	Partners Involved
Explore landlord incentives to help increased access to private rented sector	Increased move-on accommodation	<ul style="list-style-type: none"> • Improving move on accommodation provision, including specialist housing and support provision • Securing funding to increase accommodation and resources 	<ul style="list-style-type: none"> • DBC Housing Services • DBC Private Sector Housing
Review the pathway into specialist services	Increased number of households with complex needs rehoused into settled housing	<ul style="list-style-type: none"> • Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness • Addressing homelessness faced by particular groups of people, including those presenting with multiple or complex needs • Securing funding to increase accommodation and resources 	<ul style="list-style-type: none"> • DBC Commissioning • DBC Housing Services • Public Health
Improve information available to homeless persons and professionals	Clients and professionals better informed of the support and processes involved	<ul style="list-style-type: none"> • Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness • Addressing homelessness faced by particular groups of people, including those presenting with multiple or complex needs 	<ul style="list-style-type: none"> • DBC Housing Services

Equality and Diversity

We are committed to ensuring all parts of the community can access, engage with and benefit from services.

This strategy seeks to remove barriers which people can face in accessing housing and homelessness support.

People experiencing homelessness can have multiple disadvantages and it is important to identify when individuals require additional support and appropriate reasonable adjustments. This may include assisted communication or specific approaches and strategies that are known to be helpful to best engage and support the individual.

Where an applicant's first language is not English, we will provide interpreting services and publicise the availability of these services to residents and community organisations.

We will ensure all the priorities within the strategy meet the needs of all groups of people, in particular those who are the most marginalised in our communities. We will engage with our communities including people who have experienced homelessness and make sure current and future service provisions meet the need of our communities.

Performance Monitoring and Review

To assist with our continuous improvement and to ensure we meet the strategy actions, we will collate and monitor performance information. We will hold regular forums, meetings, conferences with relevant partners and stakeholders.

This strategy will be monitored and reviewed on a regular basis, as part of the existing governance arrangements and will involve key stakeholders, partners and agencies in its delivery.

Members will also be provided with an annual review of performance at the relevant Scrutiny Committee.

Outcome of Consultation – Survey Results

To what extent do you agree or disagree with our visions?

Question	Agree	Neither Agree nor Disagree	Disagree	Don't know
To work in partnership to end homelessness in Darlington	85.7%	7.7%	4.4%	2.2%
That every resident in Darlington has a secure, affordable place to call home	82.4%	7.7%	6.6%	3.3%
That the right support is in place at the right time	85.7%	4.4%	8.8%	1.1%
Where homelessness occurs, it is rare, brief and non-recurrent	63.7%	5.5%	27.5%	3.3%

Comments

We are pleased that the vision recognises that the approach to homelessness should be holistic and inclusive. We also agree with an approach that places such an emphasis on early intervention.
Only proviso is what do you do with those who don't want to be housed/helped?
At Citizens Advice the clients we see have been through the homelessness system and refused due to antisocial behaviour drink drug or mental health issues causing them to be a risk for housing.
Too many homeless people are denied accommodation by the Housing Options team due to drug/alcohol issues or offending histories that were linked to their substance misuse. This is unfair and the council needs to have options to make sure no one is forced to sleep rough due to a lack of supported temporary accommodation. Other councils have much more resources in this area, and it is not acceptable that people in Darlington suffer a postcode lottery with homelessness services due to the council being the third smallest in the country.
I've been sleeping on my dad's couch for a year and still haven't been given a home.
I am helping a severely disabled friend through this journey, it's very frustrating for him as he keeps being told he will be put up in a hotel if he is evicted from his home (section 21) no fault eviction. He is disabled and 78 years old and is worried sick he will be put in a hotel room.
Need to make accommodation affordable and available for the long term.
These are the views of any caring human being, but can the council afford it?
Hoping there will be proper support for people not just "Here is a nice home", and that will be right, but support for addictions, budgeting, cooking properly all need support.
Very clear visions, I appreciate homelessness will never be completely resolved but think these visions are important to show the aims of the Council.

To what extent do you agree or disagree with the co-produced six key priority areas to enable us to achieve the visions?

Question	Agree	Neither Agree nor Disagree	Disagree	Don't know
Working in partnership with charities and voluntary organisations, other social housing providers, Public Health and other statutory agencies to prevent homelessness	90.1%	4.9%	2.5%	2.5%
Tackling rough sleeping by implementing our agreed Rough Sleeper Plan	85.2%	7.4%	3.7%	3.7%
Increasing the amount and improving the quality of temporary accommodation	84.0%	4.9%	7.4%	3.7%
Addressing homelessness faced by particular groups of people, including those presenting with multiple or complex needs	84.0%	6.2%	4.9%	4.9%
Improving move on accommodation provision, including specialist housing and support provision	88.9%	4.9%	3.7%	2.5%
Securing funding to increase accommodation and Resources	88.9%	3.7%	3.7%	3.7%

Comments

Support is important.
Fully agree with the six priority areas. As the Office of the Police and Crime Commissioner we are keen to work in partnership to improve community safety and improve outcomes for vulnerable groups. The key groups we have an interest in are (though not limited to) those experiencing domestic abuse, people who misuse substances and alcohol and those who are leaving custody. These are all groups at high risk of homelessness, and it is pleasing to see they are included in the strategy.
The rough sleeper plan does not go far enough in helping those sleeping rough. A much more compassionate and modern approach is needed. For example, abolishing the begging committee and focusing on modern evidence-based approaches.
I don't particularly agree with increasing the temporary accommodation because effectively everyone should have a secure place to live but people who have those complex needs need better supported accommodation to enable them to have a better chance of sustaining a tenancy.
Properties should be fit for purpose and not just a landlord cash fund.
We agree with all of the 6 priorities, all partners maximising what they can offer. As a

suggestion, potentially DBC could examine their own resources and systems in regards to ensuring voids are kept to a minimum, i.e. setting a 3 month turn around for an empty property. Also, potential look at privately owned empty homes.
As before, very laudable and absolutely brilliant but what do you propose for those who will not be helped?
As before, the main clients seen are those with complex multiple needs - no available accommodation due to risk and previous history of complex behaviour issues. These are the street homeless or sofa surfing, which is detriment to their health. A plan for temporary/ interim housing and support is needed to help them move into accommodation.
You send people on their way and say something like, you're not priority.
Agree with them all, if it is possible to get the priorities put into place.
A variety of services / providers are needed to meet the needs of people holistically, supporting people both proactively and reactively (given the current climate) to meet peoples increasing needs.
Forces veterans seem to face particular problems.
All great ideas but for a lot of these people it is a life choice.
I believe the 6 priorities will assist in achieving the aims, and give particular emphasis on the key groups most affected by homelessness.

To what extent do you agree or disagree with the actions identified within the strategy?

Question	Agree	Neither Agree nor Disagree	Disagree	Don't know
Source additional temporary accommodation	79.8%	6.3%	6.3%	7.6%
Source more move-on accommodation	81.0%	7.6%	6.3%	5.1%
Re-establish multi-agency homeless forum	83.5%	5.1%	3.8%	7.6%
Establish shared goals with partner agencies	88.6%	3.8%	2.5%	5.1%
Source additional specialist temporary and longer-term accommodation including Housing First	87.3%	3.8%	5.1%	3.8%
Raise awareness in the community and with agencies and charities	86.1%	5.1%	5.1%	3.8%
Identify higher risk groups, working with partner agencies to understand and improve support available to specific groups	84.8%	6.3%	3.8%	5.1%
Identify funding opportunities	87.3%	3.8%	3.8%	5.1%
Identify and build on existing support networks	88.6%	3.8%	3.8%	3.8%
Improve communication and engagement with private landlords	82.3%	7.6%	5.1%	5.1%

Question	Agree	Neither Agree nor Disagree	Disagree	Don't know
Continue to provide Domestic Abuse a dedicated Housing Options Officer	84.8%	8.9%	2.5%	3.8%
Explore landlord incentives to help increased access to private rented sector	72.1%	12.7%	5.1%	10.1%
Review the pathway into specialist services	75.9%	12.7%	1.3%	10.1%
Improve information available to homeless persons and professionals	86.1%	6.3%	2.5%	5.1%

Comments

A slight caution around more temporary accommodation. Whilst temporary accommodation is important it is equally important that there is not an over-reliance on this. As previous, it is pleasing to see that higher risk groups are considered, and it is essential to work with partners to understand issues and improve support available to these specific groups so that they can maintain tenancies and be safe and secure in their homes.
There needs to be increased homelessness prevention and timely referrals for money advice from independent and regulated providers. DBC routinely do not spend the whole DHP pot and allocate towards the end of the financial year. This suggests that there could be more proactive prevention work.
Forums needed and compassionate committed people involved to support complex needs. Problem being they decline the services already provided.
Raising awareness and making links, communicating with others must lead to actual progress and solutions not just become talking shops.
There has been no mention on the Council only accepting applications for homelessness on the day of eviction, instead of saying when they receive the notification of eviction start processing.
The Council needs to move to a position of looking for ways that legislation can be interpreted positively to actually resolve homelessness rather than using it to gate-keep and exclude vulnerable people on technical legal grounds.
I really agree with the transitional model, we need to consider supported accommodation models too.
Depends on the incentives to Landlords. It should not be money, and it would have to be legal and monitored.
Very important to keep at least one dedicated Domestic Abuse Officer, as these are some of the most vulnerable people in our society and require as much help and assistance as possible.

Overall, how satisfied are you with the Housing Services Preventing Homelessness and Rough Sleeping Strategy 2025-2030?

Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
43.6%	29.5%	19.2%	5.1%	2.6%

Comments

<p>The Strategy is good, the funding, budget and resource to support it isn't. The Government needs to recognise that not having a home for those people with complex needs is highly likely to result in more crime, rough sleeping and a decline in mental health. They don't recognise that.</p>
<p>I am so glad to have read this plan this morning - I feel a lot more hope for the homeless.</p>
<p>This is a very comprehensive and realistic view of the current situation and offers practical ways forward.</p>
<p>It is a comprehensive document that highlights the increase in service demands pre-COVID and post-COVID. These concerns and availability of funds has left a big question mark on us all, which is "How did we get here?".</p>
<p>Would like key names and contacts to help those with complex needs and a reassurance they will at least be housed that day even if temporarily.</p>
<p>Sorry but really don't think it's any good when they say we will phone you back and don't.</p>
<p>I don't believe the strategy goes far enough or is explicit enough with regards to the practicality's day to day for homeless service users. Particularly around the very harsh interpretation of the priority need test that some service users receive from officers. Also, the no second night out scheme is often not adhered to by officers. I see this through my work in another public service in Darlington supporting vulnerable adults who may be denied accommodation through something as simple as being on the waiting list for secondary care but not yet allocated a CPN etc. The strategy grandstands about making rough sleeping a rare occurrence but on the ground the officers do not take this seriously enough. Anyone who claims to be rough sleeping should be given the benefit of the doubt in a moral society.</p>
<p>Should aim to abolish TEMPORARY ACCOMMODATION.</p>
<p>As explained in the first comment, (name withheld) has been on the list for a long time and we work closely with a Humankind case worker, he has automated bidding from the Council, but little or no updates, no communication unless he instigates it. As I said, very agitating for an elderly gent, through no fault of his own.</p>
<p>I think this strategy gives the perfect balance between preventing and helping those who are homeless. It's important that everyone works together, and those people that have genuine need for homeless assistance know where to access it and are given it. It's clear that the Council cannot do this alone and it's great to see that other agencies and groups have been involved. I hope they continue and increase their support to the Council.</p>

Additional Comments Received

Darlington Assistance for Refugees (DAR)

The strategy identifies refugees as having a high risk of homelessness but doesn't explain why. We suggest they:

- Are vulnerable due to language
- Lack finance to secure loans or offer deposits
- Have no access to utility bills needed for proof of ID
- Are not in a position to find guarantors
- Are subject to a "cliff edge" of 28 days' notice to leave Mears accommodation.

To counter this, we suggest improved coordination between the Home Office, Mears, the Council, housing providers and local charities including DAR. The Home Office, Mears and other housing providers should also be partners included in the action plan.

Numbers of asylum seekers will increase as local authorities have been told by the regional Migration Partnership that Darlington has not reached the designated saturation point.

In the absence of available accommodation, refugees are increasingly being accommodated in expensive temporary accommodation.

The private rented sector:

- Expensive option for refugees.
- The Local Housing Allowance has been frozen once again this year, meaning that while rents continue to increase, there is a growing gap in the Housing Benefit available to cover this. The Council should raise this with Central Government.
- There is high demand for private rented property and private landlords are choosing not to accommodate the most vulnerable in society.

Temporary accommodation:

- Other local authorities are able to buy up houses in Darlington and use them for temporary accommodation (Durham for example). Why is this not an option for Darlington Borough Council?

Acquisition and refurbishment to increase housing stock:

- The Council should explore the opportunities for the acquisition and refurbishment of long-term empty properties and poor quality private rented stock.
- Schemes such as those developed by Back on the Map in Sunderland and Community Campus '86 in Teesside could be replicated here.
- There is the potential to use and develop the building skills of asylum seekers and refugees and students at Darlington College in developing a scheme of this nature.

Supported Housing:

We feel strongly that Supported Housing providers should offer move-on accommodation for a period of time. Most do not do this, because it reduces their income. Some organisations like Action Foundation offer, housing for those with No Recourse to Public Funds, Supported Housing, move-on housing, and direct links with private landlords (not through agencies who charge £400 for references and have rigid guidelines around who is eligible for renting properties on their books). This ensures a flow of tenants who progress through the system and who are ultimately in private accommodation.

- We feel that the cost of Supported Housing is not value for money if it continues to trap tenants into not working and claiming benefits.
- All Supported Housing providers should be monitored to ensure they provide genuine support enabling the majority of their tenants to move into independent living within private or social housing.
- Stricter controls should exist asking for evidence of progress in moving on.
- Often those who need Supported Housing the most, cannot access it because it is clogged up with long term tenants.
- Tenants in supported housing should have a grace period of at least 4 months if they find work (for more than 16hrs/week) so that they are able to save for a deposit and have evidence of an income.
- Open Door North East also has good relationships with private landlords who take refugee tenants because they know they are offered support.
- This saves landlords the agency fees.

Local Authority and Social Housing:

More social and council homes should be built in the Borough to provide more move-on options.

DAR has been shocked to witness that the council properties allocated to those granted leave to remain do not have carpets and curtains. We understand that these are removed by the council as a matter of course. This has made properties uncomfortable and hard to heat, and added to the hardship experienced not just by refugees but also others struggling with the cost of living crisis. We believe there must be a way of consulting with prospective tenants and allowing the option of deep cleaning rather than removal when requested by them. Other Social Housing providers retain furnishings giving potential tenants the options so we feel it shouldn't be beyond DBC to do this.

Darlington Borough Council – Adult Social Care

Adult Social Care are experiencing increased referrals for people without a fixed abode, leading to 'sofa surfing' and/or street homelessness and at times a blend of both. This exposes our most vulnerable people in our communities to exploitation and risk of abuse. Within Adult Social Care we cannot begin to meet people's needs effectively without accommodation in place.

We welcome the strategy and in particular the development of housing for specific groups of people, including those with complex needs and specialist housing and support offers, which we hope will address housing for those people with previous forensic risks, which are

experienced as the most difficult to support within current housing provision as well as increasing temporary housing options. Limited specialist housing impacts on available options following hospital discharge and can lead to unnecessary placements in short stay residential care beds.

700 Club

On behalf of the 700 Club, we would like to offer a warm commendation of the new Homelessness and Rough Sleeping Strategy. The proposed Strategy is comprehensive, covering everything from the individual rough sleeper to the families in temporary accommodation. It offers an honest depiction of the difficulties that Darlington faces, including lack of move on accommodation, a high prevalence of mental health problems, etc. and this reflects what we are seeing on a day-to-day basis within our services.

The strategy is ambitious, with a positive emphasis on prevention. It also recognizes the complexity of homelessness as something that can only be answered by working together. We look forward to our continuing partnership with DBC and the excellent Housing Options Team.

Darlington Borough Council – Commissioning

The Preventing Homelessness and Rough Sleeping Plan (2025-30) sets out a clear and positive strategy in respect of the Council's response to a major societal challenge. There is a strong focus on early intervention and prevention of homelessness. The Council commissions a range of service with Voluntary, Community, and Social Enterprise (VCSE) (across all ages) to support this agenda including, housing related support services and accommodation based/outreach services to support people suffering domestic abuse. These commissioned services are critical in the provision and maintenance of supported accommodation, re-settlement and outreach support for people who are homeless or at risk of being homeless.

It is also recognised that "move on" accommodation is essential, especially for people with complex needs and require specialist housing. The exploration and development of this specialist housing option benefits the wider health and social care system in Darlington. It is through the continuing close working partnership between VCSE, Housing, Commissioning, housing developers and operational services such as Adult Services that we will deliver the objectives set out in the plan.

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HEALTH AND HOUSING SCRUTINY COMMITTEE 15 JANUARY 2025

PERFORMANCE INDICATORS QUARTER 2 - 2024/25

SUMMARY REPORT

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2024/25, up to June 2024 (Quarter 2).

Background

2. This report provides performance information in line with an indicator set and scrutiny committee distribution agreed by Monitoring and Coordination Group on 4 June 2018, and subsequently by scrutiny committee chairs. Following agreement at Council on 5 December 2019 to align Scrutiny Committees to the updated Cabinet Portfolios, the indicator set has been re-aligned accordingly.
3. The indicators included in this report are aligned with key priorities. Other indicators may be referenced when appropriate in narrative provided by the relevant Assistant Directors, when providing the committee with performance updates.
4. Thirty-six indicators are reported to the committee, nine of them are updated on a six-monthly basis and twenty-seven annually. The annual indicators are updated throughout the year depending on their national release date.
5. Six indicators are reported by both Housing and Leisure Services and twenty-four by Public Health.
6. Nine indicators have Quarter 2 information, and twelve Public Health indicator have been updated since the 2023/24 Quarter 4 report.

Housing Indicators

April to September 2023/24 comparison to 2024/25

7. Rent arrears of current Council tenants in the financial year as a percentage of rent debit shows an improvement from the previous year (HBS 013 - 2.94% to 2.88%) and is better than the target of 3.4%. Housing Services collected £15.7 million of rent up to quarter 2 of 2024-25, compared to £14.8 million for the same period in 2023-24. The team continue to collect with care, offering guidance, help and support to customers, assisting with benefit claims and budgeting skills at the beginning of a tenancy and throughout. Enforcement and court action is taken only when all other avenues have been exhausted.

8. The amount of rent collected as a proportion of rents owed on Council homes, including arrears brought forward debit, has increased from the previous year (HBS 016 - 98.8% to 99.6%). There are 2,198 Council tenants in receipt of some element of Universal Credit (UC) and have the five weeks wait, prior to first payments being received. Average arrears for UC customers remain around 5 weeks average rent. The managed migration to UC has started and collection rates are expected to be affected as tenants await their payments and move from weekly to monthly benefits. Housing Services are continuing to work with the Department for Work and Pensions (DWP) to support and guide tenants through the period of migration.
9. The average number of days spent in Bed and Breakfast accommodation for people affected by homelessness has seen a significant increase (HBS 025 – 3,657 to 8,004). The Council has a statutory duty to provide temporary accommodation under the Homeless legislation. The days spent in temporary accommodation has increased due to difficulties moving people on to permanent accommodation. The waiting list for social rented accommodation has increased to over 2,000 and access to the private rented market has become more difficult and expensive. This is a national issue and will be a key action for our new Preventing Homelessness and Rough Sleeping Strategy. The number of people presenting as homeless remains high, with 751 by quarter 2 of 2024-25, compared to 740 for the same period in 2023-24.
10. The number of positive outcomes where homelessness has been prevented increased (HBS 027i - 252 to 265). There has been a difficulty in moving people on from temporary accommodation due to changes in the housing market, with less private rented accommodation available and increased demands on the social housing waiting list. This has impacted on the positive outcomes the Housing Option team have been able to achieve.
11. The average number of days to re-let empty Council dwellings has increased (HBS 034 – 52.4 to 70.6). This is a significant improvement from 99.4 days at the end of 2023-24. The timescales for completing repairs before letting continues to be high, due to difficulties in recruiting qualified tradespeople in Housing Repairs. A new Repairs Before Letting Manager has been recruited who is currently reviewing processes and resources on the team. We are starting to see the beneficial impact of this post and hope to see further reductions in the re-let times.
12. The percentage of dwellings not with a gas service within 12 months of the last service has date has decreased (HBS 072 – 1.38% to 0.8%). Current performance is on target to meet the 0.5% of all Council properties with gas appliances and due a gas safety check in 2024-25 will be completed, to meet our statutory duties.

Leisure Indicators

April to September 2022/23 comparison to 2023/24

13. Visitor numbers to the Dolphin Centre have increased (CUL 030 – 358,123 to 452,328). This reflects the popularity of the swimming pool following the reopening of all facilities. The main pool reopened in January 2024 with the slides and toddler pool reopening in August 2024. In the first week of the full pool facilities being opened the complex experienced the equal highest number of swimmers in the history of the Centre. Hospitality continues to

attract high numbers and memberships continue to break our own record numbers. Swimming lessons and classes again are welcoming higher number than the same quarter last year.

14. The number of school pupils participating in the sports development programme has increased by 2,999 (CUL 063 – 3,343 – 6,342). There will be a full School Games programme scheduled in 24/25 now that the Eastbourne Sports Complex is fully re-opened following the investment project in the facilities. The Primary/Secondary Athletics, multiple Quadkids events, Change 4 Life, Community Games, Cross Country and Multi Skill Festivals have all taken place from May onwards. Further events are planned in the Autumn and Winter schedule.
15. Number of individuals participating in the community sports development programme has increased by 996 (CUL 064 - 10,075 to 11,071), following the growth in various Move More projects and activities. These include the Holiday Activity Project, Eastbourne Sports Complex Move More Programme, Haughton Matters, The Sheltered Housing Activity project and numerous new community out reach sessions that the team deliver from walking, inclusive activities, Nordic walking, walking football, weight goals and various other activities.

Public Health Indicators

16. Twelve of the indicators reported by Public Health have had updated information to report since the Quarter 4 report. These are all annually reported indicators.

2021/22 comparison to 2022/23

17. Low birth weight of term babies has remained the same (PBH 009 2.3% - 2.3%). Compared to our North East neighbours Darlington is ranked 12th and is statistically similar to the North East and England. The 0-19 public health service contract includes a specific action for Health Visitors to visit an expectant mother between 28 and 36 weeks of their pregnancy. This visit provides an opportunity to provide information, advice and support to maximise the mother's health and create optimum conditions for a healthy pregnancy.
18. The percentage of HIV late diagnosis has decreased (PBH 050 – 33.3% to 25.0%). Compared to our North East neighbours Darlington is statistically similar to the North East and England against the benchmarked goal of <25%. The 25% of adults identified as being diagnosed late, using the CD4 cell count at diagnosis, corresponds to 2 late diagnosed out of a total of 8 new diagnosis. This impacts on what treatment options can be offered. The Sexual Health Service has increased new patients receiving a HIV risk assessment and more and easier routes to access HIV testing, including postal testing kits. Additionally, there is wider access to condoms through the C Card offer, to help prevent sexually transmitted infections, and provision of Pre-Exposure Prophylaxis (PrEP) to reduce the risk of HIV infection amongst those most at risk.

2022/2023 compared to 2023/24

19. Breastfeeding prevalence at 6-8 weeks after birth has increased (PBH 013c - 38.1% to 40.6%). This is an improving picture and statistically similar to the North East. Although

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

20. Smoking status at time of delivery has decreased (PBH 014 – 12.9% to 10.6%). Darlington is statistically similar to the North East and statistically worse than England. The gap between Darlington and the North East and England has narrowed since 2020. The NHS provides stop smoking support through local maternity services as part of the Tobacco Dependency Pathway. The Local Authority commissions a specialist stop smoking service that supports women to stop smoking before and after being pregnant. The authority works with partners to encourage all residents, including pregnant mothers, to quit smoking at every opportunity.
21. Prevalence of overweight (including obesity) amongst children in Reception has decreased (PBH 020 – 26.7 to 23.3). Darlington is now statistically similar to the North East and England. It should be noted that the cohort participation rate was only 81.6%, which could impact data quality. The Darlington Childhood Healthy Weight Plan identified evidence-based interventions delivered with partners to address underlying causes of obesity in children and young people. Work includes activity with schools and local commercial food premises to develop a healthy catering standard for a healthy food offer.
22. Prevalence of overweight (including obesity) amongst children in Year 6 has decreased (PBH 021 – 37.3 to 35.4). Darlington is statistically better than the North East and statistically similar to England. It should be noted that the cohort participation rate was only 89.8%, which could impact data quality. The Darlington Childhood Healthy Weight Plan identified evidence-based interventions delivered with partners to address underlying causes of obesity in children and young people. Work includes activity with schools and local commercial food premises to develop a healthy catering standard for a healthy food offer.
23. The prevalence of smoking among persons aged 18 years and over has decreased (PBH 033 – 11.5% to 7.9%). Darlington is statistically better than the North East and England. This is the 4th year with a reduction from a peak of 13.8% in 2020. There is now an established downward trend with fewer people in Darlington identifying themselves as smokers. It is expected that this reduction will be sustained due to the impact of new and existing measures to reduce smoking in the community including new legislation and extra funding to increase access to stop smoking interventions.
24. Successful completion of drug treatment - opiate users has increased (PBH 035i – 4.4% to 7.6%). Darlington is now statistically better than the North East and England. This has now increased for two years from a low of 3.1% in 2020. This rise reflects the increased government investment in substance misuse treatment which has enabled increased access to better quality treatment, resulting in an increase to the numbers in treatment and more positive outcomes. Local services remain focused on evidence-based interventions to ensure services remain effective and optimised.
25. Successful completion of drug treatment - non-opiate users has increased (PBH 035ii – 15.2% to 21.8%). Darlington is statistically similar to the North East and statistically worse

than England. This rise reflects the increased government investment in substance misuse treatment which has enabled increased access to better quality treatment, resulting in an increase to the numbers in treatment and more positive outcomes. Local services remain focused on evidence-based interventions to ensure services remain effective and optimised.

26. Successful completion of alcohol treatment has increased (PBH 035iii – 18.0% to 28.1%). Darlington which is statistically similar to the North East but remains worse than England. There has been a growth in demand for alcohol treatment services in Darlington. There has also been an increase in the levels of dependency in people presenting for treatment. This improvement in outcomes reflects the success of the service in meeting demand and providing a quality service. There is a wider multiagency action to respond and mitigate the wider impacts of alcohol in our communities.
27. The percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five-year period has decreased, (PBH 046 – 45.8% to 41.6%). Darlington is statistically better than England and the North East. Performance is monitored quarterly, with an annual target for each GP Practice to offer a health check to 20% of the eligible population (40–74-year-olds) annually. This is incentivised to encourage the GP Practices to offer a health check to the maximum number eligible.
28. The rate of chlamydia detection per 100,000 young people aged 15 to 24 per 100,000 population has decreased (PBH 048 – 1,972 to 1,519). Darlington rate has reduced faster than England and the North East. The council commissions a specialist Sexual Health Service which has been working to improve uptake of screening by targeting younger people under 25 yrs, including access to online testing for over 16 years. This has increased the number of people getting tests. The School Nursing team work with schools to ensure Chlamydia screening is promoted appropriately within the curriculum.

Performance Summary

29. Nine indicators have Quarter 2 information. When taking into consideration what is best performance for each indicator:
 - a) 7 of the 9 indicators show performance better than from when last reported.
 - b) 2 of the 9 indicators show performance not as good as when last reported.
30. Twelve annual indicators have been updated since the 2023/24 Quarter 4 report. When taking into consideration what is best performance for each indicator:
 - c) 9 of the 12 indicators show performance better than from when last reported.
 - d) 2 of the 12 indicators show performance not as good as when last reported.
 - e) 1 of the 12 indicators showed performance had remained the same.
31. A detailed performance scorecard is attached at Appendix 1.
32. Detailed performance graphs and narratives for each indicator is attached at Appendix 2.

Recommendation

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

Anthony Sandys
AD – Housing and Revenues

Ian Thompson
AD – Community Services

Lorraine Hughes
Director of Public Health

Background Papers

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

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

Health and Housing					Scrutiny Committee 2024 - 2025 QUARTER 2					APPENDIX 1				
Indicator	Title	Return Format	Reported	What is best	2021/2022	2022/2023	2023/2024	2024/2025 - Qtr 1	2024/2025 - Qtr 2	2024/2025			Year End data direction of travel	
										Qtr 2 compared to Qtr 1	2023/2024 - Qtr 2	Qtr 2 - 2024/2025 compared to 2023/2024	Qtr 4 - 2022/2023 compared to 2021/2022	Qtr 4 - 2023/2024 compared to 2022/2023
CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week	Percentage Value	Annually	Lower	33.1%	30.1%	25.9%	Annual indicators no data to report for these quarters		NA	Annual indicators no data to report for these quarters	NA	↑	↑
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Percentage Value	Annually	Higher	54.9%	60.9%	64.5%			NA		NA	↑	↑
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Percentage Value	Annually	Higher	68.5%	71.5%	77.9%			NA		NA	↑	↑
CUL 030	Total number of visits to the Dolphin Centre (all areas)	Number	Monthly	Higher	619,748	851,821	742,527	219,987	452,328	NA	358,486	↑	↑	↓
CUL 063	Number of school pupils participating in the sports development programme	Number	Monthly	Higher	12,634	14,167	11,515	4,789	6,342	NA	3,343	↑	↑	↓
CUL 064	Number of individuals participating in the community sports development programme	Number	Monthly	Higher	11,089	12,987	18,987	4,690	11,071	NA	10,075	↑	↑	↑
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)	Percentage	Quarterly	Lower	2.68%	3.46%	3.69%	3.21%	2.88%	NA	2.94%	↑	↓	↓
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd	Percentage	Quarterly	Higher	97.5%	95.9%	96.0%	98.5%	99.6%	NA	98.8%	↑	↓	↑
HBS 025	Number of days spent in Bed and Breakfast	Days	Monthly	Lower	3,697	7,308	9,616	3,506	8,004	NA	3,657	↓	↓	↓
HBS 027i	Number of positive outcomes where homelessness has been prevented	Number	Monthly	Higher	578	720	547	152	265	NA	252	↑	↑	↓
HBS 034	Average number of days to re-let dwellings	Average Days	Monthly	Lower	19.00	70.75	99.35	112.93	70.60	↑	52.37	↓	↓	↓
HBS 072	% of dwellings not with a gas service within 12 months of last service date	Percentage	Monthly	Lower	0.20%	0.50%	0.44%	0.26%	0.80%	↓	1.38%	↑	↓	↑
PBH 009	(PHOF C04) Low birth weight of term babies	Percentage	Annually	Lower	2.3%	2.3%	No data available	Annual indicators no data to report for these quarters		NA	Annual indicators no data to report for these quarters	NA	↔	NA
PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth - current method	Percentage	Annually	Higher	35.1%	38.1%	40.6%			NA		NA	↑	↑
PBH 014	(PHOF C06) Smoking status at time of delivery	Percentage	Annually	Lower	14.0%	12.9%	10.6%			NA		NA	↑	↑
PBH 016	(PHOF C02a) Rate of under-18 conceptions	Per 1,000 pop	Annually	Lower	17.1	No data available	No data available			NA		NA	NA	NA
PBH 018	Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	Percentage	Annually	Higher	99.5%	99.5%	No data available			NA		NA	↔	NA
PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)	Number	Annually	Lower	26.2	26.7	23.3			NA		NA	↓	↑
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)	Number	Annually	Lower	38.7	37.3	35.4			NA		NA	↑	↑
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Per 10,000 pop	Annually	Lower	146.2	205.9	No data available			NA		NA	↓	NA
PBH 026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Per 10,000 pop	Annually	Lower	124.7	153.5	No data available			NA		NA	↓	NA
PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Per 10,000 pop	Annually	Lower	252.1	186.5	No data available			NA		NA	↑	NA
PBH 031	(PHOF C14b) Emergency Hospital Admissions for Intentional Self-Harm	Per 100,000 pop	Annually	Lower	270.9	197.5	No data available	NA	NA	↑	NA			
PBH 033	(PHOF C18) Prevalence of smoking among persons aged 18 years and over	Percentage	Annually	Lower	10.6%	11.5%	7.9%	NA	NA	↓	↑			

Health and Housing Scrutiny Committee 2024 - 2025 QUARTER 2										APPENDIX 1				
Indicator	Title	Return Format	Reported	What is best	2021/2022	2022/2023	2023/2024	2024/2025 - Qtr 1	2024/2025 - Qtr 2	2024/2025			Year End data direction of travel	
										Qtr 2 compared to Qtr 1	2023/2024 - Qtr 2	Qtr 2 - 2024/2025 compared to 2023/2024	Qtr 4 - 2022/2023 compared to 2021/2022	Qtr 4 - 2023/2024 compared to 2022/2023
PBH 035i	(PHOF C19a) Successful completion of drug treatment - opiate users	Percentage	Annually	Higher	4.2%	4.4%	7.6%	report for these quarters		NA	no data to report for this quarter	NA	↑	↑
PBH 035ii	(PHOF C19b) Successful completion of drug treatment - non-opiate users	Percentage	Annually	Higher	27.8%	15.2%	21.8%			NA		NA	↓	↑
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment	Percentage	Annually	Higher	27.4%	18.0%	28.1%			NA		NA	↓	↑
PBH 044	(PHOF C21) Admission episodes for alcohol-related conditions (narrow) (new method)	Per 100,000 pop	Annually	Lower	552	774	659			NA		NA	↓	↑
PBH 046	(PHOF C26b) Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period	Percentage	Annually	Higher	47.4%	45.8%	41.6%			NA		NA	↓	↓
PBH 048	(PHOF D02a) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Per 100,000 pop	Annually	Higher	1,513	1,972	1,519			NA		NA	↑	↓
PBH 050	(PHOF D07) HIV late diagnosis (%)	Percentage	Annually	Lower	33.3%	25.0%	No data available			NA		NA	↑	NA
PBH 052	(PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS	Number	Annually	Lower	0.95	1.07	No data available			NA		NA	↓	NA
PBH 054	(PHOF E02) Percentage of 5 year olds with experience of visually obvious dental decay	Percentage Value	Biennial	Lower	24.8%	No data available	No data available			NA		NA	NA	NA
PBH 056a	(PHOF E04b) Under 75 mortality rate from circulatory diseases considered preventable (1 year range)	Per 100,000 pop	Annually	Lower	29.5	30.5	No data available			NA		NA	↓	NA
PBH 058	(PHOF E05a) - Under 75 mortality rate from cancer (1 year range)	Number	Annually	Lower	136.7	141.6	No data available	NA	NA	↓	NA			
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease (1 year range)	Per 100,000 pop	Annually	Lower	44.6	No data available	No data available	NA	NA	NA	NA			
								Better than =	↑	1	7	15	15	
								Not as good as =	↓	1	2	16	8	
								The same as =	↔	0	0	2	0	
								No comparative data	NA	34	27	3	13	



DBC Number

PBH 058

Indicator Name

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

Theme or Portfolio

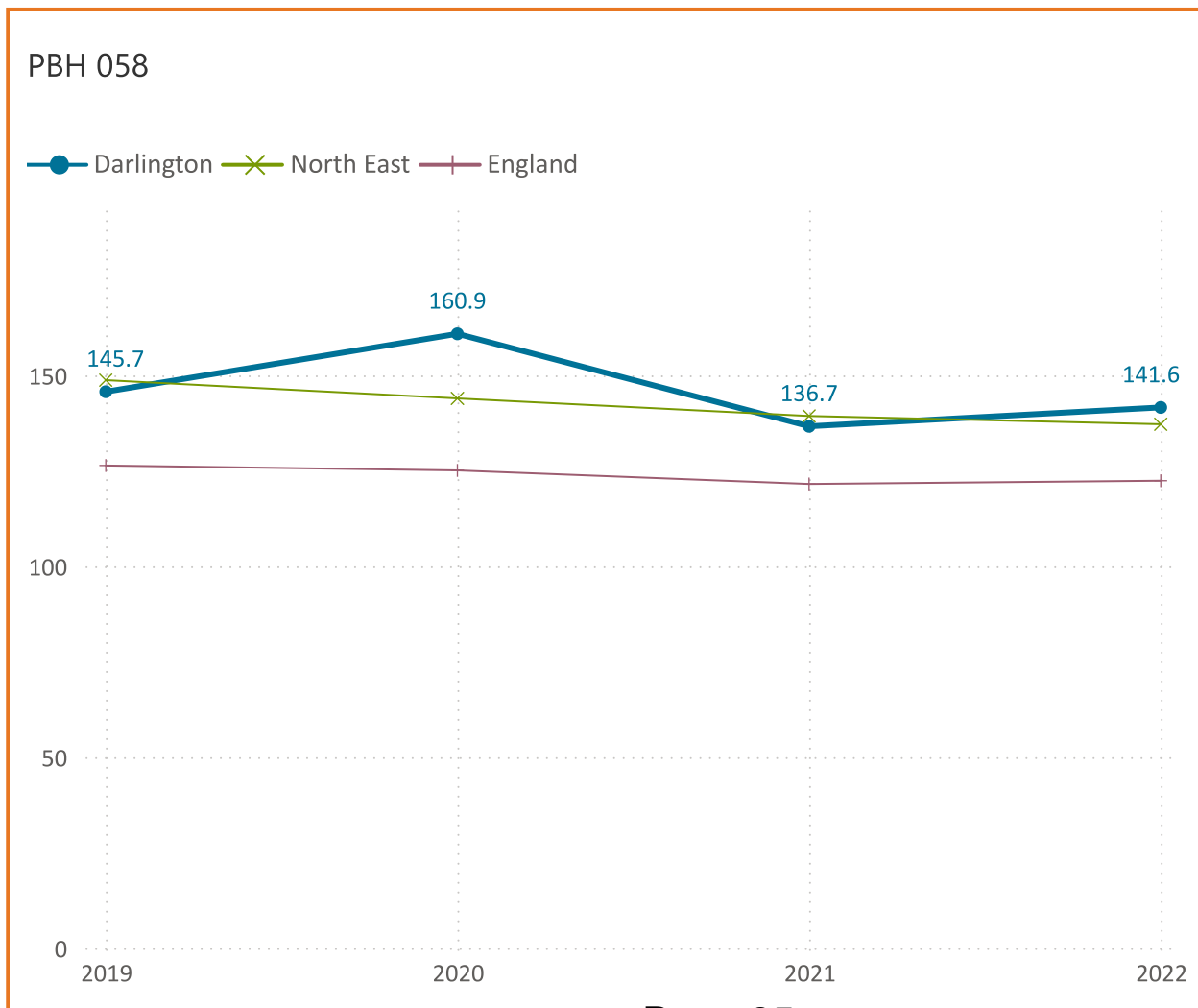
Priority or Key Action

Narrative

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

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

Graph/Table





DBC Number

PBH 048

Indicator Name

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

Theme or Portfolio

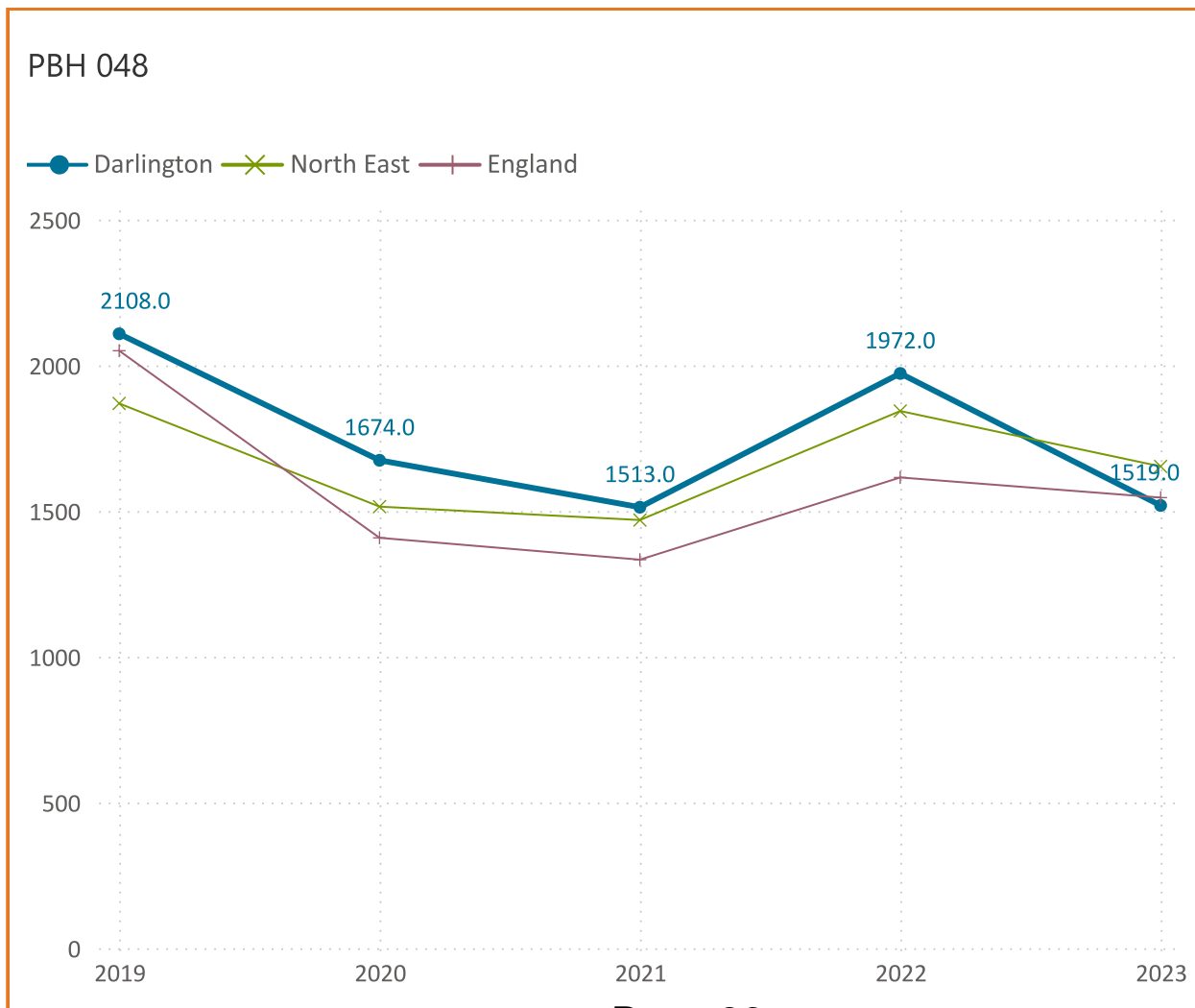
Priority or Key Action

Narrative

The latest data is 2023 which shows a diagnoses rate of 1,519 per 100,000. An increased detection rate is indicative of increased control activity. It is not a measure of disease in the community. Darlington rate has reduced faster than England and the North East.

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

Graph/Table





DBC Number

PBH 060

Indicator Name

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

Theme or Portfolio

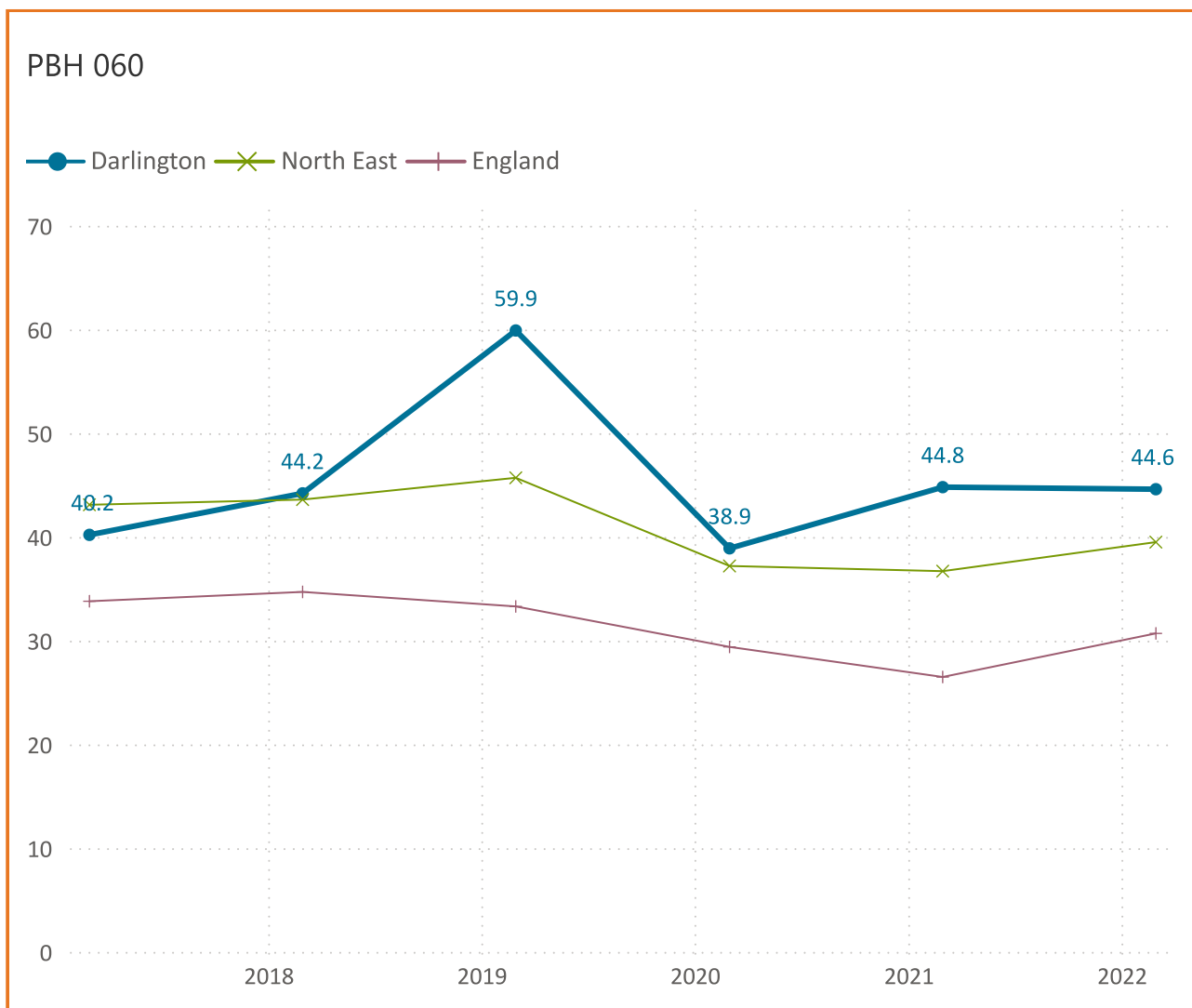
Priority or Key Action

Narrative

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

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

Graph/Table





DBC Number

PBH 046

Indicator Name

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

Theme or Portfolio

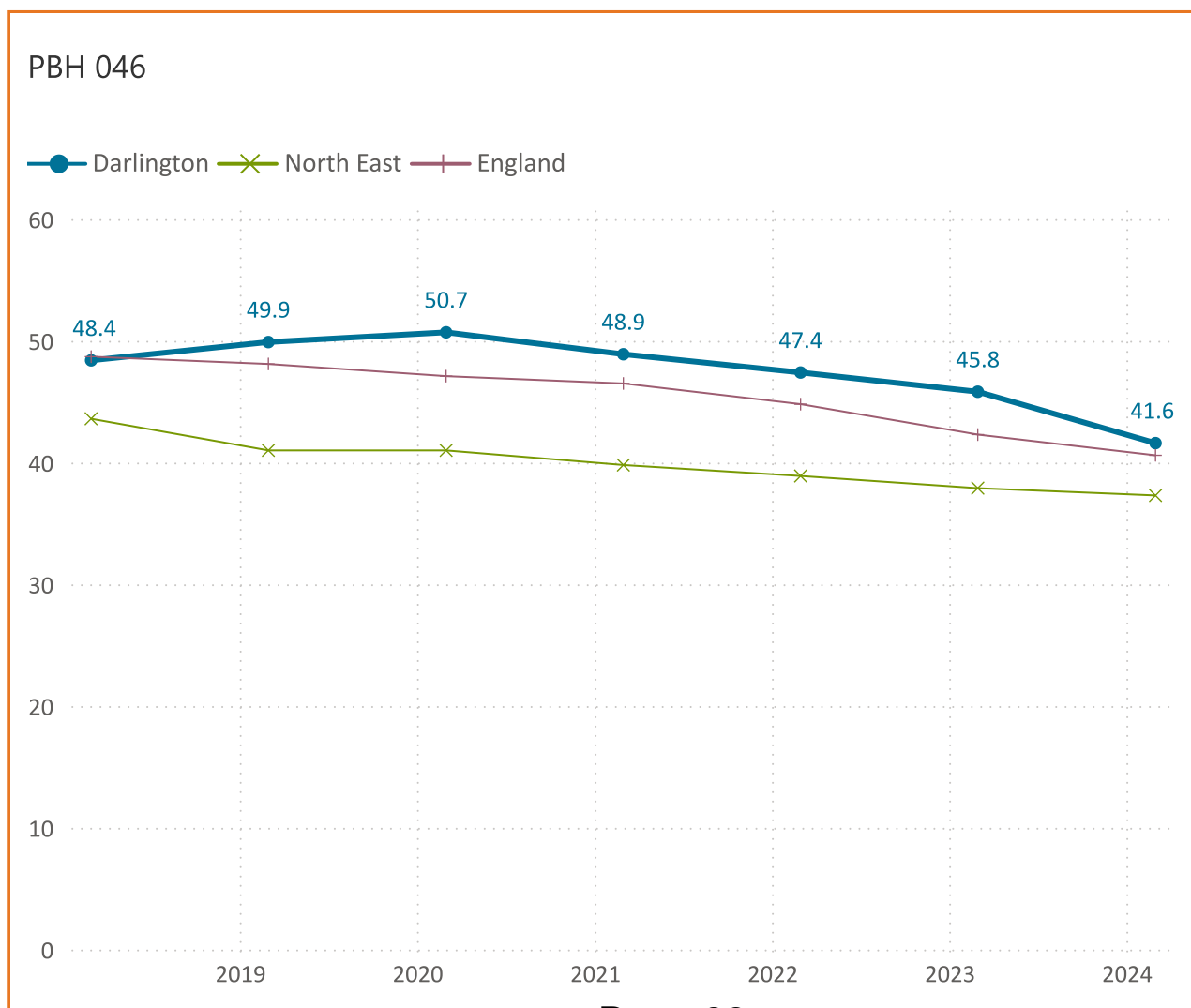
Priority or Key Action

Narrative

The latest data shows that 41.6% of those in Darlington who are eligible for an NHS Health Check are successfully receiving the check. Darlington is statistically better than England and the North East

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

Graph/Table





DBC Number

PBH 035iii

Indicator Name

Percentage of alcohol users successfully completing their treatment

Theme or Portfolio

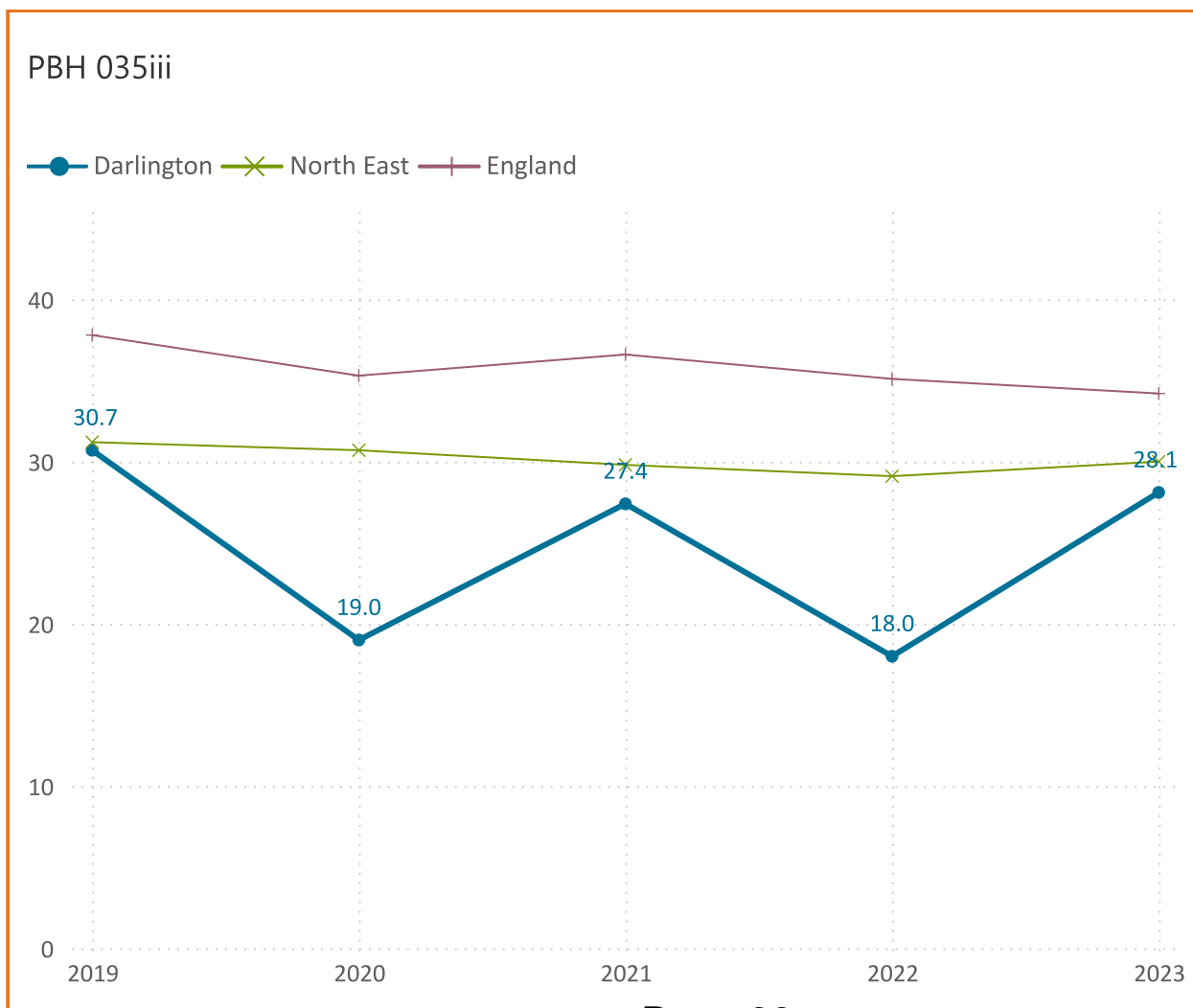
Priority or Key Action

Narrative

The latest data shows and improvement compared with the last report with 28.1% of alcohol users successfully completing structured treatment in Darlington which is statistically similar to the North East but remains worse than England.

There has been a growth in demand for alcohol treatment services in Darlington. There has also been an increase in the levels of dependency in people presenting for treatment . This improvement in outcomes reflects the success of the service in meeting demand and providing a quality service. There is a wider multiagency action to respond and mitigate the wider impacts of alcohol in our communities.

Graph/Table





DBC Number

PBH 054

Indicator Name

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

Theme or Portfolio

Health and Housing Portfolio

Priority or Key Action

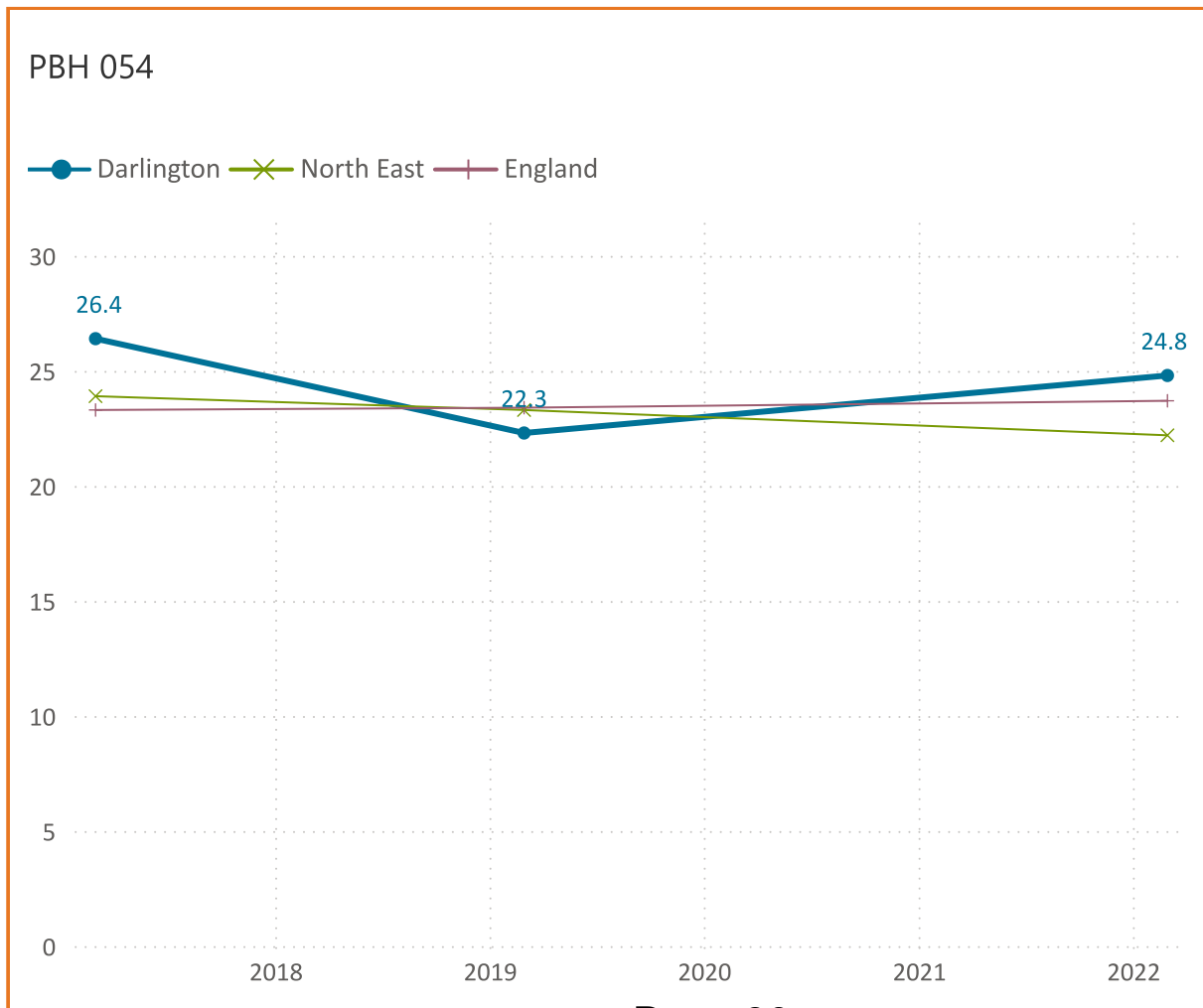
Implement the Darlington Oral Health Plan 2017-2022 with partners

Narrative

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

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

Graph/Table





DBC Number

PBH 033

Indicator Name

Prevalence of smoking among persons aged 18+ years

Theme or Portfolio

Living well

Priority or Key Action

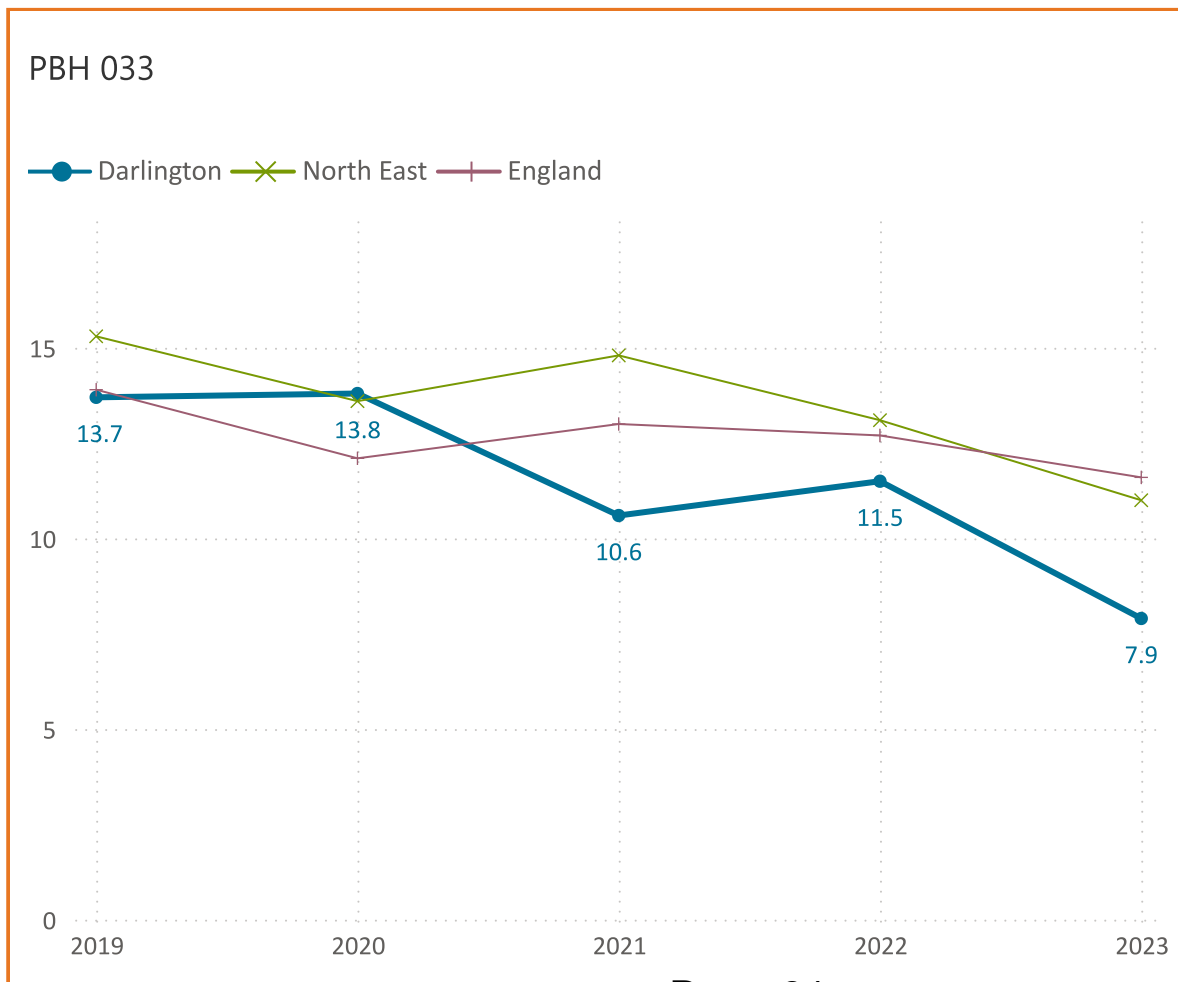
Develop and implement a new public health strategy, focussed on tackling health inequalities, including developing strategies on domestic abuse, drugs, alcohol and physical activity

Narrative

This latest data from the 2023 Annual Population Survey (APS) shows that 7.9% of those who responded aged 18+ self-reported themselves as smokers in Darlington. This is the 4th year with a reduction from a peak of 13.8% in 2020. Darlington is statistically better than the North East and England.

There is now an established downward trend with fewer people in Darlington identifying themselves as smokers. It is expected that this reduction will be sustained due to the impact of new and existing measures to reduce smoking in the community including new legislation and extra funding to increase access to stop smoking interventions.

Graph/Table





DBC Number

PBH 035i

Indicator Name

Percentage of opiate users successfully completing their treatment

Theme or Portfolio

Stronger Communities Portfolio

Priority or Key Action

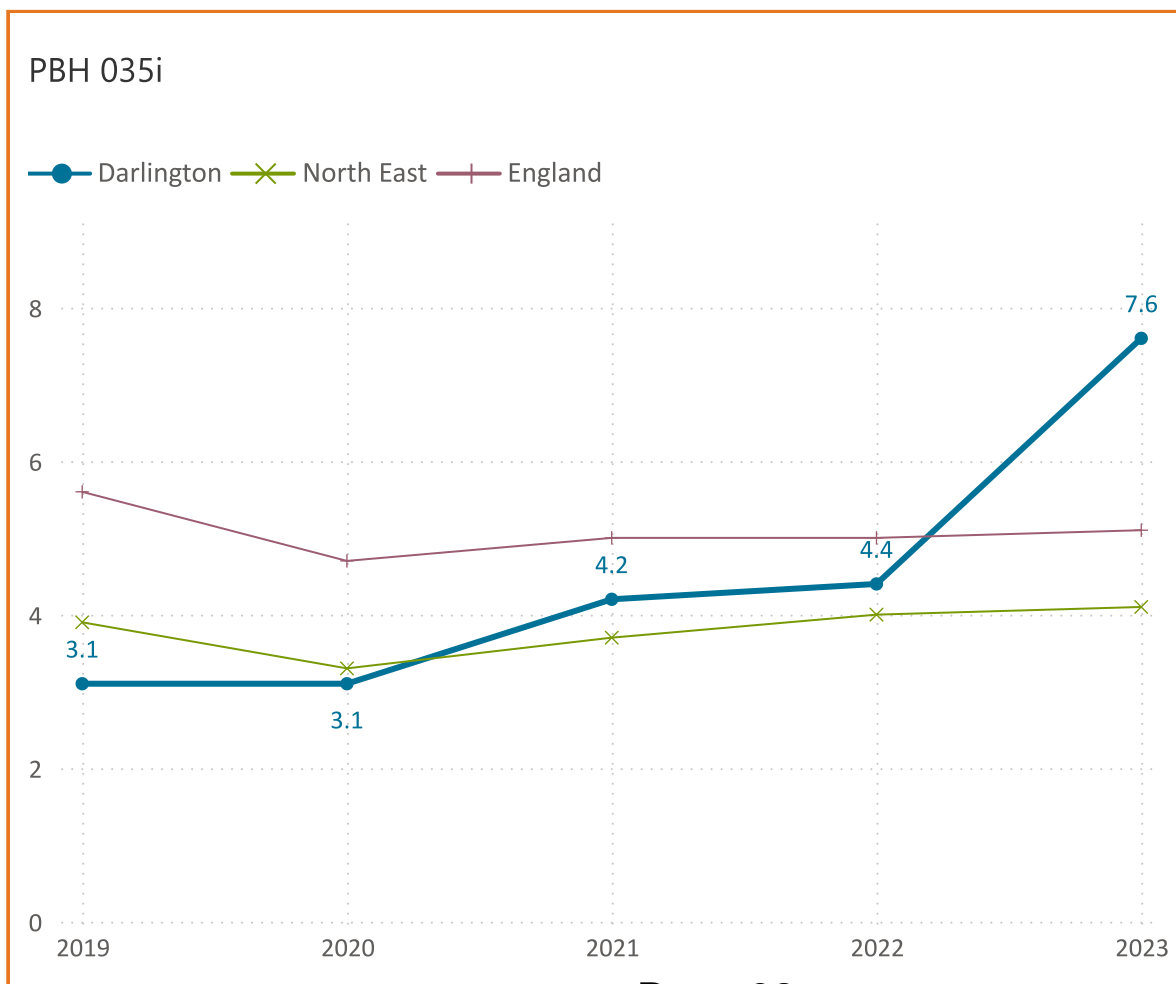
Work with Durham Constabulary and other key partners to improve our collective response to dealing with drug and alcohol issues

Narrative

The latest data from 2023 shows that there is an increasing trend for the proportion of Opiate users who are successfully completing structured drug treatment. This has now increased for two years to 7.6% of opiate users for Darlington from a low of 3.1% in 2020. Darlington is now statistically better than the North East and England.

This rise reflects the increased government investment in substance misuse treatment which has enabled increased access to better quality treatment. Resulting in an increase to the numbers in treatment and more positive outcomes. Local services remain focused on evidence based interventions to ensure services remain effective and optimised.

Graph/Table





DBC Number

HBS 016

Indicator Name

Rent collected as a proportion of rents owed on HRA dwellings

Theme or Portfolio

Health and Housing Portfolio

Priority or Key Action

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

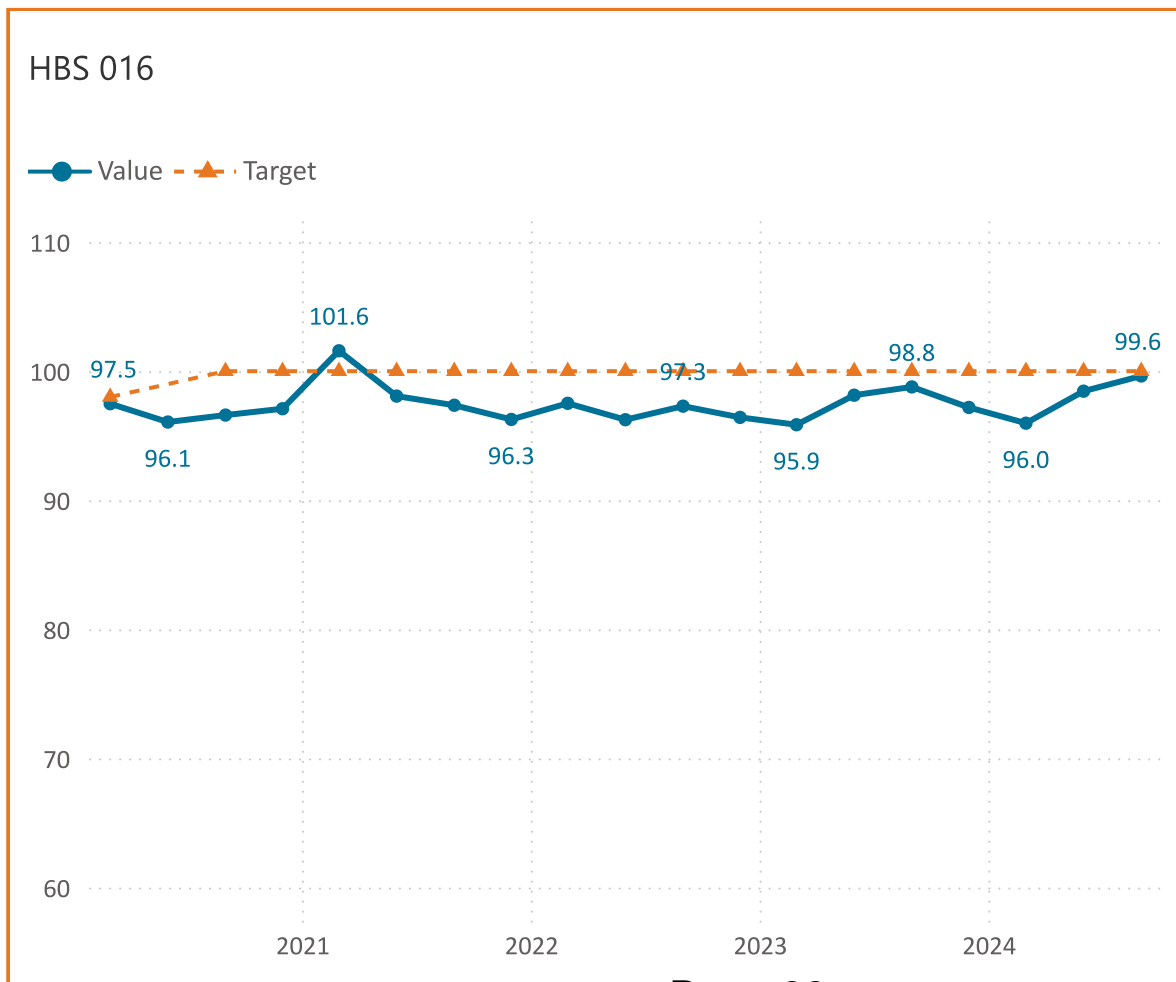
Narrative

Rent collection rates for quarter 2 of 2024-25 were 99.63%, which is an increase from Q1 collection rate.

2,198 Council tenants are now in receipt of some element of Universal Credit (UC) and have the 5 week wait, prior to first payments being received. However, average arrears for UC customers remains around 5 weeks average rent.

The managed migration to UC has started and collection rates are expected to be affected as tenants await their payments and move from weekly to monthly benefits. Housing Services are continuing to work with the DWP to support and guide tenants through the period of migration.

Graph/Table





DBC Number

PBH 013c

Indicator Name

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

Theme or Portfolio

Priority or Key Action

Narrative

The data (from 2023/24) shows that 40.6% of infants in Darlington are totally or partially breastfed at 6-8 weeks after birth. This is an improving picture and statistically similar to the North East. Although statistically worse than England the gap is narrowing.

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

Graph/Table





DBC Number

HBS 025

Indicator Name

Number of days spent in "Bed and Breakfast"

Theme or Portfolio

Priority or Key Action

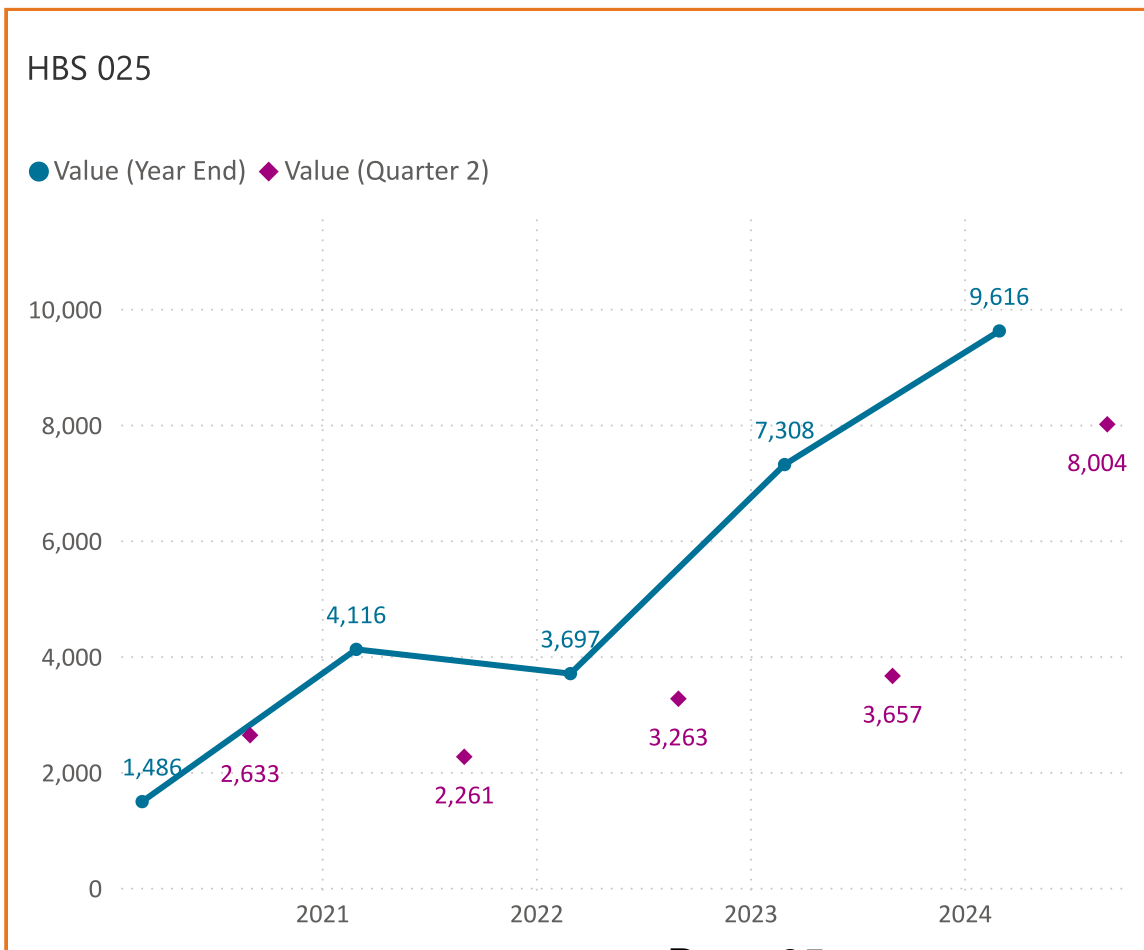
Narrative

The number of nights spent in bed and breakfast accommodation was 8,004 in quarter 2 of 2024-25. This is significantly higher than the same period in 2023-24, which was 3,657, a 119% increase.

The Council has a statutory duty to provide temporary accommodation under the Homeless legislation. The days spent in temporary accommodation has increased due to difficulties moving people on to permanent accommodation. The waiting list for social rented accommodation has increased to over 2,000 and access to the private rented market has become more difficult and expensive. This is a national issue and will be a key action for our new Preventing Homelessness and Rough Sleeping Strategy.

The number of people presenting as homeless remains high, with 751 by quarter 2 of 2024-25, compared to 740 for the same period in 2023-24.

Graph/Table





DBC Number

PBH 056a

Indicator Name

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

Theme or Portfolio

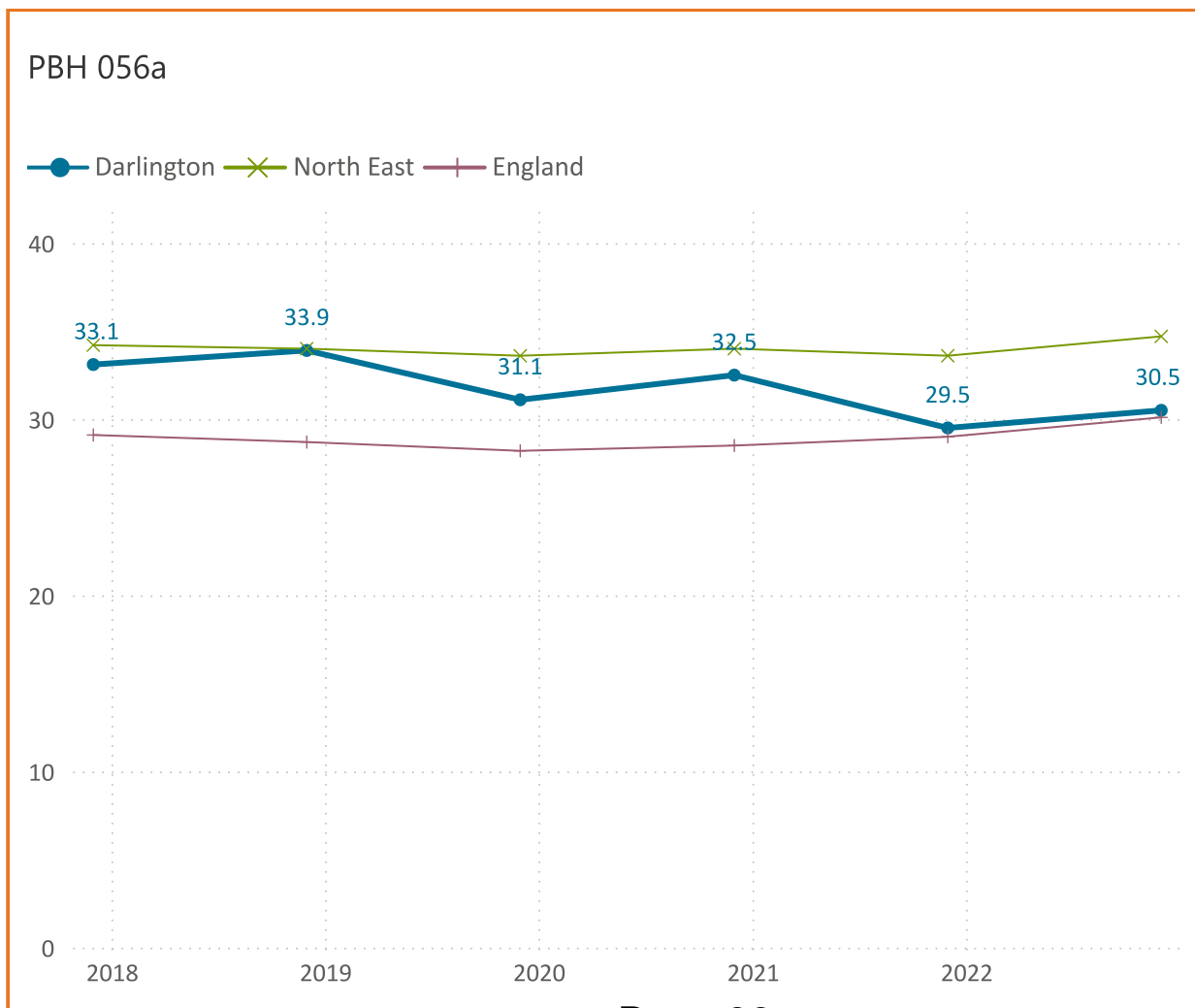
Priority or Key Action

Narrative

The latest data shows that Darlington has a reducing trend from a peak of 35.8 per 100,000 in 2016 to a rate of 30.5 per 100,000 of deaths from circulatory diseases in people aged under 75 in 2023. This is statistically similar to both the North East and England.

this indicator is important as it describes how health care ensues that those with circulatory disease do not die due to lack of care or inappropriate treatment. It can be used a proxy indicator for the quality of medical care provided to those with circulatory disease.

Graph/Table





DBC Number

PBH 020

Indicator Name

Excess weight among Reception pupils (%)

Theme or Portfolio

Living well

Priority or Key Action

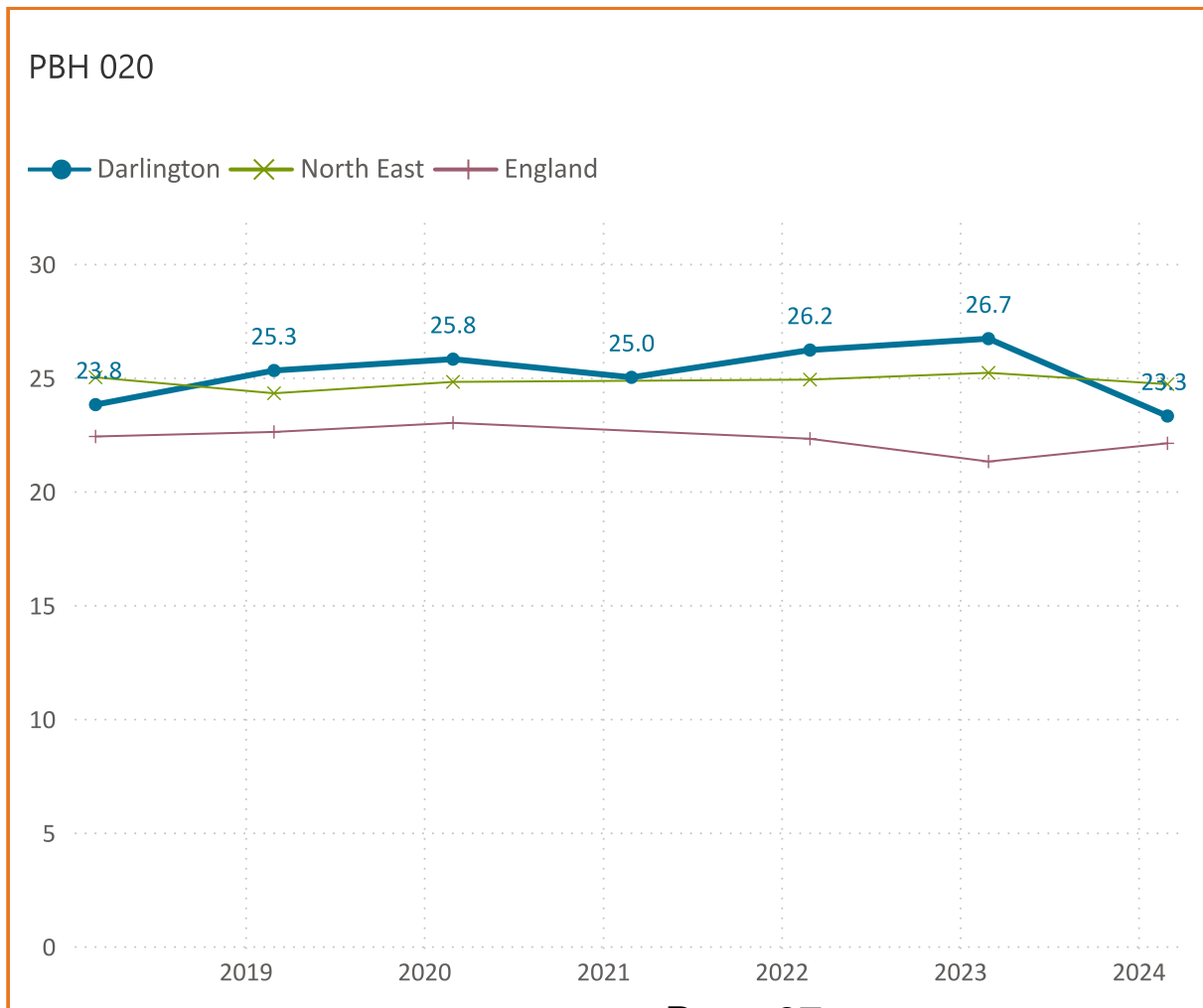
Develop and implement a new public health strategy, focussed on tackling health inequalities, including developing strategies on domestic abuse, drugs, alcohol and physical activity

Narrative

This data (from 2023/24) shows a reduction in the rate for Reception prevalence of overweight (including obesity). 23.3% of reception children aged 4-5 years were classified as overweight or obese. Darlington is now statistically similar to the North East and England.

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

Graph/Table





DBC Number

CUL 064

Indicator Name

Number of individuals participating in the community sports development programme

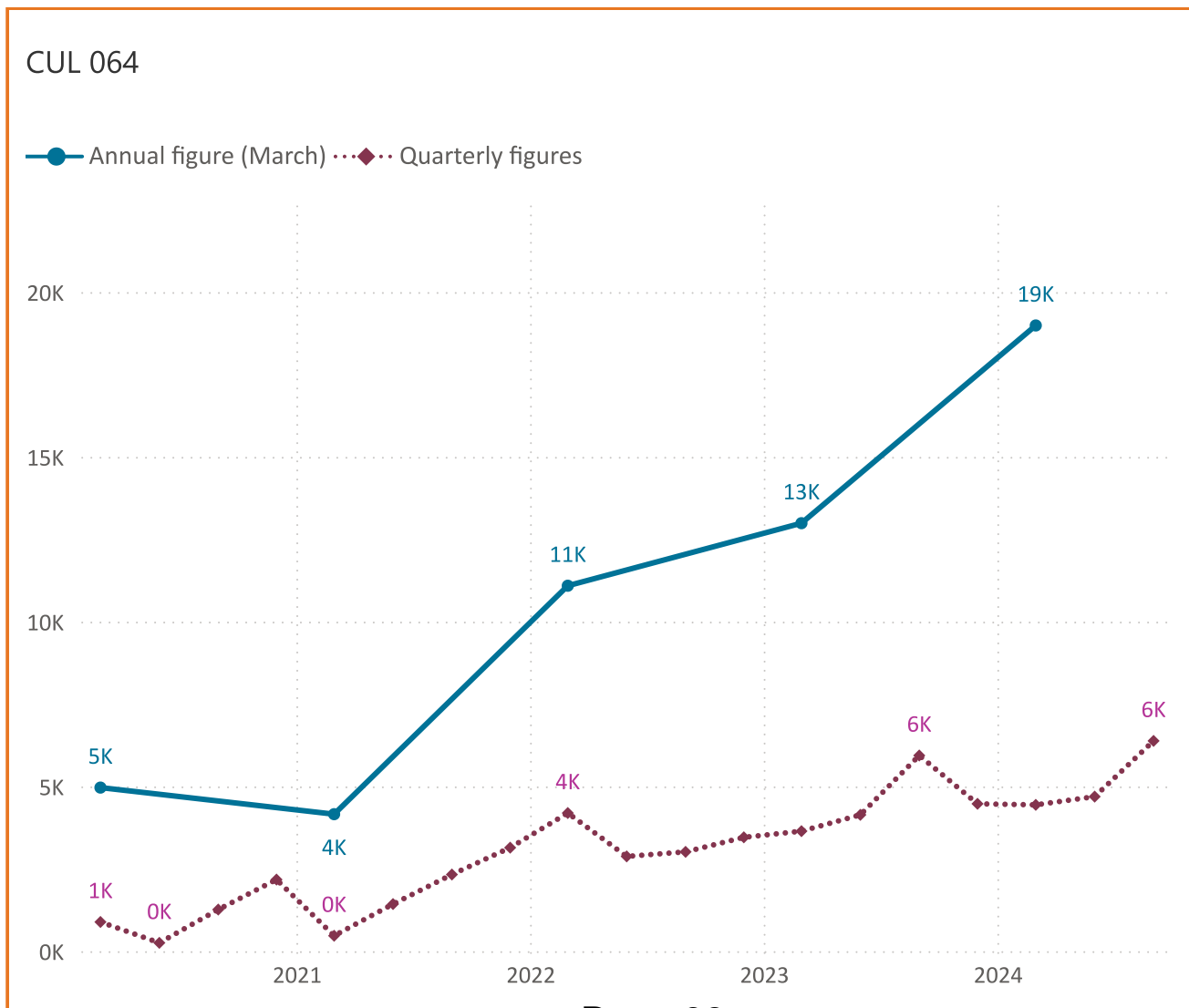
Theme or Portfolio

Priority or Key Action

Narrative

Compared to the same period last year there have been 996 more individuals participating in the community sports development programme, following the growth in various Move More projects and activities. These include the Holiday Activity Project, Eastbourne Sports Complex Move More Programme, Haughton Matters, The Sheltered Housing Activity project and numerous new community out reach sessions that the team deliver from walking, inclusive activities, Nordic walking, walking football, weight goals and various other activities.

Graph/Table





DBC Number

HBS 027i

Indicator Name

Number of positive outcomes where homelessness has been prevented

Theme or Portfolio

Homes

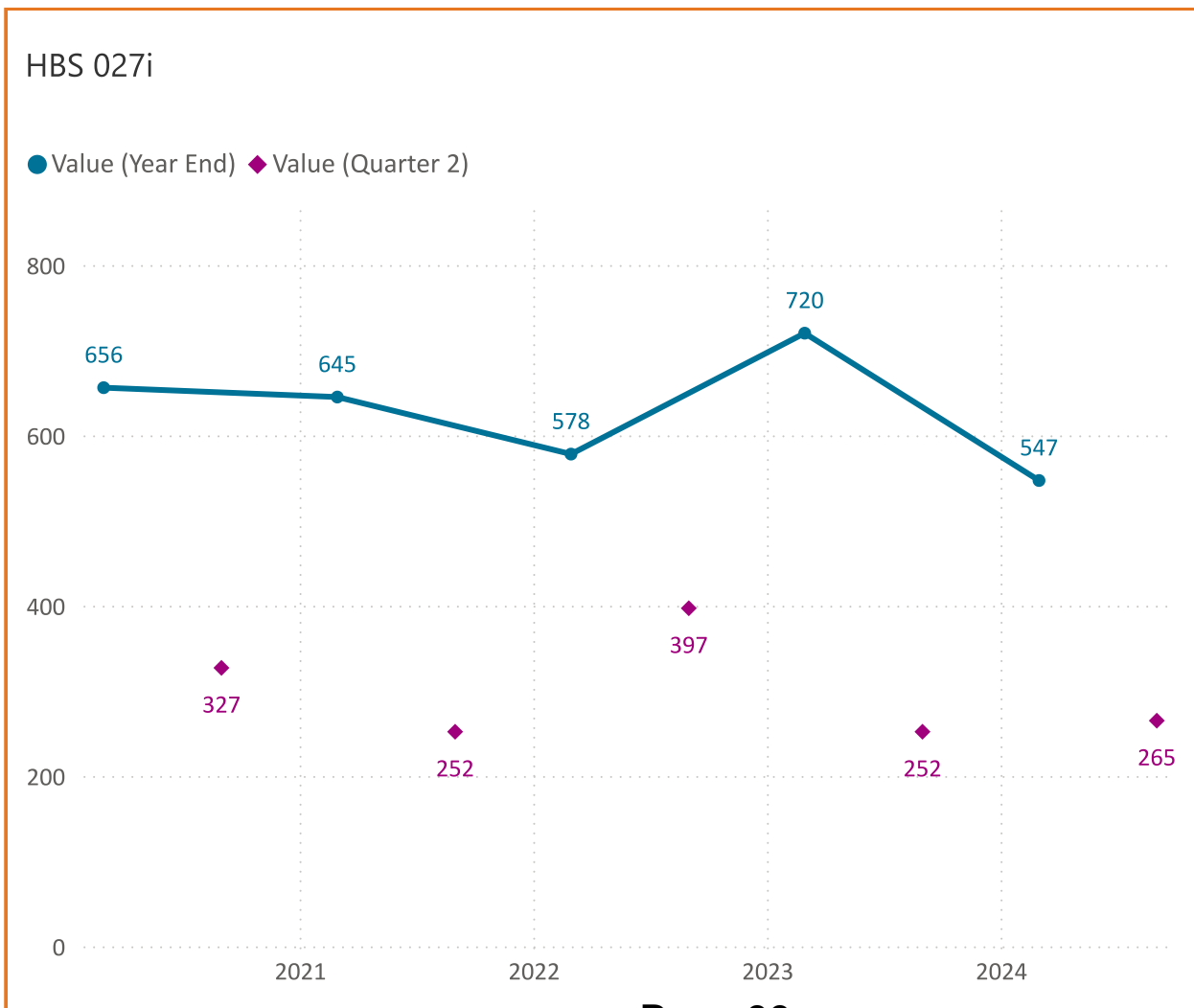
Priority or Key Action

Review and refresh the preventing homelessness and rough sleeping strategy, working with partners to ensure the provision of the right support and services to help people avoid homelessness and support those who are

Narrative

There has been an increase in the number of positive outcomes where homelessness has been prevented up to quarter 2 of 2024-25 (265), compared to the same period in 2023-24 (252). However, the number of positive outcomes has decreased from prior years. As previously reported, there has been a difficulty in moving people on from temporary accommodation due to changes in the housing market, with less private rented accommodation available and increased demands on the social housing waiting list. This has impacted on the positive outcomes the Housing Option team have been able to achieve.

Graph/Table





DBC Number

PBH 024

Indicator Name

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

Theme or Portfolio

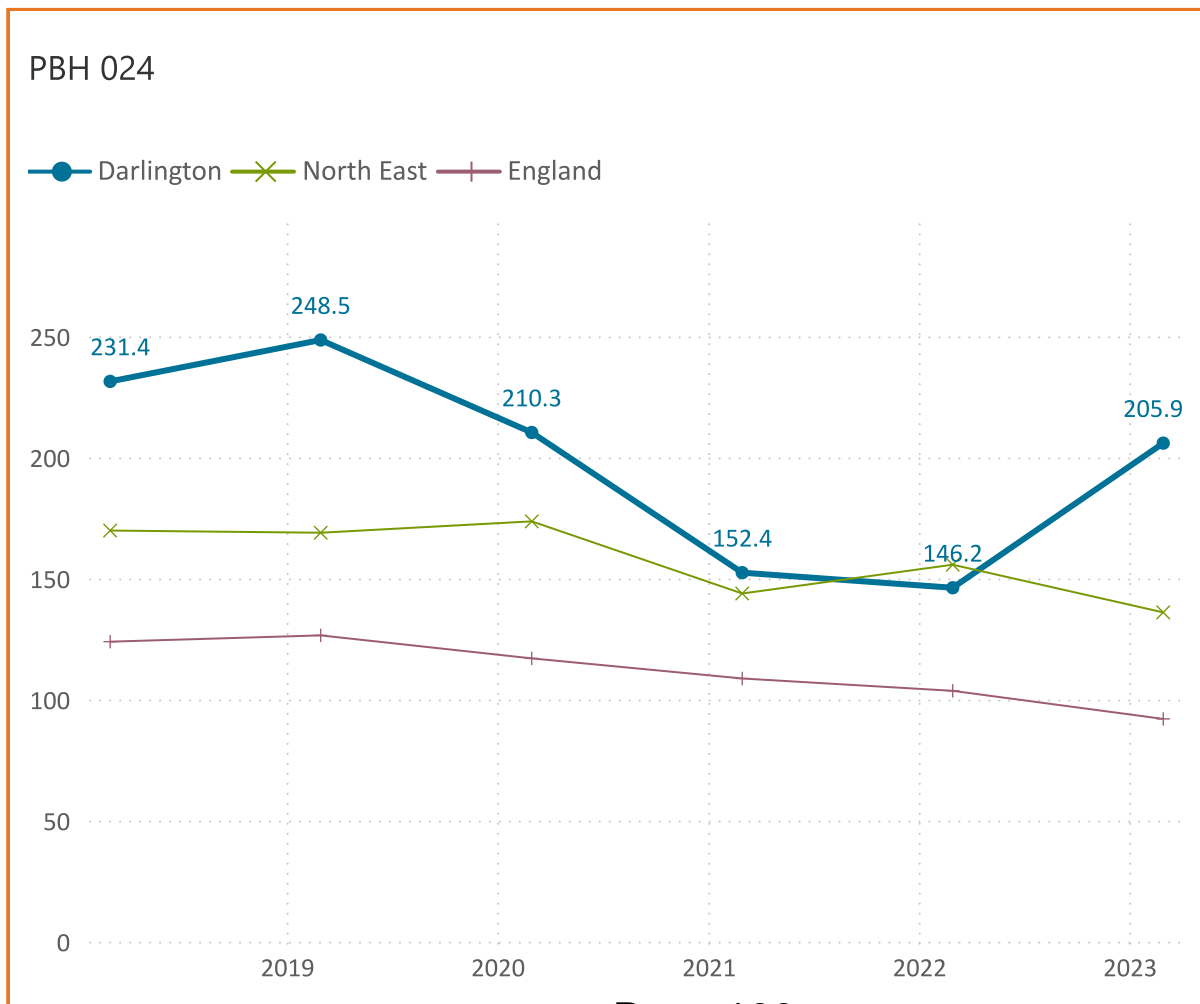
Priority or Key Action

Narrative

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

There are many causes causes of admissions including avoidable accidents in the home. This issue requires system wide action, the Public health team is working with the hospital to understand the data . The Health Visiting team are informed of any child’s hospital admission and will contact parents and provide them with information, guidance and support.

Graph/Table





DBC Number

HBS 034

Indicator Name

Average number of days to re-let dwellings

Theme or Portfolio

Priority or Key Action

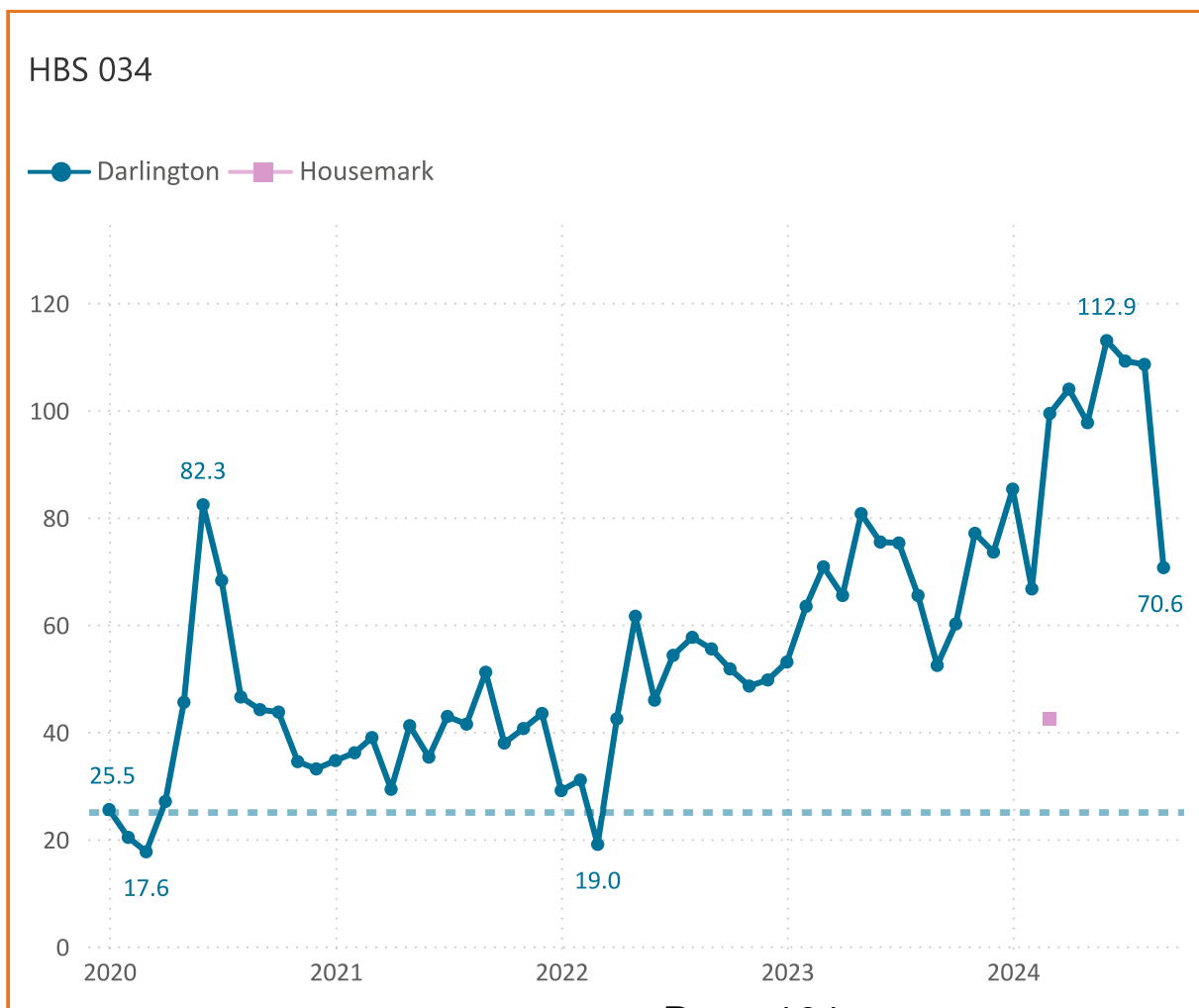
Narrative

The average re-let time at the end of quarter 2 of 2024-25 has increased to 70.6 days, compared to 52.4 days for the same period in 2023-24. However, this is a significant improvement from 99.4 days at the end of 2023-24.

The timescales for completing repairs before letting continues to be high, due to difficulties in recruiting qualified tradespeople in Housing Repairs.

However, a new Repairs Before Letting Manager has been recruited who is currently reviewing processes and resources on the team. We are starting to see the beneficial impact of this post and hope to see further reductions in the re-let times.

Graph/Table





DBC Number

PBH 009

Indicator Name

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

Theme or Portfolio

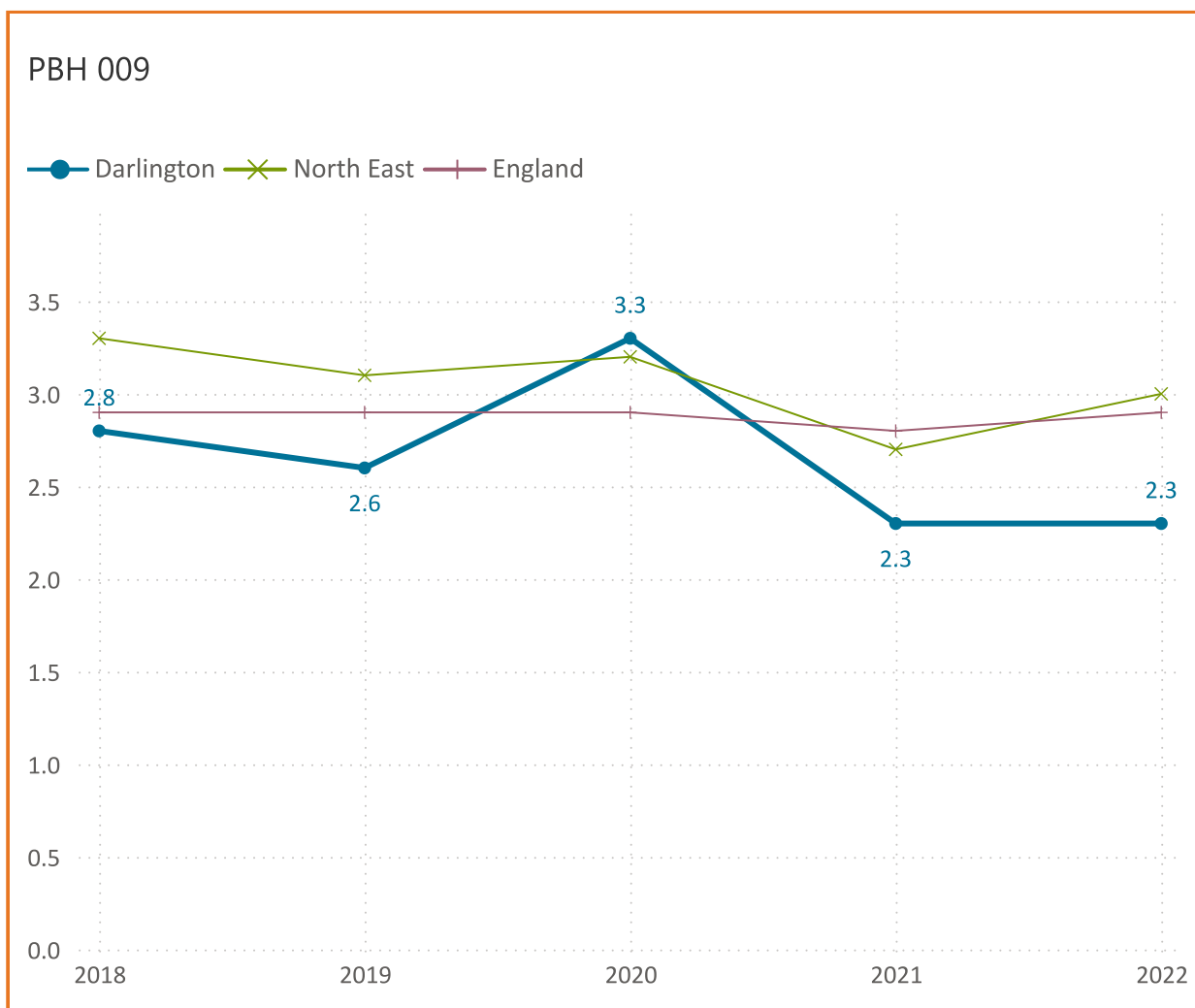
Priority or Key Action

Narrative

This data (from 2022) shows that there is no significant change to the trend for low birth rate of term babies. 2.3% of infants are recorded as low birth weight. Compared to our North East neighbours Darlington is ranked 12th and is statistically similar to the North East and England.

The 0-19 public health service contract includes a specific action for Health Visitors to visit an expectant mothers between 28 and 36 weeks of their pregnancy. This visit provides an opportunity to provide information, advice and support to maximise the mother's health the optimum conditions for a healthy pregnancy.

Graph/Table





DBC Number

PBH 035ii

Indicator Name

Percentage of users on non-opiates successfully completing their treatment

Theme or Portfolio

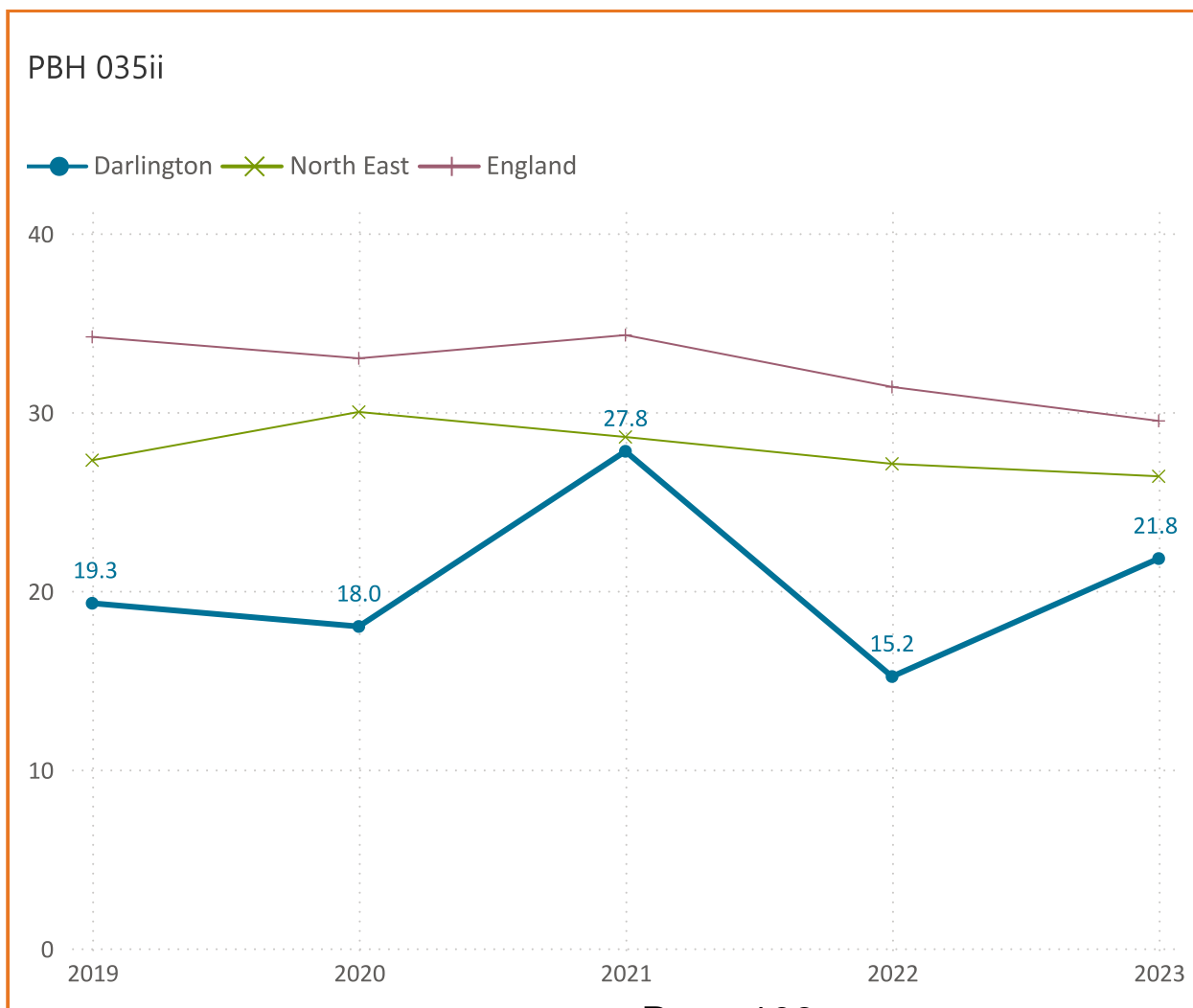
Priority or Key Action

Narrative

The latest data from 2023 shows an increase of non opiate drug users completing treating, with 21.8% successfully completing structured drug treatment compared to 15.2 in the previous year. Darlington is statistically similar to the North East and statistically worse than England.

This rise reflects the increased government investment in substance misuse treatment which has enabled increased access to better quality treatment. Resulting in an increase to the numbers in treatment and more positive outcomes. Local services remain focused on evidence based interventions to ensure services remain effective and optimised.

Graph/Table





DBC Number

PBH 014

Indicator Name

Percentage of women who smoke at time of delivery

Theme or Portfolio

Living well

Priority or Key Action

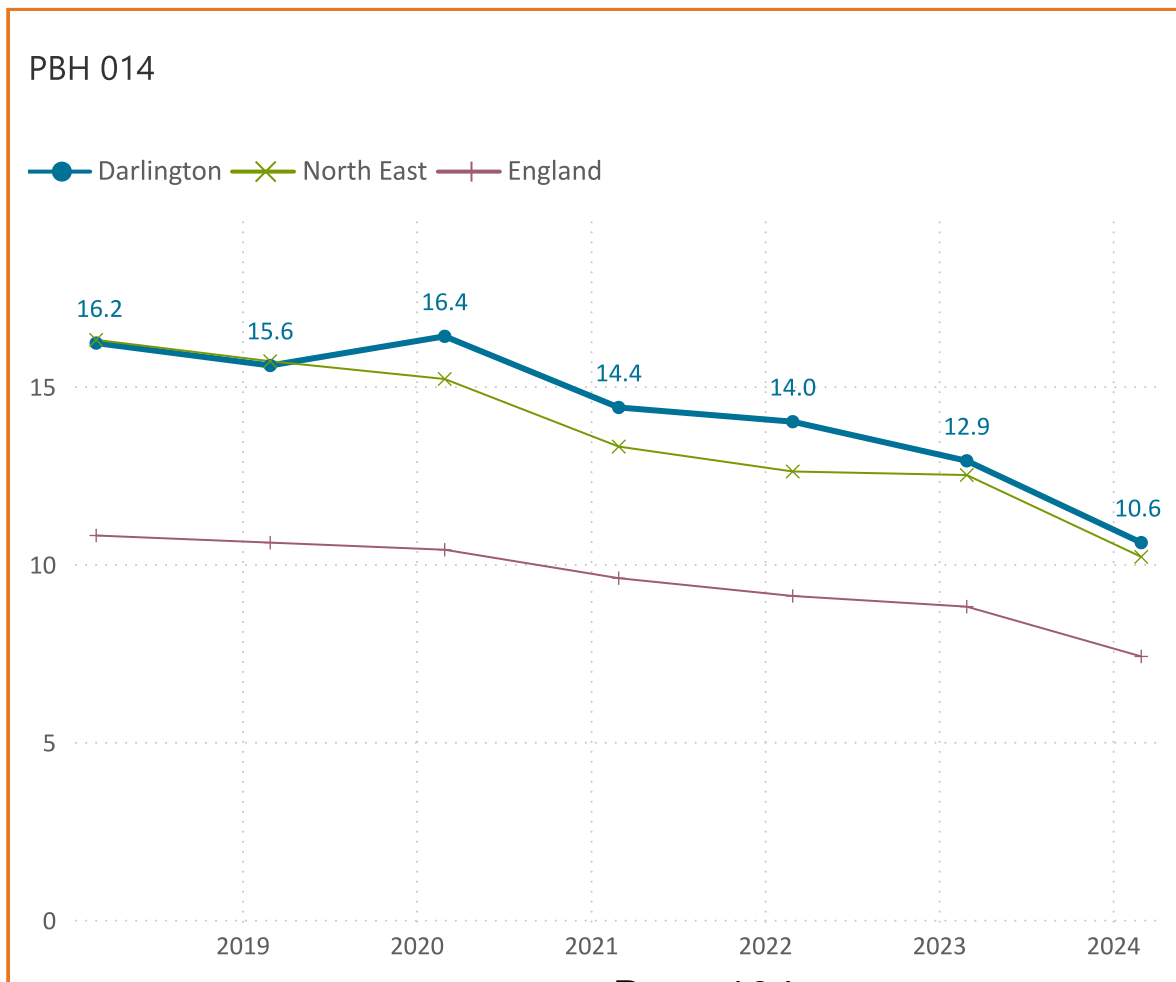
Develop and implement a new public health strategy, focussed on tackling health inequalities, including developing strategies on domestic abuse, drugs, alcohol and physical activity

Narrative

The data (from 2023/24) shows that 10.6% of mothers are known to be smokers at time of delivery, the recent trend is decreasing and getting better. Darlington is statistically similar to the North East and statistically worse than England. The gap between Darlington and the North East and England has narrowed since 2020.

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

Graph/Table





DBC Number

CUL 008a

Indicator Name

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

Theme or Portfolio

Priority or Key Action

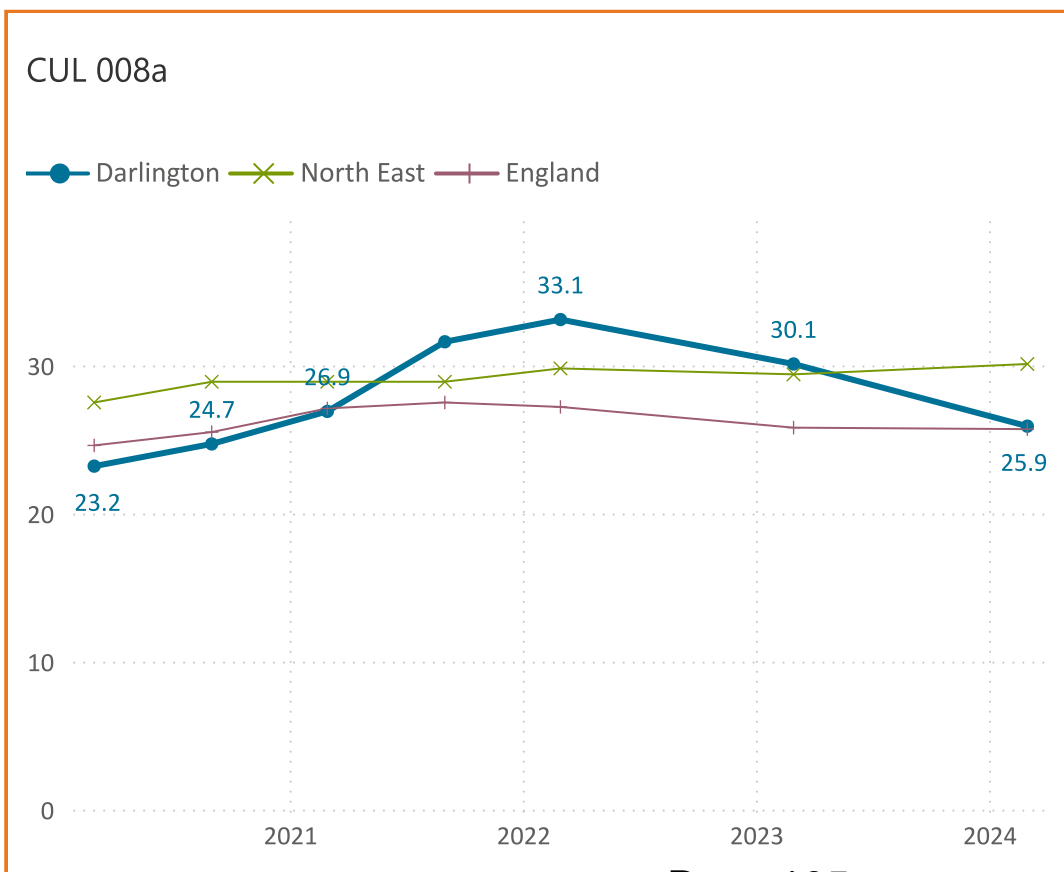
Narrative

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

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

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

Graph/Table





DBC Number

CUL 009a

Indicator Name

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

Theme or Portfolio

Priority or Key Action

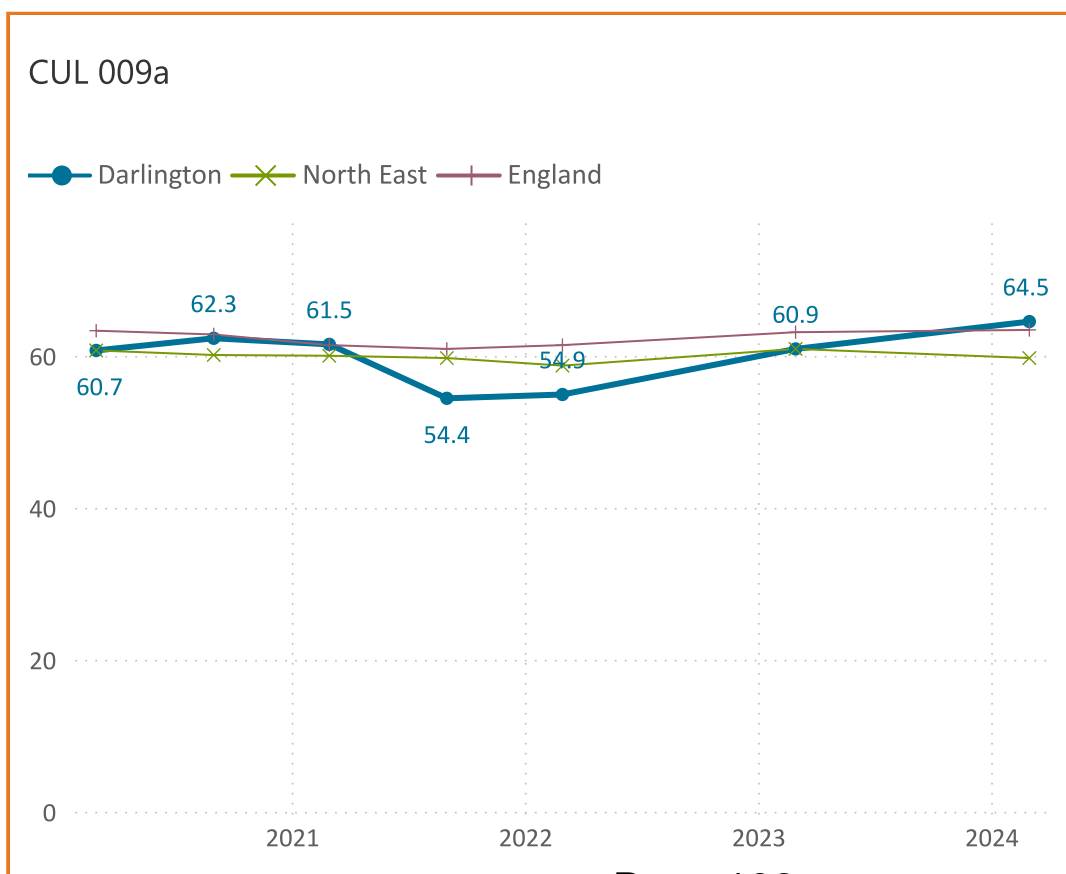
Narrative

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

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

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

Graph/Table





DBC Number

CUL 010a

Indicator Name

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

Theme or Portfolio

Priority or Key Action

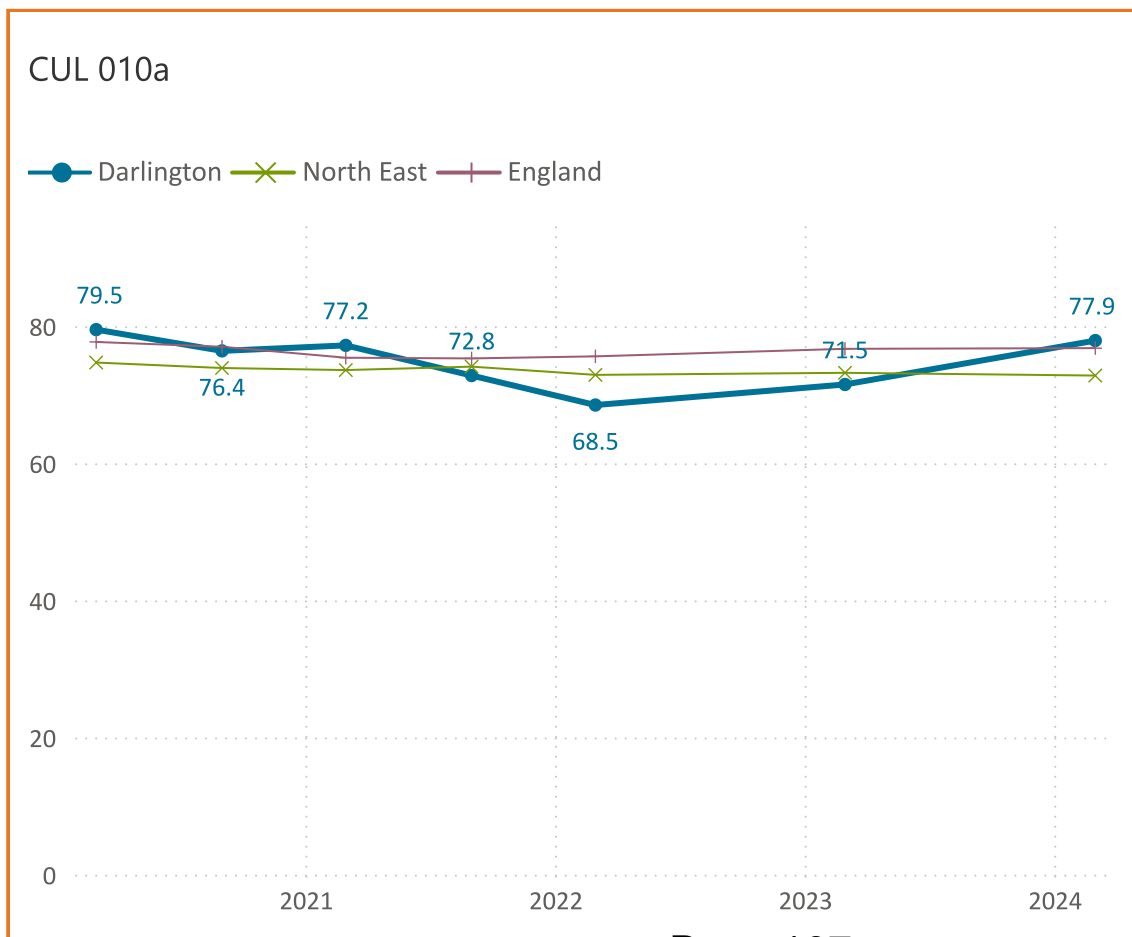
Narrative

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

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

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

Graph/Table





DBC Number

CUL 030b

Indicator Name

Total number of visits to the Dolphin Centre (quarterly)

Theme or Portfolio

Living well

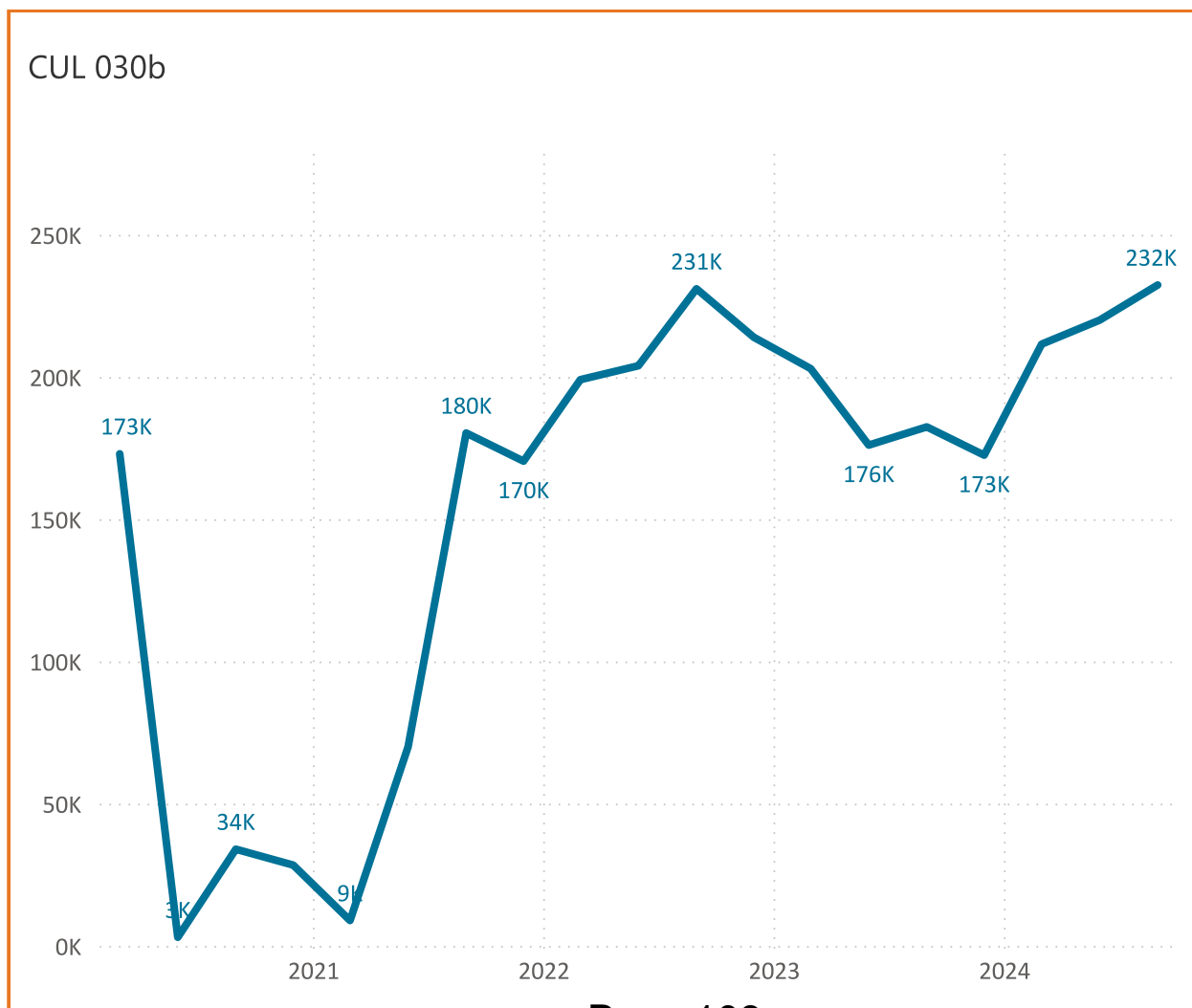
Priority or Key Action

Widen participation in recreation and leisure facilities including the Dolphin Centre and Eastbourne Sports Complex

Narrative

The Dolphin Centre has seen a substantial increase in visits compared to the same quarter in 23/24, this is a reflection of the popularity of the swimming pool following the reopening of all facilities. The main pool reopened in January 2024 with the slides and toddler pool reopening in August 2024. In the first week of the full pool facilities being opened the complex experienced the equal highest number of swimmers in the history of the Centre. Hospitality continues to attract high numbers and memberships continue to break our own record numbers. Swimming lessons and classes again are welcoming higher number then the same quarter last year.

Graph/Table





DBC Number

PBH 052

Indicator Name

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

Theme or Portfolio

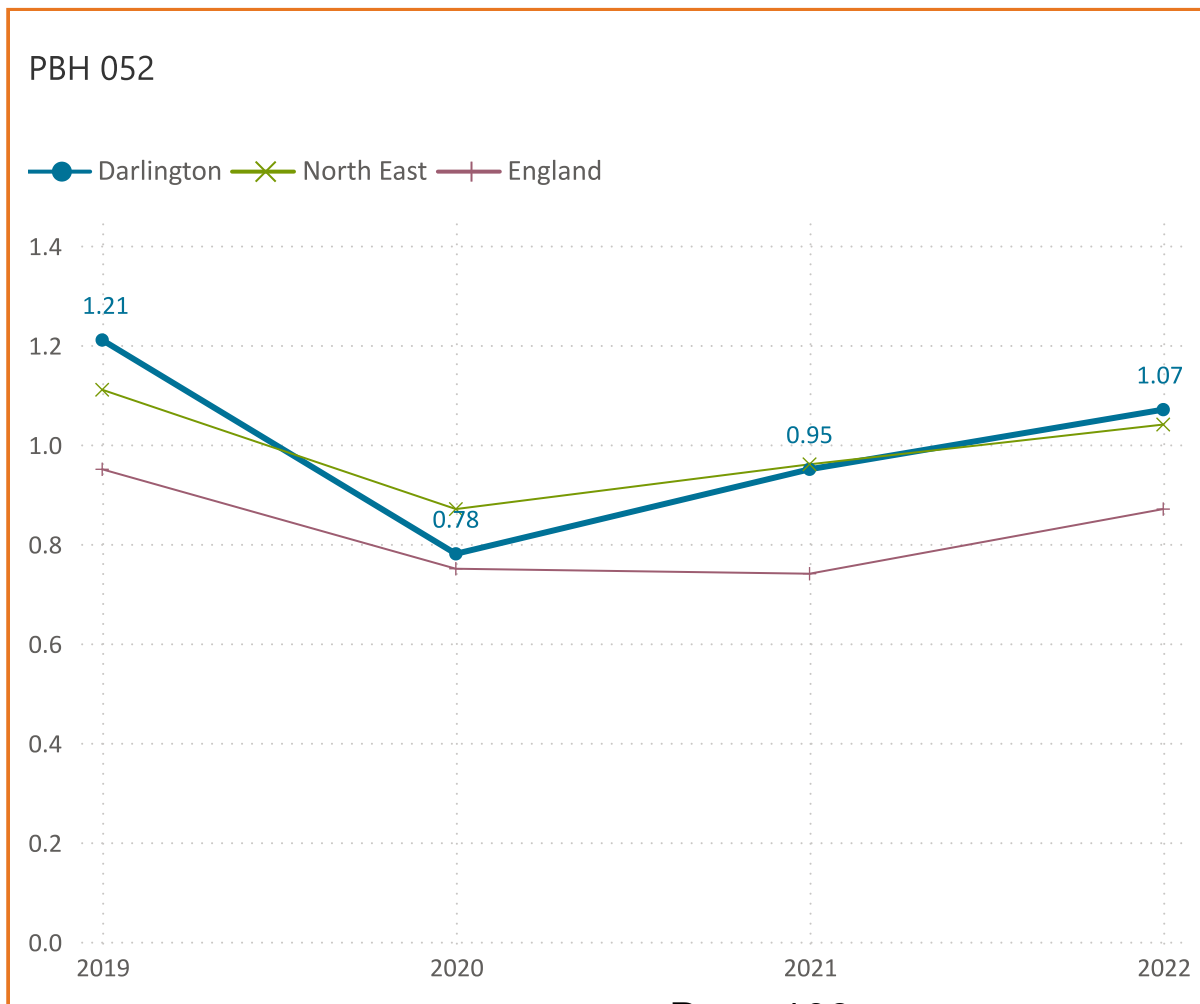
Priority or Key Action

Narrative

The rate of antibiotic prescribing within the local NHS is statistically similar to both England and the North East average with Darlington having 1.07 STAR-PU. This indicates a higher rate of prescribing than expected for the Darlington population.

This indicator describes the success of the NHS in its stewardship of antibiotics and is part of the plan to tackle antibiotic resistance in the population. The NHS has a plan to manage prescribing of antibiotics and the ICB produces information campaigns to reduce the demand and expectations for antibiotics from patients for relatively minor and self-limiting illnesses.

Graph/Table





DBC Number

PBH 026

Indicator Name

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

Theme or Portfolio

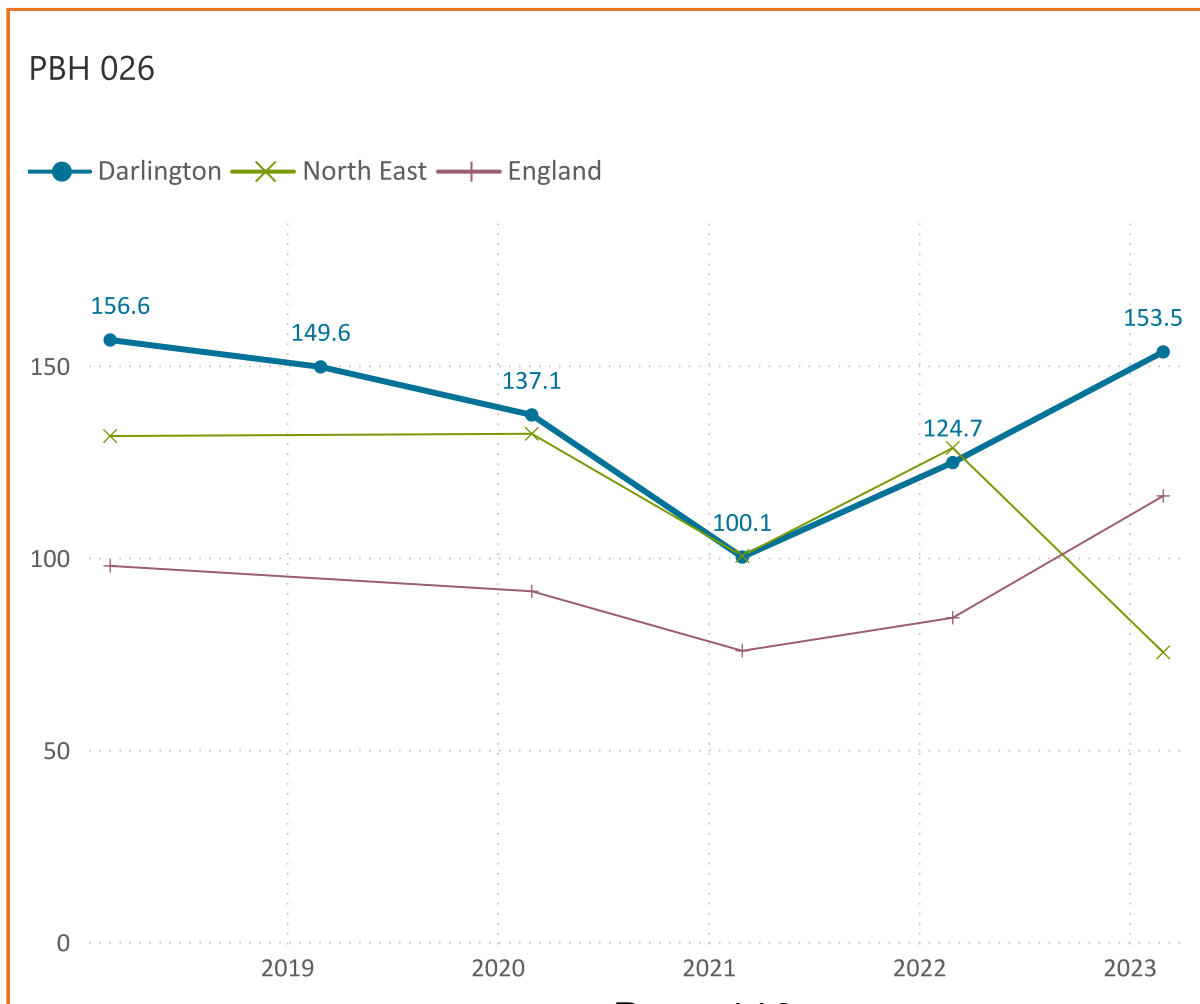
Priority or Key Action

Narrative

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

The causes of admissions for this group are more complex but a large proportion include accidental injuries including road and sports accidents. The authority is working with the hospital and other partners to understand the data behind these admissions. The 0-19 team are informed of any child's hospital admission and will contact parents and provide them with information, guidance and support.

Graph/Table





DBC Number

PBH 031

Indicator Name

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

Theme or Portfolio

Living well

Priority or Key Action

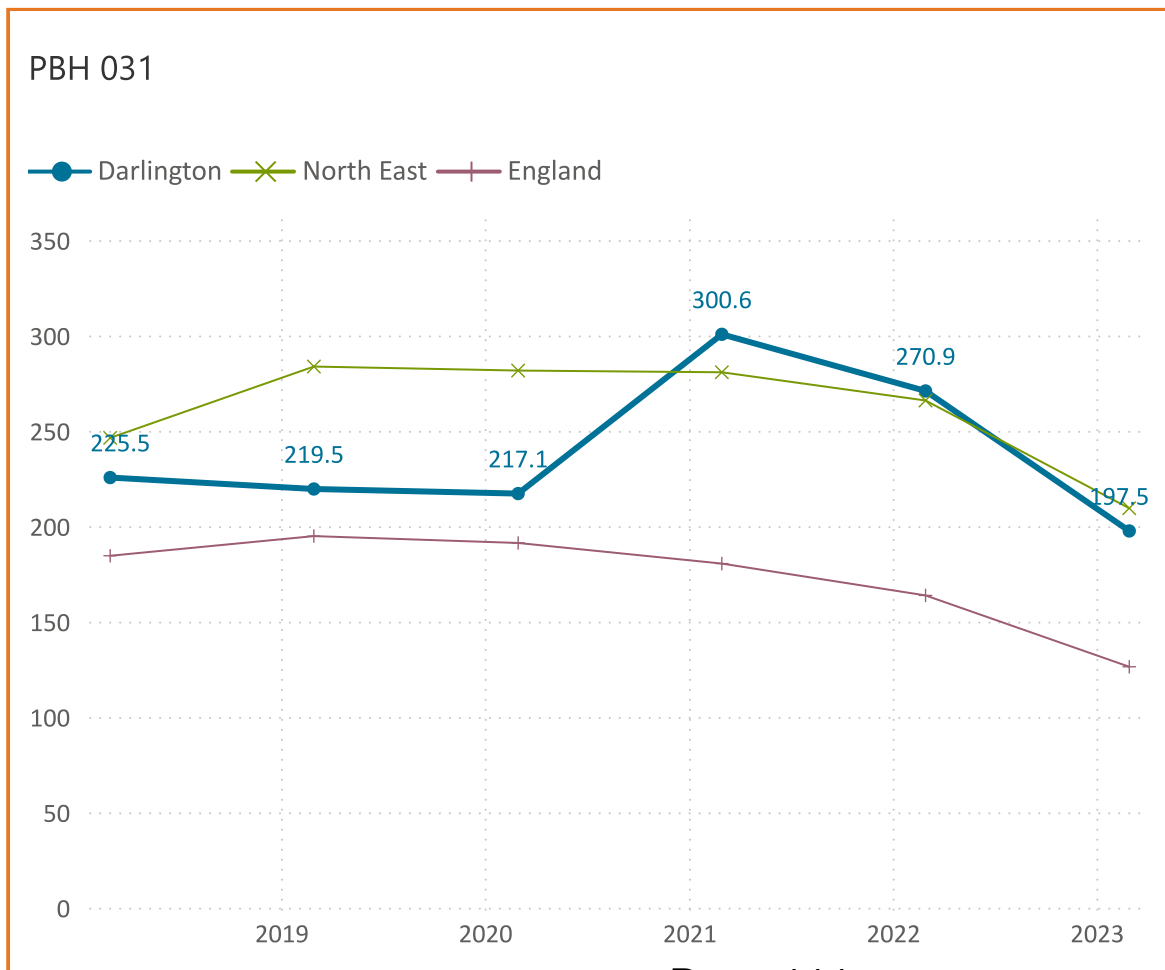
Develop and implement a new public health strategy, focussed on tackling health inequalities, including developing strategies on domestic abuse, drugs, alcohol and physical activity

Narrative

The latest data shows a decreasing trend for Darlington at 197.5 pre 100,000 which is statistically similar to the North East and statistically worse than England. The Darlington trend now mirrors the North East and England.

Self harm is a complex and poorly understood act with varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm. This indicator is a measure of intentional self harm events severe enough to warrant hospital admission and not a measure of the actual prevalence of severe self harm.

Graph/Table





DBC Number

PBH 044

Indicator Name

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

Theme or Portfolio

Priority or Key Action

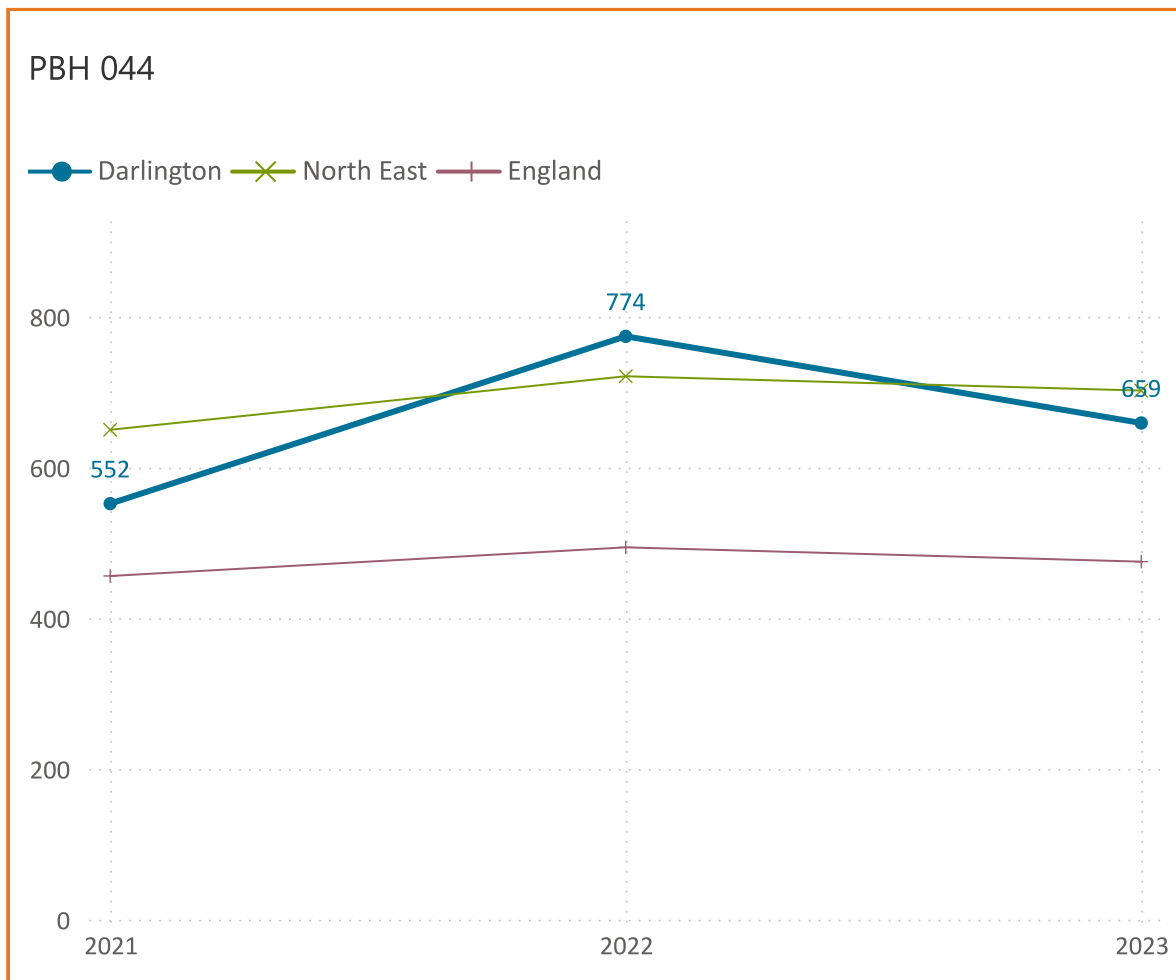
Narrative

The method used to calculate this indicator changed in 2020/21. This means that data before 2021 cannot be compared to current data.

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

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

Graph/Table





DBC Number

HBS 072

Indicator Name

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

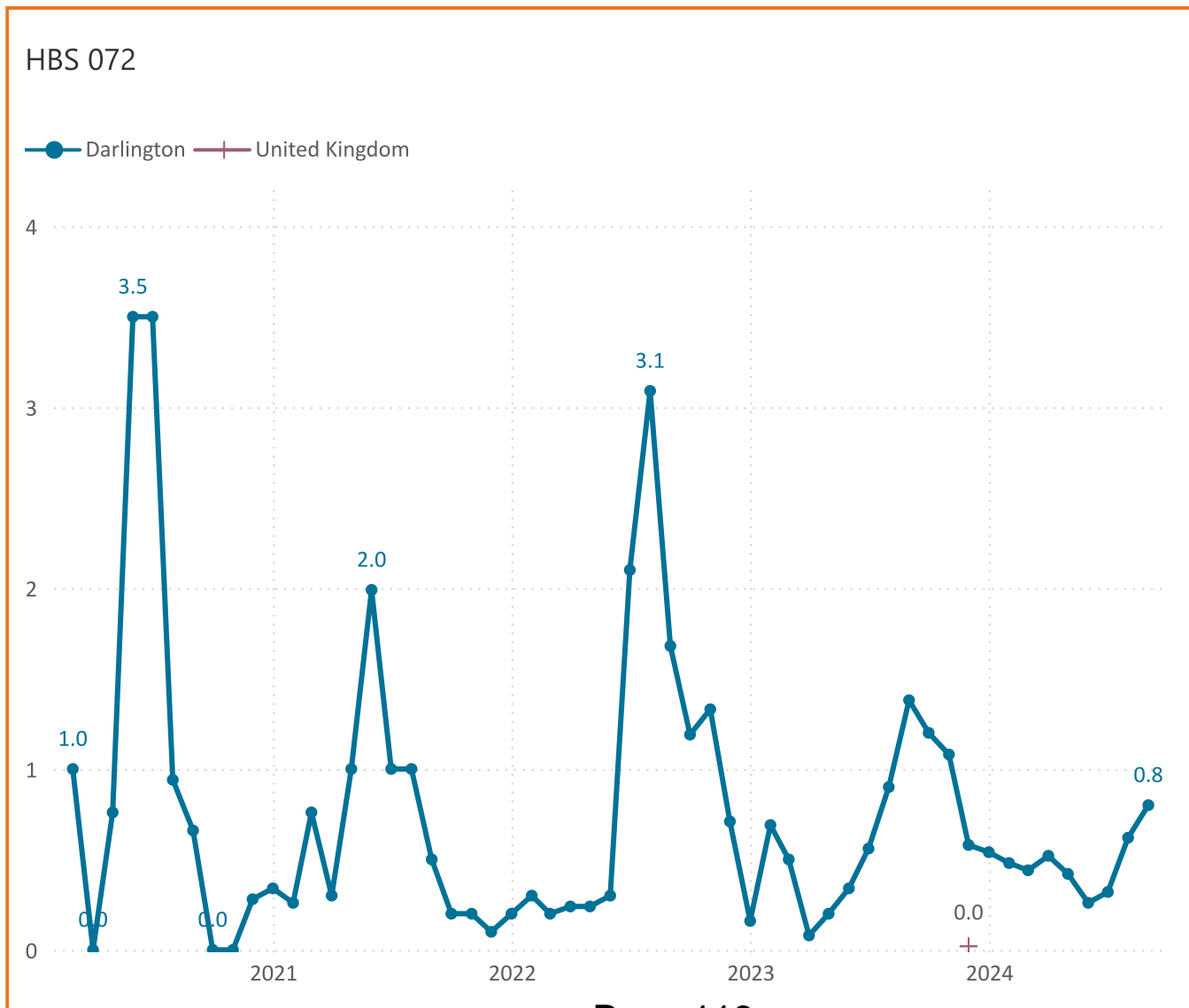
Theme or Portfolio

Priority or Key Action

Narrative

The percentage of dwellings without a gas service within 12 months of the last service date was 0.8% in quarter 2 of 2024-25. This is slightly higher than the target of 0.5% but significantly better than the same period in 2023-24, which was 1.4%. Current performance is on target to meet the 0.5% and all Council properties with gas appliances and due a gas safety check in 2024-25 will be completed, to meet our statutory duties.

Graph/Table





DBC Number

PBH 018

Indicator Name

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

Theme or Portfolio

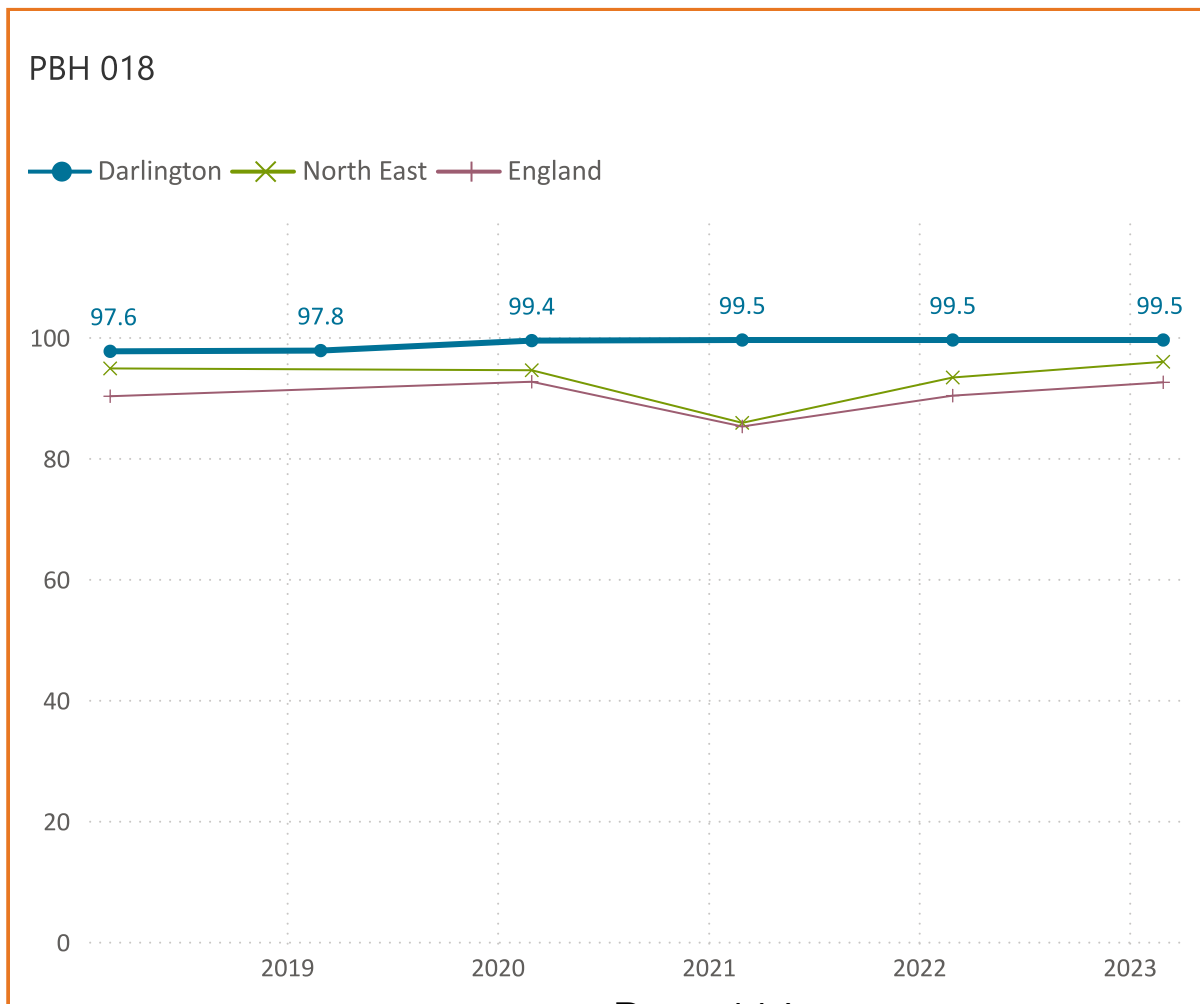
Priority or Key Action

Narrative

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

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

Graph/Table





DBC Number

HBS 013

Indicator Name

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

Theme or Portfolio

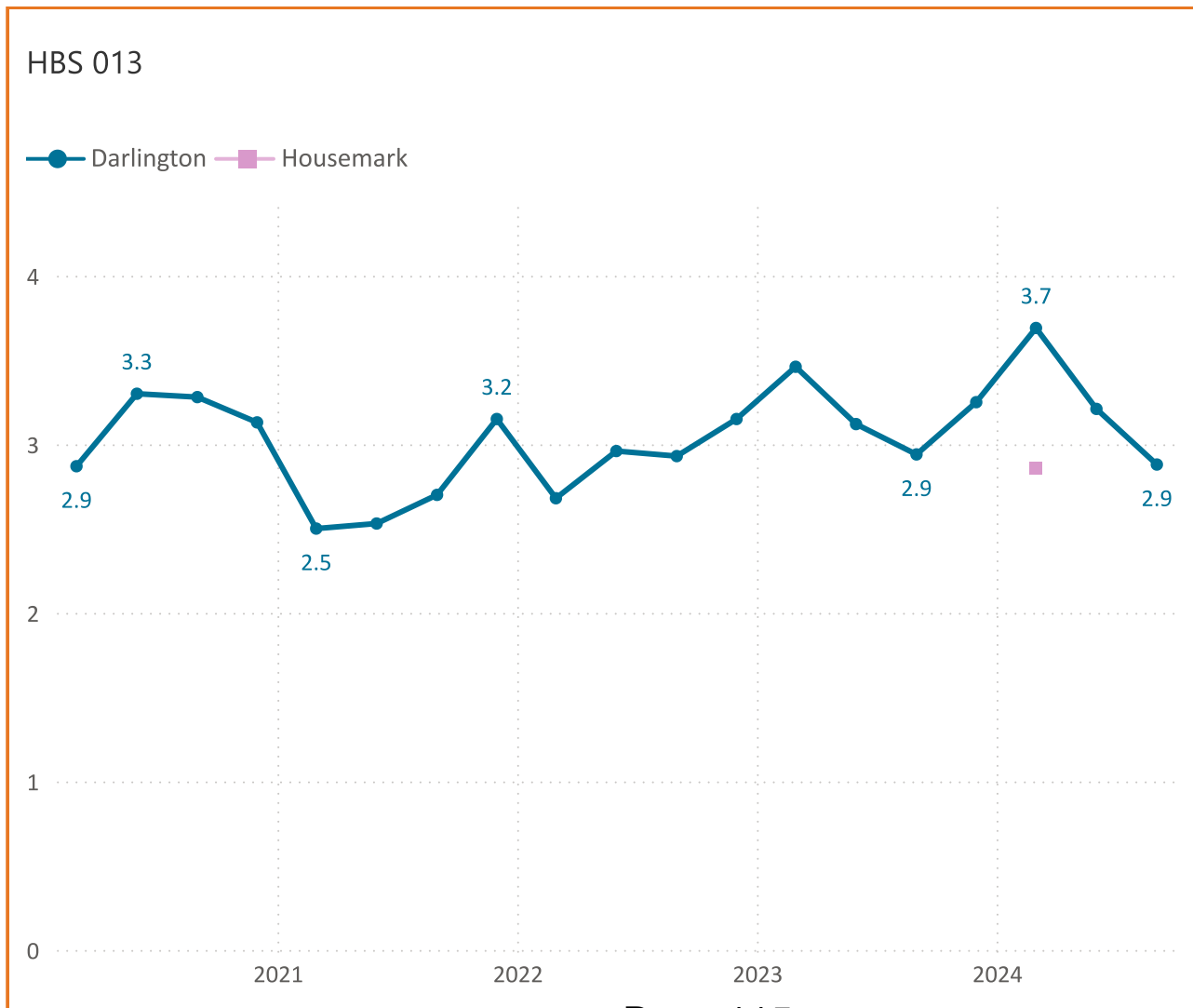
Priority or Key Action

Narrative

Housing Services collected £15.7 million of rent up to quarter 2 of 2024-25, compared to £14.8 million for the same period in 2023-24. Rent arrears levels in quarter 2 were 2.88% of the rent debit, which is better than the target of 3.4% and lower than the same period in 2023-24, which was 2.94%.

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

Graph/Table





DBC Number

PBH 021

Indicator Name

Excess weight among Year 6 pupils (%)

Theme or Portfolio

Living well

Priority or Key Action

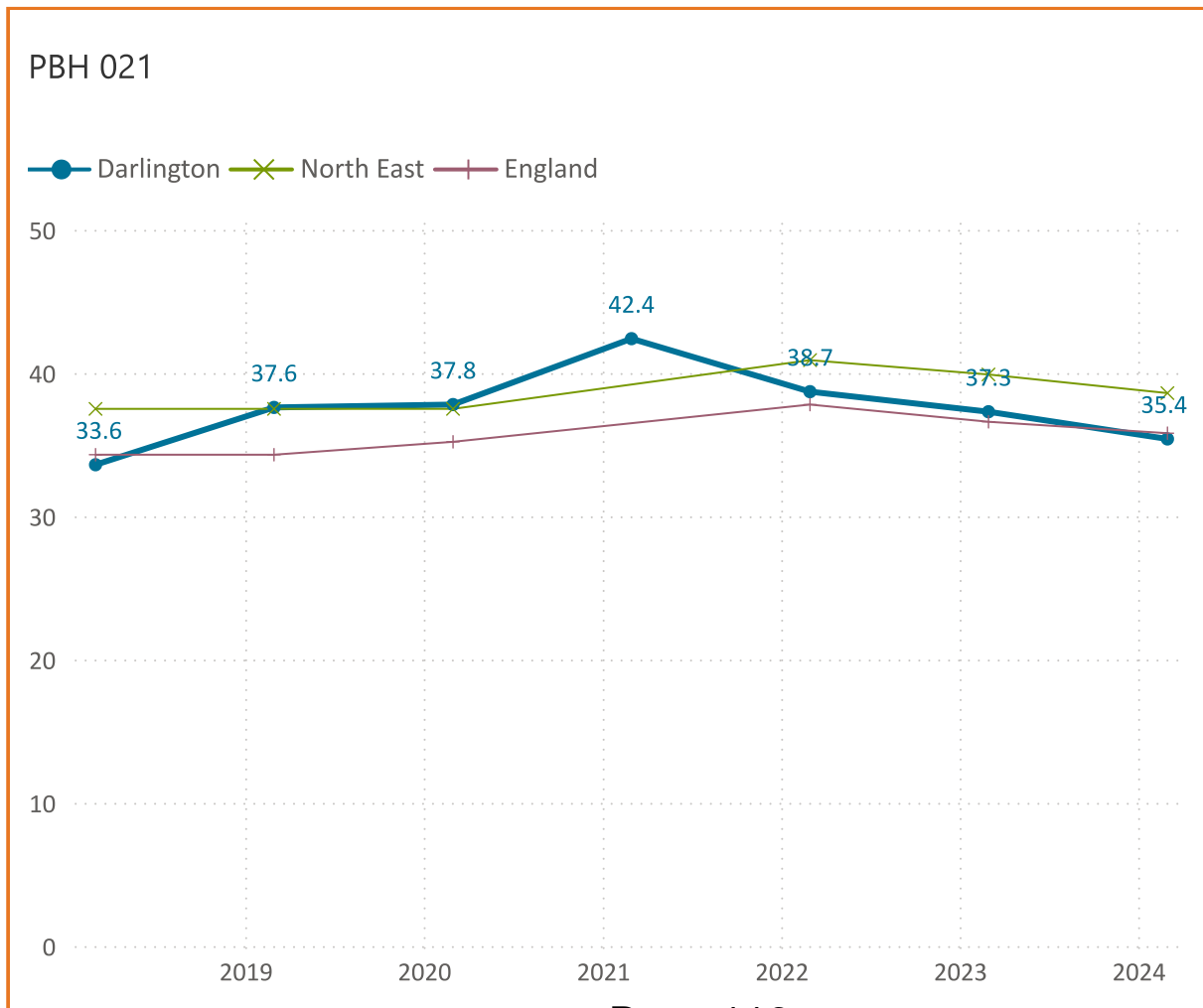
Develop and implement a new public health strategy, focussed on tackling health inequalities, including developing strategies on domestic abuse, drugs, alcohol and physical activity

Narrative

This data (from 2023/24) shows that 35.4% of year 6 children aged 10-11 years were classified as overweight or obese and is trending down since 2021. Darlington is statistically better than the North East and statistically similar to England.

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

Graph/Table





DBC Number

PBH 050

Indicator Name

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

Theme or Portfolio

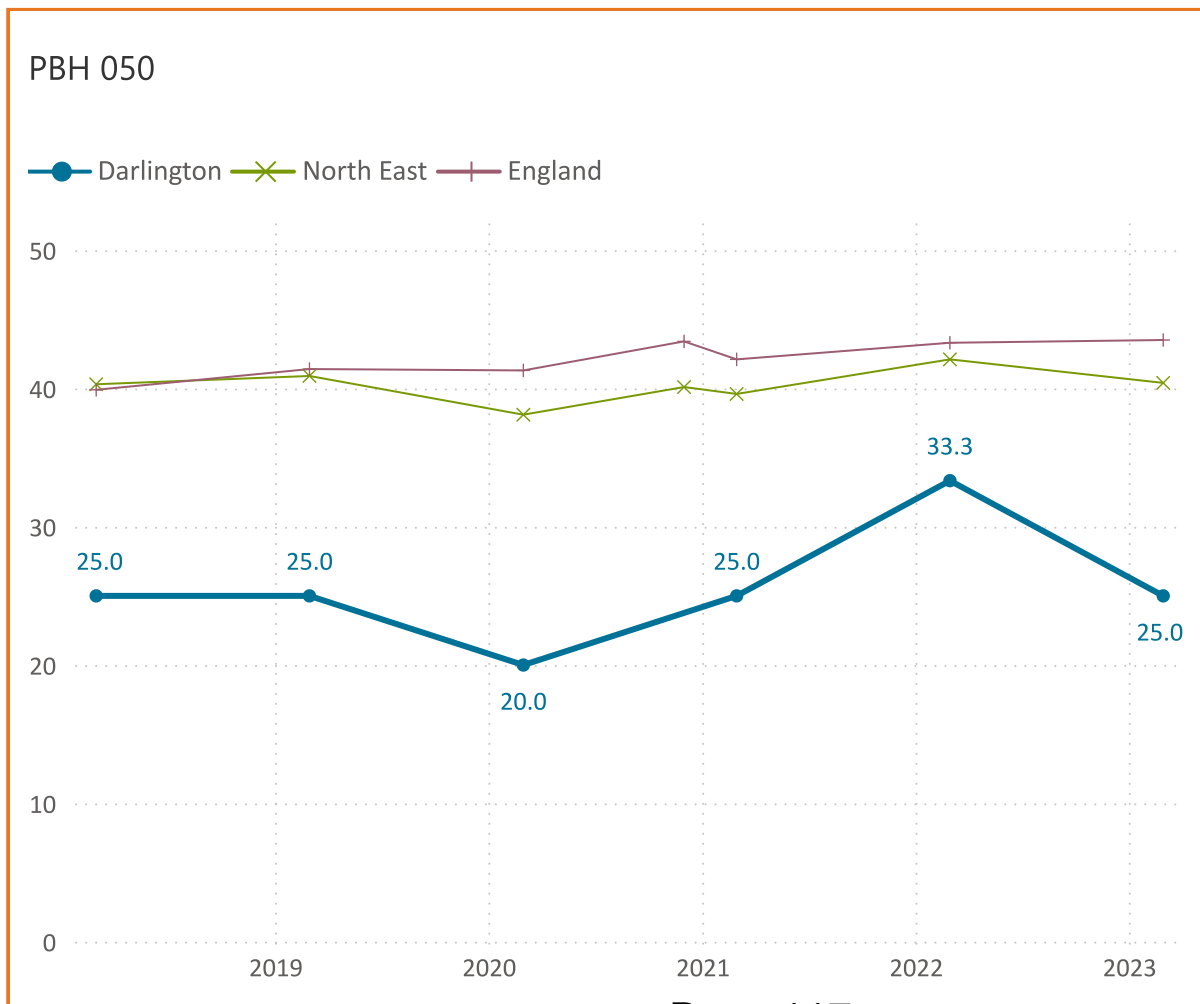
Priority or Key Action

Narrative

Due to the small numbers of people who are diagnosed with HIV this data is cumulative from 2021-23 data. 25.0% of adults were identified as being diagnosed late using the CD4 cell count at diagnosis. This corresponds to 2 late diagnosed out of a total of 8 new diagnosis. This impacts on what treatment options can be offered. Compared to our North East neighbours Darlington is statistically similar to the North East and England against the benchmarked goal of <25%.

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

Graph/Table





DBC Number

CUL 063

Indicator Name

Number of school pupils participating in the sports development programme

Theme or Portfolio

Priority or Key Action

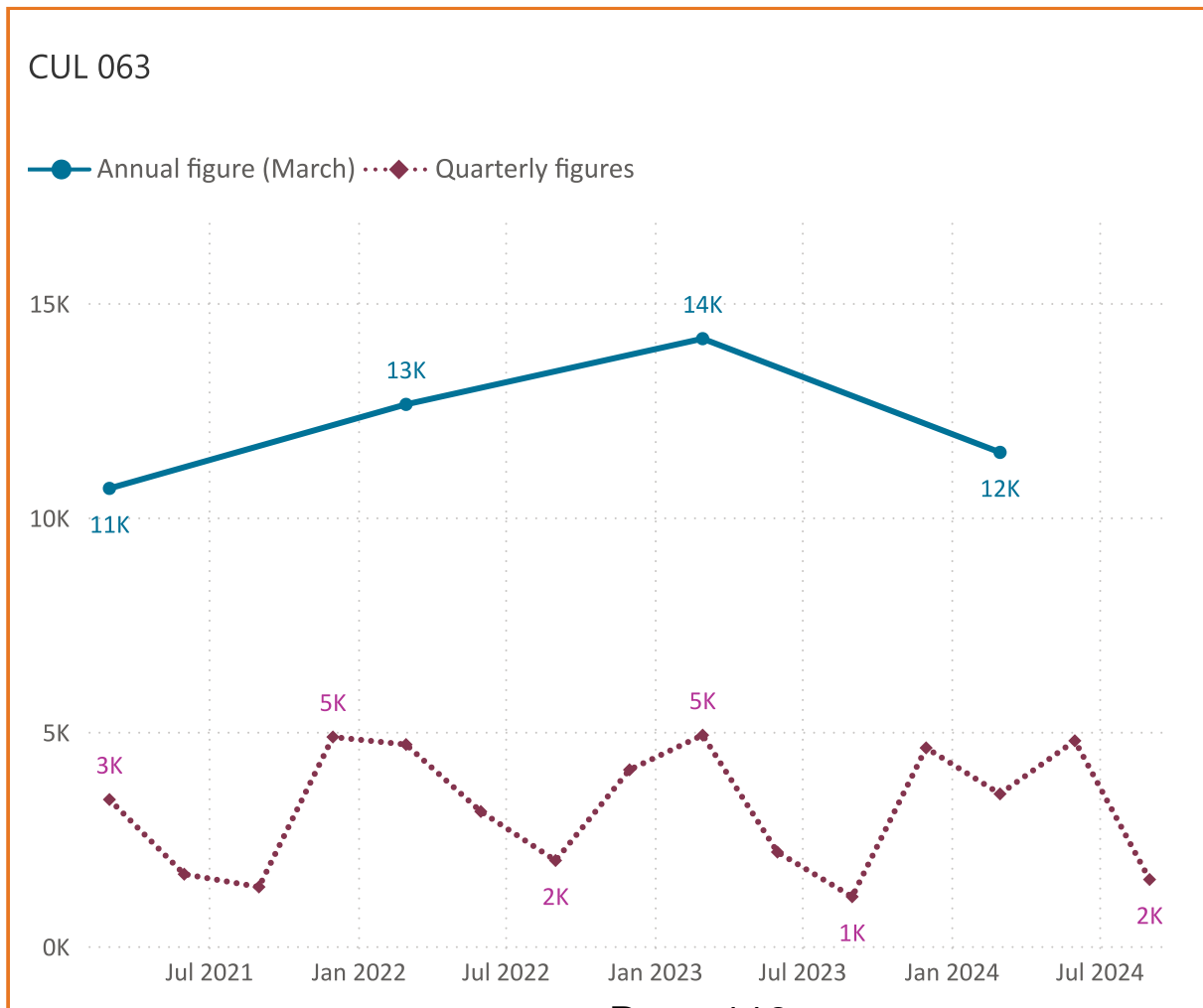
Narrative

There will be a full School Games programme scheduled in 24/25 now that the Eastbourne Sports Complex is fully re-opened following the investment project in the facilities.

The Primary/Secondary Athletics, multiple Quadkids events, Change 4 Life, Community Games, Cross Country and Multi Skill Festivals have all taken place from May onwards. At the same time last year there had been a total of 3343 pupils participating in the sports development programme; this year there have been 6342 pupils participating; performance to date shows a strong improvement when compared to the same time last year.

Further events are planned in the Autumn and Winter schedule

Graph/Table



General Release

Meeting of: Darlington Health and Housing Scrutiny Committee
Date: 15 January 2025
Title: Progress with the Trust's Quality Priorities 2024/25
Executive Sponsor(s): Beverley Murphy, Executive Chief Nurse
Author(s): Leanne McCrindle, Associate Director of Quality Governance, Compliance and Quality Data
 Pete Hutchinson, Quality Governance Manager

Report for:	<i>Assurance</i>		<i>Decision</i>	
	<i>Consultation</i>		<i>Information</i>	✓

Strategic Goal(s) in Our Journey to Change relating to this report:	
1: To co-create a great experience for our patients, carers and families	✓
2: To co-create a great experience for our colleagues	✓
3: To be a great partner	✓

Executive Summary:

- Purpose:** The purpose of this report is to present to the Scrutiny Committee, progress on the Trust's Quality Account Quality Priorities for 2024/25, including key updates on delivery of the established measures.
- Proposal:** It is proposed that the Committee receives this paper for information regarding the progress of the Quality Priorities to date, including the associated measures.
- Overview:** In April 2024, the Trust's Quality Assurance Committee endorsed a new approach to development of the Quality Priorities, with the Trust moving towards the priorities being co-created and led by people with lived experience. This approach enables the voice of service users, relatives and carers to be at the heart of quality improvement across the organisation.

The accompanying PowerPoint presentation outlines the scope and measures for the 3 key priorities for 2024/25 which are aligned to the domains of quality - Patient Safety, Patient Experience and Clinical Effectiveness.

The following key updates are of note for the Committee:

Patient Experience: Promoting education using lived experience



- A Training Lead has been recruited to the Involvement and Engagement Team and started in post in October 2024. Their role is focused on consolidating existing training packages that the Trust currently uses about lived experience and coproduction. This review will incorporate training on personalised care planning. The Training Lead will also support the training roll out across the Trust.
- The Trust's Safeguarding and Public Protection Team have been working with groups of young people via Participation Groups and schools to look at what young people think about feeling safe. The voice of the young people has been collated and used in Safeguarding Training and other work in relation to the impact of

parental mental health on children, to increase awareness and support early identification of needs for families.

Patient Safety: Relapse Prevention



- A review of Wellbeing Plans has been progressed and further work continues on best practice examples for people using community services.
- Relapse prevention will be further supported through the implementation of the new Personalising Care Planning Policy which will be live from February 2025. A communication and engagement campaign is currently in development and will last 6 months to embed the new Policy.
- Outline guidance for the content of Wellbeing Plans is also now available for all staff via the 'Ask Cito' robot.

Clinical Effectiveness: Improving Personalisation in Urgent Care



- The 'My Story Once' principles have been incorporated into the Personalising Care Planning Policy and the approach is modelled in the training that has been developed.
- The Policy was circulated for Trust wide and external consultation and is due for approval and launch (supported by communication and training campaigns).
- The training package has been reviewed and updated.

The Quality Governance Team continue to work collaboratively with the Leads for each Quality Priority measure and evidence of implementation of the priorities is monitored and maintained. The measures help the Trust to evaluate and demonstrate the quality impact of the actions being taken.

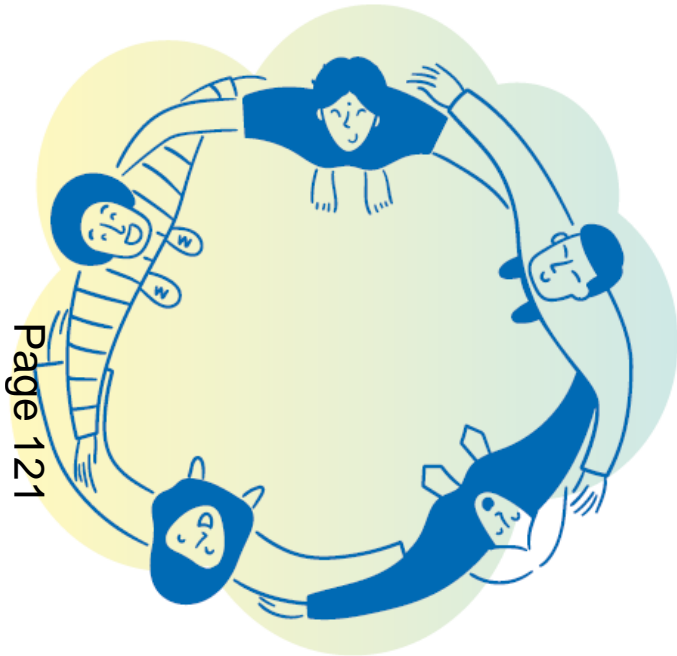
Prior Consideration and Feedback Quarterly progress reports on the Trust's Quality Account Quality Priorities are presented to the Trust's Quality Assurance Committee, including any newly identified risks and/ or matters arising for escalation. There are no immediate delivery risks for consideration by the Committee.

Implications: Delivery of the Trust's Quality Priorities supports improvements in patient safety, clinical effectiveness and patient experience. Implementing quality improvements for people who use services also supports the Trust to maintain compliance with the CQC Quality Standards and Statements.

Recommendations: The Committee is invited to note the Trust's progress with the Quality Priorities measures for 2024/25.

Tees, Esk and Wear Valleys NHS Foundation Trust Quality Account Quality Priorities Update 2024/25

**Darlington Health and Housing Scrutiny Committee
15 January 2025**



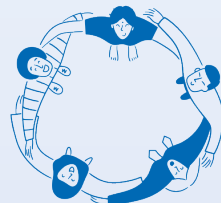
What is a Quality Account and why do Trusts have them?

A Quality Account is a report published annually about the quality of services and improvements offered by NHS healthcare providers. The public, patients and others with an interest, will use a Quality Account to understand:

- ❖ What an organisation is doing well
- ❖ Where improvements in service quality are required
- ❖ An organisation's priorities for improvement for the coming year
- ❖ How the organisation has involved people who use their services, staff, and others in determining these priorities for improvement.



Tees, Esk and Wear Valleys
NHS Foundation Trust



- ❖ As part of the Trust's ongoing commitment to co-creation, it was agreed that from 2024/25, development of the Quality Account Quality Priorities would be **led by people with lived experience**. This approach enables the voice of service users, relatives and carers to be at the heart of quality improvement across the organisation.
- ❖ Quality Priorities were developed at a dedicated **service user and carer Focus Group**. Members of the Group were recruited through the **Involvement Team** and included those with personal lived experience and also those currently working with local Involvement Networks across the Trust and other community organisations.
- ❖ The Focus Group (21 March 2024) was followed by two Care Group Co-creation Board sessions to further develop the priorities. Key quality issues from **national and local sources** (including learning from Co-Creation Boards, Lived Experience Directors, Involvement Networks, serious incidents and other governance intelligence) were shared with the Group to help inform development.
- ❖ The **Trust's Strategic Quality Standards Group** have supported the new approach and have maintained oversight of this year's quality priorities. This has included review of proposed measures and metrics that align to each priority.
- ❖ The progress on the quality priorities will be reported to external partners and demonstrated within the annual Quality Account which will be published by the end of June 2025.

The Co-Creation Boards have developed the Quality Priorities for 2024/25, and these were endorsed by the Trust's Quality Assurance Committee 04 April 2024:



Patient Experience: Promoting education using lived experience



Patient Safety: Relapse Prevention



Clinical Effectiveness: Improving Personalisation in Urgent



Quality Priorities 2024/25 including key updates



Quality Priority 1

Patient Experience: Promoting education using lived experience

Why is this important?

This priority is focused on improving accessibility of services and early intervention. Through the identification and review of themes of patient feedback regarding access to services; the use of the Recovery College and patient stories, we will establish a cycle of learning, which will be shared with key Partners.

What are we doing for this Quality Priority, and by when:

Our Lived Experience Directors and Involvement Team have experience of developing training sessions for clinical and non-clinical colleagues. The sessions include people with lived experience sharing their experience of services to support others to learn from a lived experience perspective. A recent example of this, has been training delivered to inpatient Eating Disorder Services. There was positive feedback from the clinical team about how this has further supported their understanding and helped inform their clinical practice.

The Lived Experience Focus Group and Co-creation Boards told us that it was particularly important for clinical staff in Urgent Care services (including Accident and Emergency, and Primary Care) to understand what is important to patients who present at these services and how they can help to improve patient experience.

The following measures have been developed to help us deliver this Quality Priority:

- 1) By September 2024 (Quarter 2 24/25), we will develop a programme of training that can be offered. This will include facilitating training sessions as well as some formal workshops, in addition, referring to online resources accessible via the Trust Intranet pages and other associated communications. We will also ensure that this forms part of the personalised care training that is being delivered internally and externally. (Leads: Directors of Lived Experience)**
- 2) By March 2025 (Quarter 4 24/25), we will deliver the identified training programme throughout Quarter 3 and Quarter 4 to internal and external colleagues and Partners (considering voluntary services) (Leads: Recovery College, Directors of Lived Experience, Peer Workers, Involvement Team)**

How will we know we have achieved the outcomes of this work and what will we measure?

- 1) A training programme for 2024/25 that is available and being accessed by TEWV staff and colleagues from Partner organisations.
- 2) We will hold a record of the number of staff that have attended sessions during 2024/25 by speciality and organisation.
- 3) Evaluations of people's experience following the training programme – this will include whether people attending feel they have gained new knowledge and skills about people's lived experience of mental health, learning disabilities and autism, and how this can help them support patients.



Key Updates:

- ✓ A Training Lead has been recruited to the Involvement and Engagement Team and commenced in post October 2024. Their role is focused on consolidating existing training packages that the Trust currently use about lived experience and coproduction. This review will incorporate training on personalised care planning. Another function of the Training Lead role will be supporting the training roll out across the Trust.
- ✓ The Trust Safeguarding and Public Protection Team have been working with groups of young people via Participation Groups and schools to look at what young people think about feeling safe. The voice of the young people will be collated and used in Safeguarding Training and other key work in relation to the impact of parental mental health on children to increase awareness and support early identification of needs for families.



Quality Priority 2

Patient Safety: Relapse Prevention

Why is this important?

This priority is focused on timely and proactive access to support, for patients who experience relapse, in order to minimise harm, particularly through the effective use of well-being plans.

What are we doing for this Quality Priority, and by when:

The following measures have been developed to help us deliver this Quality Priority:

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By December 2024 (Quarter 3 24/25) we will review how wellbeing plans are used for people in community services and establish best practice standards for wellbeing plans (Leads: Directors of Lived Experience, facilitated with SDMs and Clinical Networks, Head of EPR).

By March 2025 (Quarter 4 24/25) we will co-create an audit tool to review the plans (SDMs, Clinical Audit and Effectiveness Team).

By June 2025 (Quarter 1 25/26) we will measure if wellbeing plans are consistently being in place and undertake an audit of wellbeing plans to assess the quality of plans (Clinical Audit and Effectiveness Team, Operational Colleagues).

How will we know we have achieved the outcomes of this work and what will we measure?

- 1) An established standard for wellbeing plans within our Community Teams.
- 2) An audit tool that clearly assesses key standards associated with wellbeing plans.
- 3) An assessment of the quality and application of wellbeing plans.



Key Updates:

- ✓ Review of Wellbeing Plans has been progressed, and further work continues on best practice examples for people using community services. Relapse prevention will be further supported through the implementation of the new Personalising Care Planning Policy, which will be live from February 2025. A communication and engagement campaign is currently in development and will last 6 months to embed the new policy. Practice guidance, best practice approaches and documentation to support clinicians and staff is also being developed to help embed the policy.
- ✓ Outline guidance for wellbeing plan content is also now available to all staff via the 'Ask Cito' robot.





Quality Priority 3

Clinical Effectiveness: Improving Personalisation in Urgent Care

Why is this important?

This priority is focused on improving the effective use of the 'my story once' approach. The priority will be linked with the community transformation work and also aims to improve patient experience when accessing urgent care services.

What are we doing for this Quality Priority, and by when:

The following measures have been developed to help us deliver this Quality Priority:

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- 1) **By September 2024 (Quarter 2 24/25)** the 'My Story Once' principles will be incorporated into the new Personalising Care Planning Policy. This will be circulated for consultation (Leads: Directors of Lived Experience, ALD SDM)
- 2) **By December 2024 (Quarter 3 24/25)** we will review and update the associated online training pack which is currently named 'CPA Module' (which will include the 'My Story Once' approach) (Lead: Directors of Lived Experience)
- 3) **By March 2025 (Quarter 4 24/25)** 85% of staff will have undertaken the online training module on personalising care planning (Leads: Care Group Managing Directors)
- 4) **By June 2025 (Quarter 1 25/26)** we will assess the impact of improvements in personalisation in urgent care by evaluating the quality of patient experience feedback (Leads: Directors of Lived Experience)
- 5) **By June 2025 (Quarter 1 25/26)** we will undertake a baseline audit to demonstrate the impact / changes following implementation of the new policy (Leads: Directors of Lived Experience)

How will we know we have achieved the outcomes of this work and what will we measure?



- 1) A Trust Policy ratified and published.
- 2) Updated online training pack available.
- 3) Staff compliance with undertaking the online training module (achieving above 85%).
- 4) Positive patient experience feedback.
- 5) High quality care plans in place within Urgent Care.

Key Updates:

- ✓ The 'My Story Once' principles have been incorporated into the Personalising Care Planning Policy and the approach is modelled in the training that has been developed.
- ✓ The Policy was circulated for Trust wide and external consultation and is due for approval and launch (supported by communication and training campaigns).
- ✓ The training package has been reviewed and updated.

**HEALTH AND HOUSING SCRUTINY COMMITTEE
15 JANUARY 2025**

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee during the 2024/25 Municipal Year and to consider any additional areas which Members would like to suggest should be added to the previously approved work programme.

Summary

2. Members are requested to consider the attached work programme (**Appendix 1**) for the remainder of the 2024/25 Municipal Year which has been prepared based on Officers recommendations and recommendations previously agreed by this Scrutiny Committee.
3. Any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

Recommendation

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

**Luke Swinhoe
Assistant Director Law and Governance**

Background Papers

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

Author: Hannah Miller
Ext: 5801

Council Plan	The report contributes to the Council Plan in a number of ways through the involvement of Members in contributing to the delivery of the Plan. The Work Programme contains items which enable Members to scrutinise those areas that contribute the priority of 'Homes' - affordable and secure homes that meet the current and future needs of residents and 'Living Well' – a healthier and better quality of life for longer, supporting those who need it most.
Addressing inequalities	There are no issues relating to diversity which this report needs to address.
Tackling Climate Change	There are no issues which this report needs to address.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme.
Health and Wellbeing	This report has no direct implications to the Health and Well Being of residents of Darlington.
S17 Crime and Disorder	This report has no implications for Crime and Disorder.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

5. 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.
6. 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.
7. 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

8. 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.
9. A copy of the Forward Plan has been attached at **Appendix 3** for information.

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HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
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 March 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
Quality Accounts – 6 Monthly Update	15/01/2025 05/02/2025 Special	TEWV CDDFT		
Physical Activity	26/02/2025	Lisa Soderman / 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

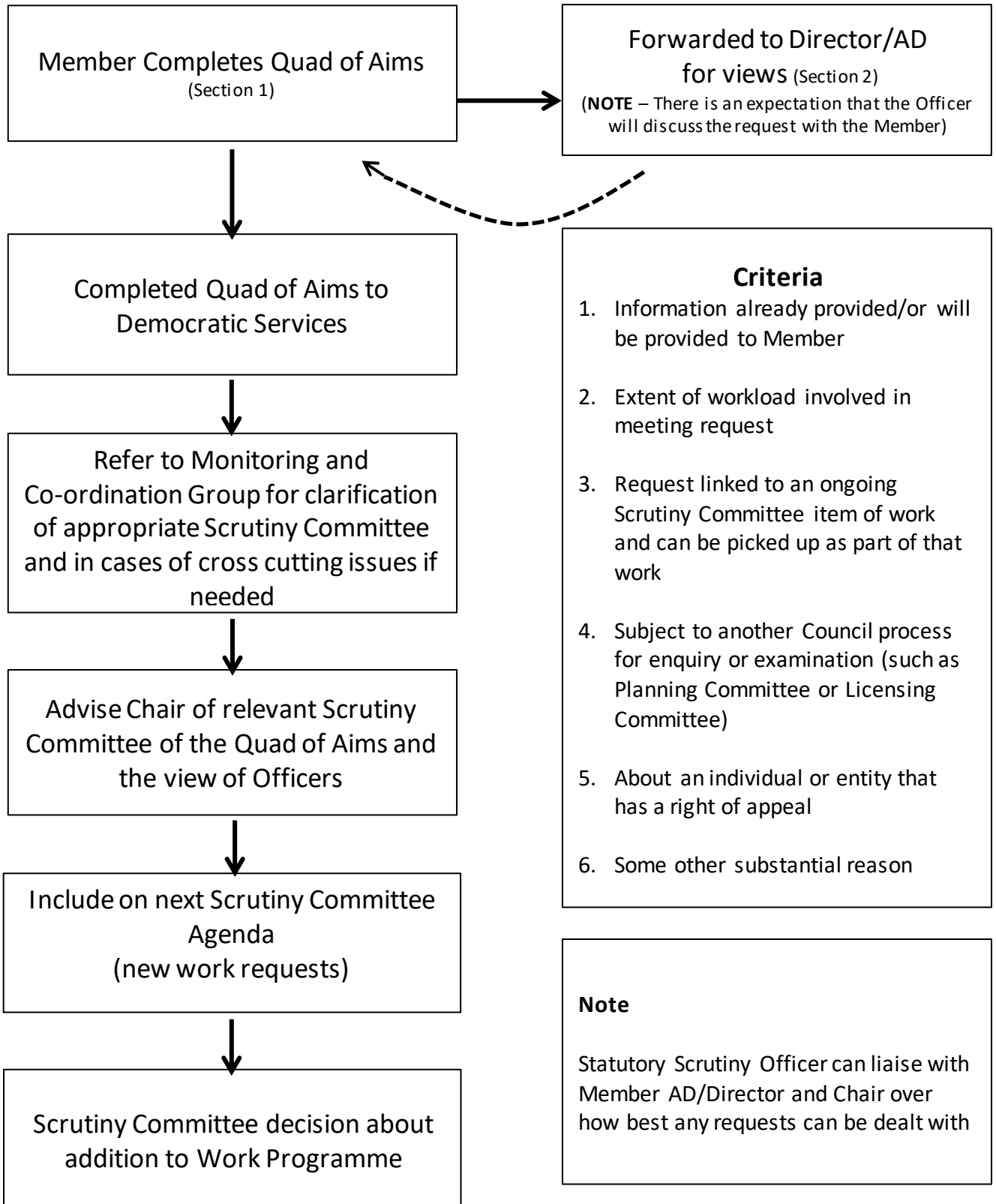
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Waiting lists for NHS services	26/02/2025	ICB		
Community Mental Health Transformation	02/04/2025	John Stamp, TEWV		john.stamp@nhs.net
Children and Young People Mental Health Update	02/04/2025	James Graham, CAMHS		james.graham8@nhs.net
Housing Services Climate Change Strategy update	02/04/2025	Anthony Sandys		
Suicide Prevention	TBC	TBC		
Better Care Fund	TBC	Paul Neil		
Chronic Illness and preventative measures.	TBC	Lorraine Hughes		
Wider Determinants of Health	TBC	Lorraine Hughes		
Healthy Weight Plan	Sept 2025	Joanne Hennessey		
Health and Safety Compliance in Council Housing update	2025/2026	Cheryl Williams / Anthony Sandys		Annual Update

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
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		
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		
Tenant Engagement Strategy 2025-2029	Last considered 23/10/2024	Claire Gardner-Queen		Prior to submission to Cabinet on: 5 Nov 2024

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Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Health and Wellbeing Strategy	Last considered 23/10/2024	Lorraine Hughes		
Substance Misuse	Last considered 23/10/2024	Lorraine Hughes/We Are With You		To receive an update to gain an understanding of numbers and offered provision / preventative measures.

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



PLEASE RETURN TO DEMOCRATIC SERVICES

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

SECTION 1 TO BE COMPLETED BY MEMBERS

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

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

Signed Councillor

Date

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

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

Signed **Position** **Date**

PLEASE RETURN TO DEMOCRATIC SERVICES

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**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**



DARLINGTON

Borough Council

**FORWARD PLAN
FOR THE PERIOD: 1 JANUARY 2025 - 31 MAY 2025**

Title	Decision Maker and Date
Annual Statement of Accounts 2022/23	Cabinet 7 Jan 2025
Climate Change Progress	Cabinet 7 Jan 2025
Council Plan Performance Reporting Update	Cabinet 7 Jan 2025
Council Tax Calculation of Tax Base 2025/26	Council 30 Jan 2025 Cabinet 7 Jan 2025
Environment Act 2021 - Waste Management Arrangements	Council 30 Jan 2025 Cabinet 7 Jan 2025
Maintained Schools Capital Programme - Summer 2025	Cabinet 7 Jan 2025
Release of Capital for Children's Play Area - West Park	Cabinet 7 Jan 2025
Schedule of Transactions	Cabinet 7 Jan 2025
Calendar of Council and Committee Meetings	Cabinet 4 Feb 2025
Capital Strategy	Cabinet 4 Feb 2025
Darlington Indoor Market	Cabinet 4 Feb 2025
Former St Modwen Site and Biodiversity Net Gain Mitigation	Cabinet 4 Feb 2025
Housing Revenue Account - Medium Term Financial Plan 2025/27 to 2028/29	Cabinet 4 Feb 2025
Land at Coniscliffe Road, Darlington	Cabinet 4 Feb 2025
Land at Faverdale - Burtree Garden Village - Proposed Infrastructure Development Agreement (IDA)	Cabinet 4 Feb 2025
Project Position Statement and Capital Programme Monitoring -	Cabinet 4 Feb 2025

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Quarter 3	
Prudential Indicators and Treasury Management Strategy 2025/26	Cabinet 4 Feb 2025
Public Space Protection Orders (PSPO) and Renewal of Town Centre Order	Cabinet 4 Feb 2025
Revenue Budget Monitoring - Quarter 3	Cabinet 4 Feb 2025
Review of the Local Development Scheme (LDS) 2024/27	Cabinet 4 Feb 2025
Review of the Medium Term Financial Plan (MTFP)	Council 27 Mar 2025 Cabinet 4 Feb 2025
Schools Admissions 2025/26	Cabinet 4 Feb 2025
Strategic Asset Plan	Cabinet 4 Feb 2025
Customer Services Strategy 2025/30	Cabinet 4 Mar 2025
Darlington Transport Plan	Cabinet 4 Mar 2025
Digital Darlington Strategy 2025-30	Cabinet 4 Mar 2025
Dolphin Centre – Invest to Save Projects	Cabinet 4 Mar 2025
North East Smokefree Declaration	Cabinet 4 Mar 2025
Preventing Homelessness and Rough Sleeping Strategy 2025/30	Cabinet 4 Mar 2025
Regulation of Investigatory Powers Act (RIPA)	Cabinet 4 Mar 2025
Annual Procurement Plan Update	Cabinet 8 Apr 2025
Physical Activity Strategy	Cabinet 8 Apr 2025
Woodland Road Waiting Restrictions	Cabinet 8 Apr 2025

HEALTH AND WELLBEING BOARD

Thursday, 12 September 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, Dean Lythgoe (Principal, St Aidan's Academy) (Secondary School Representative), Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative), Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington), Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office) and Councillor Mrs Scott

ALSO IN ATTENDANCE – Curry (Cabinet Member for Adults)

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

HWBB8 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB9 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.

HWBB10 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 20 JUNE 2024

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 20 June 2024

RESOLVED – That the minutes for the meeting of this Health and Well Being Board held on 20 June 2024 be approved.

HWBB11 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2023-24

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

Thematic issues and areas of concern were highlighted including rates of self-harm and increasing suicide rates in women.

Questions from board members included as to whether external agencies can be employed in relation to suicide prevention with confirmation that a number of agencies are available to provide support and engagement.

A board member also queried healthy life expectancy for women and it was stated that, on average, a women will spend 20 years in 'ill health' with averages in the North East being worse than other areas.

Board members also noted that their respective agencies are also happy to assist in providing data in areas such as sexual abuse and mental health aspects.

It was also clarified that data may seem to be "out of date" due to checks and validations required to ensure the data is of the highest quality possible and that certain datasets can be retrieved and verified in shorter timeframes than others.

RESOLVED – That members received and supported the subject matter and that it is useful for stakeholders and the public alike.

HWBB12 HEALTH AND WELLBEING STRATEGY

The Chair of the Health and Wellbeing Board and the Director of Public Health introduced board members to the draft Joint Local Health and Wellbeing Strategy (JLHWS).

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.

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.

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

It was also highlighted that joint work with board members' agencies will be welcomed in order to establish pathways to tackle the above and also to support children and young people and establish key priorities and impacts.

Board members expressed their approval of the workshop sessions that contributed to the formation of the strategy.

Discussions were held which included a board member expressing that focussed efforts are required to realistically maintain any positive results in areas such as smoking and oral health with officers confirming that oral health and toothbrushing schemes, alongside the new Oral Health Strategy will have positive results in these areas and confirming that tackling smoking remains a focus.

Discussion was held around "healthy ways of working" with clarification that a good job / work environment has a large impact on someone's health, and it is important to work with employers to help them get the most from their employees and assist the economy as a result.

Board members provided feedback on the strategy that included a suggestion that more positive language would be helpful, that “joining the dots” between partner agencies would yield the most positive results with minimal overlap. Board members expressed their general approval and support for the strategy.

RESOLVED – That board members 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.

REASON - It is a statutory duty of the Health and Wellbeing Board to develop a Joint Local Health and Wellbeing Strategy

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Tees Valley Joint Health Scrutiny Committee MINUTES AND DECISION RECORD

19 September 2024

The meeting commenced at 10.05 am in the Civic Centre, Hartlepool.

Present:

Responsible Authority Members:

Darlington Borough Council - Cllr Holroyd, Cllr Layton

Hartlepool Borough Council - Cllr Boddy, Cllr Roy

Middlesbrough Council - Cllr Morrish

Redcar and Cleveland Borough Council – Cllr Cawley, Cllr Crane (substitute for Cllr Curr), Cllr Kay

Stockton Borough Council - Cllr Hall, Cllr Besford

Also Present:

Sarah Paxton - Head of communications, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

Jamie Todd - Director of Operations & Transformation, TEWV

Naomi Lonergan - Interim Managing Director, TEWV

John Savage - TEWV

Kim Lawson, Strategic Head of Commissioning (Tees Valley), North East and North Cumbria Integrated Care Board (NENC ICB)

Ann Bridges - Executive Director of Corporate Affairs and Involvement, TEWV

John Stamp - Associate Director of Partnerships and Strategy, TEWV

Julian Penton – VCSE partner, Hartlepower Community Trust

Michael Houghton - Director of Transformation, North Tees and Hartlepool NHS Foundation Trust (NT&HFT)

Jayne Pailor, NT&HFT

Andrea McLoughlin – Preventing Suicide (Tees) Public Health Practitioner, Middlesbrough Council

Officers:

Gemma Jones, (HBC)

Caroline Leng (R&CBC)

Chris Lunn (MC)

Joan Stevens, (HBC)

Gary Woods (SBC)

1. Appointment of Chair

Nominations for a Chair for this Committee were sought, and Councillor Boddy was nominated and agreed.

Councillor Moss Boddy in the Chair.

2. Appointment of Vice Chair

Nominations for a Vice Chair for this Committee were sought, and Councillor Cawley was nominated and agreed.

3. Apologies for Absence

Cllr Curr, Cllr Cooper, Cllr Moore, Cllr Scott, Karen Hawkins and Hannah Miller.

4. Declarations of Interest

Councillor Boddy declared that he was a Governor at TEWV.

5. Minutes of the meeting held on 15th March 2024

Confirmed.

6. Minutes of the Tees Valley Area Integrated Care Partnership (ICP) meeting held 2nd February 2024

Noted.

7. Tees Valley Joint Health Scrutiny Committee - Protocol and Terms of Reference

Agreed.

8. Respite Care/Adult Learning Disability Service Update

(Director of Delivery, NENC ICB and Director of Operations and Transformation, TEWV)

Prior to the item being presented the Chair acknowledged the understandable anxiety around changes to the current respite provision for families and service users, describing this provision as a 'lifeline'. Emphasis was also placed on the need for improvements in line with the CQC guidelines/recommendations and advised that the purpose of the changes were to ensure that this service could continue albeit in a different format to the one currently in place.

The Committee received an update in relation to the proposed changes to respite care in Teesside. This was led by the Interim Managing Director and the Director of Operations & Transformation for TEWV. A number of factors were highlighted to explain the need for changes to the service. They were to ensure –

- The service continued to provide the highest quality of care for people.
- That the service could support families who may require support in future
- That the buildings were providing the best environment to care.
- They complied with regulations set out by the Care Quality Commission (CQC).
- There is enough staff to provide safe and kind care.
- The service offers value for money so that support can be provided to more families.

The Committee was informed that TEWV will submit notice on the current respite provision on the 20th September 2024, giving notice of 12 months. Whilst the 12 months is contractual, TEWV has committed to providing respite service until an alternative provision is developed. The change will affect the properties at Bankfields Court in Middlesbrough and Aysgarth in Stockton. The Trust will continue to work with families and partners affected and provided reassurance that they will continue to deliver the same level of care until an alternative provision is put in place. TEWV and NENC ICB outlined a commitment to regularly working with families, staff and Committees with regards to these changes.

A Representative from the NENC ICB outlined the process for engagement, which they will lead, and gave an overview of the work that had already taken place. A series of engagement events were due to take place between October and December 2024 and two not for profit organisations had been commissioned to carry out this work. This will include looking at what bed based service is required. The events are aimed at trying to engage as many voices as possible, alongside regular communication with service users and families. There is also an opportunity to speak 1:1 with staff members.

It was explained that although notice had been served on the current service, an alternative service would be commissioned. The NENC ICB were committed towards delivering a service that was fit for purpose for people with profound and severely complex needs. Emphasis was placed on honesty and transparency throughout the whole process.

The difficulties and the impact of prolonged hospital stays were outlined. It was also explained that there was a continuing commitment to supporting people in their own homes.

Members suggested that an update be brought back to the Committee regarding the engagement work with families and service users.

During questions from Members, it was noted that providing respite care is a legal requirement. Reassurance was given that this was not a cost saving exercise and current service users would continue to be given respite care in the new service. This would differ for individuals depending on their level of need and would be determined by a needs assessment involving families and carers.

Previously the CQC had outlined specific challenges with the current respite service including the building structure, restrictions of being able to provide

single sex accommodation, insufficient individual bathrooms and the limited hand washing facilities. It was also noted the complexity of need had changed since the building of the site.

A Member referenced previous reports regarding the underutilisation of Bankfields Court and was pleased to see that occupancy levels had increased. Reference was also made to the fact that the issue of respite care was brought to the Committee some years ago.

In the discussion that followed, Members outlined the importance of this service and welcomed families being involved in the consultation process. A question was raised regarding the issue of staff retention. It was confirmed that the Trust would continue to work closely with staff at Bankfields court and Aysgarth and that they would be involved in the engagement process. They acknowledged there was a pressure on learning disability staff across the country but that both sites were currently fully staffed. Staff were keen to be part of the transition and would continue to support the families involved.

Members emphasised that involving families in this process was essential and reassurance was given by Representatives that this was not a 'hard stop'. Although the notice period was 12 months, support would continue after this date as commissioning a new service would take time.

The Chair requested that the Committee be updated in the future with regards to what is working well and any queries and concerns. Members echoed that familiar faces were key and were pleased to see that the service would not end until an alternative service was put in place.

A query was raised with regards to the respite provision for those with SEND, particularly those aged between 18-25 and asked what was in place to protect those in this transition period. It was explained that this piece of engagement work was around the respite provision at Bankfields court and Aysgarth in particular. A wider piece of work around respite in general was needed to look at this issue as a whole across the Tees Valley. It was acknowledged there is a lack of resources during this transition period for young people and that any change in provision would take time.

Concerns were raised about the impact on carers and their mental health and reference was made to the most recent CQC report. It was agreed that the CQC report would be circulated to Members.

In response to concerns regarding the current state of respite provision it was explained that due to ongoing challenges and the introduction of new standards there was a need to re-evaluate this service and that keeping families at the heart of this was key. This process was to enable continuous improvement across all areas. The Trust expressed the view that working with families and the voluntary sector was key to getting this right.

The Chair commented that there was a need to move things forward with the consultation and expressed his thanks to the Representatives for the update.

Decision

- (i) The content of the presentation was noted as well as the position and rationale for change.
- (i) The CQC report from October 2023 be circulated to Members.
- (ii) Respite service engagement findings, solutions and outcomes be brought back to the Committee at a later date.

9. TEWV Community Mental Health Transformation Update *(Representatives from TEWV and Hartlepower Community Trust)*

A presentation was provided to the Committee to outline the Community Transformation Model. Background was provided with regards to the launch of the community mental health framework in 2019, aimed at redesigning services and creating a mental health service aligned with Primary Care Networks, Local Authorities and the Voluntary Care Sector.

The Community Transformation model is designed to remove barriers to people accessing support. Based on the 'I thrive' framework and supported by Care Navigators the model focuses on:

- Getting advice and keeping well through local community support and accessing online support.
- Getting help via GP practices / community hubs and improving physical health.
- Accessing treatment and Intervention Services.

Those accessing help and support can move between services and the guiding principles include 'no wrong door to get help'. This Model has been rolled out across the 5 Tees Valley Local Authorities and reference was made to the different improvement workstreams as detailed in the presentation.

It was highlighted to Members the commitment in ensuring the model responds to what people want and that patient voice was central to designing services. This process had been supported by Healthwatch.

Part of this work included developing roles in Primary Care. It was noted that the Primary Care Network model has been successfully delivered and that only 2% of those accessing the service were stepped up into secondary care services.

A Representative from Hartlepower Community Trust advised they were pleased to be working alongside TEWV to develop new ways of supporting adults experiencing emotional distress. This is a move away from the medical model in understanding mental health and instead focuses on the social issues associated with emotional distress. Investment funding had meant that more people can now get their social, emotional and medical

needs met in the community. This model places an emphasis on partnership working and building collaborative working relationships. The 'weekly huddle' was an example of services coming together.

In the discussion that followed reference was made to the 111 service being utilised for accessing help and support with mental health and a query was raised regarding the number of people accessing the service. It was advised that accessing the 111 service for mental health support had now been rolled out nationally and that further communications would be circulated about this. It was advised the demand for this service was high and that an update with regards to this service could be brought back to a future Committee meeting.

A query was raised in relation to the care navigators and their background. Members were advised that care navigators were recruited from a range of backgrounds and experience, some with lived experience. A peer support service was also identified for development.

Members asked about the data in relation to only 2% of people being stepped up to secondary care services. It was advised that all other service users had their needs met through other routes such as accessing talking therapies. Members went on to ask about the data relating to footfall and improvement to patient flow. The TEWV Representative commented that previously it had taken a long time to wait for specific assessments and that this had now changed because of this service. People were now being filtered to the best service to meet their needs and this was not always mental health services. Access to help and support was now much quicker.

A Member asked why GP services were not included in the 'Getting advice and keeping well section' of the Model. It was agreed that GP services were an essential part of this process. Mental health services were now in GP practices and all reception staff had been trained on this system wide offer.

Members welcomed the Model and thanked Representatives for their presentation.

Decision

- (i) The content of the presentation was noted.
- (ii) An update would be provided to the Committee at later date with regards the pilot for use of the 111 service to access mental health support.

10. Community Diagnostics Centre – Update (*Director of Transformation – NT&HFT*)

An update was provided to the Committee in relation to the progress of the Community Diagnostic Centre (CDC) Hub being built on the Stockton site, and the Spoke sites at Hartlepool Hospital, Friarage Hospital and Redcar Primary Care Hospital. The aims and the objectives of the CDC Hub and Spoke Sites were detailed within the presentation.

In the discussion that followed the issue of staffing and IT systems were explored. It was noted that staff have taken part in visits to the site in Stockton and being involved in the development of this site. The aim was to also attract people who want a career in diagnostics. Members queried the key risks associated with the work force and it was highlighted that some service areas were difficult to recruit to. Measures being taken to manage this included the use of apprenticeships to 'grow our own' workforce and that further recruitment and training was underway. A key development of the CDC Hub was working towards the use of one IT system. It was anticipated that within the coming months the IT system will be a 'cross over system' between sites. The CDC Hub at the Stockton site was waiting on an electricity supply and then the installation of equipment could begin. A possible site visit by Committee Members was discussed.

Improvements to cancer pathways were also discussed and examples were given with regards to this. There was limited capacity to have outpatient services working from the Stockton site however, moving some services out of the acute hospitals would free up space.

Questions arose from the presentation including the provision of children's services. It was advised that children services would remain unchanged and that not every service would be transferred to the CDC Hub site.

A question was raised with regards to the use of Artificial Intelligence (AI) and Members were advised that this was largely used as a reporting tool and not a diagnostic tool however, some AI packages were being trialled across the region.

Further queries were raised regarding IT packages. Information was provided in terms of the end goal to have 1 integrated IT system and that steps to complete this would take place over the coming months.

The issue of renewable energy was also highlighted, and it was advised that this site would be taking green energy into account.

A question was raised about whether there were plans for a CDC Hub in Darlington. Representatives advised that this site was unable to be replicated everywhere but that patient flow across the Tees Valley had been explored as well as travel issues. Colleagues in Country Durham had enhanced their diagnostic service and also invested in the Bishop Auckland site.

Members thanks Representatives for their update and welcomed the changes to the diagnostics process for the Tees Valley.

Decision

- i) The presentation was noted.
- ii) That a CDC Hub site visit be considered by the Committee.

11. Work Programme for 2024/2025

The Work programme for 2024/25 was discussed and further items were identified for inclusion including –

- Hospital Discharge services and unhealthy home environments.
- Feedback from the use of 111 service for support with mental health.
- Respite engagement findings, solutions and outcomes.
- An update from CAMHS with regards to waiting times for assessment and diagnosis including ADHD and Autism.
- Vaping in young people.
- Social Prescribing.
- New Home builds and the stretch on health services.

Decision

- (i) Further items identified to be considered for the work programme for 2024/25 and discussed at the next Committee.
- (ii) Information be circulated with regards to Stockton Borough Council's Scrutiny Review of Hospital Discharge.

12. Any Other Items which the Chairman Considers are Urgent

None.

The meeting concluded at 12.50pm.

CHAIR