



**DARLINGTON**

Borough Council

# Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 26 February 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 :-
  - (a) 8 January 2025 (Pages 3 - 6)
  - (b) 15 January 2025 (Pages 7 - 12)
4. Darlington Physical Activity Strategy 2025-2035 –  
Report of the Assistant Director, Community Services  
(Pages 13 - 44)
5. NHS Dental Services –  
Presentation by the Strategic Head of Dental Contracting (Primary Care), North East and  
North Cumbria Integrated Care Board and Consultant in Dental Public Health, NHS  
England – North East and Yorkshire  
(Pages 45 - 60)
6. Primary Medical Care and General Practice Access –  
Presentation by the Strategic Head of Primary Care (Tees Valley), North East and North  
Cumbria Integrated Care Board

(Pages 61 - 90)

7. Work Programme –  
Report of the Assistant Director Law and Governance  
(Pages 91 - 106)
8. Regional Health Scrutiny (Pages 107 - 114)
9. 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.
10. Questions



**Luke Swinhoe**  
**Assistant Director Law and Governance**

**Tuesday, 18 February 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](mailto:hannah.miller@darlington.gov.uk) or telephone 01325 405801

## HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 8 January 2025

**PRESENT** – Councillors Layton (Chair), Baker, Beckett, Crudass, Holroyd, Johnson and Mrs Scott

**ABSENT** – Councillors Mahmud and Pease

**ALSO IN ATTENDANCE** – Councillor Roche

**OFFICERS IN ATTENDANCE** – Brett Nielsen (Assistant Director Resources), Lorraine Hughes (Director of Public Health), Christine Shields (Assistant Director Commissioning, Performance and Transformation), Anthony Sandys (Assistant Director - Housing and Revenues), Claire Gardner-Queen (Head of Housing), Margaret Enstone (Sustainability and Climate Change Lead Officer) and Hannah Miller (Democratic Officer)

### HH28 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

### HH29 MEDIUM TERM FINANCIAL PLAN 2025/26 - 2028/29

The Assistant Director, Resources, submitted a report (previously circulated), requesting that consideration be given to the Medium Term Financial Plan (MTFP) for 2025/26 to 2028/29.

The submitted report stated that the MTFP had been agreed by Cabinet on 3 December 2024 as the basis for consultation, and Members were asked to consider the MTFP, in particular those services and finances within the remit of this Scrutiny Committee, and forward any views to a Special Meeting of the Economy and Resources Scrutiny Committee, to be held on 20 January 2025, for consideration.

It was reported that the Economy and Resources Scrutiny Committee would then agree a formal response to Cabinet on behalf of all the Scrutiny Committees, as part of the consultation process. A briefing was delivered to Members on 11 December 2024.

The Assistant Director, Resources informed Members that since the MTFP had been published for consultation, the Council had received notification of the draft financial settlement for 2025/26. The key headlines were outlined, with Members noting that whilst the estimated income was circa. 2m better than expected for 2025/26, there still remained a number of pressures and uncertainties.

Members raised concerns regarding their ability to agree the MTFP given the changes following the draft financial settlement; Members were informed that the MTFP would be updated prior to Cabinet on 4 February 2025.

Discussion ensued regarding the impact of National Insurance contribution increases on health service providers, noting that all services providers would be impacted by this increase as there was no specific funding for this going forward. Members were informed that the Council would be reviewing the sustainability of provisions; and following a

suggestion by a Member for more in-house services, Members were informed that the Council regularly reviewed costs of in-house and external providers as part of the tender process. Members also noted the intentions of Housing Services to purchase properties for use as temporary accommodation.

Reference was made to the income generated by the proposed increase in car parking tariffs which would support a range of other services. Members suggested that this be publicised more widely to help mitigate negativity surrounding the increase in the tariffs. Members entered into a discussion regarding the savings generated by the back office, in particular staff vacancies.

Clarification was sought regarding the funding for concessionary fares and Tees Valley Combined Authority funding. A number of suggestions were also raised, including the potential for a review of council tax banding, request for additional funding from the Tees Valley Combined Authority for sustainable transport and increased residents permit parking charges and locations. Members were informed that a review of residential parking locations was due to be undertaken in the Spring.

**RESOLVED** – (a) That this Scrutiny Committee support the MTFP 2025/26 based on the information available at this meeting.

(b) That the Chair of this meeting, in consultation with the Lead Scrutiny Officers supporting this Scrutiny Committee, be given authority to agree the Minutes of this Special Meeting of the Scrutiny Committee, in order to enable the Minutes to be considered at a Special Meeting of the Economy and Resources Scrutiny Committee, scheduled to be held on 20 January 2025.

### **HH30 CLIMATE CHANGE**

The Cabinet Member with Portfolio for Economy submitted a report (previously circulated) requesting that consideration be given to the revised briefing note for Scrutiny Committees drafted by the Sustainability and Climate Change Lead Officer, in relation to the Council's commitment to tackling climate change.

The submitted report stated that, following the Local Government elections in 2023, the Climate Emergency Declaration was re-affirmed, and the Council's carbon neutral target was brought forward to 2040. Further aims to increase engagement with residents and businesses were included with the intention of reducing wider borough emissions; and a further commitment to monitor the Council's supply chain of emissions was also added.

It was reported that a revised briefing note (also previously circulated) had been drafted by the Sustainability and Climate Change Lead Officer, reminding Members that tackling climate change was a shared responsibility; was deeply connected to other policy issues and local action was necessary for sustainable solutions; and that Scrutiny had a critical role to play in these cross-cutting issues.

It was also reported that climate change as a stand-alone issue sat within the remit of the Economy and Resources Scrutiny Committee, however everything that the Council did either had an impact on, or was impacted by, climate change, so it was important that all Scrutiny

Committees ensure that everything that came before them had considered this.

Members suggested that external organisations also be encouraged to include climate considerations in any updates provided to this committee.

**RESOLVED** – (a) That the advice and guidance provided by Sustainability and Climate Change Lead Officer in the revised briefing note be noted.

(b) That the questions outlined in the revised briefing note appear as an appendix to our Agenda, and form part of any submitted Quad of Aims, to ensure that these questions remain in the forefront of Members' mind when scrutinising reports.

(c) That all internal reports coming to this Committee have a small section at the end of each report entitled 'Climate Considerations', with a brief note about any considerations which have been given, where appropriate (This can come with the qualification that the staff within the department are not qualified in climate action).

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## HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 15 January 2025

**PRESENT** – Councillors Layton (Chair), Baker, Beckett, Holroyd, Johnson, Mahmud, Pease and Mrs Scott

**APOLOGIES** – Councillor Crudass

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

**OFFICERS IN ATTENDANCE** – Lorraine Hughes (Director of Public Health), Anthony Sandys (Assistant Director - Housing and Revenues), Claire Gardner-Queen (Head of Housing), Janette McMain (Housing Manager - Options and Lifeline), Lisa Soderman (Head of Leisure), Leanne McCrindle (Head of Quality Governance and Compliance) and Hannah Miller (Democratic Officer)

### HH31 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

### HH32 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 23 OCTOBER 2024

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 23 October 2024.

**RESOLVED** – That the Minutes of the meeting of this Scrutiny Committee held on 23 October 2024 be approved as a correct record.

### HH33 HOUSING REVENUE ACCOUNT - MEDIUM TERM FINANCIAL PLAN 2025/26 TO 2028/29

The Assistant Director – Housing and Revenues submitted a report (previously circulated) requesting that consideration be given to the Housing Revenue Account (HRA) – Medium Term Financial Plan (MTFP) for 2025-26 to 2028-29 (also previously circulated) prior to recommendation by Cabinet on 4 February 2025 and Council on 20 February 2025.

The Assistant Director Housing and Revenues provided an update on the key decisions within the HRA for 2025-26 which included a proposed revenue expenditure of £30.186M, a proposed Capital Programme of £30.092M and a proposed weekly rent increase of 2.7 per cent.

It was reported that Councils had the discretion to inflate rents by CPI plus 1 per cent, which would mean a rent increase of 2.7 per cent for 2025-26. Members were reminded that a 6.7 per cent increase was agreed in February 2024 for the current financial year, although rents could have been increased to 7.7 per cent.

Considering the current economic pressures faced by tenants and balancing this with increased costs of maintaining and improving Council housing and the need to deliver the Councils ambitious capital and energy efficiency programmes, an increase of 2.7 per cent was

recommended which equated to an average £2.81 increase in weekly rents. Members were also informed that Cabinet also recommended that service charges be increased by an appropriate inflationary amount.

A presentation accompanied the report, outlining the consultation exercise undertaken with Darlington Borough Council tenants in relation to the proposed rent charges for 2025/2026.

Discussion ensued regarding the use of text messages as means of communicating with tenants, which has seen an increase in responses from tenants; following concerns regarding those struggling to pay rent, Members were informed that there was a range of mechanisms in place to support those tenants, including the tenancy sustainment team; and there was acknowledgment for the need for improved community engagement.

Discussion also ensued regarding the budget for responsive repairs and maintenance and roofing repairs and clarity was sought in relation to lifeline services.

**RESOLVED** – That this Scrutiny Committee supports the average weekly rent increase of 2.7 per cent for 2025/26, increases to the garage rents and services charges, the revenue budget, Housing Business Plan and capital programme, as appended to the submitted report.

#### **HH34 PREVENTING HOMELESSNESS AND ROUGH SLEEPING STRATEGY 2025-2030**

The Assistant Director – Housing and Revenues submitted a report (previously circulated) requesting that consideration be given to the draft Preventing Homelessness and Rough Sleeping Strategy 2025-2030 (also previously circulated) prior to approval by Cabinet on 4 March 2025.

The submitted report stated that 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; and the Council's 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.

It was reported that 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; and that 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.

Members noted that the strategy had 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; that it aimed to be a document that was owned by partners and the people of Darlington; and reference was made to the long term vision and the six co-produced key priority areas to achieve this vision. Members also noted the action plan contained within the strategy, setting out key actions to deliver the



six priority areas.

Details were also provided of the Council's statutory homeless duties and figures for increases in homelessness and costs.

Discussion ensued regarding the increase in homeless presentation, in particular for those leaving hospital/prison. Members were informed that the housing team worked closely with Darlington Memorial Hospital, attended discharge meetings and had a presence at West Park, to ensure that support was provided to those being discharged; and Members requested that the figures for hospital/prison be separated. Members queried those required to leave asylum seeker accommodation and noted that overall the number of asylum seekers housed in Darlington was low.

Discussion also ensued regarding 'sofa surfers'; and those presenting homeless due to their property no longer being suitable due to ill health, noting the actions taken for these presentations.

**RESOLVED** – (a) That this Scrutiny Committee agrees to the onward submission of the draft Preventing Homelessness and Rough Sleeping Strategy 2025-2030 to Cabinet.

(b) That the Preventing Homelessness and Rough Sleeping Strategy 2025-2030 be reviewed by this Scrutiny Committee on an annual basis.

### **HH35 PERFORMANCE INDICATORS QUARTER 2 - 2024/25**

The Assistant Director – Housing and Revenues, Assistant Director – Community Services and Director of Public Health submitted a report (previously circulated) providing Members with performance data against key performance indicators for Quarter 2 2024/25.

It was reported that 36 indicators were reported to this Scrutiny Committee, nine are updated on a six-monthly basis and twenty seven annually, with annual indicators updated throughout the year. Members were informed that there were six Housing and Culture indicators and twenty four Public Health indicators.

At Quarter 2, data was available for nine of the twelve Housing and Culture indicators. It was noted that seven of the nine indicators were showing performance better than from when last reported and two were showing performance not as good as when last reported.

In relation to Public Health indicators it was reported that twelve annual indicators had been updated since Quarter 4 2023/24 and that nine of the twelve indicators were showing performance better than from when last reported, two were showing performance not as good as when last reported and one was showing performance that remained the same.

Particular discussion ensued regarding PBH 046 - percentage of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five-year period, which had seen a decline. Members were informed that whilst there had been a decline, Darlington was statistically better than the North East and England. However there would be a focus on targeted action to increase uptake in areas of the Borough where health outcomes were poorest. Whilst this might reduce overall uptake it was important to take such action to reduce health inequalities.

Members raised concern and requested more details regarding PBH 024 - Hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years and PBH 026 - Hospital admissions caused by unintentional and deliberate injuries in children aged under 15 years. Members were informed that an audit and mapping exercise was underway and the outcome and recommendations from the work could be shared with Members once available.

Members requested further details of the school toothbrushing scheme and noted that a Children and Young People Health and Wellbeing conference was scheduled for 11 February and included an agenda item on oral health; it was suggested that Members receive an update on the conference once this had been held.

The Director of Public Health requested that Members give consideration to the removal of the performance indicator 'PBH052 - (PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS' from the set of indicators as this data was not available to the public health team and as such could not easily be updated.

**RESOLVED** – (a) That the submitted report be noted.

(b) That Members receive an update on the audit and mapping exercise being undertaken in relation to hospital admissions caused by unintentional and deliberate injuries in children.

(c) That Members be provided with figures for the school toothbrushing scheme.

(d) That the Performance Indicator PBH052 - (PHOF D10) Adjusted antibiotic prescribing in primary care by the NHS be removed from the set of indicators for this Scrutiny Committee and that any future updates be provided by the Integrated Care Board.

### **HH36 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT UPDATE**

The Associate Director of Quality Governance, Compliance and Quality Data, Tees, Esk and Wear Valley NHS Foundation Trust submitted a report (previously circulated) outlining progress on the Trust's Quality Account Quality Priorities for 2024/25, including key updates on delivery of the established measures. A presentation (also previously circulated) accompanied the report.

It was reported that in April 2024, the Trust's Quality Assurance Committee endorsed a new approach to development of the Quality Priorities whereby the priorities were co-created and led by people with lived experience; and that this approach enabled the voice of service users, relatives and carers to be at the heart of quality improvement across the organisation.

The three key priorities for 2024/25, Promoting education using lived experience, Relapse prevention and Improving personalisation in urgent care were outlined; Members were informed of the measures developed to deliver the priorities; and welcomed key updates for the priorities.

The Director of Public Health reminded Members that self-harm and suicide was a health and wellbeing key priority, highlighting that Darlington had the highest suicide rate in England. National data available indicated that 27 per cent of people who lost their lives to suicide were known to mental health services, and it was important to understand the local picture.

Discussion ensued regarding relapse prevention and support for those on the waiting list for services. Members were assured that the Trust had seen an improvement in wait times; that all patients received an initial assessment, ongoing assessments of their risks and a keeping in touch service was in place; and that work was continuing to reduce waiting lists. Following a request, it was agreed that training provided by the Lived Experience Directors and Involvement Team as a percentage of all staff could be provided.

Following a question in relation to quality priority 2 and service users with limited support, Members were informed that the Trust had a multidisciplinary approach, working closely with a range of other agencies; that families of patients have had direct input into policies developed by the Trust; and that for those patients without family, with a patients consent, the Trust would engage with friends. Members noted in addition, an advocacy service was available to patients.

**RESOLVED** – That the Trust’s progress with the Quality Priorities measures for 2024/25 be noted.

### **HH37 WORK PROGRAMME**

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

Discussion ensued on the current work programme and it was suggested that Members receive an update on hospital admissions for non-accidental injury as part of the item ‘Chronic illness and preventative measures’, following the completion of the audit and mapping exercise that was being undertaken.

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

### **HH38 HEALTH AND WELLBEING BOARD**

It was reported that the Board last met on 5 December 2024 and that the next meeting of the Board was scheduled for 13 March 2025. The Cabinet Member for Health and Housing informed Members that the Health and Wellbeing Strategy had been approved and the focus of the next meeting would be the implementation of the strategy.

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

### **HH39 REGIONAL HEALTH SCRUTINY**

The Tees Valley Joint Health Scrutiny Committee last met on 9 January 2025 and the next meeting of the Tees Valley Joint Health Scrutiny Committee was scheduled for 13 March 2025. The Vice Chair informed Members that the last meeting included updates on respite care for adults with a learning disability and North East Ambulance Service performance update.

**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.

#### **HH40 QUESTIONS**

A Member raised concerns regarding the uptake for the flu and covid vaccinations and requested figures for Darlington, including Local Authority staff. The Director of Public Health advised that whilst the uptake for the flu vaccination had been satisfactory, the uptake for the covid vaccination was low on a local, regional and national level; and Members noted that specific work was being undertaken to improve vaccination rates for Care Homes staff.

**RESOLVED** – That Members be provided with figures for flu and covid vaccination uptake in Darlington, including Local Authority staff.

**HEALTH AND HOUSING SCRUTINY COMMITTEE  
26 FEBRUARY 2025**

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**DARLINGTON PHYSICAL ACTIVITY STRATEGY 2025-2035**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To update members on the outcome of the review of Darlington's Physical Activity Strategy, due for renewal in 2025.
2. The Darlington Physical Activity Strategy 2025-2035 was approved by the Health and Wellbeing Board on 5 December 2024 and is attached at **Appendix 1**.

**Summary**

3. The purpose of Darlington's Physical Activity Strategy is to improve participation and engagement in sport and physical activity.
4. It is one of the key delivery strategies to support the Council Plan and the timing of this review has been intentional to ensure the objectives align with the Council's priorities.
5. A further review will also be carried out in tandem with the Council Plan review in 2027 to adjust and realign the content of the strategy, if required.

**Recommendation**

6. It is recommended that:
  - (a) Members review and consider the renewed strategy for 2025-2035.

**Ian Thompson  
Assistant Director - Community Services**

**Background Papers**

- i. Darlington Physical Activity Strategy 2025-2035
- ii. Eight Investments That Work for Physical Activity (International Society for Physical Activity and Health)
- iii. Uniting the Movement Strategy (Sport England)

Author: Lisa Soderman  
Ext: 6985

Council Plan	This report supports the Council Plan priorities of Living Well and Tackling Climate Change.
Addressing inequalities	The strategy provides a detailed action plan.
Tackling Climate Change	There is an action plan around transport, and sustainable travel.
Efficient and effective use of resources	In the development and delivery of the strategy and action plan, the efficient and effective use of resources is key to ensure maximum benefits are achieved.
Health and Wellbeing	This proposed collaborative project will provide improvements for health and wellbeing of residents with prevention and management of a multitude of health conditions.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	There is no impact on the Council's Budget and Policy Framework.
Key Decision	No
Urgent Decision	No
Impact on Looked After Children and Care Leavers	Looked After Children and Care Leavers routinely receive support related to health and wellbeing, including the Local Offer to Care Leavers, which includes free access to the Council's leisure services. A key aim of Darlington's Physical Activity Strategy 2025-2035 is to ensure our education system gives young people an active learning experience to establish lifelong healthy habits.

## MAIN REPORT

### Information and Analysis

7. National data shows that every year leading an active lifestyle prevents 900,000 cases of diabetes and 93,000 cases of dementia (the leading cause of death in the UK) – a combined saving of £7.1 billion to the UK economy. Around 1 in 3 men and 1 in 2 women are not achieving recommended levels of activity for good health.
8. The most recent Darlington data (November 22/23) shows that in Darlington we have 19.7% of adults who are being active for more than 150 minutes per week, with higher participation rates than our regional neighbours and national benchmarks. However, we also have 18.1% of our population who are inactive; not doing any physical activity at all. This is lower than our regional neighbours but higher than the national average. As per the UK Chief Medical Officer's guidelines, adults should be aiming for 150 minutes of moderate activity per week.
9. Public Health and Leisure Services agreed a collaborative review of the Physical Activity Strategy to respond to changes in environments and behaviours which has been amplified following the pandemic.
10. Self-assessment was conducted using the 'Eight Investments That Work for Physical Activity' produced by the International Society for Physical Activity & Health. Eight themes were used to complete the self-assessment, including:
  - (a) Whole of School Programmes
  - (b) Community Wide Programmes
  - (c) Workplaces
  - (d) Active Travel
  - (e) Sport and Recreation for All
  - (f) Active Urban Design
  - (g) Healthcare
  - (h) Public Education and Mass Media
11. A roadshow of consultation workshops covering these themes took place in 2023/2024 with over 100 stakeholders invited alongside public consultation that generated feedback from 332 residents. In collaboration with an assigned Public Health Consultant, the outcomes of the workshops have been translated into an action plan for Darlington, which details actions ranging from short, medium and long-term.
12. Sport England's 'Uniting the Movement Strategy' has also influenced the action plan, which aligns to the priorities set in the Council Plan and the objectives of the Health and Wellbeing Strategy.

### Climate Considerations

13. Darlington Physical Activity Strategy 2025-2035 includes an action plan focussed on active travel, which features as a running theme through other action plans contained within the strategy, including workplace health, public education and mass media.

The draft action plans are comprised of high-level actions. Steering groups will develop these into detailed plans and will be encouraged to consider climate considerations as an ongoing agenda item.





**Darlington  
Physical Activity Strategy  
2025 - 2035**

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# Foreword

Physical activity is critical for promoting good health. It improves wellbeing and the number of years that people can live healthily. Our Darlington Physical Activity strategy 2025 - 2035 sets out our ambitions for those who live, work and visit Darlington to have access and support to engage in appropriate physical activity that promotes better health and wellbeing. I would like to thank everyone that took part in the consultation and helped develop it.

The strategy has been put together after 10 plus years during which inequalities across our communities have worsened. The inequality in life expectancy between the best and worst areas across Darlington is 10.6 years for women and 13 years for men. This strategy will support the Council and other organisations in addressing rising inequalities in our communities at a time of financial challenge. It is important that this strategy acknowledges this.

So, there is no quick fix but with the right values and commitment we will help more people across our communities to access physical activity, give them the freedom to get moving and the opportunity to stay healthy for longer.

**Cllr Matthew Roche**

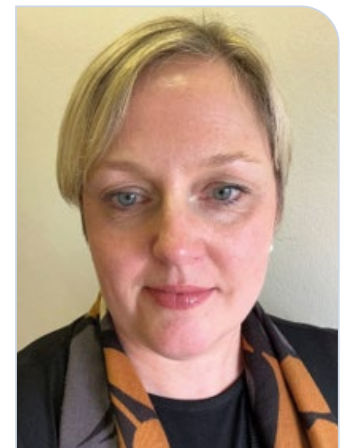
Darlington Borough Council Cabinet Portfolio Holder for Health and Housing



In September 2022, the Association of Directors of Public Health North East approved the sponsorship of a regional programme of Sector Led Improvement (SLI) for physical activity. With the support of national funding from the Office of Health Improvement and Disparities (OHID) the regional programme included the development of a self-assessment tool, based upon the 'Eight Investments That Work for Physical Activity' developed by the International Society for Physical Activity and Health.

The 8 themes within the self-assessment tool are set out below:

Workplaces	Healthcare
Sport and Recreation for All	Community Wide Physical Activity
Schools	Active Travel
Urban Design	Public Education and Mass Media



Darlington engaged with the SLI programme, carrying out a large-scale consultation across sectors. The outputs of the consultation have been used to inform the development of this Physical Activity Strategy, utilising the framework of the Eight Investments. More information on this process can be found in appendix 2.

I welcome the development of this Physical Activity Strategy, as we know being physically active has huge benefits for people. This of course includes the many physical benefits gained from becoming more active, including preventing and managing long term health conditions, whilst also supporting people to age well and maintain their independence for longer. Physical activity also has benefits for a person's mental health and wellbeing including socialising and meeting new people, managing stress, improving mood, helping with sleep and connecting with nature and the outdoors.

Encouraging and providing opportunities for everyone in Darlington to be more active, whether that is through day-to-day activities, promoting active travel or taking part in formal sessions or a sport they enjoy, will make a big difference in supporting good health and wellbeing for all.

**Lorraine Hughes**

Darlington Borough Council Director of Public Health

# Our Plan for Darlington

Darlington is a vibrant town, with thriving communities and a lively town centre. It is a great place to live, work, learn and have fun.

We believe physical activity has a big role to play in improving the physical and mental health of our town, supporting the economy, reconnecting communities and rebuilding a stronger society for all.

The Council Plan illustrated below outlines the councils long-term ambitions for Darlington and its priorities over the next three years (2024-2027). It gives strategic direction to the council and council services making clear what we will do and how we will do it. Darlington Physical Activity Strategy describes our approach to help meet the ambitions and priorities for health and wellbeing.

## Core Principles

Addressing inequalities

Efficient and effective use of resources

Tackling climate change

## Vision for the Borough

Darlington is one of the best places to live, learn, work and invest in the UK, with a strong and sustainable economy, healthy thriving communities and opportunities for all

## Our Ambitions

Inclusive and sustainable economy

Living well and staying healthy

Thriving places and connected communities

## Our Priorities

<b>Economy</b>  A strong sustainable economy and highly skilled workforce with opportunities for all	<b>Homes</b>  Affordable and secure homes that meet the current and future needs of residents	<b>Living Well</b>  A healthier and better quality of life for longer, supporting those who need it most	<b>Children and Young People</b>  The best start in life, realising potential and raising aspirations	<b>Communities</b>  Safer, healthier, and more engaged communities	<b>Local Environment</b>  A well-connected, clean and sustainable borough
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## Our Approach

Collaborate and work in partnership

Data driven and intelligence led

Embed core principles in decision-making

Deliver through key strategies and plans

Model our core values in our work and behaviours

Share key challenges and celebrate success



# What are the benefits of physical activity

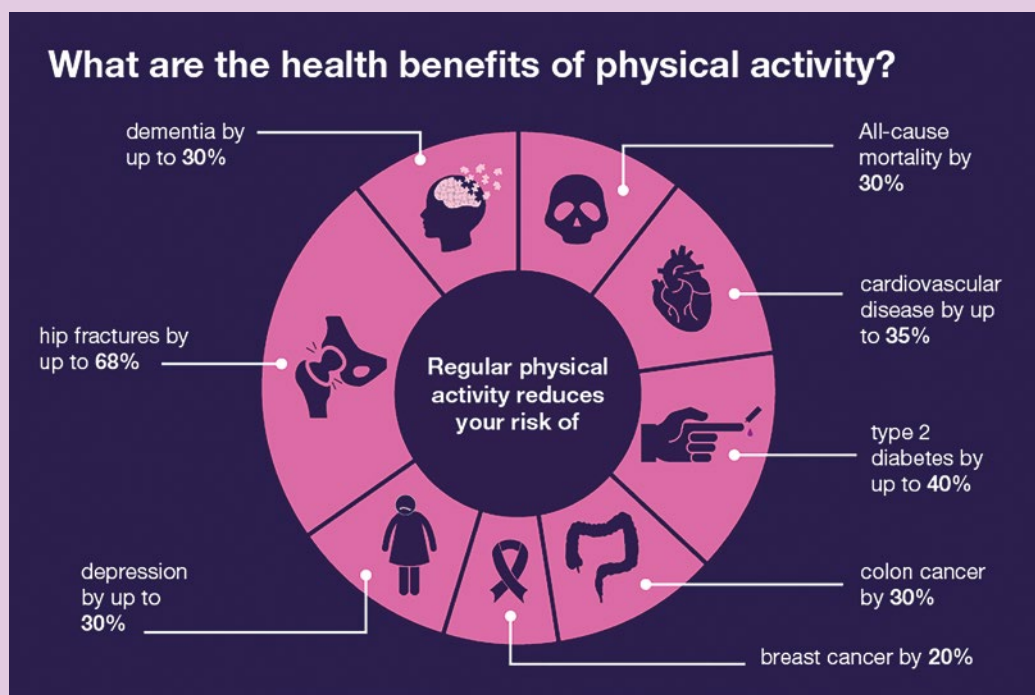
## The World Health Organisation defines physical activity as:

“Any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity refers to all movement including during leisure time, for transport to get to and from places, or as part of a person’s work or domestic activities.”

## Movement has astonishing benefits for our physical health (Sport England 2023)

When we’re young, being active helps our bodies develop properly, with a strong heart, healthy bones, muscles and brain development.

As we get older, regular exercise reduces our risk of illness - from heart disease, stroke, colon and breast cancer to obesity and osteoporosis, among other conditions. Every year, leading an active lifestyle prevents 900,000 cases of diabetes and 93,000 cases of dementia (the leading cause of death in the UK) – a combined saving of £7.1 billion to the UK economy.



## Movement makes us happier (Sport England 2023)

The evidence shows that people who get active have greater levels of happiness, life satisfaction and feeling worthwhile. They’re also less likely to feel anxious. For many of us, this is thanks to the social interaction involved in sport and activity – as we meet and make new friends and share uplifting moments together, whether playing a game in a park, or being part of a team in a local league – while for others it’s about discovering a greater sense of self-worth and resilience, or a combination of these and other positive factors.

When researchers at Sheffield Hallam University valued the role of sport and physical activity to the nation’s wellbeing, they calculated it as £42bn per year – more than three times the total NHS spending on mental health in England.

Guidance on physical activity levels is captured in the images below (as of Autumn 2024). Full information can be found in Appendix 3.

### Physical activity for early years (birth – 5 years)

Active children are healthy, happy, school ready and sleep better

- BUILDS RELATIONSHIPS & SOCIAL SKILLS
- IMPROVES SLEEP
- MAINTAINS HEALTH & WEIGHT
- DEVELOPS MUSCLES & BONES
- CONTRIBUTES TO BRAIN DEVELOPMENT & LEARNING
- ENCOURAGES MOVEMENT & CO-ORDINATION

#### Every movement counts

**Aim for at least 180 Minutes per day for children 1-5 years**

**Under-1s** at least 30 minutes across the day

- PLAYGROUND
- JUMP
- CLIMB
- MESSY PLAY
- THROW/CATCH
- SKIP
- OBJECT PLAY
- DANCE
- GAMES
- PLAY
- TUMMY TIME
- SWIM
- WALK
- SCOOT
- BIKE

**Get Strong. Move More. Break up inactivity**

### Physical activity for children and young people (5 – 18 Years)

- BUILDS CONFIDENCE & SOCIAL SKILLS
- DEVELOPS CO-ORDINATION
- IMPROVES CONCENTRATION & LEARNING
- STRENGTHENS MUSCLES & BONES
- IMPROVES HEALTH & FITNESS
- MAINTAINS HEALTHY WEIGHT
- IMPROVES SLEEP
- MAKES YOU FEEL GOOD

#### Be physically active

Spread activity throughout the day

**Aim for an average of at least 60 minutes per day across week**

All activities should make you breathe faster & feel warmer

- PLAY
- RUN/WALK
- BIKE
- ACTIVE TRAVEL
- SWIM
- SKATE
- SPORT
- PE
- SKIP
- CLIMB
- WORKOUT
- DANCE

**Get strong** **Move more**

**Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week**

UK Chief Medical Officers' Physical Activity Guidelines, 2019

### Physical activity for adults and older adults

- Benefits health
- Improves sleep
- Maintains healthy weight
- Manages stress
- Improves quality of life

Reduces your chance of:

- Type II Diabetes -40%
- Cardiovascular disease -35%
- Falls, depression etc. -30%
- Joint and back pain -25%
- Cancers (colon and breast) -20%

Some is good, more is better | Make a start today: it's never too late | Every minute counts

#### Be active

at least **150** minutes moderate intensity per week (increased breathing, able to talk) **OR** at least **75** minutes vigorous intensity per week (breathing fast, difficulty talking)

**Build strength** To keep muscles, bones and joints strong on at least **2** days a week

**Minimise sedentary time** Break up periods of inactivity

**Improve balance** For older adults, to reduce the chance of frailty and falls **2** days a week

UK Chief Medical Officers' Physical Activity Guidelines 2019

### Physical Activity for Disabled Adults

Make it a daily habit

- Improves mental health and quality of life
- Makes maintaining a healthy weight easier
- Makes daily tasks easier and increases independence
- Strengthens muscles and bones
- Improves fitness
- Improves mobility and balance
- Helps to prevent chronic disease
- Creates opportunities to meet new people and feel part of the community
- Physical activity makes you feel good
- Being inactive is harmful to health
- Don't be still for too long (Even a little movement is better than nothing)

Do strength and balance activities on at least two days per week

For substantial health gains aim for at least 150 minutes each week of moderate intensity activity

Remember the talk test: Can talk, but not sing = moderate intensity activity; Difficulty talking without pausing = vigorous intensity activity

UK Chief Medical Officers' Physical Activity Guidelines, 2019

# Vision

We want all Darlington residents and those visiting and working here to have access to appropriate physical activity opportunities that positively supports their health and wellbeing.

# Mission

We want to ensure that being active is a right and not a privilege, for those living, working and visiting Darlington to experience the associated benefits to their physical and mental health.

In keeping with the Chief Medical Officer's messaging on physical activity, 'Some is good, more is better', we will work together using a whole systems approach to ensure opportunities to be physically active are embedded into our systems. Physical activity will be used as a tool in prevention of poor health as well as treatment pathways.



# Aims

- To support wider strategies addressing inequalities, efficient and effective use of resources and tackling climate change.
- Embed physical activity into health care pathways as a means of prevention and treatment of ill health. Equip health care professionals to direct clients to appropriate physical activity opportunities.
- Increase public awareness and knowledge of the benefits of physical activity and how to embrace local opportunities to be more active.
- Enable incidental and purposeful physical activity as part of everyday life through best practice in workplaces and sympathetic urban policy and design.
- Celebrate and support the organisations and clubs in Darlington that already make provision for physical activity either through structured sport or recreational programmes.
- Ensure our education system gives young people an active learning experience to establish lifelong healthy habits.
- Host a variety of events that celebrate participation and success in sport and physical activity.
- We will prioritise areas of deprivation and high need with funding opportunities made available, such as the recently released Sport England place expansion funding.
- Darlington Borough Council are facing significant financial challenges. We will commit to making the most of opportunities presented through external funding and partnership working to deliver our action plan.

Our aims are led by local insight, evidence and multi-agency consultation. They will seek to impact most significantly on areas of social deprivation which currently experience some of the lowest levels of physical activity.

# Current position

Figure 1 shows the most recent (November 22/23) comparison of adult levels of physical activity across Darlington, the Tees Valley and England. The graphs show that we do have a good percentage of adults who are being active for more than 150 minutes per week, with higher participation rates than our regional neighbours and national benchmarks. However, we also have 18.1% of our population who are inactive; not doing any physical activity at all. This is lower than our regional neighbours but higher than the national average. As recommended by the Chief Medical Officer, adults should be aiming for 150 minutes of moderate activity per week.

Figure 1: **Levels of activity per week** (November 22-23)

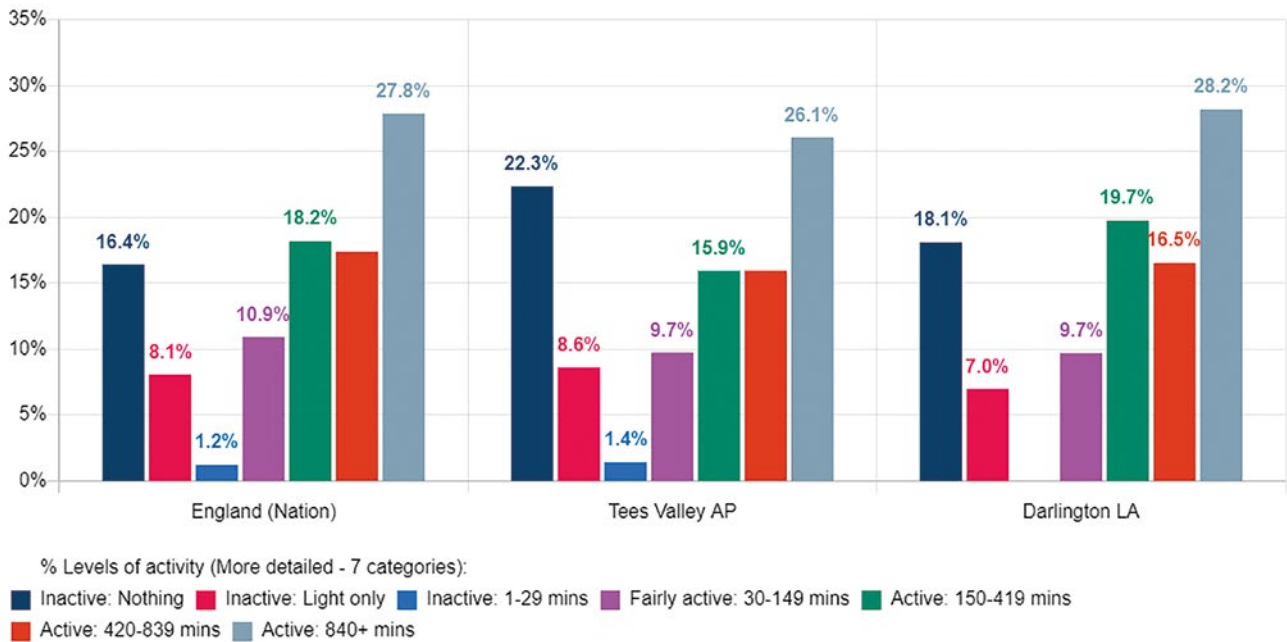
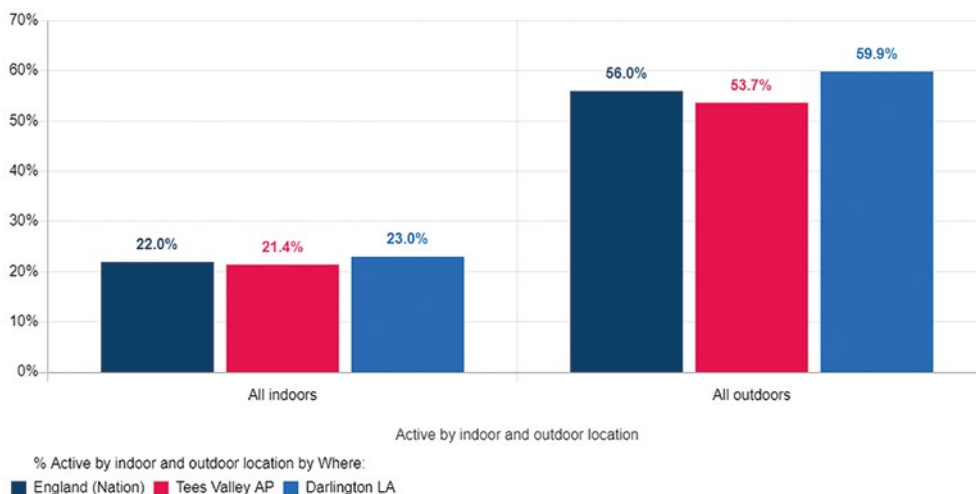


Figure 2 shows the most recent (November 22/23) comparison of the activity levels for indoor and outdoor locations across Darlington, the Tees Valley and England. Our results reflect the other areas in showing more people are active outdoors than indoors.

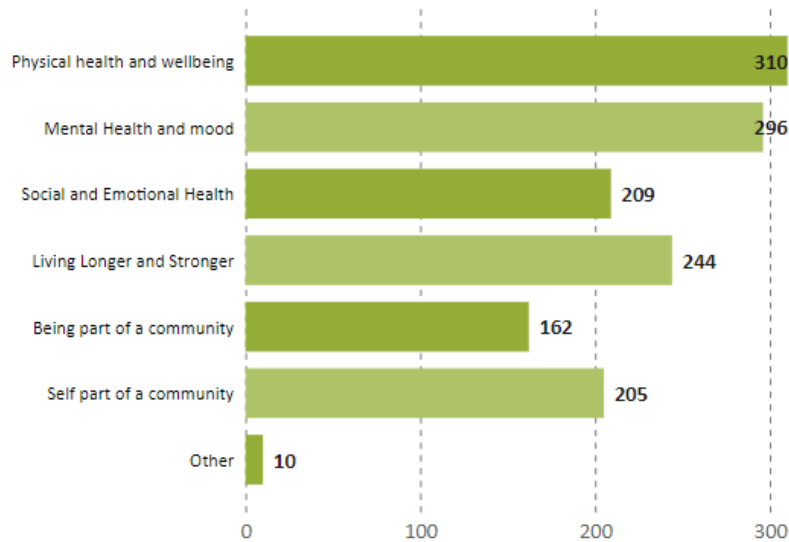
Figure 2: **Active by indoor and outdoor location** (November 22-23)



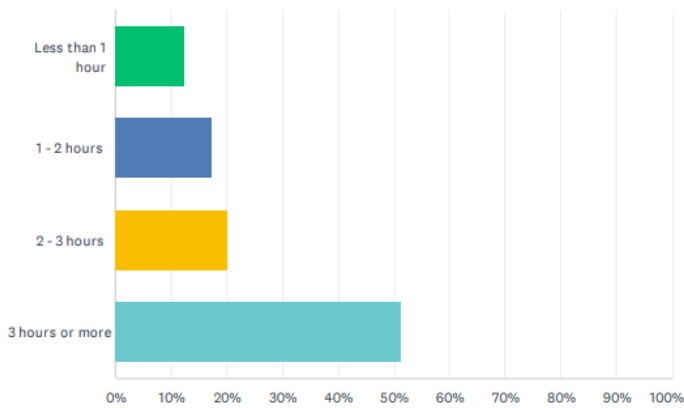
In Autumn 2023 we surveyed our residents via our communication channels to ask how active they are, why they are active and what they enjoy doing. We had 332 responses, for which we are grateful. The below images highlight and celebrate the responses.



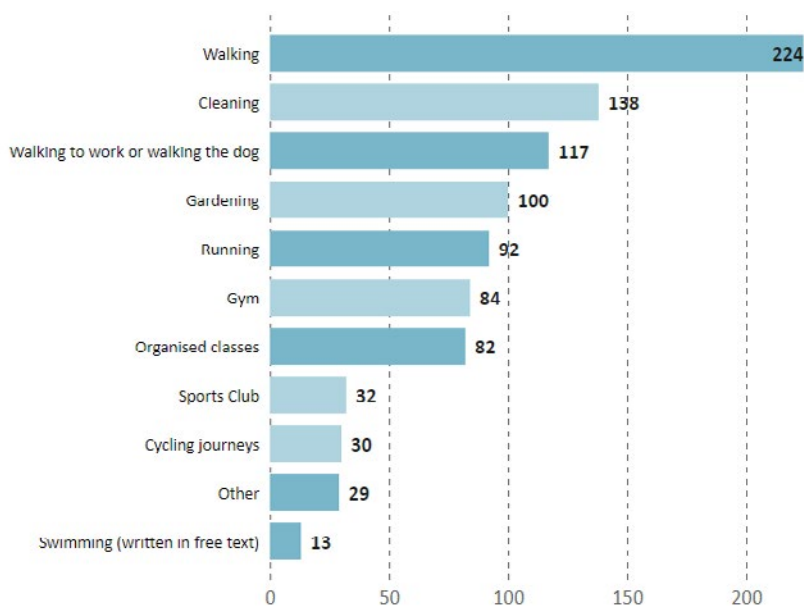
## Which of the following do you think physical activity helps with?



## How much physical activity do you do per week in hours?



## What physical activity do you do?



# Our population and assets

In Darlington we are lucky to boast an extensive number of assets that enable us to be active. The following image captures some of these. More information on this can be found on the council Move More web pages.



# What we will do

Extensive research has been carried out by Sport England online, in communities and in the Houses of Parliament to identify issues that have the greatest potential for preventing and tackling inequalities in engagement with sport and physical activities. The Five Big Issues are listed below and have influenced our delivery plan.

## Recover and reinvent

Recover from the damage of covid-19 and reinvent as a vibrant network of organisations providing sport and physical activity opportunities that meet the needs of different people.

## Connecting communities

Focusing on sport and physical activity's ability to make better places to live and bring people together.

## Positive experiences for children and young people

An unrelenting focus on positive experiences for all children and young people as the foundations for a long and healthy life.

## Connecting health and wellbeing

Strengthening the connections between sport, physical activity, health and wellbeing so more people can feel the benefits of, and advocate for an active life.

## Active environments

Creating and protecting the places and spaces that make it easier for people to be active.

# Delivery Plan

Our delivery plan is broken down into the sections from the “Eight Investments That Work for Physical Activity” (Appendix 2) as advised by the International Society for Physical Activity and Health. This is the summary of our delivery plan in the eight key areas.

## Healthcare

Working with health and social care professionals to develop their confidence in physical activity as a tool in prevention and treatment. We will do this by offering opportunities to increase their knowledge, training opportunities and ensure they are up to date with the local signposting options.

## Active Travel

Working in partnership with key stakeholders to encourage making cycling and walking the natural choice for travel. Raising awareness of opportunities within community, workplace and residential settings to encourage access, increase awareness and confidence on active travel.

## Urban Design

Our policies and plans will support equitable access to parks, local amenities and good walking and cycling infrastructure. Making being active more accessible and appealing.

## Workplaces

Provide workplaces in Darlington with advice, guidance, and examples of best practice that they can use to develop and promote an active workplace including active travel to the workplace and homeworking.

## Public Education and Mass Media

Make marketing and media a priority theme within this strategy to promote and celebrate physical activity opportunities in Darlington. Signpost clubs, community groups and voluntary groups to the resources available to them to help promote their physical activity offer.

## Sport and Recreation for all

Provide and support equitable access for the residents of Darlington to formal and informal sporting opportunities, and recreational activities within the community across the lifespan of the strategy.

## Schools

Work with all education providers and partners in Darlington to support a wide range of physical activity opportunities within and beyond the curriculum.

## Community Wide Physical Activity

Offer a multi-faceted approach to engage the residents of Darlington in physical activity. We will work with a wide range of stakeholders ensuring a whole systems approach in promoting and providing community wide physical activity opportunities.





# How we will measure impact

We will be able to measure our success by use of data and insight, and measures against our action plan. Utilising Sport England Active Lives survey data to inform a Darlington physical activity insight tool. We will engage with the residents via our annual survey using the Darlington Borough Council communications channels. This will measure attitudes, participation and types of physical activity that our residents are doing. This will be benchmarked against our first survey in 2023.

We will continue to monitor responses to our schools Healthy Lifestyles survey where we will analyse responses from pupils in years 5, 6, 7 and 8 across Darlington, capturing their attitudes towards physical activity and their own activity levels.

We will form a Physical Activity steering group to ensure a whole systems approach is being used to implement the action plan. This will ensure we continue to focus on increasing physical activity across the eight sectors involved in the design and delivery of this strategy. The action plan can be seen at Appendix 1.

We will commit to sharing key challenges and celebrating success. We will be open in our communication with residents, businesses and stakeholders to help everyone stay informed.

## A timeline of the process is outlined below

### Delivery Phases

#### Year 1

- Establish structures
- Undertake system mapping
- Produce delivery plans
- Design measurement framework

#### Years 2-4

- Short term actions delivered - Review action plan alongside Council Plan review

#### Years 4-6

- Medium term actions delivered

#### Years 6-9

- Long term action and delivery

#### Year 9-10

- Evaluation
- Consultation on next strategy

# Appendix 1 - Action Plan

SHORT	MEDIUM	LONG
2 - 4 YEARS	4 - 6 YEARS	6 - 9 YEARS

## Healthcare

TERM	ACTION	LEAD BODY
<b>S</b>	Review existing physical activity training packages and programmes for health care professionals. Consolidate and standardise the training offer to support standardisation of learning. Increase the availability of online formats so that healthcare professionals can access more flexibly. (Training offer to consider - GPCC, MECC, MI, Stroke Rehabilitation, PACC.)	Darlington Primary Care Network (PCN) and Darlington Borough Council Public Health Team.
<b>S</b>	Move away from over emphasis of the medical model and clinical language and terminology, better equipping healthcare professionals to relay information to clients and patients.	Darlington PCN
<b>S</b>	Physical activity training should highlight and sign post locally provided opportunities and case studies. Imagery should be representative of the wider Darlington community.	Darlington PCN and Darlington Borough Council Public Health Team.
<b>S</b>	Improve the signposting of local physical activity provision to the personalised healthcare offer made by Social Prescribers, Health Coaches and Care Co-ordinators. These links should be established and validated by the PCN.	Darlington PCN
<b>S</b>	Increased physical activity and reduction of inactivity to be considered as an intervention for most presenting clients either as a main or secondary support mechanism.	Darlington PCN
<b>M</b>	Promote the good practice currently taking place with specific health related groups such as Exercise on Referral, Cancer Prehabilitation/Rehabilitation and Exercise. After Stroke. Capture the participant experience and journey through video (to be used as a promotional tool but also as a guide to new participants - i.e. what will it be like, what do I need to bring with me, who will be leading the class etc.)	Darlington Borough Council Communications, Move More and Public Health teams.
<b>M</b>	Create case studies of local people to capture best practise and impact of physical activity on health care. Support a shift away from cure, towards prevention and early intervention. To be utilised on service websites and via social media channels.	Darlington Borough Council Public Health and Communications team. Primary Healthcare Darlington (PHD).
<b>M</b>	Review the pathways into existing physical activity interventions to identify opportunities to make these services more inclusive, accessible and consistently signposted.	Darlington PCN
<b>M</b>	Encourage the development of 'Active GP Practices' across Darlington. Establish a pilot with one practice to share findings.	Darlington Public Health and Tees Valley Sport.
<b>L</b>	Work with health and social care to establish the most impactful approach to promoting the local physical activity offer.	Darlington Public Health and Tees Valley Sport.
<b>L</b>	Optimise the use of available technology both in terms of promotion of opportunity and enabling self service where appropriate. Increase awareness of physical activity apps and programmes (such as Couch to 5k and We are undefeatable )	Darlington PCN



## Public education and mass media

TERM	ACTION	LEAD BODY
<b>S</b>	Create a marketing and media plan to promote physical activity benefits and opportunities to be active in Darlington. Link with national campaigns and resources.	Darlington Borough Council Move More and Communications teams.
<b>S</b>	Through Darlington Borough Council facilities, website and the marketing and media plan, encourage families to utilise local and national guidance and support with getting and staying active. Local examples include the Growing Healthy Darlington app. National examples include the NHS Better Health campaign resources.	Darlington Borough Council Move More and communications teams.
<b>S</b>	Recognise and celebrate high level performers and the clubs and organisations that support their progression to elite level through Darlington Sports Winners Awards and Future Champions scheme.	Darlington Borough Council Move More and Communications teams.
<b>M</b>	Encourage physical activity providers and community groups to sign up to Sport Englands Digital Hub which provides access to a series of resources aimed at improving the digital marketing skills of the sport and physical activity sector.	Darlington Borough Council Move More and Communications teams.
<b>M</b>	Offer a digital marketing support service to physical activity providers in Darlington. This may include support in designing media content, signposting services and hosting guides on the Move More website.	Darlington Borough Council Move More and Communications teams.
<b>M</b>	Build on the success of Darlington's existing events and supplement these with broader physical activity offers to encourage higher levels of sustained participation associated with the main event - e.g. spin off events for the Darlington 10k, Move More Days and Active Parks. Active travel to be promoted as a way of attending.	Darlington Borough Council Move More and Events Team
<b>L</b>	Create a digital guide to physical activity opportunities in Darlington that can be promoted via the marketing and media plan. This can also be downloaded by developers to include in welcome packs for new homeowners and developments.	Darlington Borough Council Move More and Communications teams.



## Workplace health

TERM	ACTION	LEAD BODY
<b>S</b>	Signpost organisations to work with Sustrans to introduce active travel into the workplace and understand any funding opportunities available to them.	Darlington Borough Council Communications Team, Sustrans.
<b>M</b>	Develop the Darlington Borough Council Employee Wellbeing Programme. This should include referral to physical activity opportunities as well as corporate discounts. Prepare this as a template of 'good practice' to share with local businesses.	Darlington Borough Council Human Resources and Move More Teams.
<b>M</b>	Produce a secure cycle storage, shower and changing facilities map for Darlington to encourage active travel to the workplace and leisure activities.	Sustrans and Darlington Borough Council Communications Team
<b>M</b>	Prepare guidance on opportunities to be active at work including walking meetings, standing desks, lunch time walks and active commuting as part of the wellbeing offer. This should be representative of sectors with lower paid jobs, part time jobs, and shift work and take account of all safety considerations.	Darlington Borough Council Human Resources and Public Health Teams.
<b>M</b>	Make guidance available on being active whilst working from home as part of the wellbeing offer.	Darlington Borough Council Human Resources and Public Health Teams.
<b>L</b>	Explore a workplace health & wellbeing award for Darlington. Recognise and celebrate best practice through Darlington Sports Awards or the Stronger Communities Awards.	Darlington Borough Council Human Resources, Public Health and Move More Teams.



## Active travel

TERM	ACTION	LEAD BODY
<b>S</b>	Darlington Transport Strategy 2022 - 2030. Objective 1. Reduce Transport's impact on the environment and support Health and Wellbeing. Our aim is to support these proposals and work to maximise positive impact of the local plan in terms of reducing physical inactivity. (sections 1.8.1 and 5.3.1).	Darlington Borough Council Transport team
<b>S</b>	Include active travel campaigns within the physical activity marketing and media plan e.g. promote cycling and walking as greener, healthier and less costly ways to travel for shorter journeys or the benefits of active travel using climate change & sustainability as alternative motivations.	Darlington Borough Council Transport team
<b>M</b>	Darlington Active Travel Hub 2024 - 2027 (subject to funding) will provide a variety of opportunities within community, workplace and residential settings to increase access, awareness and confidence on active travel. We will support this work through the physical activity marketing and media plan and within Council venues.	Sustrans and Darlington Borough Council Communications Team.
<b>M</b>	To explore the School Streets initiative. A scheme that restricts traffic outside schools during pick up and drop off times, reducing congestion, boosting safety and enabling more pupils to walk, wheel or cycle.	Darlington Borough Council Transport, Public Health and Highway teams.
<b>L</b>	Develop the existing Joint Strategic Needs Assessment (JSNA) to incorporate insight on active travel rates in Darlington.	Darlington Borough Council Public Health team
<b>L</b>	Consider integrating active travel into holiday activity programmes. This would include teaching children in Darlington how to independently travel to the town centre to access leisure facilities such as the Dolphin Centre and other physical activity assets.	Darlington Borough Council Move More Team



## Sport and recreation for all

TERM	ACTION	LEAD BODY
<b>M</b>	Survey sports clubs on capacity and access to facilities. This will establish opportunities for growth and demand on facilities. We will continue to work with education facility providers to encourage ease and consistent access to school sports facilities for local clubs and communities. Extend this to private providers as well as local authority and voluntary sports clubs. This should inform the imminent sports facility and playing pitch strategy refresh.	Darlington Borough Council Move More Team
<b>M</b>	Explore the Play Streets initiative which involves neighbour led short road closures to enable safe spaces to play.	Darlington Borough Council Public Health and Highways Teams. And PSAG.
<b>M</b>	Produce a swim development plan linked with the Dolphin Centre and wider community pools. Looking to increase engagement and access.	Dolphin Centre and School Academy Trusts.
<b>M</b>	Seek to attract high profile sports events to the town and sub region, to raise awareness, provide role models and encourage participation. A recent example being British Cycling National Championships 2024.	Darlington Borough Council Events team
<b>M</b>	Continue to recognise and celebrate high level performers and the clubs and organisations that support their progression to elite level. Provide local role models to inspire people of Darlington.	Darlington Borough Council Move More and Communications teams.
<b>M</b>	Create a network to support the promotion and provision of active ageing. To support people to live longer and stronger. Linking with provider services to support opportunities and provide guidance.	Darlington Borough Council Public Health Team, Tees Valley Sport and NHS.
<b>L</b>	Continue to invest in key assets such as the Dolphin Centre and Eastbourne Sports Complex to widen participation in recreation and leisure facilities.	Darlington Borough Council Leisure services
<b>L</b>	Consider developing more place based activities that focus on deprived areas. Working with families and priority groups in those areas to co-design the physical activity offer using the Houghton Matters project as an example of good practice. We will target funding from Sport England to target placed based work in our deprived wards in Darlington.	Darlington Borough Council Move More and Public Health Teams.

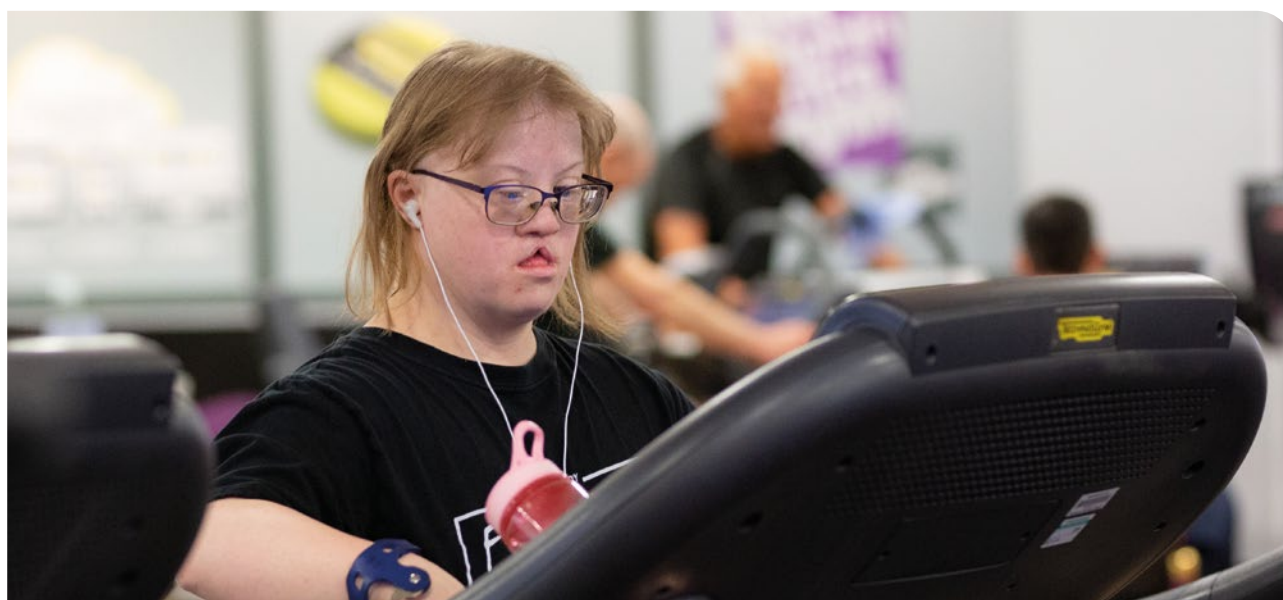
## Community wide physical activity

TERM	ACTION	LEAD BODY
<b>S</b>	Identify real and perceived gaps in physical activity provision (activities wise and geographically). Capture this information on the annual public survey and any additional data collection required. Use the information to shape future provision and marketing.	Darlington Borough Council Move More and Public Health Teams.
<b>S</b>	Provide an advisory service for good practice on club and community group governance, community based delivery and facility management through the Darlington Move More Team.	Darlington Borough Council Move More team
<b>M</b>	Explore developing a network or forum that brings together voluntary community organisations, sports clubs and other stakeholders to share good practice and promote the integration of physical activity into broader wellbeing interventions. This could be web based, online, email or in person.	Darlington Borough Council Move More team
<b>M</b>	Support a volunteer pathway for clubs, community groups and events to increase capacity for delivery. We will work alongside National Governing Bodies, Active Partnerships, School Games and wider national voluntary networks to implement.	Darlington Borough Council Move More team
<b>M</b>	Publish a website page dedicated to providing up to date funding opportunities available to community groups to enable local physical activity opportunities and programmes to be delivered for example Haughton matters.	Darlington Borough Council Move More team
<b>L</b>	Identify opportunities to expand community outreach programmes in priority areas of the town, subject to funding opportunities and requirements.	Darlington Borough Council Move More team



## Active urban design

TERM	ACTION	LEAD BODY
<b>S</b>	Continued commitment in Darlington Local Plan 2016-2036 to consider the impact urban design has on health and wellbeing. Darlington Public Health will provide advice and recommendations on the best ways to impact health and wellbeing through urban design (WHO guidance). See 1.8.1 and 5.3.1 of the local plan.	Darlington Borough Council Planning Teams.
<b>M</b>	Create a digital guide to physical activity opportunities in Darlington. This can then be downloaded by developers to include in welcome packs for new homeowners and developments. This could be made available to all residents moving into new properties.	Darlington Borough Council Move More and Communications Teams.
<b>M</b>	Work with the planning team to understand what statutory and non statutory processes are in place in relation to consultation in the local plan and in relation to planning applications.	Darlington Borough Council Public Health and Planning Teams.
<b>M</b>	Explore funding and partnership opportunities to enable initiatives such as Play Streets and Park Play. These primarily target areas of high deprivation or where there is limited green space. Examples include the Sport England place based fund.	Darlington Borough Council
<b>M</b>	Ensuring Health Impact Assessments (HIA's) are produced and submitted by the developer for relevant new developments in Darlington. Working collaboratively we will maximise the opportunities for healthy design and physical activity. Considering approaches such as 20 minute neighbourhoods and the healthy streets approach.	Darlington Borough Council - Public Health and Planning teams.
<b>M</b>	We will link urban design into the Darlington Playing Pitch and Facilities strategy action plan refresh. This will maximise opportunities on any new or existing sport and physical activity capital projects.	Darlington Borough Council - Move More team



## Schools

TERM	ACTION	LEAD BODY
<b>S</b>	Schools to adopt a whole school approach to physical activity before, within and beyond the curriculum, offering a broad range of activities and opportunities including high quality physical education and develop pathways to community providers which are inclusive for all.	Schools
<b>S</b>	Work with the School Games Organiser to offer leadership opportunities from primary through to secondary and beyond.	Schools and School Game Organiser.
<b>S</b>	Work with the School Games Organiser on the Darlington School Games, offer targeting specific groups who would most benefit from taking part. Consider the different motivations for young people to take part in physical activity and sport e.g. social, mental, emotional as well as physical.	Schools and School Game Organiser.
<b>S</b>	Widen access to eligible children to the Holiday Activities and Food programme which focuses on health, wellbeing and raising aspirations.	Schools and Darlington Borough Council Move More Team.
<b>S</b>	Make the Healthy Early Years award (which includes physical activity criteria) available to all pre school provider settings. The awards offers advice on active settings and opportunities for activity throughout the day.	Darlington Borough Council Education and Public Health Team.
<b>M</b>	Active School examples, good practice and case studies to be shared across Darlington schools through network opportunities.	Tees Valley Sport, Darlington Public Health Team and Schools.
<b>M</b>	Engage with initiatives to support and encourage active travel, such as WOW (Living Streets) and the Sustrans Big Walk and Wheel and promote active classrooms across all schools for opportunities to be active throughout the day.	Schools
<b>M</b>	Encourage the opening of school facilities for community use, to meet the needs of local community.	Schools
<b>M</b>	Promote participation in positive activities. Building on the strong links made with local colleges, where students are facilitating consultation and engagement on our service's behalf with young people as part of their curricular activity. Implement student champions as the voice of Darlington Borough Council leisure services.	Schools, Dolphin Centre.
<b>L</b>	Use pupil voice as a mechanism to understand the barriers to young people being physically active. Involve them in the co - creation and design of activities and plans.	Schools and Darlington Borough Council Education Team.
<b>L</b>	Consider the use of a range of PE schemes and resources to support the delivery of high quality PE, such as Teach Active, Complete PE , Real PE and the PE Hub.	Schools
<b>L</b>	Raise Key Stage 2 swimming attainment levels in Darlington schools through ongoing delivery, monitoring and engagement in swimming.	Schools, Dolphin Centre.
<b>L</b>	Explore opportunities to link the water education journey of young people in Darlington with career pathways into leisure.	Schools, Dolphin Centre.
<b>L</b>	Ensure that all pre - school and school aged actions are adapted and shared with those who are educated outside of a school setting. This will encourage access and develop an understanding of the benefits of physical activity.	Darlington Borough Council Education Team.

# Appendix 2 - Sector Led Improvement approach

## Regional Physical Activity Collaboration in the North East using a Sector Led Improvement (SLI) Approach

We want all Darlington residents and those visiting and working here to have access to appropriate physical activity that positively supports their health and wellbeing.

- Sector-led improvement (SLI) is the approach to put improvements in place by local authorities and is a framework set out by the Local Government Association since 2011
- SLI takes the view that the responsibility and regulation of improvement in local government should stay with councils and is underpinned by the following key principles:
  - Councils are responsible for their own performance and improvement
  - Councils are primarily accountable to local communities
  - Councils have a collective responsibility for the performance of the sector as a whole
  - Coordinate across the local system.

### Outline line of decision-making process:

- Scoping meetings between Chair of NE Association of Directors of Public Health (ADPH) Healthy Weight and Physical Activity (PA) Network and regional Office of Health Improvement and Disparities.
- Established a regional leadership group with representation from Office of Health Improvement and Disparities, Active Partnerships, Sport England and local authorities.
- Agreed a Sector Led Improvement (SLI) approach using International Society for Physical Activity & Health - Eight Investments That Work for Physical Activity
- NE ADPH network – approval and sponsorship for PA SLI regional programme secured in September 2022.
- National funding secured in November 2022 to help develop the SLI physical activity self assessment tool

### The SLI physical activity tool:

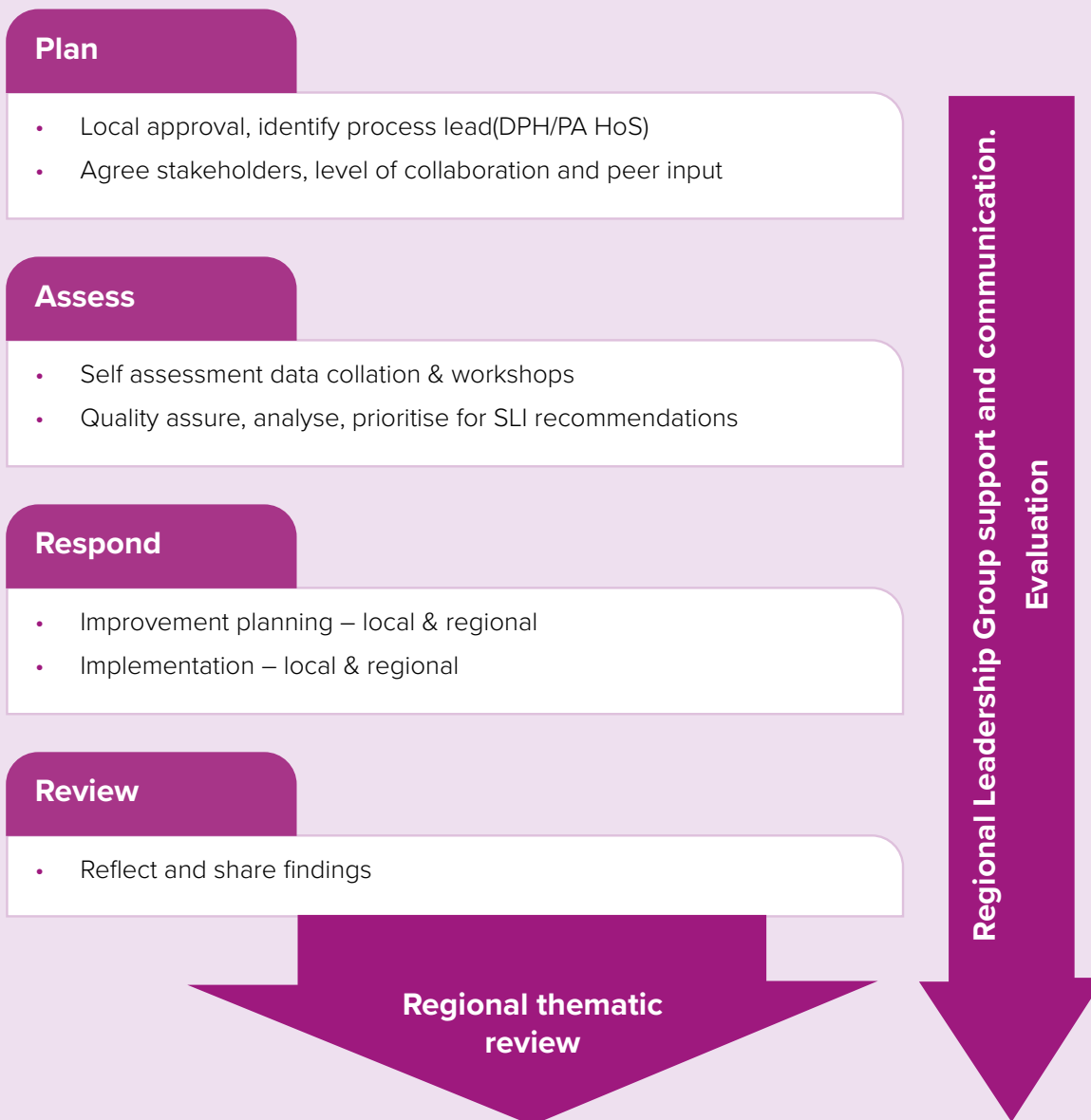
- Is based on the ISPAH Eight Investments that Work for Physical Activity which will help us better understand what is going on across the local and regional physical activity system
- Looks at all activities through an inequalities lens to determine how inequalities are being tackled
- Incorporates other evidence (National Institute for Health and Care Excellence, Sport England etc) to provide evidence-based questions
- Looks to capture evidence of impact; local priorities & evidence and opportunities to do more at local or regional level





- Is at pilot stage so there are opportunities to inform its future development and use
- Success of the approach very much depends on an open and honest appraisal of current activities and approaches
- There are likely to be variations in the activities that local authorities are undertaking owing to local priorities and available resources
- The approach should be viewed to take a snapshot of where we are and to help identify opportunities.

## Example SLI process



# Appendix 3 - UK Chief Medical Officer recommendations on physical activity (Autumn 2024)

Inequalities in health arise because of inequalities in society. The conditions in which people are born, grow, live, work, and age. Over the last few decades physical activity levels have gradually declined in daily life and the impact of this has been felt disproportionately by certain disadvantaged groups

The coronavirus (Covid-19) pandemic and cost of living crises have further exacerbated inequalities in physical activity levels and has been most acute with women; young people aged 16-34; over 75s; disabled people and people with long-term health conditions; those from Black, Asian and other minority ethnic backgrounds; and those living in deprived areas.

It is widely acknowledged that being physically active can help in the prevention and management of a range of health conditions, including: some cancers; obesity; type 2 diabetes; cardiovascular diseases (CVD) including coronary heart disease and stroke; hypertension; osteoarthritis; mental health conditions including depression and anxiety; and many other conditions

In addition to supporting good physical and mental health and functioning, regular physical activity also contributes to a range of wider social, environmental and economic benefits for individuals, communities and wider society.

## Summary of Guidelines by age group

### Under-5s Infants (less than 1 year)

Infants should be physically active several times every day in a variety of ways, including interactive floor-based activity, e.g. crawling. For infants not yet mobile, this includes at least

30 minutes of tummy time spread throughout the day while awake (and other movements such as reaching and grasping, pushing and pulling themselves independently, or rolling over); more is better. NB: Tummy time may be unfamiliar to babies at first, but can be increased gradually, starting from a minute or two at a time, as the baby becomes used to it. Babies should not sleep on their tummies.

### Toddlers (1-2 years)

Toddlers should spend at least 180 minutes (3 hours) per day in a variety of physical activities at any intensity, including active and outdoor play, spread throughout the day; more is better.

### Pre-schoolers (3-4 years)

Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical activities spread throughout the day, including active and outdoor play. More is better; the 180 minutes should include at least 60 minutes of moderate-to-vigorous intensity physical activity.

### Children and Young People (5 to 18 years)

Children and young people should engage in moderate-to-vigorous intensity physical activity for an average of at least 60 minutes per day across the week. This can include all forms of activity such as physical education, active travel, after-school activities, play and sports. Children and young people should engage in a variety of types and intensities of physical activity across the week to develop movement skills, muscular fitness, and bone strength. Children and young people should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of not moving with at least light physical activity.

### **Adults (19 to 64 years)**

For good physical and mental health, adults should aim to be physically active every day. Any activity is better than none, and more is better still. Adults should do activities to develop or maintain strength in the major muscle groups. These could include heavy gardening, carrying heavy shopping, or resistance exercise. Muscle strengthening activities should be done on at least two days a week, but any strengthening activity is better than none. Each week, adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling); or 75 minutes of vigorous intensity activity (such as running); or even shorter durations of very vigorous intensity activity (such as sprinting or stair climbing); or a combination of moderate, vigorous and very vigorous intensity activity. Adults should aim to minimise the amount of time spent being sedentary, and when physically possible should break up long periods of inactivity with at least light physical activity.

### **Older Adults (65 years and over)**

Older adults should participate in daily physical activity to gain health benefits, including maintenance of good physical and mental health, wellbeing, and social functioning. Some physical activity is better than none: even light activity brings some health benefits compared to being sedentary, while more daily physical activity provides greater health and social benefits. Older adults should maintain or improve their physical function by undertaking activities aimed at improving or maintaining muscle strength, balance and flexibility on at least two days a week. These could be combined with sessions involving moderate aerobic activity or could be additional sessions aimed specifically at these components of fitness. Each week older adults should aim to accumulate 150 minutes (two and a half hours)

of moderate intensity aerobic activity, building up gradually from current levels. Those who are already regularly active can achieve these benefits through 75 minutes of vigorous intensity activity, or a combination of moderate and vigorous activity, to achieve greater benefits. Weight-bearing activities which create an impact through the body help to maintain bone health. Older adults should break up prolonged periods of being sedentary with light activity when physically possible, or at least with standing, as this has distinct health benefits for older people.

Despite the widely reported benefits of physical activity, most adults and many children across the UK are insufficiently active to meet the full set of recommendations. We want this report to act as a catalyst for a change in our attitudes to physical activity. These guidelines present a UK-wide consensus on the amount and type of physical activity that is needed to benefit health across the life course. The guidelines have been updated using the best available evidence and reflect what we know now about the relationship between physical activity and health. The guidelines apply across the population, irrespective of gender, age or socio-economic status. We know there are clear health inequalities in relation to physical inactivity and therefore interventions to promote physical activity must consider this. We want as many people as possible to make use of these guidelines to work towards and achieve the recommended activity levels. With that in mind, we have developed the updated infographics included in this report to help bring the guidelines to life and make them easy for everyone to use. We hope these guidelines help all individuals to become more active. The good news is that even small changes can make a big difference over time. As we say in these guidelines: some is good, more is better.



# DARLINGTON

Borough Council





**North East and  
North Cumbria**

# **NHS Dental services**

**Darlington Health and Housing Scrutiny  
Committee**

26 February 2025

# Commissioned capacity Darlington

	NHS Dental Contracts (General dental services)	UDA commissioned capacity
February 2025	12	172,680

NB: No significant change to previously reported position

## Darlington UDAC – Opened June 2024

Total urgent appointments per day	28
Total urgent appointments per annum	7280

# NHS dentistry challenges

- Covid-19 backlog
- Recruiting and retaining dental workforce
- National dental contract not attractive to dentists – unit of dental activity (UDA) system is no longer financially viable for many
- Dental providers are handing back their NHS contracts as can't meet local demand or the provision we have commissioned from them
- Significant waiting times for routine appointments and difficulties accessing urgent care services
- House of Commons Health and Social Care Committee Inquiry into NHS dentistry published 2023 – previous Government response published December 2023
- Awaiting detail of new Government's plans

# We will tackle the challenges in three phases

Improving access to dentistry will not be a quick fix

We are tackling this in three streams:



Immediate actions to stabilise services



A more strategic approach to workforce and service delivery



Developing an oral health strategy to improve oral health and reduce the pressure on dentistry



# Dental Recovery Programme Overview

- **Phase 1 – short-term measures** - £3.6m in 2024-25 and 2025-26 to support non-recurrent schemes, including incentivised access, additional dental out of hours treatment capacity, and dental clinical assessment (DCAS) workforce/triage capacity. Funding also made available in 2024-25 to provide additional specialist orthodontic and minor oral surgery treatment capacity to improve waiting times for patients and to fund oral health promotion resources.



- **Phase 2 – building back capacity** - £9.5m available to deliver a new model of dental care via Urgent Dental Access Centres (UDACs) and provide additional general dental access to replace lost capacity.



- **Phase 3 – transformation and sustainability** - £9.5m to uplift minimum unit of dental activity (UDA) rate above national rate and work with 'at risk' practices to identify and address financial issues of delivering NHS dental care.



- **Workforce** – Work with local dental networks and NHSE North East Workforce Training and Education Directorate to improve recruitment, retention, training and education across the NENC.



- **Oral health strategy** - work with Local Authorities (LA)s and other key stakeholders to develop/agree a system wide strategy building on existing OHNAs and LA plans.



# Phase 1 - short term measures to improve access

- Over 109,000 appointment slots in 2024-25 through incentivized access scheme (limited uptake in Darlington - 755 appointments). Scheme to be extended into 2025-26
- Increased capacity of out of hours urgent dental treatment and dental clinical assessment (DCAS) workforce/triage.
- Funding additional units of dental activity (UDA) from practices with workforce and surgery space.
- Additional specialist orthodontic capacity (+203 children for Darlington)
- Additional minor oral surgery treatment capacity (+45 patients for Darlington)

# Phase 2 – Urgent Dental Access Centres

- Two-year Urgent Dental Access Centre (UDAC) pilot launched in 2024 with two centres in Darlington and Carlisle.
- Each centre runs two surgeries offering 28 urgent appointments per day – a combined total of over 14,000 urgent appointments per year.
- The centres offer 30-minute appointments with the aim of diagnosing and treating issues in one session.
- Patients can access appointments via online booking or NHS 111 referral.

# Urgent Dental Access Centre pilot evaluation

- Initial data and feedback are positive.
- UDACs have improved access for those with greatest clinical need.
- Darlington UDAC (performance June to end Dec 2024):
  - Delivering above commissioned capacity (104%)
  - 96.4% of patients attending received definitive treatment for their presenting urgent dental care problem.
- Approval to roll out network of UDACs across the region (circa 30 surgeries).

# Phase 3 – Transformation and Sustainability Plan

## Stage 1

- Local minimum UDA rate uplift to £31.46 (+ £3.46 above nationally set £28 minimum rate that was implemented in April 2024).
- Uplifted rates backdated to April 2024.

## Stage 2

- Open and discretionary offer to work with practices to assess true cost of delivering NHS dental care.
- Prioritising ‘at risk’ practices in the most deprived parts of the region and/or where there are significant access challenges.
- Currently engaged with first cohort of six ‘deep dive’ pilot practices.

# Workforce

- NHS Dental Recruitment Incentive Scheme (“Golden Hello” payment) – being considered as part of our wider recovery programme on how we improve both recruitment and retention of dentists.
- Funding provided to NHSE Northeast Workforce, Training and Education Directorate to support a range of initiatives - upskilling dental workforce, dental therapist mentoring, continuation/expansion of “Mouth Care Matters” programme, oral health training resources.

# Oral health strategy

- Engagement event held in November 2024 bringing together key stakeholders/system partners to inform the development of a system wide strategy to improve oral health and reduce pressure on NHS dental services.
- Announcement awaited on the outcome of the consultation to extend water fluoridation within the North East.

# Oral health improvement initiatives (1)

## Darlington

- Supervised Toothbrushing Activity (Jan 2025)

Settings	Number of participating settings	Numbers of children brushing
Pre-schools	8	350
Primary Schools	17	962

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- Funding from the ICB has extended toothbrush programme to pre-school settings.
- Supporting Children and Young People's Health and Wellbeing in Schools in Darlington – Attendance to promote uptake of the primary school toothbrushing programme



# Oral health improvement initiatives (2)

## Darlington

- Oral health training provided to Health Visitors on key oral health messages and to encourage early attendance. Oral health packs are distributed to parents at the 8 month visit
- Caring for your Smiles programme: in collaboration with Darlington LA team.
- Epidemiology survey in Care Homes 2025
- Oral health training for public health teams and health and social care staff e.g. public health nurses, care delivered at home, and hospices
- Mouth Care Matters: promoting good oral health in secondary care hospital wards e.g. for elderly care
- Investment in oral health promotion resources in 2023-24 and 2024-25
  - Pre-school toothbrushing programme
  - Health Visitor toothbrushing packs promoting prevention messages at 3-4 months and 8 months
  - Supply of free flow cups to discourage bottle use
- Evaluation of the dental access referral pathway for children in care and children receiving child protection medicals

# Evaluation of the Dental Access Referral Pathway for Children in Care

Summary of referral information (Jan-July 2023)	Number of referrals/percentages
Total number of referrals across Tees Valley (total identified need)	60 (80)
Written routine referrals (identified routine need but no referral)	59 (18)
Written urgent referrals (identified urgent need but no referral)	1 (3)
Referral to preferred practice	22
Referral to named practice	25
Referral to CDS	13
Total number of referrals from RHAs	29
Total number of referrals from IHAs	22
Total number of referrals from CPMs	9
Total number of dental reports received	3
Percentage of children with an identified dental need from RHAs	3.7 %

# Impact of the pathway: general dental access, referrers and families

think ever with the

implementation of this pathway and whatever works gone in behind it has given dentists a bit of a prompt...

So, when we phone up and we say they've got a care plan, we've suddenly got a much more of a profile with dentists, if you know what I mean. **Um, where you could have had an**

**argument over the phone** when I've gone out with some bloody receptionist. **We were really struggling getting appointments a year ago but now it seems to be like everything that ball** **more.** – Children in Care Nurse, HDFT.

– Children in Care Nurse, HDFT.

**“Thirty children roughly have been offered this service that previously would never have been offered anything other than the hope that the social worker would work with the family to make a dental appointment happen.”** – Consultant Paediatrician, SHFT

**“It's really quite nice to do that as well because you come away feeling you've achieved something from that family as well. We get job satisfaction by being able to do that. You feel like you've achieved something.”** – Children in Care Nurse, HDFT.



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# Primary Medical Care and General Practice Access

Emma Joyeux – Strategic Head of Primary Care [Tees Valley]

# What is General Practice

- General practices are the small to medium-sized businesses whose services are contracted by NHS commissioners to provide generalist medical services in a geographical or population area
- Some practices are operated by an individual GP, some by provider organisations (e.g. IntraHealth) but most are run by a GP partnership. This involves two or more GPs working together as business partners, employing staff, and together owning a stake in the practice business

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- Every individual or partnership of GPs must hold an NHS GP contract
- GP partners are jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provides
- General practice is the first point of contact with healthcare for many patients, as gatekeepers to secondary care; as generalists, practices see the whole patient and even whole patient's families
- Responsibility for commissioning primary care services, including general practice, sits formally with NHS England, however Integrated Care Boards (ICBs) have taken on full delegation of these commissioning responsibilities

# GP Contract

- There are three different types of GP contract arrangements used by NHS commissioners in England:
  - General Medical Services (GMS)
  - Personal Medical Services (PMS) and,
  - Alternative Provider Medical Services (APMS)
- Some core parts of the GP contract include:
  - Agreeing a geographical or population area the practice will cover
  - Maintaining of a list of patients for the area and setting out specific circumstances a patient might be removed from it
  - Provision of essential medical services to registered patients
  - Standards for premises and workforce and requirements for inspection and oversight
  - Expectations for public and patient involvement
  - Key policy requirements including indemnity, complaints, liability, insurance, clinical governance and contract termination conditions
- **Practices must provide essential services at such times, within core hours, as are appropriate to meet the reasonable needs of its patients**
- Core hours are 8.00am until 6.30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays

# Regulation of general practice

- The **Care Quality Commission** is the regulator of primary medical care and is responsible for the inspection of GP practices in England in order to monitor standards against set key areas:
  - Safe
  - Effective
  - Caring
  - Responsive
  - Well-led
- Each practice must be registered with the CQC and appoint a registered manager
- The practice is expected to be able to evidence how it is run in considerable detail, helped by the prior preparation of a series of policy documents, protocols and procedures



# Other key agencies

## Local Medical Committee

- A Local Medical Committee (LMC) is the body statutorily recognised by successive NHS Acts as the professional organisation representing individual NHS GPs and GPs as a whole in NHS England, including Primary Care organisations
- An LMC is the only elected professional body that represents the views of local GPs and practice teams, at a national and local level, on issues of local interest in general practice
- NHS England and ICBs have a statutory responsibility to recognise local practitioner committees
- An LMC is an independent, self-financing body with statutory functions. LMCs are funded via a levy paid by each practice
- Representatives of LMCs meet at an annual conference which makes policy which the General Practitioners Committee is mandated to effect through negotiating with NHS Employers and the Departments of Health.

## Federations

- GP Federations are groups of primary care providers, which form a single organisational entity and work together as economies of scale to deliver services for their combined patient communities, membership organisations of all practices

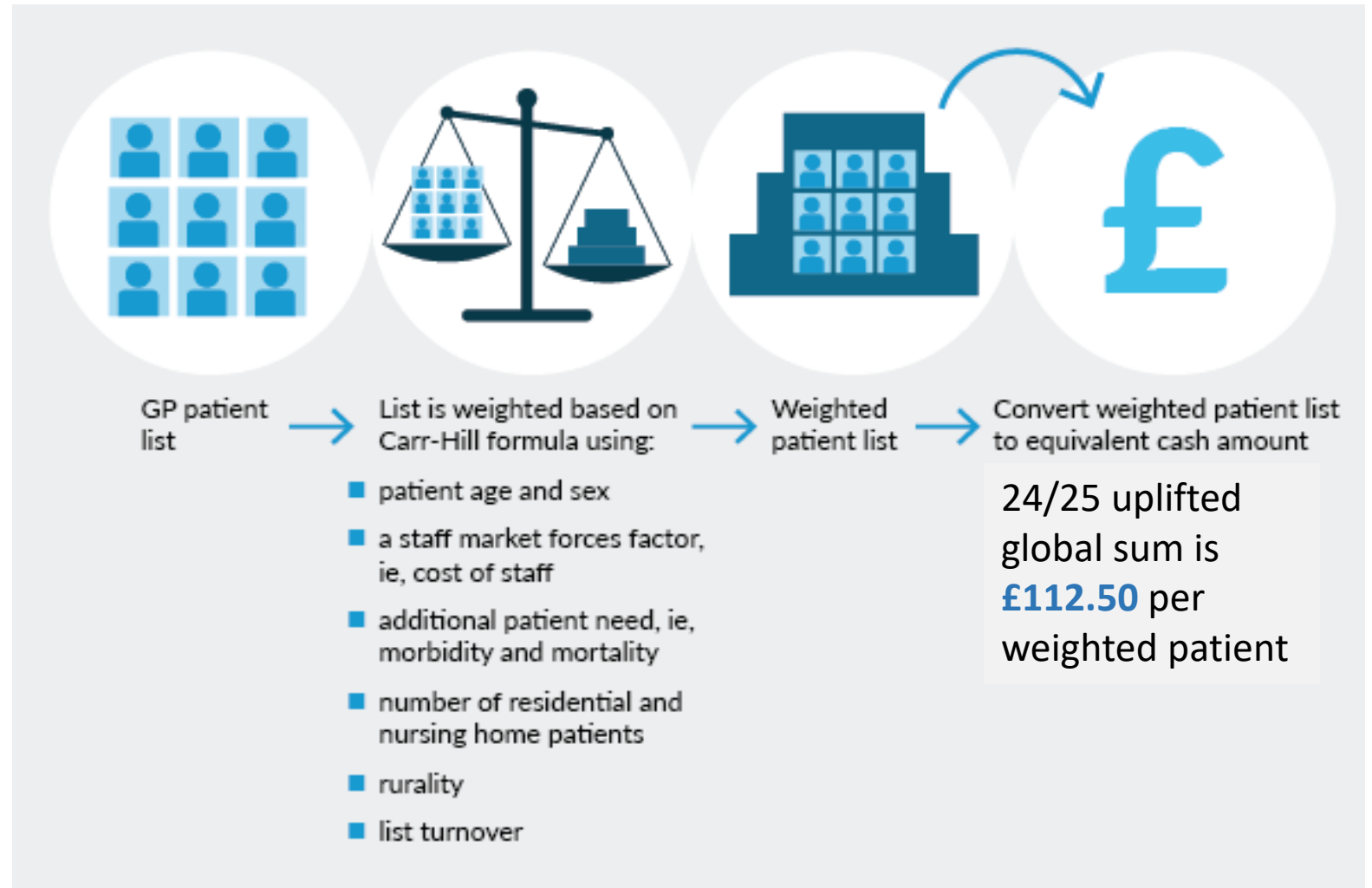
## Healthwatch

- Healthwatch are governed by a Committee who set strategy, provide scrutiny and oversight, and approve policies and procedures that are needed for them to work effectively and are statutory committee of the Care Quality Commission (CQC)
- Healthwatch is the independent champion for people who use health and social care services
- They use patient feedback to better understand the challenges facing the NHS and other care providers nationally, to make sure patient experiences improve health and care services for everyone.
- They also have a role helping patients to get information and advice and can signpost patients to support available
- As an independent statutory body, Healthwatch have the power to make sure NHS leaders and other decision makers listen to patient's feedback and improve standards of care
- The Department of Health and Social Care (DHSC) fund Healthwatch through local councils

# Core funding - global sum

Global sum payments are based on an estimate of a practice's patient workload and certain unavoidable costs (e.g. the additional costs of serving a rural or remote area or the effect of geography on staff markets and pay), **not on the actual recorded delivery of services**

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# Core funding – other income

- The Statement of Financial Entitlements (SFEs) sets out what General Practice can be reimbursed for
- Many practices also top up their NHS funding with fees for private services, such as medicals and travel prescribing that is outside of commissioned services.
- Most practice income is paid to the practice rather than to individual GPs

## Quality and Outcomes Framework scheme (QOF)

- QOF is a voluntary scheme that provides funding to support aspiration to and achievement of a range of quality standards, by rewarding practices for the volume and quality of care delivered to their patients
- Practices earn points according to their levels of achievement and payments are calculated on the points the practices achieve
- The value of a QOF point in 2024/25 is £220.62 – and the scheme has 635 points
- 212 points will be income protected for 2024/25 [across 32 indicators]

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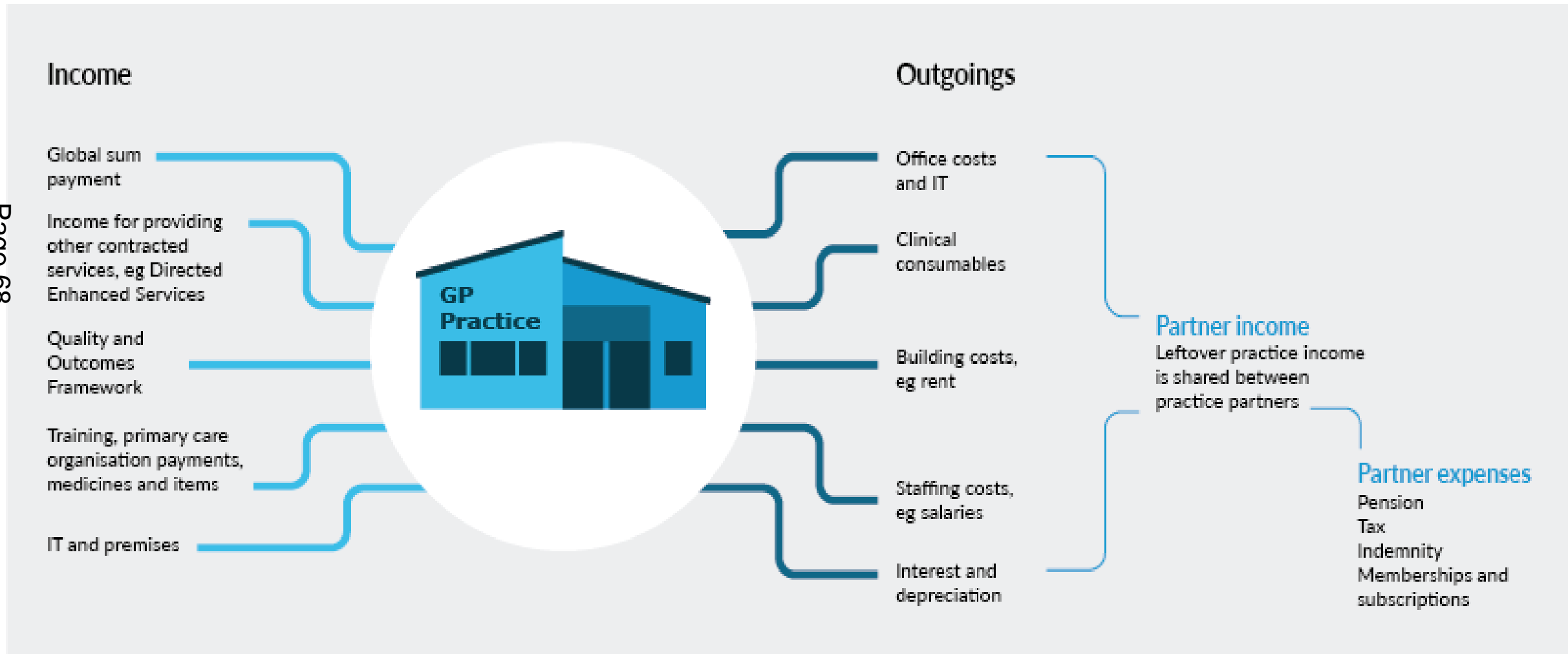
## DES

- Each DES attracts a separate payment amount as set out in the SFEs

## PCN

- Core PCN funding
- Enhanced Access payment
- Care Home premium
- Capacity and Access Support payment
- Additional Roles Reimbursement Scheme (ARRS)

# Core funding - expenditure



# Primary Care Networks (PCNs)

- PCNs, established in July 2019, are groups of practices working together to deliver nationally directed enhanced services (DES)
- PCNs are not organisations or legal entities – the PCN DES is offered to each individual practice as the legal entity agreeing participation
- Each PCN is led by a Clinical Director (CD) who represent the group of practices
- PCNs have their own governance arrangements agreed through collaborative agreements across the grouping in relation to decision making and operational arrangements
- There is 1 PCN in Darlington
- PCNs have taken a fundamental role in the COVID-19 vaccination programme, establishing local vaccination services as PCN groupings and the provision of enhanced access
- PCNs have risen to these challenges, continuing to develop their relationships between practices and across the system to develop new ways of working

# PCN Contract Directed Enhanced Services (DES)

PCNs are required to provide the following services – this is in addition to what practices are expected to provide as part of core GMS contracts

- PCNs have **four key functions**. Two of these relate to how the PCN organises and operates effectively:
  - Co-ordinating, organising and deploying shared resources to support and improve resilience and care delivery at both PCN and practice level;
  - Improving health outcomes for its patients through effective population health management and reducing health inequalities
  - Targeting resource and efforts in the most effective way to meet patient need, which includes delivering proactive care; and
  - Collaborating with non-GP providers to provide better care, as part of an integrated neighbourhood team
- These are set out in more detail in the PCN DES contract as one overarching service requirement, covering frailty, Structured Medication Reviews, Social Prescribing, Early Cancer Diagnosis, CVD, Enhanced Health In Care Homes and Population Health Management/ reducing health inequalities.
- Investment and impact fund- 2 indicators [58 points]

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Area	Indicators
Tackling health inequalities	HI03- Percentage of patients on the QOF Learning Disability register aged 14 or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan in addition to a recording of ethnicity.
Cancer	CAN04: The proportion of patients who have had a lower gastrointestinal urgent suspected cancer referral in the reporting year where at least one urgent suspected cancer referral was accompanied by a faecal immunochemical test result, with the result recorded in the 21 days leading up to the referral.

# Overview of General Practices in Darlington

11 Practices

Smallest list size: 4,829

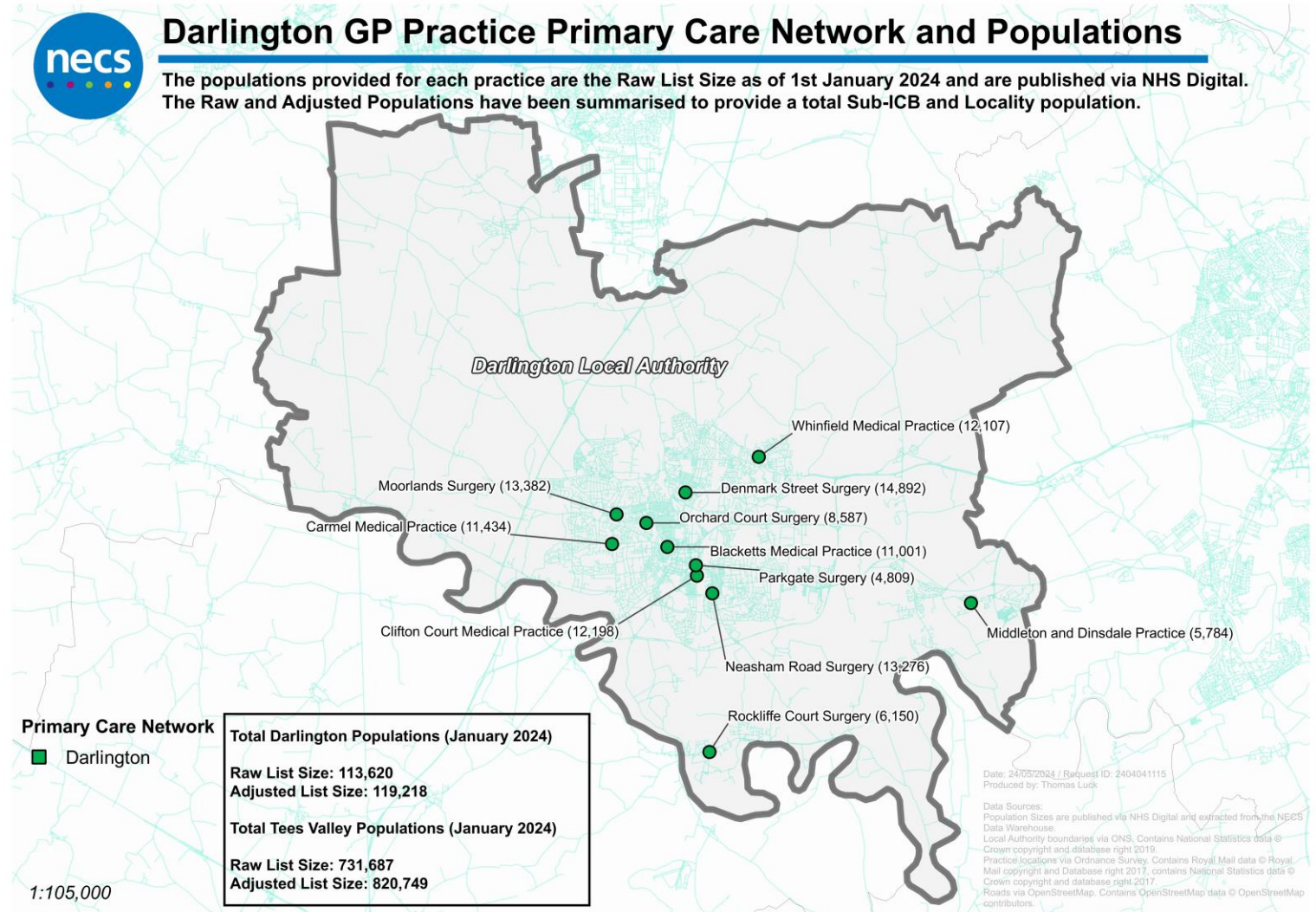
Largest list size: 15,116

Average list size: 10,420

1 Primary Care Networks

Registered population:  
114,621 [Dec 24]

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# Practice and PCN workforce

- Practices work as a Multi-Disciplinary Team (MDT). These figures provide a snapshot in time of the workforce as this data can fluctuate month to month.
- November 2024 workforce data from NHS Digital:

77 GPs (57.04 WTE)	37 Direct Patient Care (27.58 WTE)
66 Nurses (49.7 WTE)	169 Admin/ Non-Clinical (127.07 WTE)

- PCNs receive funding through the Additional Role Reimbursement Scheme (ARRS) to bring in new workforce to support an MDT approach and to deliver the DES requirements and in addition to current practice workforce
- Based upon submitted ARRS claims Darlington PCN has employed/engaged 70 staff (headcount)/ 61.20 whole time equivalent (WTE) roles as of Sept 2024:

ADDITIONAL ROLES (as of Sept 24)	
11 x Pharmacy Technician	8 x Social Prescribing Link Worker
4 x Clinical Pharmacist	4 x Nurse Associate and 6 x Trainee Nurse Associate
4 x First Contact Physiotherapist	10 x General Practice Assistant
4 x Paramedic	1 x Adult Mental Health Practitioner [Band 7]
8 x Care Coordinator	3 x Advanced Clinical Nurse Practitioner
4 x Health and Wellbeing Coach	2 x Digital & Transformation Lead [shared role]



# Ways to contact and access the practice

- Attend the practice
- Telephone the practice
- Use online services such as:
  - NHS App
  - SystmOnline direct booking tool via practice websites
  - eConsult

# Appointments

- GP practices can only safely provide a certain number of appointments per day depending on the staff they have available. Practices decide how those appointments are scheduled throughout the day to ensure there is a mix of 'same day' and 'pre-bookable' appointments.
  - If your need is clinically urgent, a 'same day' appointment might be offered. If your need is not clinically urgent, an appointment might be offered at another time. This is sometimes referred to as a 'pre bookable' or a 'routine' appointment.
- Practices use care navigation and clinical triage to determine the clinical need to determine what appointment may be suitable and with the right clinical practitioner for the need.
- All practices provide face-to-face appointments, however a telephone or video appointment may also be offered (where clinically relevant) as it may be the quickest way to get the care needed.
  - Face-to-face can be specifically requested, as can an appointment with a named clinical professional, however this may not always be the quickest appointment slot available.
  - Approximately 4% of appointments are still being wasted by Did Not Attends (DNA). All practices have the ability for patients to cancel appointments e.g. via text message, the surgery online system or phone.
  - Appointments that are cancelled can then be offered to someone else who needs it.

# Primary care appointment activity

Darlington practices	Dec 2024	Nov 2024	Oct 2024	Sept 2024	Aug 2024	July 2024
Total number of appointments	52,148	58,051	70,617	54,924	50,209	58,703
Total appointments (average) per 1,000 population	464.2	515.1	633.8	488.9	445.5	520.3
% of appointments where the time between booking and the date of the appointment was either same day or 1 day	42.01%	38.25%	35.53%	36.82%	37.79%	38.65%
% of appointments where the time between booking and the date of the appointment was up to 2 weeks	31.99%	30.98%	28.11%	34.16%	33.13%	33.8%
% of appointments where the time between booking and the date of the appointment was over 2 weeks	25.99%	30.73%	36.32%	28.95%	29%	27.51%
% of appointments categorised as face to face	74.37%	74.89%	78.19%	77%	76.65%	75.9%
% of appointments categorised as telephone or video	22.37%	21.32%	17.02%	19.77%	20.46%	21.08%
Number of appointments recorded as Did Not Attend (DNA)	2,186	2,374	2,835	2,160	2,063	2,271

# eConsult Data – Total Submissions

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Practice	November 2024	October 2024	September 2024	August 2024
Blacketts	61	202	203	157
Carmel	52	161	174	160
Clifton Court	77	284	206	241
Denmark Street	11	40	45	43
Middleton and Dinsdale	36	98	110	109
Moorlands	110	436	409	362
Neasham Road	95	351	316	318
Orchard Court	34	153	113	111
Parkgate	29	122	118	120
Rockliffe Court	61	220	229	201
Whinfield	2383	2529	2280	2580

# Enhanced access utilisation

PCN Name	Site	Day and time offered	July Booked Utilisation	August Booked Utilisation	September Booked Utilisation	October Booked Utilisation	November Booked Utilisation	December Booked Utilisation
Primary Healthcare Darlington	<b>Forsyth House, Darlington</b>	Monday – Friday 18:30-21:00 Saturday - 08:30-17:00 Sunday - 09:00-13:00	87.32%	84.87%	94.73%	94.11%	95.82%	89.15%

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Small numbers of appointment are also provided between 7.30am-8.00am at: Blacketts Medical Practice, Carmel Medical Practice, Clifton Court Medical Practice, Denmark Street Surgery, Moorlands Surgery, Neasham Road Surgery, Orchard Court Surgery, Rockcliffe Court Surgery, St George's Medical Practice, and Whinfield Medical Practice.

Small numbers of appointments are provided on an evening between 18.30pm and 20.00pm at: Clifton Court Medical Practice, Parkgate Medica Practice and Moorlands Surgery.

# GP Patient Survey - 2024 results

Survey question	National Average	Tees Valley	Darlington Average	Practice Ranges
% of patients surveyed found it easy to get through to someone at their GP practice on the phone	50%	50%	62%	35%-98%
% of patients surveyed found it easy to contact their GP using their website	48%	52%	65%	45%-100%
% of patients surveyed found it easy to contact their practice using the NHS app	45%	50%	58%	25%-100%
% of patients surveyed knew the next step in how their request would be dealt with	83%	82%	88%	79%-99%
% of patients surveyed would describe their experience of making an appointment as good	67%	68%	79%	68%-98%
% of patients surveyed would describe their wait for appointments as about right	66%	67%	73%	56%-98%
% of patients surveyed would describe their overall experience of their GP practice as good	66%	76%	83%	77%- 98%

# Access challenges

- Staff sickness
- Recruitment and retention difficulties – admin and clinical
- Back log of care - long term condition management
- Continued high-level demand for same-day access
- Did Not Attend (DNA) appointments
- Public health concerns in press e.g. mpox, Strep A
- Outdated technologies e.g. analogue telephony
- Increased call waiting times
- Patient frustrations leading to increased complaints
- Increased abuse to practice staff
- Estates limitations



# Primary Care Access Recovery Plan (PCARP)

- Published 9<sup>th</sup> May 2023
- **Ambitions:**
  - To tackle the 8am rush and reduce the number of people struggling to contact their practice
  - For patients to know on the day they contact their practice how their request will be managed
- **23/24 & 24/25 Focus:**
  - Empowering patients to manage their own health
  - Implementing Modern General Practice Access
  - Building capacity
  - Cutting bureaucracy



# Empowering Patients

- **Improving information and NHS App functionality**

- Enable prospective record access for patients by November 2023
- Make online booking of routine appointments available

- **Increasing self-directed care**

- Direct-referral – from community optometry to Ophthalmology services for urgent and elective consultations
- Expansion of self-referral to community-based services from September 2023

- **Expanding community pharmacy services**

- Introducing a Pharmacy First service to enable pharmacists to supply prescription-only medicines to treat seven common health conditions, and
- Expanding two existing services - blood pressure check service and oral contraceptives

# Implementing Modern General Practice Access

- **Better digital telephony**

- All practices using analogue lines to move to digital telephony that handles multiple calls and includes queueing, call-back, call routing and integration with clinical systems

- **Simpler online requests**

- All practices to have access to use online consultations
- Work with practices and PCNs to ensure they have appropriate messaging and booking tools to enable the move to Modern General Practice Access
- ICBs to review practice websites and work with practices to make improvements where required

- **Faster navigation, assessment and response**

- National Care Navigation programme available for one staff member per practice
- National funding was made available for practices who sign up to significant transformation

# Building capacity

- **Larger multi-disciplinary teams [Additional Roles Reimbursement Scheme funding]**
  - PCNs encouraged to make full use of their entitlement
  - ARRS roles have been expanded to include
    - Digital and Transformation Leads [who will support the move the MGPA]
    - Advanced clinical practitioner nurses
  - Training for nursing associates
- **More new doctors**
  - All doctors completing GP specialty training can access the two-year fellowship
  - Increase the number of GP practices holding visa sponsorship licences
- **Retention and return of experienced doctors**
  - Pension changes
  - National and local GP retention schemes

# Cutting bureaucracy

## Improving the primary–secondary care interface

- Onward referrals
  - Patients referred into secondary care who need another referral, for an immediate or a related issue, the secondary care provider should make this for them, rather than sending patient back to GP to refer
- Complete care
  - Hospitals should ensure that on discharge or after an outpatient appointment, patients receive everything they need, including fit notes
  - Discharge letters should highlight clear actions for the GP (including prescribing medications required)
- Call and recall
  - Hospitals should establish their own call/recall systems for patients for follow-up tests or appointments so that patients do not have to ask their practice to follow up on their behalf
- Clear points of contact
  - Hospital providers should establish single routes for general practice and secondary care teams to communicate rapidly

# National support

## General Practice Improvement Programme

Universal offer	Intermediate offer	Intensive offer
<ul style="list-style-type: none"> <li>Fundamentals of change programme</li> <li>Care navigation training</li> <li>Digital and Transformation Leads programme</li> </ul>	12 facilitated sessions with Practices/ PCNs to agreed shared purpose	Delivered over 6 months practices will benefit from on-site support

## Support Level Framework

To support practices in gaining an understanding of what they do well, what they might wish to do better, and where they might benefit from development support to achieve, they can undergo a support level framework discussion with the ICB Primary Care Place Team

## Transition cover and transformation funding

Practices will be able to receive an average of £13.5k in either 2023/24 or 2024/25 to enable them to pay for additional support to help clear existing work before they transition to a 'modern general practice access model'

## Cloud based telephony funding/ High quality digital tools

- Non- recurrent funding to support practices on analogue telephony systems to move to a cloud-based system
- Funding for high quality tools for online consultation, messaging, self-monitoring and appointment books

## Additional role reimbursement scheme

Ongoing funding to recruit to 18 roles available under the scheme

## Ongoing support

- Support from ICB Primary Care Team to access expert advice and guidance, interpret national guidance and liaising with system partners and regional/ national colleagues, where required
- Implementation of key actions in the Primary Care Access Recovery plan e.g. cutting bureaucracy

# PCN Capacity and Access Improvement Plans

- **Patient experience of contact**

- Improve phone systems and websites
- Undertake local patient surveys to seek feedback
- Increase Patient Participation Group numbers
- Promote Friends and Family Test feedback

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- **Ease of access and demand management**

- Standardise care navigation templates
- Implement Modern General Practice Access approaches
- Increase offer and uptake of online tools

- **Accuracy of recording in appointment books**

- Review mapping of appointment slots
- Capture non-clinical appointment activity
- Accurately record PCN related activity

# Progress to date

- Telephony – all practices already use digital (cloud based) telephony
- Modern General Practice Access (MGPA) – all 11 Practices received transition funding in 23/24 and 10/11 have received this in 24/25 to support with improvements to move towards MGPA in the next 2 years
- PCN Capacity and Access Improvement Plans (CAIP) in 23/24:

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- Additional clinical sessions
- Pharmacy hub and first contact physio services
- New ECG machines [24h blood pressure and 24h ECGs]
- Created a PCN laptop bank to aid hot desking/ remote working
- Purchased equipment for total triage model
- Quarterly PCN newsletter produced and distribution of key information through Darlington ONE magazine
- Built new PCN website
- Commenced development of a PCN strategy
- Increased the volume, accessibility, and opportunities to complete Friends and Family Tests (patient feedback mechanism)
- Created a PCN DNA Appointment policy to complement the existing Care Navigation Template
- Delivered an E-consult triage pilot project with a minimum of two practices/providers

# Pharmacy Hub & First Contact Physio

“  
SUPPORTING 10  
PRACTICES WITHIN  
THE PCN  
”

## PHARMACY HUB ANNUAL UPDATE

01.10.23 - 31.03.24

### PRACTICE SUPPORT

- Over the last 6 months, the Pharmacy Hub Team completed **10,334** documents/tasks actioned, averaging **1,722** hours GP hours saved by supporting with:
  - completing inpatient/outpatient medication changes, reviews, and required monitoring, which included the request of appropriate blood tests/liaising with Pharmacies where repeat dispensing/dosette boxes are used
  - monitoring creatinine clearance for DOACs and checking correct doses
  - completing medication changes from other care providers
  - providing advice, guidance, and support to practices for medication queries from GPs, Nurses, and Reception/Admin
  - ensuring tapering of medications is managed safely and effectively
  - managing opioid reductions with patients using shared decision-making
  - counselling patients/managing side effects with patients
  - assisting with SMRs
  - developing individual processes with practices for repeat dispensing based on best practice



## FIRST CONTACT PHYSIO ANNUAL UPDATE 01.04.23 - 31.03.24

### APPOINTMENTS

Over the last 12 months, Connect Health has increased its footprint from 2 to 7 GP practices, reducing patient health inequalities and enabling the following:

- **4,002** appointments offered
- **95%** average appointment utilisation rate
- **6,204** GP hours saved
- **83%** of patients effectively managing their symptoms without returning to the GP or AHP within 12 weeks for the same problem



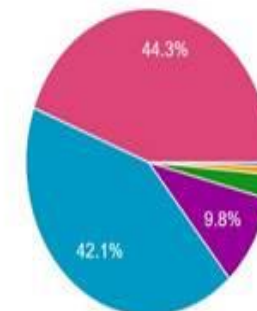
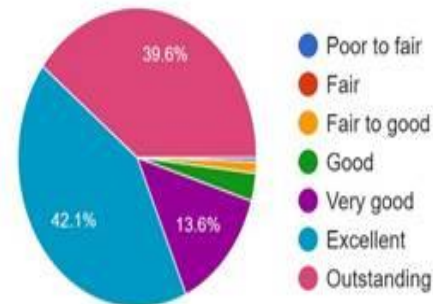
### GENERAL UPDATES

- all First Contact Physios (FCP) have completed their portfolios/been added to the FCP register
- FCPs have attended/hosted shared training events across the PCN for practices (admin/clinicians)
- pathways have been refined to reduce AHP and GP appointments for MSK conditions
- improved communication with practices due to improved integration of FCPs in practices
- Connect Health has assisted primary care by hosting placements for 3 Trainee Nurse Associates and a member of the RIACT Team

### PATIENT FEEDBACK

Shared Decision Making = **235** responses

Consultation Rating = **235** responses





# Links to key documents

- Darlington PCN website: <https://www.darlingtonpcn.co.uk/>
- Primary Healthcare Darlington website: <https://www.primaryhealthcaredarlington.co.uk/>
- National GP contract: <https://www.england.nhs.uk/gp/investment/gp-contract/>
- National PCN DES contract: <https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/>
- Access Recovery Plan: [NHS England » Delivery plan for recovering access to primary care](#)
- Capacity and Access guidance: [NHS England » Network Contract DES – capacity and access improvement payment for 2023/24](#)
- HealthWatch GP resource for public: <https://www.healthwatchdarlington.co.uk/report/2024-05-21/top-tips-accessing-your-gp-practice>
- GP workforce statistics: <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services>
- Appointments in general practice: <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>
- Online consultation data: <https://digital.nhs.uk/data-and-information/publications/statistical/submissions-via-online-consultation-systems-in-general-practice#latest-statistics>

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**HEALTH AND HOUSING SCRUTINY COMMITTEE  
26 FEBRUARY 2025**

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**WORK PROGRAMME**

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**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.

### Climate Considerations

10. Tackling climate change is a shared responsibility. Climate change as a stand-alone issue sits within the remit of the Economy and Resources Scrutiny Committee, however everything the Council does either has an impact on, or is impacted by, climate change so it is important that all Scrutiny Committees ensure that everything that comes before them has considered this. The Council Plan now includes climate change as a key principle underpinning everything the Council does.
11. The Sustainability and Climate Change Lead Officer has provided questions for Members of this Committee to consider when scrutinising reports. These questions will also form part of any submitted quad of aims. A copy of the questions has been attached at **Appendix 4**.

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**HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME**

<b>Topic</b>	<b>Timescale</b>	<b>Lead Officer/ Organisation Involved</b>	<b>Link to PMF (metrics)</b>	<b>Scrutiny's Role</b>
<b>Physical Activity Strategy</b>	26/02/2025	Lisa Soderman / Joanne Hennessey		
<b>Primary Care (including access to GP appointments)</b>	26/02/2025	Emma Joyeux, ICB		<a href="mailto:emma.joyeux@nhs.net">emma.joyeux@nhs.net</a>
<b>Update on NHS Dentistry provision and Primary Care Dental Access</b>	26/02/2025	Pauline Fletcher ICB / Dr Kamini Shah		<a href="mailto:pauline.fletcher2@nhs.net">pauline.fletcher2@nhs.net</a> <a href="mailto:kamini.shah4@nhs.net">kamini.shah4@nhs.net</a>
<b>Community Mental Health Transformation</b>	02/04/2025	John Stamp, TEWV		<a href="mailto:john.stamp@nhs.net">john.stamp@nhs.net</a>
<b>Children and Young People Mental Health Update</b>	02/04/2025	James Graham, CAMHS		<a href="mailto:james.graham8@nhs.net">james.graham8@nhs.net</a>
<b>Housing Services Climate Change Strategy update</b>	02/04/2025	Anthony Sandys		
<b>Young Person's Conference update &amp; Healthy Lifestyle Survey</b>	02/04/2025	Catherine Shaw		
<b>Quality Accounts – 6 Monthly Update</b>	Special TBC – May/June 2025 Last considered 15/01/2025	TEWV CDDFT		

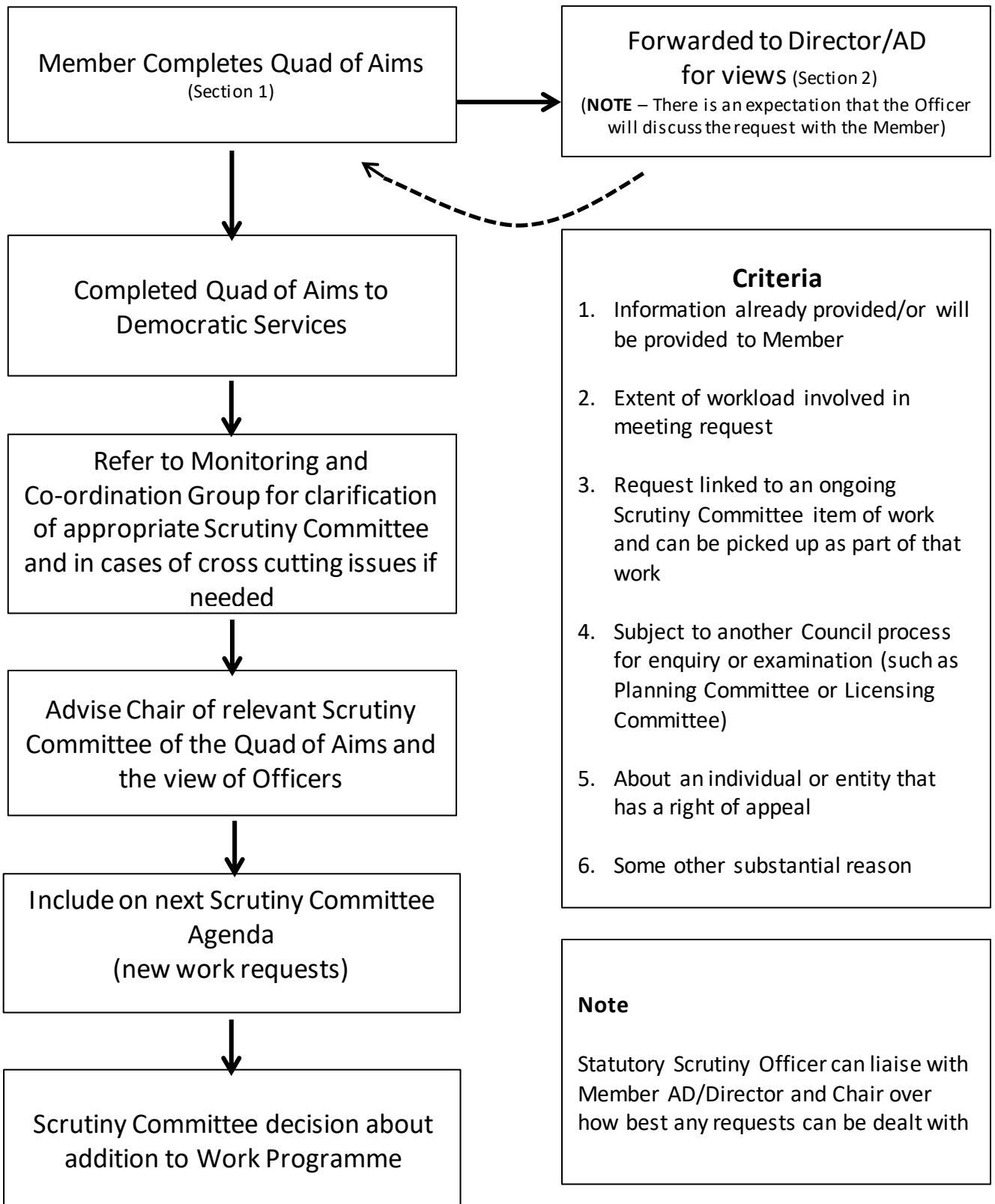
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
	05/02/2025 Special			
<b>Chronic Illness and preventative measures – Hospital admissions for non-accidental injury</b>	18/06/2025	Lorraine Hughes/Victoria Cooling, CDDFT		
<b>Waiting lists for NHS services</b>	18/06/2025	Martin Short, ICB		
<b>Housing Services Tenancy Policy</b>	18/06/2025	Claire Turnbull		
<b>Fire Safety Policy for Apartment Blocks 2025 – 2030</b>	18/06/2025	Anthony Sandys		
<b>Performance Management and Regulation/ Management of Change</b>	Year End – August 2025	Relevant AD		To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
<b>Regular Performance Reports to be Programmed</b>	January 2026			
<b>Healthy Weight Plan</b>	September 2025	Joanne Hennessey		
<b>Health and Safety Compliance in Council Housing update</b>	September 2025	Cheryl Williams / Anthony Sandys		Annual Update
<b>Housing Services Anti-Social Behaviour Policy update</b>	September 2025	Claire Gardner-Queen		Annual Update



Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
<b>Director of Public Health Annual Report</b>	September 2025 TBC	Lorraine Hughes		Annual Update
<b>Health Protection Assurance Report</b>	September 2025 TBC	Ken Ross / Cherry Stephenson		Annual Update
<b>Housing Services Tenant Involvement Strategy 2024-2029</b>	October 2025  Last considered 23/10/2024	Claire Gardner-Queen		Annual Update
<b>Preventing Homelessness and Rough Sleeping Strategy 2025-2030</b>	January 2026  Last considered 15/01/2025	Janette McMain		Annual Review
<b>Housing Revenue Account MTFP</b>	January 2026	Anthony Sandys		Prior to submission to Cabinet on: 4 February 2025
<b>Suicide Prevention</b>	TBC	TBC		
<b>Better Care Fund</b>	TBC	Paul Neil		
<b>Wider Determinants of Health</b>	TBC	Lorraine Hughes		
<b>Insulation Standards in Council Properties</b>	TBC	Anthony Sandys		

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
<b>Costs and impacts of buying-back of Council homes</b>	TBC	Anthony Sandys		
<b>Housing Services Damp, Mould and Condensation Policy review</b>	TBC	Anthony Sandys		
<b>Strategic Housing Needs Assessment</b>	TBC	Claire Gardner-Queen / Anthony Sandys		
<b>Sexual Health Provision including methods of access</b>	To be provided as a briefing	Lorraine Hughes		
<b>Health and Wellbeing Strategy</b>	Last considered 23/10/2024	Lorraine Hughes		
<b>Substance Misuse</b>	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?

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Signed Councillor .....

Date .....

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

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

**Signed** ..... **Position** ..... **Date** .....

**PLEASE RETURN TO DEMOCRATIC SERVICES**

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**DARLINGTON BOROUGH COUNCIL  
FORWARD PLAN**



DARLINGTON

Borough Council

**FORWARD PLAN  
FOR THE PERIOD: 5 FEBRUARY 2025 - 30 JUNE 2025**

Title	Decision Maker and Date
Adoption of Finalised Appraisal for the Stockton and Darlington Railway: Northgate Conservation Area Including Changes to its Boundary and Name	Cabinet 4 Mar 2025
Adult Social Care Transport Policy 2024	Cabinet 4 Mar 2025
Consideration of the Use of Ingenium Parc, Maidendale Farm and part of Morton Palms for Residential Use	Cabinet 4 Mar 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
Land at Coniscliffe Road, Darlington	Cabinet 4 Mar 2025
Land at Faverdale - Burtree Garden Village - Proposed Infrastructure Development Agreement (IDA)	Cabinet 4 Mar 2025
Preventing Homelessness and Rough Sleeping Strategy 2025/30	Cabinet 4 Mar 2025
Public Space Protection Orders (PSPO) and Renewal of Town Centre Order	Cabinet 4 Mar 2025
Regulation of Investigatory Powers Act (RIPA)	Cabinet 4 Mar 2025
To consider the Use of Land at Faverdale including the Former St Modwen Land for Biodiversity Net Gain and	Cabinet 4 Mar 2025

**DARLINGTON BOROUGH COUNCIL  
FORWARD PLAN**

Nutrient Neutrality Credits	
Annual Procurement Plan Update	Cabinet 8 Apr 2025
Dolphin Centre – Invest to Save Projects	Cabinet 8 Apr 2025
Household Support Fund	Cabinet 8 Apr 2025
Long Term Plan for Towns	Cabinet 8 Apr 2025
North East Smokefree Declaration	Cabinet 8 Apr 2025
Physical Activity Strategy	Cabinet 8 Apr 2025
Schedule of Transactions	Cabinet 8 Apr 2025
Special Educational Needs and Disabilities (SEND) Strategy	Cabinet 8 Apr 2025
Strategic Asset Plan	Cabinet 8 Apr 2025
Woodland Road Waiting Restrictions	Cabinet 8 Apr 2025



## Climate Considerations

### Questions for scrutiny committee members to ask

1. Will the proposal/project result in an increase in carbon emissions?
  - How have you ensured that energy is not wasted or lost through poor insulation, heating the wrong areas or inefficient lighting?
  - Will there be an increase in business travel or commuting?
  - How easy will it be for people to travel by public transport, bicycle or walking?
  - Is there a need for travel at all?
  - Will there be an increase in waste disposal?
2. How will you reduce emissions?
  - How can you reduce energy use?
  - How can you reduce use of natural resources?
  - How can you ensure suppliers are working in a sustainable way?
  - How can you reduce waste?
  - How can you improve energy efficiency?
3. Will the proposal have any impacts on biodiversity (positive or negative)?
  - Will there be a net reduction in trees?
  - Are there opportunities for planting?
  - Are there other habitats or wildlife considerations?
4. Does the proposal incorporate/promote the development of renewable energy?
  - How can you increase the use of renewable energy in your project?
5. How can you minimise emissions from transport?
  - How can your project enable and encourage active travel?
  - How can you reduce the need for travel at all?
6. How will you make the proposal/project resilient to the impacts of climate change, such as more frequent severe weather, floods and heatwaves?
  - How can your project be designed to be resilient to these occurrences?
  - How can you ensure the building does not overheat in summer?
  - How will your service travel during these events?
  - How can communities using your service be protected?

### Supplementary questions

- Does any procurement consider the impact on the environment?
- How does the project/proposal support the climate change strategy, tree and woodland strategy and sustainable communities strategy?
- How does the project/proposal support local businesses and employers to be sustainable?
- How can the project/proposal help develop local skills?

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## **Tees Valley Joint Health Scrutiny Committee MINUTES AND DECISION RECORD**

7 November 2024

The meeting commenced at 10am in the Civic Centre, Hartlepool.

### **Present:**

#### **Responsible Authority Members:**

Darlington Borough Council - Cllr Holroyd

Hartlepool Borough Council - Cllr Boddy, Cllr Roy

Middlesbrough Council - Cllr Cooper

Redcar and Cleveland Borough Council – Cllr Cawley, Cllr Crane, Cllr Kay

Stockton Borough Council - Cllr Hall, Cllr Besford

### **Also Present:**

Rowena Dean, Chief Operating Officer, North Tees & Hartlepool Foundation NHS Trust (NTHFT)

Karen Hawkins, Director of Delivery [Tees Valley], North East and North Cumbria Integrated Care Board (NENC ICB)

Alistair Monk – Medicines Optimisation Pharmacist, NHS North of England Commissioning Support Unit

Angela Dixon – Head of Medicines (Tees Valley), (NENC ICB)

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

Jo Cook – Programme Manager Preventing Suicide, Durham Tees Valley and Forensics, Tees Esk and Wear Valleys NHS Trust (TEWV).

Sarah Paxton - Head of communications, TEWV

Catherine Parker – Public Health Lead, TEWV

### **Officers:**

Claire Jones (MC)

Gemma Jones, (HBC)

Caroline Leng (R&CBC)

Chris Lunn (MC)

Joan Stevens (HBC)

Gary Woods (SBC)

### **13. Apologies for Absence**

Cllr Layton, Cllr Moorish, Cllr Moore, Cllr Scott and Hannah Miller.

### **14. Declarations of Interest**

Cllr Boddy declared an interest as a Governor of TEWV during the discussions relating to item 19.

**15. Minutes of the meeting held on 19<sup>th</sup> September 2024**

Confirmed.

**16. North East and North Cumbria Integrated Care Board:  
Winter Plan Update - Director of Delivery [Tees Valley], NENC ICB and  
Chief Operating Officer, NTHFT**

The Committee received its annual winter planning update. Provided by the (NENC ICB) Director of Delivery [Tees Valley], key aspects included:

- System approach to winter planning
- Assurance process
- System Priorities
- Local Priorities
- Public Messaging

As with previous years, the NENC ICB has developed its Integrated Care System (ICS) level winter plan. Supported by local plans, this outlined the steps taken to deliver on respective actions, retain resilience and manage anticipated winter pressures. The presentation contained a summary of the NHS England letter and focused on key priority areas of providing safe care over winter, supporting people to stay well and maintaining patient safety and experience. It also outlined the asks of NHS England, the Integrated Care Board (ICB) and the Foundation Trusts.

It was explained that there was a need to ensure that a robust winter plan is in place. The plan should include surge plans, and co-ordinate actions across all system partners. It should also ensure long patient delays and patient safety issues are reported. The plan builds upon the work of the local A&E delivery board at a local level and winter plans are tested throughout the winter period. These documents are live and can change if any gaps in service are identified. The North East and North Cumbria Urgent and Emergency Care Network priorities were also outlined as well as the key actions.

Further information was also provided in relation to the commissioning of specialist sites in each locality to manage acute respiratory illnesses throughout the winter period. This will free up capacity in urgent treatment centres to deal with those that need that level of support. There is also a digital pool of staff to cover winter periods.

In terms of local priorities, the Tees Valley Local A&E delivery board assured areas were outlined including the co-located urgent treatment centres now in place at 3 Foundation Trusts. Members were informed of the capacity of the Same Day Emergency Care wards, Health at Home and Virtual wards.

Information was also provided to Members with regards to the publicity campaigns being launched over the winter period to inform the public of where to get help and support with their health. These included 'Here to Help', a region wide umbrella campaign providing the platform for joined-up campaigns. Other campaigns included Winter Vaccines, 'Head to your local pharmacy', advice on keeping well/self-care and accessing Primary Care services. It was advised that local trusts would amplify wider system messages.

In the questions that followed Members ascertained the following information –

- The recent change in government had not impacted the winter plan.
- It was not known if the recent changes to the winter fuel allowance would have a detrimental impact on the NHS.
- In terms of vaccine hesitancy, work is carried out with partner agencies to understand the reasons behind this. Work would continue in certain areas to promote and educate around vaccines.
- Pharmacists are health professionals, qualified and skilled to take some demand from GP services. They are well placed to see and treat common conditions.
- The remodeling of the Urgent Treatment Centre at James Cook University Hospital continues. Once complete adults and children will be streamed for treatment.
- The process for ordering prescriptions was outlined.
- A Member expressed disappointment that there was a lack of focus on prevention work around fuel poverty and the impact this may have on a person's health. It was explained that partnership work is ongoing to support those who need it.
- The importance of referring people to Citizens Advice Bureau for support with fuel poverty was highlighted.
- Members emphasised the importance of patients being discharged from hospital to homes that were warm and safe to return to.
- Infection prevention and control is managed on a daily basis.
- Due to a broken MRI scanner at North Tees Hospital, a mobile unit was put in place. The scanner has now been repaired. The opening of the new Community Diagnostics Centre would give more capacity to manage issues like this going forward.
- Building work will continue on the new robotic and maternity theatres with a view of them being ready in February/March 2025.
- Contingency plans were in place to manage the temporary closure of wards or loss of beds.
- Medical engineers look at the life span of equipment and prioritise the items that need replacing on a regular basis.

Members thanked Representatives for their attendance and presentation.

**Decision**

- (i) The content of the presentation was noted.

**17. Opioid Prescribing and Dependency Across the Tees Valley**

*- Medicines Optimisation Pharmacist – NHS North Of England  
Commissioning Support Unit and Head of Medicines (Tees Valley),  
Medicines Optimisation Team (NENC ICB)*

Members were presented with information relating to opioid prescribing in the Tees Valley. It was explained that information relating to opioid dependency would be an item scheduled for a later date.

The Medicines Optimisation Pharmacist outlined data relating to opioid prescribing volume, opioid dosages and prescribing trends across the Tees Valley. In 2021/22, due to a focus on education sessions in GP practices and teams working with specialist services, the trend had started to decrease however, this had now plateaued.

Representatives outlined how they are supporting prescribers to reduce opioid prescribing. This included developing close links with Foundation Trust pain specialists and an opioid reduction clinic based within James Cook University Hospital. Replicating this at North Tees had also been considered. Other aspects included the use of specialist pharmacists and targeted support visits to higher prescribing practices.

Publicity Campaigns were also in circulation such as 'Painkillers don't exist' which combines awareness raising with educational resources to support people with alternative pain management. Referrals to Social Prescribers were also discussed, as was looking at different ways of managing pain such as being more active, exercise and art therapy.

Members expressed concern about the data relating to prescribing rates across the Tees Valley. A Member commented that patients attending their GP Practice may see different GP's each time, who may not know the patient. Whilst consideration must be given to the reduction of opioid use, Members were mindful of those that need this for short term use such as those waiting for surgery and that the balance must be right. The Representative explained that key to this was appropriate prescribing. There was a place for opioid prescribing but this should not be the crux of a patient's care, alternative methods need to be explored with other health professionals such as Physiotherapists. It was highlighted that the role of Social Prescribing should not be overlooked as well as community Pharmacists.

A member queried comparison rates across the country and asked why prescribing rates were high in the Tees Valley. It was suggested that the demographic of the area could play a part in this, examples of which were given. There were also health inequalities in the area compared to other

parts of the country. There was also a role for some collaboration work with substance misuse services.

When discussing the impact of potential fuel poverty in relation to health, the importance of getting the right help and support was outlined as well as accessing support from services such as Social Prescribers.

Members thanked Representatives for their attendance and presentation.

### **Decision**

- (i) The content of the presentation was noted.
- (ii) That opioid dependency be a future item brought to this Committee.

**18. Tees Suicide Prevention Strategic Plan - Preventing Suicide (Tees) - Public Health Practitioner, Middlesbrough Council and Programme Manager Preventing Suicide, Durham Tees Valley and Forensics, TEWV**

The purpose of the item was to provide Members with an overview of the Tees Suicide Prevention Strategic Plan. Prior to the start of the presentation, it was explained by the Public Health Practitioner that Darlington did not form part of this strategy as they were aligned to Durham. The strategy related to the 4 local authorities of Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton.

The presentation provided data relating to deaths by suicide by years, broken down by LA. Representatives explained that real time surveillance data was used to help prevent future suicides and that this data informs support, suicide prevention activity and national real time data. This includes joint working with the Police and Public Health to look at ways of reducing deaths by suicide. It was highlighted that data from 2018 to 2023 had not changed dramatically but there had been a change in the demographic. Members noted an increase in female suicide, although suicide amongst males remains high. There was also an increase in people aged under 30 and over 65 dying by suicide compared to previous data.

The Tees Suicide Prevention Strategic Plan sets out key areas for action with the aim of achieving the vision of reducing the rates of suicide. The strategy has been developed with and endorsed by key local partners, organisations, services, and communities who contribute to suicide prevention and supporting vulnerable groups. The 8 key areas for action were discussed, as detailed in the presentation.

In the discussion that followed Members expressed concern about the impact of social media and young people. Representatives explained that the Samaritans work with young people regarding this issue, including involving colleges and schools in educating young people and ensuring those affected can be signposted to sources of support.

Media awareness campaigns were also discussed including those with a male focus. The importance of partnership working was also highlighted

and that agencies such as the Department for Work and Pensions, GP practices and Social Prescribers were aware of risk factors and vulnerable groups.

Members enquired about how much data is gathered about a person's circumstances in each case of suicide. It was explained this information is gathered and sent to the Integrated Care Board who undertake a full health audit. Issues such as Domestic Abuse are also investigated. Representatives outlined how they work alongside colleagues from TEWV in terms of gathering information when a loss of life is the result of suicide.

Accessing mental health support through 111 was also discussed. Whilst this is in the early stages it was explained that patients can ring 111 and be directed to sources of support and help.

The Chair commented that this was a very complex issue, Representatives echoed this and advised that early intervention and prevention work was key. Members welcomed the new strategy and the holistic approach taken.

Representatives were thanked for their presentations.

#### **Decision**

- (i) The content of the presentation was noted.

### **19. Health Inequalities in the Tees Valley - Consultant in Public Health - Tees Esk and Wear Valleys NHS Foundation Trust**

The purpose of the report was to provide Members with information relating to health inequalities across the Tees Valley. The presentation, delivered by the Consultant in Public Health (TEWV), outlined that some of the most deprived neighbourhoods in England were in the Tees Valley. Context was provided in terms of the impact of health inequalities such as -

- poorest social, physical and mental health outcomes
- poverty and financial exclusion
- drug and alcohol related harm

Some people also face multiple challenges and are not able to afford transport to access health services.

The approach TEWV has taken to address the health inequalities was outlined in the presentation as well as how this would be implemented. A number of initiatives were also being piloted including health inequality workshops and widening the availability of naloxone (a medicine that rapidly reverses opioid use). The Trust is also using lived experience to drive the work on inequality via visual learning aids, examples of which were detailed in the presentation. Areas of learning and development were also highlighted as well as challenges and levers.

Following the presentation, a query was raised in relation to what support is offered to those that do not attend appointments. It was explained that the policy on non-attenders had been refreshed. Those that do not attend



warrant individual responses to understand why that person did not attend their appointment, including social and economic barriers. This also forms part of the work of the Community Mental Health Transformation programme, to focus on care and support in the community. Work continues with Directors of Public Health around a 1-year plan to be taken to Health and Well Being Boards.

A Member queried if some appointments could be made more available in the community if patients were unable to travel to hospital. Members were advised that investigations into why people could not attend appointments is ongoing. As well as understanding the demographics of the patients and the accessibility of the appointments.

A question was asked in terms of staffing levels at TEWV as there seemed to be a number of mental health professional vacancies. The Head of Communications for TEWV commented that the Trust always works to safe staffing but that permanent roles had been advertised as the Trust moves away from using agency staff. The Chair commented that a number of roles have been recruited to with a view of this continuing to rise.

The discussion concluded with a Member commenting on the importance of having the data to be able to evidence that the new models were working. It was also emphasised that quality of service was paramount and the importance of continued scrutiny to ensure better provision of service was reiterated.

The Consultant in Public Health was thanked for their presentation.

### **Decision**

- (i) The content of the presentation was noted.

## **20. Work Programme for 2024/2025**

The work programme for 2024/25 was discussed following updates from the previous meeting.

A Member suggested that the health impact of incinerators be added to the work programme as a future item. The Chair advised that the work programme for the remainder of this municipal year was particularly large, but this could be added to the list of future items to be considered.

- (i) The amended work programme for 2024/25 was agreed.
- (ii) The impact of incinerators on health be added as an item to be considered for the work programme for 2025/26.
- (iii) Opioid dependency be added to the work programme as a future item for 2025/26.

## **21. Any Other Items which the Chairman Considers are Urgent**

None.

The meeting concluded at 13.15pm.

CHAIR