



**DARLINGTON**

Borough Council

# Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 2 April 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) 5 February 2025 (Pages 5 - 6)
  - (b) 26 February 2025 (Pages 7 - 12)
4. Update: Climate Change Strategy 2024-2029 –  
Presentation by Assistant Director Housing and Revenues  
(Pages 13 - 30)
5. Working Collectively to Transform the Mental Health System –  
Presentation by Associate Director of Partnerships and Strategy, Tees, Esk and Wear  
Valley NHS Foundation Trust  
(Pages 31 - 40)
6. Children and Young People's Services –  
Presentation by General Manager – Durham and Tees Valley Community CAMHS, Tees  
Esk and Wear Valley NHS Foundation Trust  
(Pages 41 - 50)

7. Healthy Lifestyle Survey –  
Report of Director of Public Health  
(Pages 51 - 66)
8. Supporting Children and Young People's Health and Wellbeing in Schools - Conference –  
Report of Director of Public Health  
(Pages 67 - 76)
9. Work Programme –  
Report of Assistant Director Law and Governance  
(Pages 77 - 92)
10. Health and Wellbeing Board –  
Included for information are the approved Minutes of the meeting held on 5 December 2024. The Board last met on 13 March 2025. The next meeting is scheduled for 19 June 2025.  
(Pages 93 - 96)
11. Regional Health Scrutiny (Pages 97 - 104)
12. 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.
13. Questions



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

**Tuesday, 25 March 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

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## HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 5 February 2025

**PRESENT** – Councillors Layton (Chair), Baker, Beckett, Crudass, Johnson and Mahmud

**APOLOGIES** – Councillors Holroyd, Pease and Mrs Scott

**ALSO IN ATTENDANCE** – Councillors Roche, Warren Edge (County Durham and Darlington NHS Foundation Trust) and Lisa Ward (County Durham and Darlington NHS Foundation Trust)

**OFFICERS IN ATTENDANCE** – Abbie Kelly (Public Health Portfolio Lead) and Hannah Miller (Democratic Officer)

### HH41 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

### HH42 COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - QUALITY ACCOUNTS UPDATE - JANUARY 2025

The Senior Associate Director of Assurance and Compliance, County Durham and Darlington NHS Foundation Trust submitted a report (previously circulated) updating Members on the Trust's progress against its Quality Accounts as at October 2024 to the end of Quarter 2, 2024/25.

It was reported that the majority of the priorities were broadly on track and there had been improvement over time for most; that none of the priorities had seen deterioration in performance; and that where further work was needed for amber or red rated areas, these were documented through Executive Oversight and governance processes and were reported on through the Quality Committee, SLT and IQAC. The submitted report outlined the key actions, status update, impact and rating for each quality indicator.

Members queried the figures relating to mixed sex breaches and discussion ensued regarding the priority 'improving maternity services', with Members seeking clarification regarding maternity and neonatal incidents; the reasoning behind the reinstatement of the home birth service; and following a question, the Senior Associate Director of Assurance and Compliance advised Members that further information would be provided as to the Trusts position on multiple births at Darlington Memorial Hospital.

Members queried the ratings for the priorities, noting that none were currently on target. Members were informed that many of the priorities were long term priorities over the course of the four-year quality strategy, 'Quality Matters'; it was hoped that by the end of the four year period a number of the priorities would be green or 'on track' and the remainder yellow or 'broadly on track'; and that high demands on service along with complex patient groups had an impact on the progress of the priorities.

In relation to the priority 'continued improvement in end of life care' Members sought further information regarding the funding for palliative care within local hospices.

The Public Health Portfolio Lead in attendance at the meeting requested further information in relation to the number of new cases of Carbapenemase-producing Enterobacterales (CPE), including the number of patients on the wards with open outbreaks; and timescales for works on sinks and water light bathing. The Senior Associate Director of Assurance and Compliance confirmed that whilst sinks in proximity to bays were out of use there were other sinks on the wards for staff use; that refurbishment of other wards was required but was dependent on capital allocation; and further details relating to cases, including mode of transmission would be provided.

The Public Health Portfolio Lead also sought clarification regarding the wards with low compliance for infection prevention and control, requesting details of those wards; the Senior Associate Director of Assurance and Compliance assured Members of the work being undertaken in relation to reducing harm from healthcare associated infections, which included the operational refresh programme and regular meetings of the infection control champions.

Discussion also ensued regarding the methods of communicating key messages to staff within the Trust; and in relation to the priority 'Improving recognition and acting on patient deterioration' Members noted the trial of Martha's rule at Darlington Memorial Hospital, welcoming further updates at a later date.

**RESOLVED** – (a) That the progress against the Trust's priorities be noted.

(b) That Adults Scrutiny Committee be requested to give consideration to the Carbapenemase-producing Enterobacterales (CPE) data in respect of Care Homes and Domiciliary Care.

## HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 26 February 2025

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

**APOLOGIES** – Councillors Baker, Holroyd and Pease

**ALSO IN ATTENDANCE** – Councillors Roche, Michelle Thompson (Healthwatch Darlington), Pauline Fletcher (NHS England - North East and Yorkshire), Emma Joyeux (NHS North East and North Cumbria Integrated Care Board) and Dr Kamini Shah (NHS England – North East and Yorkshire)

**OFFICERS IN ATTENDANCE** – Anthony Sandys (Assistant Director - Housing and Revenues), Lisa Soderman (Head of Leisure) and Ken Ross (Public Health Principal)

### HH43 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

### HH44 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON :-

#### (1) 8 JANUARY 2025

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 8 January 2025.

**RESOLVED** – That the Minutes of the meeting of this Scrutiny Committee held on 8 January 2025 be approved as a correct record.

#### (2) 15 JANUARY 2025

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 15 January 2025.

**RESOLVED** – That, with the addition of Members thanks to the Housing Team to Minute HH33, the Minutes of the meeting of this Scrutiny Committee held on 15 January 2025 be approved as a correct record.

### HH45 DARLINGTON PHYSICAL ACTIVITY STRATEGY 2025-2035

The Assistant Director – Community Services submitted a report (previously circulated) updating Members on the outcome of the review of Darlington’s Physical Activity Strategy (also previously circulated) which was due for renewal in 2025.

The submitted report stated that the strategy had been approved by the Health and Wellbeing Board on 5 December 2024; the purpose of the strategy was to improve participation and engagement in sports and physical activity; the strategy was key to support the Council Plan and its objectives aligned with the Council’s priorities; and a further review

of the strategy would be carried out in tandem with the Council Plan review in 2027.

It was reported that around one in three men and one in two women were not achieving recommended levels of activity for good health; most recent Darlington data showed that 18.1 per cent of the population were inactive, which was lower than regional neighbours but higher than the national average; and that adults should be aiming for 150 minutes of moderate activity per week.

Members were informed that a collaborative review of the Physical Activity Strategy was agreed with Public Health and Leisure Services to respond to changes in environments and behaviours which had been amplified following the pandemic; as part of the review a self-assessment was conducted using 8 themes along with a roadshow of consultation workshops with over 100 stakeholders and the public. Members noted that an action plan detailing short, medium and long term actions had been developed from the outcomes of the workshops.

Discussion ensued regarding funding and the need for a focus on economically challenged areas with Members noting that work was underway to secure additional funding for a place based initiative; and reference was made to the importance of multi-agency input. Members were informed that Make Every Contact Count training was being rolled out to staff, including those in the community.

Questions were raised in relation to the perception of recommended activity levels and Members noted that physical activity extended beyond sport. Further discussion ensued regarding the use of green spaces in Darlington.

Members entered into a discussion regarding physical activity in schools; reference was made to the challenges associated with the move from Primary to Secondary education; and Members noted there were a range of school sporting activities including Darlington School Games.

Members highlighted the importance of engaging and supporting ethnic minorities to be more active and the Cabinet Member for Health and Housing suggested amendments to the vision, mission and aims of the strategy to ensure there was a key focus on tackling inequality.

**RESOLVED** – (a) That Members provide further comments on the Physical Activity Strategy 2025-2035 by 5 March 2025.

(b) That Members request that consideration be given to the inclusion of 'Physical Activity Strategy' in all reports.

#### **HH46 NHS DENTAL SERVICES**

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 gave a presentation (previously circulated) updating Members on NHS Dental Services.



The presentation provided Members with details of commissioned capacity in Darlington, including the Urgent Dental Access Centre (UDAC) which opened in June 2024; and reference was made to the NHS dentistry challenges.

It was reported that the challenges would be tackled in three streams; immediate actions to stabilise services, a more strategic approach to workforce and service Delivery and developing an oral health strategy to improve oral health and reduce the pressure on dentistry. Details were provided on the Dental Recovery Programme, with Members noting the limited uptake in Darlington for the incentivised access scheme. Reference was also made to the pilot of an urgent dental access centre in Darlington which offered 28 urgent appointments per day and had been delivering above commissioned capacity, at 104 per cent. Details were also provided of the transformation and sustainability plan, including an uplift in the local minimum unit of dental activity (UDA).

Members were informed of the NHS Dental Recruitment Incentive Scheme which was being considered as part of the wider recovery programme to recruit and retain dentists; and details were provided of the work undertaken to develop a system wide strategy to improve oral health and reduce pressure on NHS dental services.

The presentation provided details of the oral health improvement initiatives in Darlington, including supervised toothbrushing activity, oral health training for Health Visitors, public health teams and health and social care staff and investment in oral health promotion resources. Reference was also made to the dental access referral pathway for children in care and the positive impacts from this pathway.

The Chief Executive Officer, Healthwatch Darlington informed Members of the work being undertaken by Healthwatch to capture the voice of the community in relation to dental services. A survey undertaken in 2024 identified that 75 per cent of dental practices contacted did not offer NHS appointments and that only 9 per cent of NHS practices offered a same or next day appointment. Members also noted that a survey was undertaken on patients attending the UDAC in Darlington. It was reported that 87.5 per cent of patients did not have regular dental care, with some patients having gone ten or more years without seeing a dentist.

Discussion ensued regarding the limited uptake of incentivised access appointments and signposting to dental services. Members were advised that a dedicated dental comms lead was in place to improve communications; that all dental practices were aware of the incentivised scheme; and patients should be signposted to the NHS UK website. It was reiterated that the 111 service should only be used for those with urgent needs.

Members questioned the relevance of the evaluation of the dental access referral pathway for children in care given the data was out of date and were informed of the purpose of the evaluation, which established that the pathway was effective and necessary.

Members raised concerns and highlighted the need for improved communication regarding the impact of high sugar diets on oral health and noted that there was a dedicated oral health promotion team in Darlington; that additional funding was provided for the toothbrush programme in preschool settings; and that the school oral health programme,

which was taught via the PSHE curriculum, included a healthy eating component. Members sought clarification regarding resources for parents.

Members acknowledged the challenges being faced by NHS dentistry and were advised that despite the 'Golden Hello' and a range of other incentives such as relocation packages, there were continued recruitment and retention challenges; and that contract reform, providing more flexibility to dental providers, would help address this challenge.

**RESOLVED** – That 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 be thanked for their informative update.

#### **HH47 PRIMARY MEDICAL CARE AND GENERAL PRACTICE ACCESS**

The Strategic Head of Primary Care (Tees Valley), North East and North Cumbria Integrated Care Board gave a presentation (previously circulated) updating Members on Primary Medical Care and General Practice Access.

The presentation provided Members with an overview of General Practice, with details provided of the GP contract and regulation of general practice; reference was made to core funding and the Primary Care Network (PCN) Contract Directed Enhanced Services (DES). The presentation also gave an overview of General Practices in Darlington, including details of the workforce and means of contacting and accessing the practices.

Details were provided of primary care appointment activity including eConsult data and enhanced access utilisation and causes of access challenges were outlined; the findings of the GP Patient survey 2024, an independent survey run by Ipsos on behalf of NHS England; and the Primary Care Access Recovery Plan, which was focussing on empowering patients to manage their own health, implementing modern General Practice access, building capacity and cutting bureaucracy. Members noted the progress made to date.

Members welcomed the wide range of roles of staff in GP practices that were available to patients; and particular discussion ensued regarding the eConsult data. Members were advised that whilst all practices offered eConsults, a small number of practices operated a total triage model whereby a team of clinical practitioners reviewed and prioritised submissions received from patients, with prioritisation of appointments based on clinical need. Members highlighted concerns regarding acquiring an appointment and were informed that pre-bookable appointments were available up to two and sometimes three weeks in advance.

Concerns were also raised regarding services offered by pharmacies. The Public Health Specialist informed Members that Darlington's Pharmaceutical Needs Assessment was being reviewed and as part of the review, all community pharmacies would be contacted to ascertain their offer.

**RESOLVED** – That the thanks of this Scrutiny Committee be extended to the Strategic Head of Primary Care (Tees Valley), North East and North Cumbria Integrated Care Board for her interesting and informative presentation.

#### **HH48 WORK PROGRAMME**

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

Discussion ensued on the current work programme and Members agreed to receive an update on the 'Supporting Children and Young People's Health and Wellbeing in Schools Conference' and 'Healthy Lifestyle Survey' at the next meeting of this committee.

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

#### **HH49 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. Members noted the approved Minutes from the meeting held on 7 November 2024 (previously circulated).

**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.

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# Update: Climate Change Strategy 2024-2029

Housing Services

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Agenda Item 4

# Aims of the Strategy:

- Achieve net zero carbon across our housing stock by 2050.
- Reach the national requirement of meeting a minimum Energy Performance Certificate (EPC) rating of C throughout all homes by 2030.
- Apply a 'fabric first' approach to retrofit works to upgrade the energy efficiency of our homes.
- Foster an environment of reduced carbon emissions and energy consumption to improve the comfort and health of our tenants in their homes and the wider community of Darlington.



# Actions taken 2024/25: Retrofit

- We secured funding of £1.27m from the government's **Social Housing Decarbonisation Fund (SHDF) Wave 2.1**.
- We have used this money, alongside DBC's matched contribution of £1.27m, to roll out retrofit works to 130 homes. This work is due to be completed in May 2025.
- The energy efficiency measures applied to each home depend on property type. Measures include: external wall insulation, cavity wall insulation, roof extensions, loft insulation, upgrades to doors, and low energy lighting as required.



# SHDF 2.1 Works (Before)

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# SHDF 2.1 Works (After)



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# Actions taken 2024/25: Retrofit Continued

- In September 2024, we applied for further funding under the government's **Warm Homes Social Housing Fund (WHSHF)** Wave 3. DBC will also contribute funding to this project.
- Depending on property types, our WHSHF project will include works of external wall insulation, cavity wall insulation, upgrades to doors and windows, and roof extensions as required.
- The outcome of our bid is due to be released in March 2025. The number of properties to be upgraded will depend on the funding we receive, and we will match-fund this amount.
- Alongside bidding for funding, we have committed over £4m each year over the lifetime of the MTFP for energy efficiency works.



# Actions taken 2024/25: New Build Homes

- Our new build properties are built to a standard of EPC B. Final EPC assessments are yet to have taken place at Sherborne Close, but with the increased efficiencies involved in the works here, these properties may even reach EPC A.
- As part of new building regulations, we will include Solar PV and ASHPs to properties as standard.
- We will also install EV chargers (either individual or communal) to houses and apartments in line with new building regulations.
- We are constantly working with contractors to implement the newest energy efficiency innovations into our housing projects.
- For instance, windows on our Neasham Close new build site are fitted with an insulation collar. This provides an insulating barrier around the window frame, which keeps rooms warmer in the winter and cooler in the summer, ultimately reducing energy bills and carbon emissions for residents.



# Sherbourne Close: Recent Contractor Report



# Neasham Road: On Site



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# Neasham Road: Recent Contractor Report



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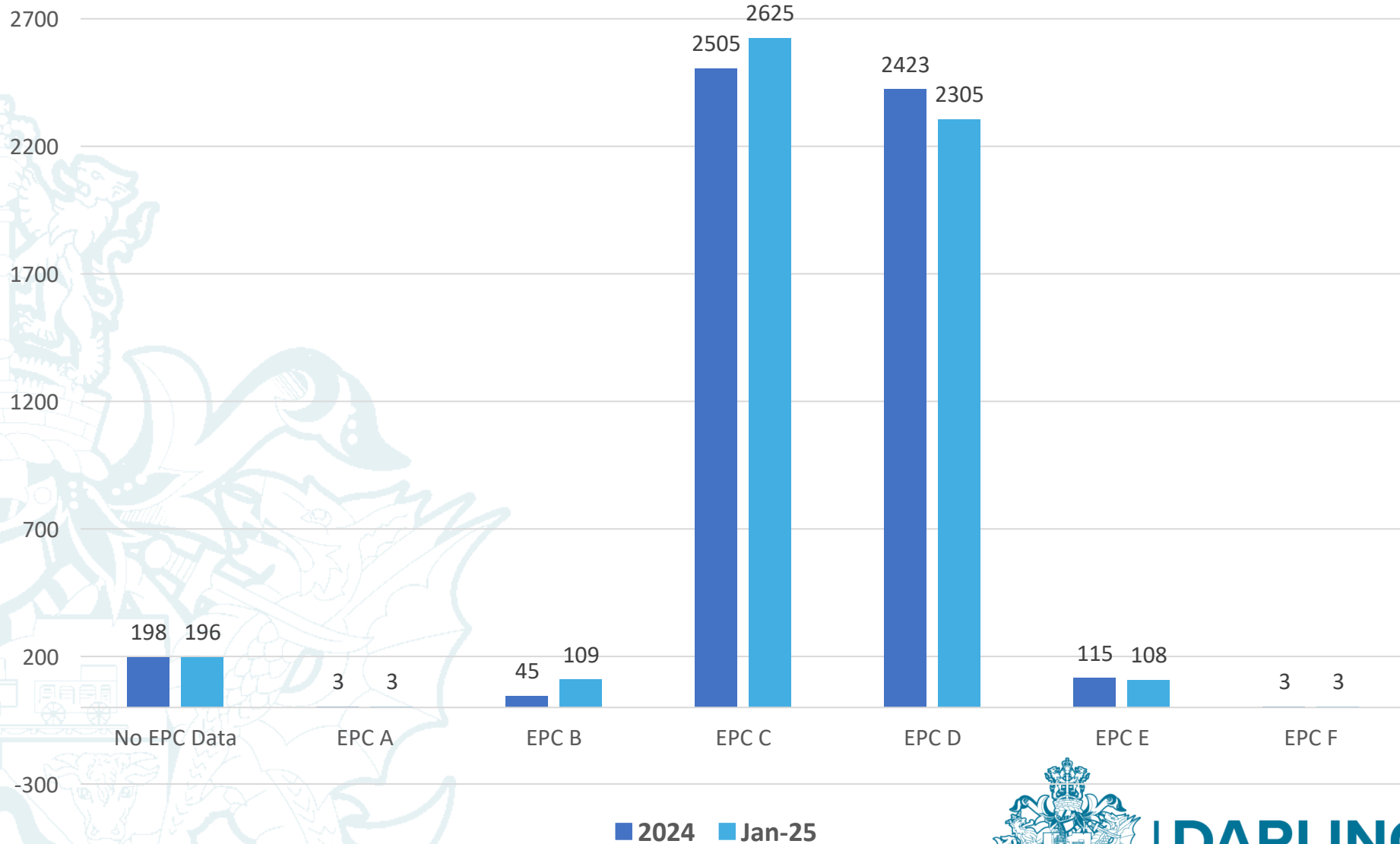


# Planned and Responsive Maintenance

- All our flats are having energy efficient fire doors installed.
- All our properties now have double glazed windows.
- Our contractors, *Anglian*, recycle the old windows that comes out of our properties and use this recycled material as a base for the trims that go back onto our new double-glazed windows.
- Loft insulation is upgraded as part of our roofing programme.
- Through inspections, we sometimes identify energy measures required in homes. We carry out these improvements on an ad hoc basis.
- Our inspection and building repairs team apply a technology called thermal plastering to our homes. Thermal plastering minimises heat loss in the winter and slows down heat gain in the summer. Therefore, reliance on high-energy usage systems like heating and air conditioning decreases. This decreases heating bills by up to 15% and reduces carbon emissions.
- Each year, 240 energy efficient boilers are being installed through planned maintenance. Around 110 energy efficient boilers are being installed through responsive repairs and voids.
- We are upgrading our maintenance vans to electric in 2025-26.



### EPC Data - 2024 & Jan 2025





- From 2024 to Jan 2025, an increase of 184 homes have reached EPC C or above.
- From our SHDF 2.1 project, we expect a further 130 homes to reach EPC C and above.
- With the major works planned, we anticipate a further c. 1300 properties to reach EPC C and above by 2030 (75% EPC C).
- We have currently c. 1400 properties which are high-scoring EPC Ds, so will only require minor works to get them to EPC C.
- This will cover the remaining 25% of homes we need to get to EPC C to achieve 100% by 2030.

**We now have 51% of our properties at EPC C or above.**

|                    | <b>2024</b> |              | <b>Jan-25</b> |              |
|--------------------|-------------|--------------|---------------|--------------|
| <b>EPC Band</b>    | <b>%</b>    | <b>Total</b> | <b>%</b>      | <b>Total</b> |
| Band A             | 0.06        | 3            | 0.06          | 3            |
| Band B             | 0.85        | 45           | 2.04          | 109          |
| Band C             | 47.33       | 2505         | 49.07         | 2625         |
| Band D             | 45.78       | 2423         | 43.09         | 2305         |
| Band E             | 2.17        | 115          | 2.02          | 108          |
| Band F             | 0.06        | 3            | 0.06          | 3            |
| No EPC data        | 3.74        | 198          | 3.66          | 196          |
| <b>Grand Total</b> | <b>100</b>  | <b>5292</b>  | <b>100</b>    | <b>5349</b>  |



# Plans for 2025/26

- Warm Homes Social Housing Fund (3-year project).
- We are carrying out stock condition surveys to over 1700 homes during the next year.
- This data will enrich our understanding of the condition and requirement of our properties and will inform our planned programmes.



# Plans for 2025/26: Biodiversity

- We have championed the Council's **Tree and Woodland Strategy** by including trees, wildflower meadows, and other green spaces in our programmes to encourage a biodiverse Darlington.
- Our landscape plan for Neasham Road reflects how the importance of biodiversity is upheld in Housing projects.

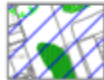















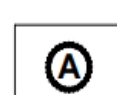
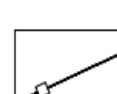


# Neasham Road: Landscape Spec

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## KEY

-  EXISTING RETAINED VEGETATION
-  EXISTING SPECIES RICH GRASSLAND RETAINED AND ENHANCED 12,030m<sup>2</sup>
-  PROPOSED MEADOW GRASS MIX 18,170m<sup>2</sup>
-  PROPOSED LOW GROWING POLLINATOR GRASS MIX 5,810m<sup>2</sup>
-  PROPOSED WET MEADOW GRASS MIX 1,930m<sup>2</sup>
-  PROPOSED SWALES / DITCH WITH 70% WET MEADOW GRASS MIX 1,920m<sup>2</sup> AND 30% MARGINAL / AQUATIC PLANTING 825m<sup>2</sup>
-  PROPOSED NATIVE WOODLAND BLOCKS 6,525m<sup>2</sup>
-  PROPOSED NATIVE HEDGE AND HEDGEROW TREES
-  PROPOSED POND AREAS 1,558m<sup>2</sup> WITH MARGINAL / AQUATIC PLANTING 359m<sup>2</sup>
-  PROPOSED SPECIMEN TREES / AVENUE TREES

-  PROPOSED SMALL STREET TREES
-  PROPOSED WOODLAND EDGE PLANTING 1,652m<sup>2</sup>
-  PROPOSED ORNAMENTAL SHRUB PLANTING 241m<sup>2</sup>
-  HEDGEHOG HIBERNACULAR
-  AMPHIBIAN HIBERNACULAR
-  FENCE AROUND POND TO DBC STANDARD SPECIFICATION
-  WATER MAIN EASEMENT
-  RESPONSIBILITY HOMES BY ESH, NOT DBC.



# Action Plan Progress

## Data Quality and validation

- We have carried out a refresh of our stock condition survey to ensure all regulatory requirements are captured.
- We are in the process of validating and transferring the information across to the new survey.
- We have links to our EPC information which will validate our EPC SAP ratings in light of the changes.

## Fabric First

- We are changing the specifications of our planned works (e.g. windows, doors, roofing) to help move towards higher efficiency buildings.



# Action Plan Progress (Continued)

## Funding Bidding and Capital Programme

- We have continued to bid for funding.
- We are reviewing the life cycles of properties.
- The Asset Management Strategy has been implemented, and we continue to bid for funding. We are awaiting decisions from government for WHSHF.

## Retrofit, Technology and Biodiversity

- We have been exploring new technologies and products as part of our ongoing commitment to energy efficiency.
- Once they have been trialled, we will decide whether they become a part of our core approach to retrofit.
- We are doing the tree planting and wildflower planting on our new estates and will be reviewing our open spaces to identify further opportunities in this area.



# Working collectively to transform the mental health system

Darlington Health and Housing Scrutiny Committee

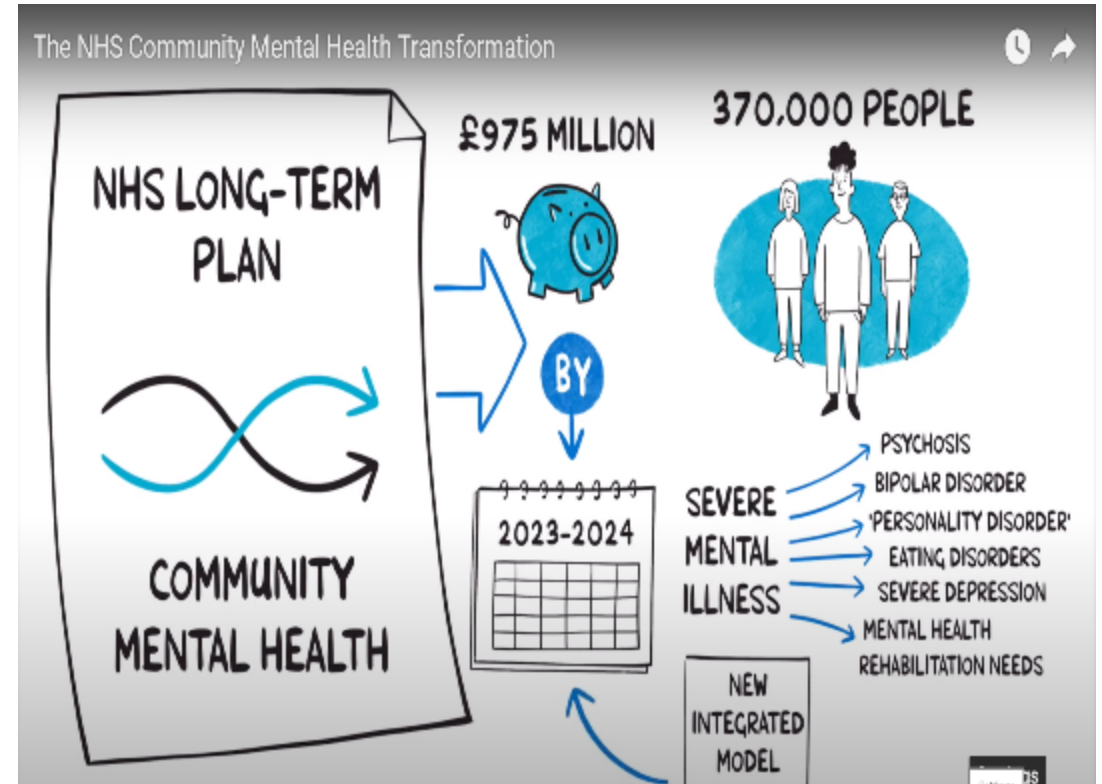
April 2025



Agenda Item 5

## Reminder of core aims of Community Transformation

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





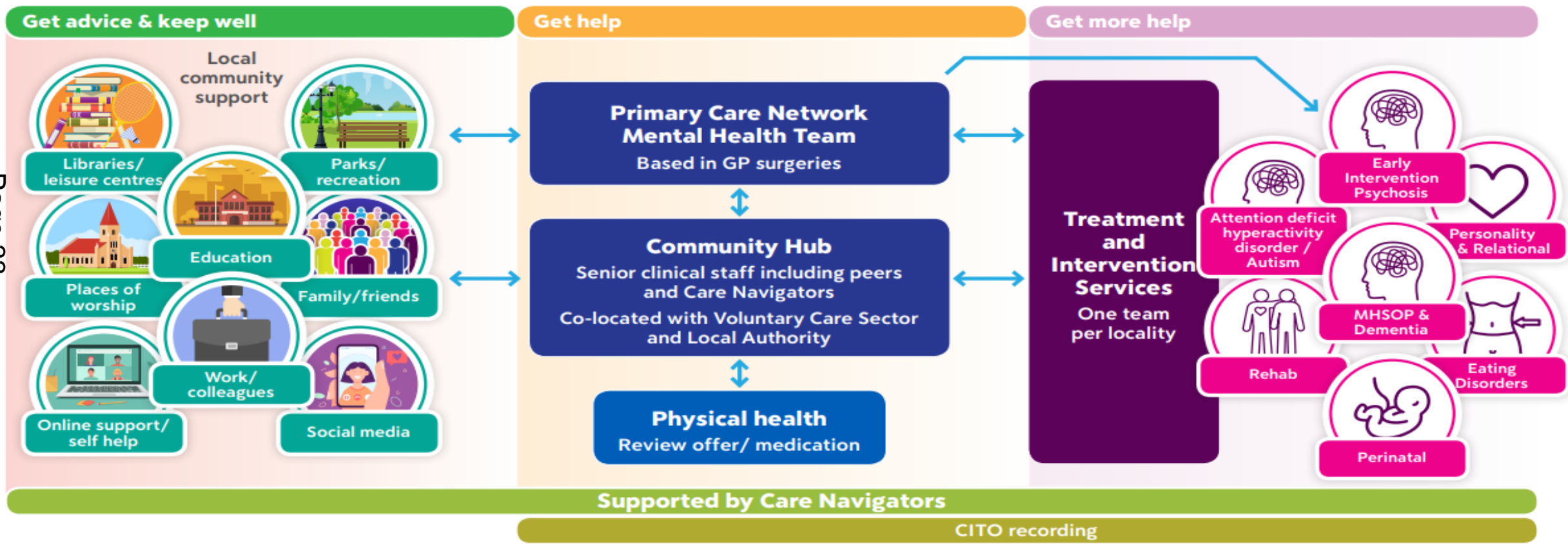
# Community Transformation

## Our vision:



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

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### Principles:

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

Primary Care  
Network Mental  
Health Team

MDT input across both as  
a shared resource

COMMENCED  
February 2023

### Community Hub

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

### Treatment and Intervention Services

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

*Access, Affective and Psychosis teams Re-configured  
into the hub and treatment teams*

# Darlington Connect

- A holistic approach to supporting mental health and wellbeing for the people of Darlington
- Opened March 2023 in the high street – 2<sup>nd</sup> anniversary!
- Led by 700 club with a range of VCSE partners – “connecting” the offer
- Approximately 500 appointments per quarter plus informal drop in advice
- Trained support staff delivering the service
- Appointments with specialist mental health team from the building
- Development of online directories including: Health, Utilities, Recreation, Clothing & Essentials, Finance, Training & Employment, transport.



# Expectations/Impact of the model

- No wrong door – no rejections: *Community Navigator post pivotal to this.*
- Warm transfers of care.
- Pathway simplified: Easier navigation for people who need help and staff
- Holistic offer – people will receive a package of care from TEWV and system partners
- Staff recruitment/ retention and wellbeing
- Earlier access to support/ guidance and interventions
- Waiting times reduced from 6 months to within 28 day target
- Specialist caseload reduced to allow more meaningful therapeutic treatment



# What have we seen?

- Over 40,000 appointments in primary care by MH Nurse practitioner or Mental Health and Wellbeing Practitioners in 2024
- Only 948 (2.5%) of those patients were stepped up into secondary care services
- 15%-20% reduction in secondary care referrals, at a time when we expected secondary care MH referrals to increase (Pandemic impact on Mental Health and Wellbeing and impact of increasing Neuro referrals)
- 91% improvement in year-on-year changes in caseloads – caseload increase of 1821 in 2022 has reduced to 165 in 2024.
- 59% reduction in patients waiting for assessment, reduced from 3500 in January 2023 to 1428 in February 2025
- Weekly huddles established with system partners including TEWV, VCSE, local authority and drug and alcohol services. Integration and partnership working is now the norm but services still looking at ways to be innovative and support more joined up approaches on the ground e.g. new locations, training, hubs etc.
- Staff turnover still an issue



# 2025

- Peer Support service commencing May 2025
- Autism support service commencing May 2025
- Development of crisis safe haven
- Increased focus on alternatives to hospital admission,
- Increased focus on support for young adults (18-25)



# Challenges

- Funding – targeted funding now “un-ringfenced”
- Unprecedented system pressure
- Specialist Workforce
- Time to transform
- Maintaining momentum



# Questions?





# Children & Young People's Services

**James Graham**  
**General Manager, Children and Young People's Services, Durham and Tees Valley**  
**2<sup>nd</sup> April 2025**

# Children & young people's services – i-THRIVE



Working with our partners, including commissioners, VCS/3<sup>rd</sup> sector providers and some local authority colleagues to co-create and deliver the i-THRIVE framework of care

A whole system and evidenced-based approach in supporting families with their emotional wellbeing and mental health needs

Draws a clear distinction between treatment and support

Children, young people and their families are active decision makers

- In Darlington, waits for triage, needs assessment and commencement of support through SPA (single point of access), Getting Help and Getting More Help teams compare favourably with national benchmarks
  - Average length of time CYP have waited for an assessment in Q4 24/25 is 46 days
    - Average skewed by those also waiting for a neurodevelopmental assessment
    - Majority of referrals receive an assessment with 28 days
    - Currently 18 YP from Darlington waiting for a first contact following referral to SPA
    - 11 under 4 weeks and 7 over 4 weeks, longest wait 42 days
- Waits for treatment vary depending on support required
  - Typically, appointments to commence support start within 6-12 weeks of referral
  - Longest waiters are for young people waiting to start on medication for ADHD – up to 6 months
  - Factors impacting this include workforce/clinical capacity for demand and national medication supply issues
- Specialist eating disorders performance against national access standards, in past 4 weeks:
  - 100% of routine referrals seen within 4 weeks
  - 100% of urgent referrals seen within 1 week

# Children & Young People's Services

- Close working arrangements between eating disorders service and paediatric service helping to minimise out of area admissions for eating disorders
- Crisis and IHT teams performing well
  - 98% of calls to CAMHS crisis are triaged by a clinician
  - 90% of urgent referrals were seen within 4 hrs
    - Majority of standard breaches are for CYP within an acute hospital setting and who are not medically fit to be seen for assessment
- Progress against national plans
  - In past 12 months 11,152 young people within the Tees Valley accessed NHS-funded mental health services
    - This is on track to meet required national access trajectories

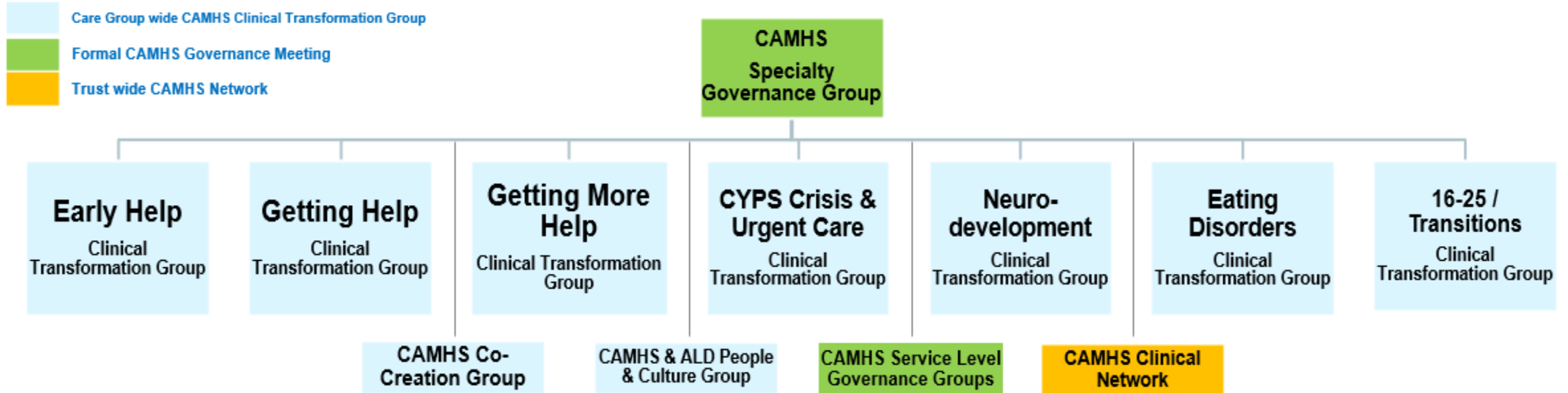
- Neurodevelopmental assessments
  - Average wait in Darlington currently 533 days
  - Current waiting time is around 42 months (actual for those being assessed right now)
    - There are currently 0 waits for the initial triage and panel discussion immediately after referral – where any immediate support needs are considered, and advice is provided
  - The team are consistently meeting contractual obligations in terms of assessment throughput
  - All referrals in Darlington receive a neurodevelopmental assessment which means that consideration for both ADHD and autism is made unless the young person already has a diagnosis of one of them
  - Needs led- bubble of support is in place and is utilised well
  - There is a trauma offer in Darlington which is provided by Alliance
    - Alliance sit on panel discussions and pick up referrals straight from panel
  - There is a drop-in that is led by daisy chain that the team attend. This is well attended by families
  - We are about to test out a new assessment protocol in Darlington – this work will be evaluated with recommendations made
    - Aim is to increase efficiency and throughput
  - The team are piloting a new Keeping in Touch system in Darlington which involves texting families
    - Also hope to reduce DNA's

- Keeping in Touch (KIT) process helps mitigate any risks associated with all waiters and is monitored daily at clinical and senior management levels.
- Transformation program aimed at improving standards and increasing productivity
- MHSTs (school-based teams) having a positive impact across the Tees Valley
  - Darlington is the first local authority in the Tees Valley to achieve 100% coverage of all mainstream schools
- Regional work with partners to address the backlog and unmet need of those waiting for neurodevelopmental assessments, aims include:
  - Working with other providers to increase assessment capacity
  - Improve system-wide offer to help young people and families access and navigate support for neurodiversity
  - Agree on process for prioritisation of the most in-need and vulnerable

# Regulatory activity

- NICHE visit
- A rigorous and independent review carried out by Niche Health and Social Care Consulting took place in 2024.
- Commissioned by NHS England to assess whether, and to what extent, the care we provide is compliant with current standards and expectations.
- Following the publication in 2023 of a system-wide independent investigation into our CAMHS inpatient provision, and in 2022 reports that reviewed the care of three young women who sadly died in our care.
- The 2024 findings show:
  - A good level of assurance that clinical practice within CAMHS offered to patients who present with complex cases is now compliant with expected standards.
  - A good level of assurance that the governance of quality concerns within these services is now compliant with expected standards.
  - A good level of assurance that the overall governance of quality within these services is now compliant with expected standards.
- This was in addition to a CQC inspection in 2023 which also highlighted significant progress and improvements made

# CAMHS Clinical Transformation model



## Clinical Transformation Group function:

To lead priority actions and objectives related to designated work stream from the clinical strategy priorities & business plan

To monitor progress and impact against priority metrics related to the high impact changes each month

To provide assurance against previous reporting month activities, planned future activities and detail any support or escalations to the Specialty Governance Group



# CHILDREN AND YOUNG PEOPLE SERVICE – Transformation groups lead the delivery of our priorities

## GETTING ADVICE AND GETTING HELP

Deliver the **TV GH offer**, with partners, in line with ICB requirement / tender

Agree schedule and expansion plan with Commissioners for **MHST and CYP PCN roles** as opportunities arise.

**Productivity :** Strengthen oversight; diary management / job plans, capacity & demand analysis

## GETTING MORE HELP

**Productivity:** complete diary management & job plan reviews for all staff, embed regular review. Review minimum contacts incl duration & record keeping, agree team / wte standard

**DNA/WNB pilots** in ND and M'bro.

Introduce **ADHD virtual clinics**

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**Review LD CAMHS, IPBS Baysdale & Holly**

## NEURODEVELOPMENT

**Improve access and assessment process:** via clinical protocol evaluation, standard system referral form and assessment documents, profiling tools

**Reduce the backlog;** increase ADHD diagnostic capacity and outputs. Direct oversight of Tees GMH ADHD w list. Agreed competency framework. Support ICB initiatives

## CRISIS & URGENT CARE

**Evaluate Durham IHT** following Tees review 24/25. Prepare for QNCC accreditation

**Develop crisis alternative model** and proposals as readiness for funding/development opportunities

Develop methodology **to measure / correlate admission reduction & enhanced community support** and embed

## EATING DISORDERS

Embed **ARFID framework** and consultation offer.

**Strengthen IHT** and define day service offer.

Implement **multi family therapy offer** across DTV . RISH POD offer with GMH.

**Strengthen pathway with T4, CDDFT and N Tees** in line with ICB specification

# Thank you

# Any questions?

**HEALTH AND HOUSING SCRUTINY COMMITTEE  
2 APRIL 2025**

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**HEALTHY LIFESTYLE SURVEY**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To share with Members an overview of the current Healthy Lifestyle Survey, including headlines of the 2024/25 survey and a timeline for the consultation and review taking place.

**Summary**

2. The Healthy Lifestyle Survey has been delivered in Darlington for 14 years, initially in secondary schools and more recently after a successful pilot the survey has been delivered in primary and secondary schools for the last seven years.
3. Children from year 5 to year 11 are invited to participate, if their school has opted to take part.
4. Annually the survey is delivered across 27 – 30 schools, with 4500 to 6000 responses each year.

**Recommendation**

5. It is recommended that:-
  - (a) Members of the Committee welcome the work programme, the data collected and how it is used.
  - (b) Members support the continuation of the Healthy Lifestyle Survey going forward, and where possible share the positive messages captured through the survey.

**Lorraine Hughes, Director of Public Health**

**Background Papers**

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

Catherine Shaw: Extension 6012

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|--|--|
| Council Plan                                     | Supporting the best start in life, realising potential and raising aspirations   |
| Addressing inequalities                          | There are no implications arising from this report.  |
| Tackling Climate Change                          | There are no implications arising from this report.  |
| Efficient and effective use of resources         | N/A  |
| Health and Wellbeing                             | The Healthy Lifestyle Survey features questions about young people’s health and wellbeing and the results are utilised to plan and adapt the curriculum to meet the needs of the learners. |
| S17 Crime and Disorder                           | There are no implications arising from this report.  |
| Wards Affected                                   | All  |
| Groups Affected                                  | All but specifically children and young people   |
| Budget and Policy Framework                      | N/A  |
| Key Decision                                     | N/A  |
| Urgent Decision                                  | N/A  |
| Impact on Looked After Children and Care Leavers | Looked After Children and/or Care Leavers will have the option to complete the Health Lifestyles Survey throughout their time in Education.  |

## MAIN REPORT

### Information and Analysis

6. The Healthy Lifestyles Survey is offered to all primary and secondary schools across Darlington Borough. There is also a pilot survey planned for Darlington College further to be carried out this year.
7. There are currently two healthy lifestyle surveys, one on ‘Wellbeing and Relationships’ and one on ‘Health’, with it taking on average 20 minutes to complete each survey. Topics include oral health, physical activity, eating habits, emotional health and wellbeing, modern technology and internet use, relationships, smoking, vaping and alcohol.
8. The development of the survey was based on social norms theory, with the aims of challenging the perceptions of local children and young people and supporting them to avoid, delay or choose not to participate in risk taking behaviour.
9. Changes in behaviour have been identified over the timeline of the survey, this includes in the areas of alcohol related behaviours, early sexual behaviour and levels of regret.
10. Once individual schools have completed the survey and findings collated a ‘team around the school’ meeting is convened with each school to discuss the findings and explore what actions can be taken to address identified priorities. This process is utilised by schools to update delivery of the PSHE curriculum, identify any staff training needs and share findings with the pupils and their parents and carers.
11. Combined data reports are also produced for primary and secondary schools, they are shared with all schools, governors and wider stakeholders.

12. In 2024 / 25 the start of the survey was delayed, therefore, some schools were unable to complete this year. However, there were still 4903 respondents aged 9 – 16 years old. These participants came from 20 primary schools and seven secondary schools.
13. Over time, and as a result of how much the survey is valued, it has become a victim of its own success and has had more and more questions included, meaning that currently there are over 200 questions. It is recognised that there is a need to review the content of the survey to make it more manageable, therefore a consultation was launched in February 2025 to consider all the questions and topics covered within the survey.
14. Initial feedback is that the size of the survey could be reduced, and any data collected should be able to be used effectively by the school, to develop services and support. A Development Task and Finish Group will be created to finalise the content and steer the project moving forward.
15. Headlines from 2024/25 Healthy Lifestyles Survey for primary schools are attached as Appendix 1.
16. The headlines for the 2024/25 Health Lifestyles Survey for secondary schools are attached as Appendix 2.

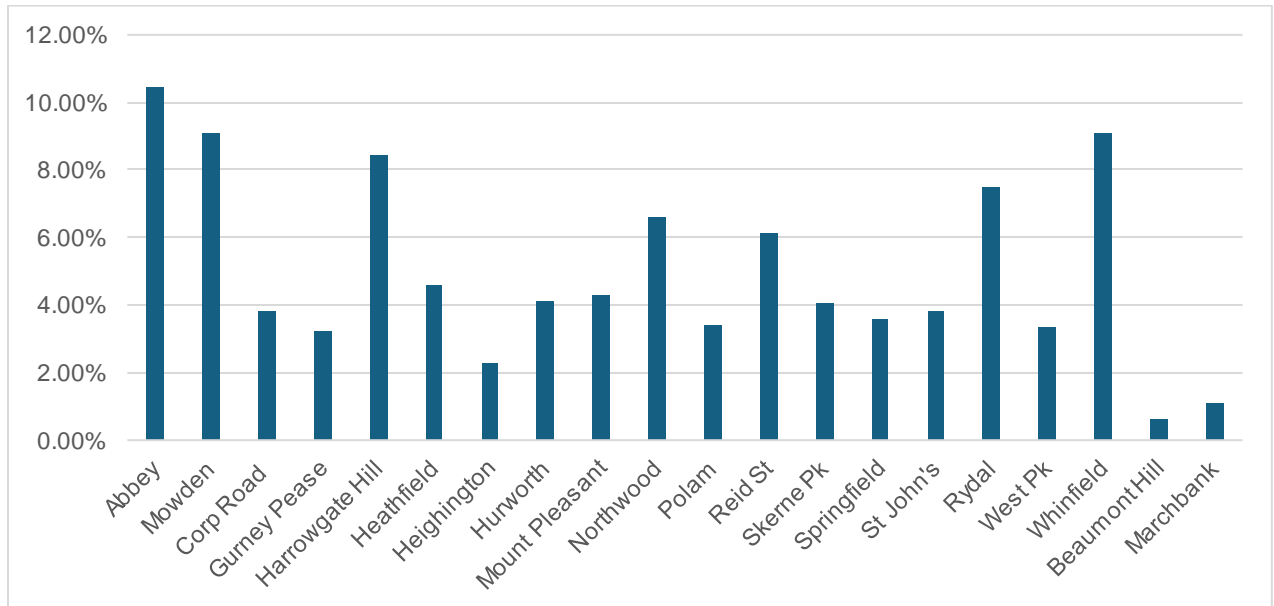
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## Primary School Combined Report of the Healthy Lifestyle Survey 2024 – 2025

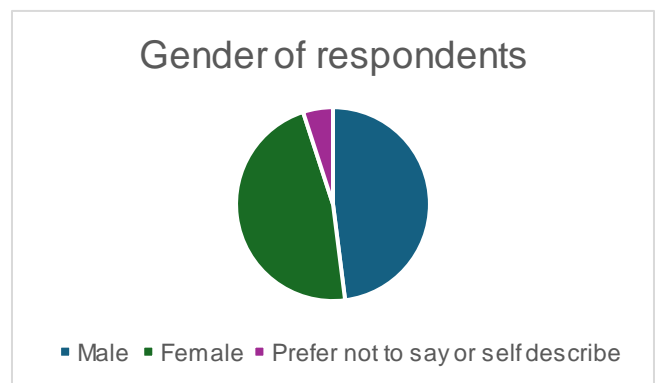
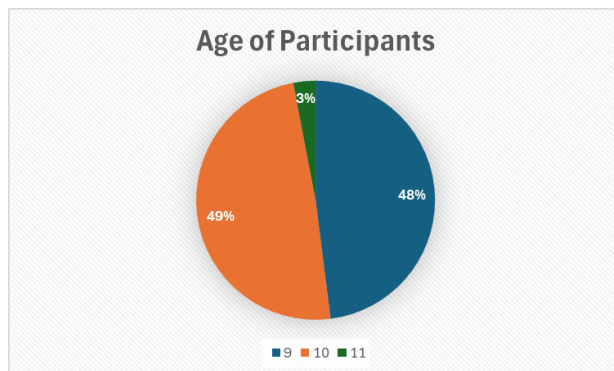
### Demographics

This academic year there was a total of 1706 respondents to the survey, from 20 primary schools, in year 5 and 6.

#### Breakdown by school:



Of the 1706 respondents 52% were year 5 and 48% year 6.



### The Internet and Modern Technology

In our ever-changing modern world, we know now, that children and young people are accessing the internet on a range of multiple devices including mobile phones, tablets, games consoles, PC's and VR. Our responses to the survey tell us that less than 1% of the primary school children surveyed do not access the internet on these devices.

15% of the children said that when they do use the internet they are ALWAYS supervised. 33% have a shared account with a parent or carer.

94% of respondents play computer games, again this is on multiple devices including tablet, console, PC and VR. 59% play games age rated 12 and 26% (n413) play games age rated 16 and 18.

While playing, 30% said they DO NOT talk to people while gaming. 41% of children said that they have a time limit when they are gaming.

Children access 5 – 6 platforms or social media accounts each on a regular basis, the most common are You Tube, TikTok, What's App, SnapChat, Netflix and Roblox.

81% of respondents watch You Tubers or Content Creators. 32% of these respondents aspire to create their own content or become an influencer. 24% said that they copy what these creators do and are influenced by them. 28% are streaming on YouTube or TikTok and have their own channel.

8% of respondents have been asked to share an inappropriate photograph or video, 18% have received one from someone else. 62% of those who had received one, did report it.

25% of respondents overall have seen something offensive, upsetting or worrying online. 63% of these reported it.

## **Relationships**

95% of respondents said relationships should be caring and respectful. 5% thought physical violence was acceptable. 10% thought it was acceptable to shout and 8% to check someone's mobile phone and social media without permission.

## **Safety and Anti-social behaviour**

88% of respondents said that they felt safe in school. If they did not feel safe, 90% said they knew who to talk to in school.

16% overall have taken part in some form of anti-social behaviour, however the perception is that 42% have participated.

30% of children said that ASB from other people 'puts them off' going to certain places at certain times. When reasons for this were given the key issues were a fear of violence, crime or bullying.

97% of children said that they knew how to cross the road safely, although 10% said that they had deliberately stepped into traffic. 78% reported being able to ride a bike safely, yet 9% also said they had ridden their bike intentionally towards pedestrians. 52% of those with a bike, wear a helmet.

89% of respondents said they knew how to stay safe in water, yet 15% also said that they had been in water when it was not safe, or they had been told not to.



90% reported knowing how to stay safe on a railway line, yet 8% have played on a train line and 3% have thrown something at a moving train.

## **Bullying**

Within the survey, we include a clear definition of what bullying is prior to the children answering these questions.

46% of respondents reported having experienced bullying in the last year. This was mainly verbal, physical and indirect. 67% of the 46% who said they had been bullied said that this mainly, takes place in the school playground or yard. Children reported issues to their parents or carers and teachers in school, although 15% said they did not report it to any-body.

Perception amongst the year 5 and 6 pupils is that 49% of their peers experience bullying.

## **Transition**

46% of the children who responded said that they felt very positive about moving to secondary school. Some of the main reasons were that they were looking forward to making new friends, trying new activities and hobbies and having new teachers.

In terms of helping them to settle in at school, they said that knowing their way around, meeting new friends and knowing where to go for help would be the most beneficial. Their main worries about transition were getting lost, being late and bullying. Suggestions for what could help them prepare were transition visits and talking to older pupils already in secondary school.

## **PSHE**

89% of all children surveyed said that they thought their PSHE in school was suitable for their age, 88% reported that it was taught by staff who understood the topic and could answer questions. 85% of children identified that the subject helps them.

Overall, 55% of respondents said that they felt PSHE could be improved, however when asked why the main reasons given were that they wanted to do more of it as they enjoyed it, and it was useful.

## **Emotional Wellbeing and Mental Health**

73% of children surveyed said that they 'feel happy about their life', 58% reported being resilient and 'bouncing back' from difficult or challenging situations. 64% said that they could manage peer pressure and say 'no' to their friends when they wanted to.

85% said that they are happy with their relationships with their family and 8% are happy with their home. 78% have good friendships. When asked about how they feel about their appearance and the way they look, 68% said that they were happy

with this. When asked how often they feel alone or are lonely, 35% said that this happens often.

Most of the children questioned identified one or more sources of support of they needed it, parents, and carers (81%) and teachers (71%) were the top sources. However almost 10% (133n) said that they felt that had no-one to help them if they were worried or had a problem.

When asked about stress, with a definition included, 54% reported feeling stressed at some point, the main reasons for this were school (56%) and growing up (42%). When broken down the reasons for this were that with school children felt stressed about their work, SATS and felt pressure to do well. When we looked at causes of stress with growing up, the children reported moving schools, friendships and puberty were the main causes.

Given the number of children who play computer games as identified in the previous section, 45% of children who completed the survey said they found gaming stressful. What is also a concern is that 47% of children found the news and things happening in the world causes them to feel stressed.

When we asked about managing their emotional wellbeing, most children identified ways to help them to manage it, although 18% admitted that sometimes they struggle to cope.

### **Oral Health**

99% of all respondents said that they have a toothbrush and toothpaste at home. This is an increase from previous years. However, only 69% clean their teeth twice daily. Amongst the other responses to this only 7% clean 'sometimes'.

There is a good understanding when cleaning, 74% know that teeth should be cleaned for 2-3 minutes, however 44% are rinsing their mouths with water after cleaning. 32% are using mouthwash.

When asked about visiting the dentist, 39% of the children asked said they had a tooth filling and 28% had, had a tooth or teeth removed.

### **Puberty**

76% of the respondents to the survey knew and understood the changes that take place during puberty, with 71% of these learning about it at school and 34% from parents and carers.

45% of children when asked said they would like more information, this is as they feel they need to know more.

### **Physical Activity and Eating Habits**

98% of children who answered participated in an impressive range of physical activities. 11% said that they do not achieve 60 active minutes daily. When asked

about reasons for participating in physical activities, 84% said they do it because it is fun, 72% because it keeps them fit and health and 71% said it stops them from being bored.

36% of children who responded said that someone else has told them to be more active. When asked about travel to school, 47% walk and 38% go by car.

Half of children surveyed believe they eat healthily most of the time, however 73% said they would like to eat more healthily. 52% of children have a school lunch and 45% have a packed lunch, the remaining children have a mix of both.

The children have a good understanding on how a balanced diet is good for you. 41% of children surveyed said that they have 1 or 2 takeaways a week, 51% eat breakfast daily.

### **Smoking, Vaping and Alcohol**

3% of children questioned said that they had 'EVER' tried smoking a cigarette, 4% had tried a vape. Therefore, over 90% have never tried either, however, their perception of their peers was high, when asked they believe 26% of children their age in Darlington have smoked a cigarette, that 33% had vaped.

60% have 'NEVER' drank alcohol, 28% have had sips once or twice, mainly given by someone at home on a special occasion or holiday. Children's perception was that 27% had drank alcohol.

### **Gambling and Gaming**

This was a new section, added this year. 72% of pupils have played arcade games for fun. 23% to win. 24% of respondents reported making bets with their friends and 19% buy loot boxes online when playing computer games.

36% who play games for money, reported 'ALWAYS' trying to win it back.

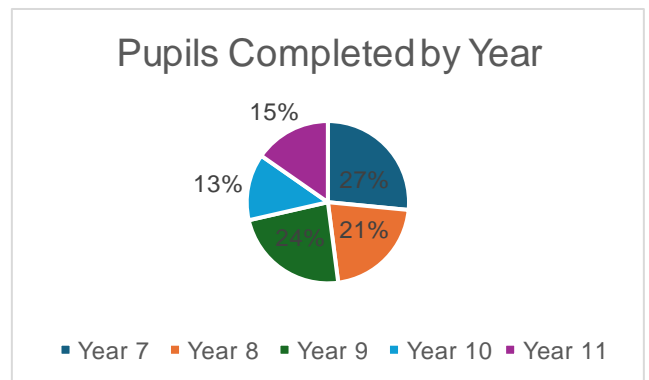
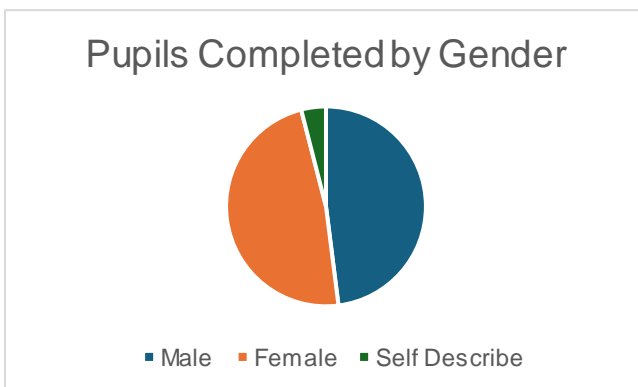
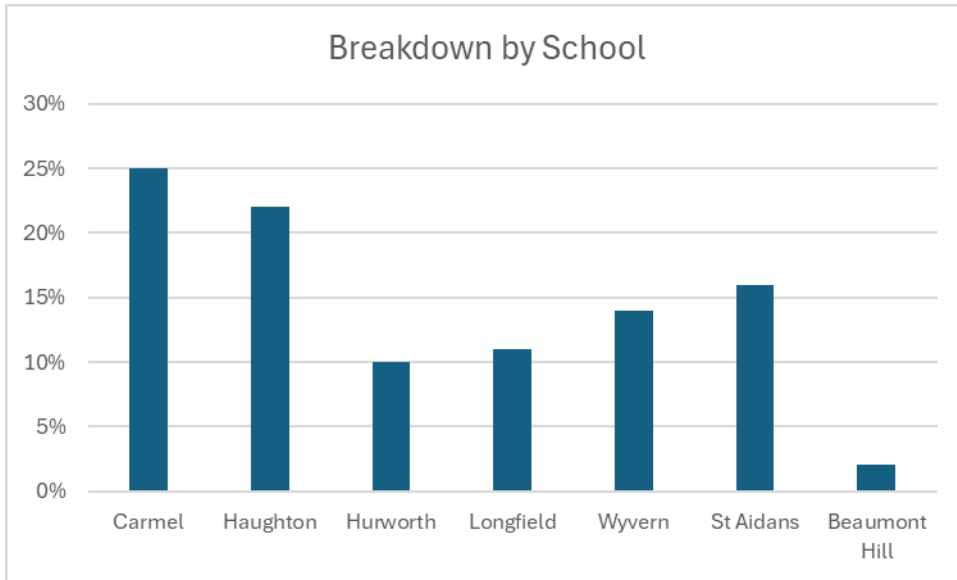
74% of children had purchased microtransactions, in Roblox, FIFA, Minecraft and Fortnite.

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## Secondary School Combined Report of the Healthy Lifestyle Survey 2024 – 25

### Demographics

This academic year 3197 pupils from year 7 to year 11 completed the survey from 7 secondary schools.



### The Internet and Modern Technology

Pupils access the internet using multiple devices including mobile phones, tablets, games consoles, TV and PC's.

10% of pupils surveyed said that their internet use is ALWAYS supervised, 24% have a shared social media account with a parent or carer.

Overall, less than 9% of the total respondents DO NOT game, therefore 91% do, most commonly using their mobile phone or tablet, then 62% use a console, 40% a PC or laptop and 24% a VR. When gaming, 69% play games rated age 12 and 52% pay games age rater 16 – 18 years.

26% of pupils do not talk to people while they are gaming, 26% also have a time limit while gaming.

Of the 3197 pupils surveyed, in total they access 26,194 online platforms. This is an average of 9 per pupil and includes most commonly You Tube, Tik Tok, SnapChat, What's App, FaceTime, Roblox and Netflix.

73% of respondents watch influencers and content creators, however 65% of these young people said that watching these DID NOT influence them. 21% of pupils said that they aspire to become a content creator or influencer. 22% already stream on You Tube or Tik Tok and have their own channel.

16% of pupils have been asked to share an inappropriate photograph, 26% have shared or sent one, however 26% (n704) have been sent or seen one. 40% of those who received one, reported this to a trusted adult. Of those who had received an image, 4% then sent that onto a friend.

2% of pupils said that they had asked someone for an inappropriate photograph.

When asked how many of their peers they thought had shared inappropriate photographs, the respondents over perceived, saying that they thought 38% of their peers had shared an image, when only 6% said they had.

8% understood that sending explicit images can be illegal. 33% have seen something online that they shouldn't have, half of these young people did report this to a trusted adult. The half who did not, said that they were worried about getting into trouble if they told someone.

## **Relationships**

98% of the young people surveyed believe that relationships should be caring and respectful. 7% believe it is acceptable to shout in a relationship, 8% think it is acceptable to check a partner's phone or social media without their permission. Less than 3% believe any form of physical violence is acceptable.

55% believe that the media, including pornography always or sometimes impacts on how they behave in relationships, 60% said it influences how they believe relationships should be.

When we asked where they access information on relationships and sexual health, 62% said this came from school PSHE, 54% from family, 16% from social media, 10% from the GP, 5% from pornography and 3% from the school nurse.

22% of the young people questioned have accessed pornography, either intentionally or be accident, of those who had accessed, 25% did so daily.

## **Safety and Anti-Social Behaviour**

84% of respondents said that they feel safe in school, 87% know who to talk to in school if they do not feel safe.

29% of the young people surveyed admitted that they had participated in some form of anti-social behaviour, although they perceive that 58% of their peers have done so.

Almost a third, 32% of young people said that they avoided going out in certain places due to the fear of ASB carried out by other people, overall the main reasons given were that they felt intimidated, scared, fear, unsafe and at risk of harm.

97% were confident that they can cross the road safely, yet 23% admitted stepping out into traffic intentionally. 84% can ride a bike safely, 12% also admitted riding a bike deliberately at pedestrians.

Of those who have a bike, only 30% wear a helmet when using it.

93% understand how to stay safe in water, yet 26% had played in open water when they knew it was unsafe or had been told not to do so. 71% were confident that they knew what to do if someone was drowning.

94% of pupils said they knew how to stay safe around trains and trainlines. Yet 13% said they had 'hung out' or played on trainlines and 5% had thrown something at a train.

## **Bullying**

36% of pupils overall said that they had experienced bullying within the last year. This was mainly verbal, indirect, due to the way they look or physical. The main places these incidents had occurred was in school or online.

25% of pupils who had experienced bullying did not report this to anybody.

Again pupils over perceive how many of their peers are bullied, with a perception of 54%.

## **Transition to Secondary School (Yr 7 and 8)**

Almost half of the year 7 and 8 pupils are very positive about moving to secondary school, their main worries when moving were getting lost and getting detention. The things that helped them most with the move were transition visits and open evenings.

## **Transition – Looking Forward (Year 9 – 11)**

42% of pupils in key stage 4 agreed that they felt positive about progressing to 6<sup>th</sup> form, college or an apprenticeship. 34% feel like they are ready to move and 73% have a career aspiration.

## **PSHE (Personal, Social, Health and Economic Education)**

77% of pupils thought that this topic taught in school was relevant to them as young people, 82% found it useful, 91% thought it was age appropriate and 84% said that they thought it was well taught by staff who knew the subject and could answer questions.

### **Emotional Health and Mental Wellbeing**

Overall, 70% of respondents reported feeling 'generally happy' about their life. 60% felt that they were resilient and could bounce back from situations. 72% were able to manage peer pressure and say 'no' to their friends when they wanted to.

82% of pupils were happy with their family relationships and 80% felt that they had good friendships. 61% of pupils felt happy with their appearance.

A third of respondents reported often feeling alone and lonely. The vast majority of young people identified one or more sources if they needed someone to talk to, however 16% reported having 'no-one'.

57% of young people surveyed reported feeling stressed, this was mainly due to school (70%) struggling with homework, exams and feeling pressure to do well. The second main reason was 'growing up' (37%) mainly due to body image, friendships and money.

Again, the vast majority of pupils identified at least one way to help them cope with their emotional wellbeing, however there was 18% who said they struggle to cope.

### **Oral Health**

99% of pupils have a toothbrush and toothpaste at home, 75% clean their teeth twice daily. 83% of respondents understand that when cleaning they should clean for 2 – 3 minutes at a time.

44% rinse their mouth with water after brushing, 35% use mouthwash.

43% of young people questioned have had a dental filling and 35% have had a tooth or teeth removed.

### **Puberty (Year 7 and 8)**

94% of pupils in year 7 and 8 understand the physical and emotional changes that will take place during puberty. 88% learnt about this at school, 44% at home.

29% said that they would like more information as they feel they need to know more.

### **HPV**

Almost half of pupils know what HPV is (48%) and 60% report that they have had the vaccine.

### **Sex (Year 9 – 11)**



In total, 9% of pupils from year 9, 10 and 11 who were surveyed said that they had EVER had sex. However, they perceive that 44% of their peers are sexually active. The most common age of first sex was 13, (35%).

28% of pupils who had, had sex regretted it afterwards, as they were no longer in that relationship, other people found out or they felt they were too young when they did it.

39% of those sexually active 'always' use contraception. Of those who do not, 45% do not like the feeling of a condom and 32% do not know where to access.

86% have NEVER used emergency contraception. Of the 14% who have, 6% used this more than once.

Of those young people who were sexually active, 45% of them or their partners had taken a pregnancy test.

Overall, 89% of the young people in year 9 – 11 believe it is the responsibility of both people to access and arrange contraception. Almost half of the pupils surveyed know where to access treatment for sexually transmitted infections. Up to 50% also have a good understanding of the signs, symptoms and treatments of common STIs.

85% of young people in year 9 – 11 have a good understanding of consent.

### **Physical Activity and Eating Habits**

95% of young people surveyed participate in physical activity. Almost 70% complete 30 – 60 active minutes daily during the week, this is lower at the weekend.

10 – 15% do not do any or up to 30 active minutes daily during the week, increasing to 22% at the weekend.

The main reasons for exercise are listed as; to keep them fit and healthy, because it is fun and to stop them from being bored.

47% of pupils walk to school. 51% believe they eat healthily 'most of the time' yet 70% would like to eat more healthily.

67% of pupils have a school lunch. 44% eat breakfast 5 – 7 times a week. 35% have 1 – 2 takeaways weekly.

Overall pupils have a good understanding of nutrition and how it helps the body.

### **Smoking, Vaping and Alcohol**

78% of pupils surveyed have NEVER smoked a cigarette or a vape. 4% have smoked a cigarette and 16% have had a vape.

30% of those who had smoked, said they had done it more than once (n193).

Perceptions again in relation to smoking cigarettes, vapes and alcohol far outweighed actual behaviour. Young people believe that 36% of their peers have smoked a cigarette, 63% of their peers have vaped and 57% have drunk alcohol.

When asked, 20% of pupils reported having a full alcoholic drink to themselves, if they have had alcohol, this was from someone at home, on a special occasion or a holiday.

60% of those who have had alcohol, have never been drunk, only 7% of young people who had drunk alcohol had been drunk in the last week. The main issues related to alcohol use were not being able to remember what had happened and suffering an accident or injury.

97% of all pupils surveyed agreed that any form of physical or emotional abuse was unacceptable, even when drunk.

### **Drugs (yr 9 – 11)**

81% of all young people surveyed believe that cannabis is illegal in the UK, 72% believe it is more harmful than alcohol, 90% think it causes long term health problems and 89% think it creates mental health issues.

Overall, there is a good understanding of the consequences related to having a caution or conviction related to drugs in the UK.

17% of pupils in years 9 – 11 have been offered illegal drugs. 7% have taken them, this is most commonly cannabis. 31% of the pupils who have taken cannabis, did so in the last week. They use cannabis as they enjoy it, and it makes them feel better.

Perception again outweighs behaviour with pupils in years 9 – 11 believing that 33% of their peers have taken illegal drugs.

### **Gambling**

64% of young people surveyed have participated in some form of gambling. 46% of these who have explained that they always try to win their money back and 20% said they found it difficult to stop.

72% of pupils had purchases microtransactions online, mainly within Roblox, FIFA, Minecraft and Fortnite.

**HEALTH AND HOUSING SCRUTINY COMMITTEE  
2 APRIL 2025**

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**SUPPORTING CHILDREN AND YOUNG PEOPLE'S HEALTH AND WELLBEING IN SCHOOLS –  
CONFERENCE**

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**SUMMARY REPORT**

**Purpose of the Report**

1. To share an overview of the event with Members, for information and questions

**Summary**

2. The Public Health team organised and facilitated a Children and Young People's Health and Wellbeing conference, which was extremely well received from the majority of schools across the borough.

**Recommendation**

3. It is recommended that the Committee welcomes the feedback from the conference and support for future events.

**Lorraine Hughes,  
Director of Public Health**

**Background Papers**

Conference Agenda

author : Catherine Shaw, extension 6012

|  |   |
|--|---|
| Council Plan                                     | Supporting the best start in life, realising potential and raising aspirations.                               |
| Addressing inequalities                          | There are no implications arising from this report.   |
| Tackling Climate Change                          | There are no implications arising from this report.   |
| Efficient and effective use of resources         | N/A   |
| Health and Wellbeing                             | The conference supported development of practice to promote children and young people's health and wellbeing. |
| S17 Crime and Disorder                           | There are no implications arising from this report.   |
| Wards Affected                                   | All   |
| Groups Affected                                  | All   |
| Budget and Policy Framework                      | N/A   |
| Key Decision                                     | N/A   |
| Urgent Decision                                  | N/A   |
| 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

4. The Supporting Children and Young People's Health and Wellbeing in Schools Conference took place on 11 February 2025. (agenda attached as Appendix 1).
5. 102 delegates attended on the day; there were 33 schools in attendance, alongside 14 local and national services which support work in schools. Colleagues from alternative provision and Children's Services were also in attendance.
6. There were seven workshops hosted throughout the day, delivered by Public Health, With You Young Peoples Service, YGAM, NSPCC, Alice Ruggles Trust and Consent2it.
7. The main agenda saw eight speakers deliver a range of regional and local updates, good practice sharing and examples of what works well, with links to local and national strategy.
8. The consultation on the Healthy Lifestyle Survey project was launched with an activity for all participants. The Oral Health Promotion Strategy development consultation also commenced with delegates asked what better support they require within their settings; this information will be collated as part of the development of the strategy.
9. Reid Street and Hurworth Primary Schools received their PSHE (Personal, Social, Health and Economic education) Quality Mark Award for completing their accreditation and six schools attended a PSHE Quality Mark workshop at the conference and are considering the award. For information, there are 10 further schools in Darlington currently working towards this award.
10. Other outcomes from the day include:
  - (a) four schools revisiting the opportunity to provide the supervised toothbrushing scheme within their settings;
  - (b) two schools offering to pilot the Health and Wellbeing Toolbox project;
  - (c) the agendas for the virtual Primary and Secondary PSHE Networks in March were developed based on feedback from the conference.
11. Evaluation forms were circulated on the day and feedback was gathered. The majority of feedback was extremely positive. An evaluation of the feedback is attached as Appendix 2.

## Supporting Children and Young People's Health and Wellbeing in Schools in Darlington

### The Glow Centre Newton Aycliffe – Tuesday 11<sup>th</sup> February 2025

#### Agenda

|             |   |  |
|-------------|---|--|
| 8.30 – 9:15 | Arrival & Registration<br>Networking<br>Refreshments  | Interactive displays<br>Stall holders  |
| 9:20        | Welcome – plans for the day<br>Housekeeping   | <b>Lorraine Hughes</b><br>Director of Public Health  |
| 9.25        | Chair - Opening remarks   | <b>Cllr Wallis</b><br>Lead Member for Children and Young People  |
| 9.35        | DHSC national & regional context  | <b>David Gardiner</b><br>Public Health Consultant in Health & Wellbeing<br>Office for Health Improvement and Disparities |
| 9:50        | Setting the Local Context<br>Why and how we do what we do   | <b>Lorraine Hughes</b><br>Director of Public Health  |
| 10.05       | Good Practice Sharing<br>Healthy Weight and Physical Activity   | <b>Joanne Hennessey</b><br>CYP Lead Public Health  |
| 10:20       | Activity – Healthy Lifestyle Survey Consultation  | <b>All</b>   |
| 10:50       | 0-19 Growing Healthy Offer  | <b>Caren Shepherd and Hayley Agnew</b><br>Growing Healthy Team   |
| 11:00       | Picture News  | <b>Katie Harrison</b><br>Picture News  |
| 11.10       | Comfort break – move to workshops   |  |
| 11.20       | First Workshop sessions:<br>1) NSPCC – Stay Safe<br>2) Consent2it (secondary)<br>3) YP Drug and Alcohol Service<br>4) PSHE Quality Mark | Workshop choices allocated on arrival – top up drinks on the move please   |
| 12:10       | Lunch & Networking  |  |
| 1.00        | Welcome back  |  |
| 1.05        | Good Practice Sharing<br>RSHE, Personal Development and more  | <b>Amie Bell</b><br>Lead for RE & PD and Lead for Culture  |
| 1.20        | Launch development of our Oral Health<br>Promotion Strategy<br>Good Practice Sharing  | <b>Catherine Shaw</b><br>Public Health Officer<br><b>Harrowgate Hill Primary School</b>                                  |
| 1.50        | Good Practice Sharing Mental Health in Schools<br>Team  | Mental Health in Schools Team<br><b>Primary School Children Reid Street</b>  |
| 2.15        | Second Workshop sessions<br>1) Alice Ruggles Trust (Secondary)<br>2) YGAM – youth gaming and gambling harms<br>3) NSPCC – Stay Safe     | Workshops are allocated on arrival – top up drinks on the move please  |
| 3.10        | Good Practice Sharing – Using AI to support<br>PSHE Development and Personal Development  | <b>Daniel Grieve</b><br>Carmel School and Sixth Form College   |
| 3.20 – 3.45 | Questions<br>Evaluation   |  |
| 3:45 – 4:00 | Close and Networking  |  |

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## Supporting Children and Young People’s Health and Wellbeing in School

Conference – 11<sup>th</sup> February 2025

Feedback summary (72 forms returned)

|  | Yes | No |
|--|-----|----|
| Was the conference interesting                   | 72  | 0  |
| Was the conference informative                   | 72  | 0  |
| Was it beneficial to you as a professional       | 72  | 0  |
| Was the conference well delivered                | 72  | 0  |
| Was the conference well organised                | 72  | 0  |
| Were the activities useful                       | 71  | 1  |
| Did you feel comfortable enough to ask questions | 71  | 1  |
| Did you learn anything new                       | 72  | 1  |

### The best thing about the conference was...

- The variety of best practice shared
- The amazing workshops – excellent delivery and engagement
- The school pupils
- Networking
- Variety of content and workshops and the children were excellent
- Variety of speakers and stalls to gather information
- All very informative and relevant thank you
- Information and speakers
- Meeting schools and networking
- Sharing best practice
- Opportunities to network and talk to others in similar roles
- Very informative
- Lots of ideas to take forward – all very informative
- Sharing ideas and seeing the range of support strategies in place in schools
- Overview of the services and strategies in the local area
- Marketplace and best practice sharing
- Practical examples we can use in school and knowledge-based sessions not just why it is important but how we can do it
- Really varied programme
- Passionate and inspiring presentations
- The timetable and consultation opportunities
- Understanding the bigger picture and discussing with specialists
- The opportunity to hear and share best practice
- The variety of knowledge and deliverers the amazing presentations and workshops, I learnt such a lot

- Understanding more about the PSHE Quality Mark
- I found it all useful
- A good mix of listening and doing
- Not having to sit in one place all day
- The energy – great speakers and sessions
- The opportunity to know what is out there

**One thing that wasn't so good was...**

- Alice Ruggles Trust Workshop – as it stands this is not appropriate for delivery in secondary school
- Longer breaks for networking
- Lots of listening
- Couldn't get on the Wi-Fi
- IT WAS GREAT but would be great to have longer and more as all such valuable info
- Give the AI man more time
- Technology – the AI man I didn't really get it
- Lack of signage and directions
- Consider less introductions at the beginning
- Sitting down, would like to walk about in between
- Slightly chilly at times
- Both staff in one workshop
- Not enough time for each speaker – maybe less is more
- More time to discuss
- Please encourage people to come over to the stalls

**One thing I am concerned about now is...**

- Tackling mental health and anti social behaviour
- Ensuring that PSHE gets enough time
- Developing support for young men
- Covering all the requirements in the allocation time
- Public health demand in school resources and what organisations provide
- Oral health
- Making sure my school is making use of the support that exists
- Do we use the HLS data well enough
- Young people's health
- That I will never understand AI
- Lack of gambling support for young people
- Not concerned – motivated to get it right



- Oral health
- Children not brushing their teeth
- Gaming and gambling
- Not concerned but fascinated by the AI stuff
- How to incorporate AI to help look at data
- How to assess most effectively for PSHE
- Having enough time to do everything it is all so important
- Young people's understanding of consent – getting the message across
- Gambling and oral health

### **I would like further support with...**

- Looking at the current curriculum
- PSHE Quality Mark – recognising our work
- AI
- Completing PSHE Quality Mark
- PSHE
- How to utilise MH in schools for more complex cases
- PSHE QM
- Providing the best PSHE for our pupils
- Health and Wellbeing Toolbox and Oral Health
- Quality Mark

### **What are your next steps and how can we help?**

- PSHE Quality Mark – already spoken to Catherine
- Continue CPD and keep up to date
- Speak to head about PSHE
- Assessment of curriculum
- Encourage organisation to invest in prevention
- Feedback to SLT for action
- Quality Mark
- Toothbrushing Programme
- Monitoring PSHE in school – how can we enhance the curriculum
- Gain PSHE Quality Mark
- Contact Catherine Shaw
- Collaborative working with schools
- PSHE Quality Mark
- Consider CPD for staff
- Consider QM for next year
- Look at Recite Me
- Reach out to all primaries to deliver SOSS (NSPCC)
- Discuss an oral health project in school review our curriculum and prep for completing the QM

- Work with catherine to achieve the QM
- Quality Mark, a link mental health team
- Make links with more quality services
- Introduce picture news and NSPCC in school

### **What other networks or events could we plan that might help...**

- Regular secondary network
- Enrichment services, portfolio of services
- PSHE Primary Leads
- PSHE Network
- PSHE Curriculum network
- Time out is hard so 1 or 2 day event per year is good
- All – we'll attend all, a social worker event would be good
- I struggle to get cover a bulletin or newsletter sharing information would be good
- The secondary networks are always very useful
- Continuing the PSHE Conference
- DSL, PSHE lead and H/T conference
- SEND Events – all ages
- Oral health, nursing team and mental health services
- More network meetings
- Training opportunities for PSHE – oral health
- More of the same
- More PSHE networks and events
- Personal development leads meetings

### **Any other comments...**

- An excellent day
- Thank you for this amazing opportunity
- Thank you, I really enjoyed the day, lots of great information and things to think about
- Wonderful
- No – could the conference be annual?
- Thank you – been brilliant
- All sessions interesting – a longer session would be beneficial
- Annual conference
- Thank you for a great day
- Name badges would be helpful – thank you for a great event
- A fantastic day thank you

- Really enjoyable, useful and informative
- Thank you
- Very informative with a good range of good practice
- More primary relevant workshops
- Excellent day, well delivered with a lovely lunch
- Thanks – AI blew my mind
- Well done a great day
- Thank you so much, a really valuable event, excellent for Darlington
- Great conference, very informative, thank you
- Thank you, great informative day
- Thank you for a fantastic day
- Well done for a super successful day
- Really enjoyed it – thank you
- A most valuable day – thank you
- This needs to be a yearly event
- Thank you for a fantastic day
- Very enjoyable day- thank you
- Excellent day – so informative and interesting
- Thank you – it's been a great day

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**HEALTH AND HOUSING SCRUTINY COMMITTEE  
2 APRIL 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**

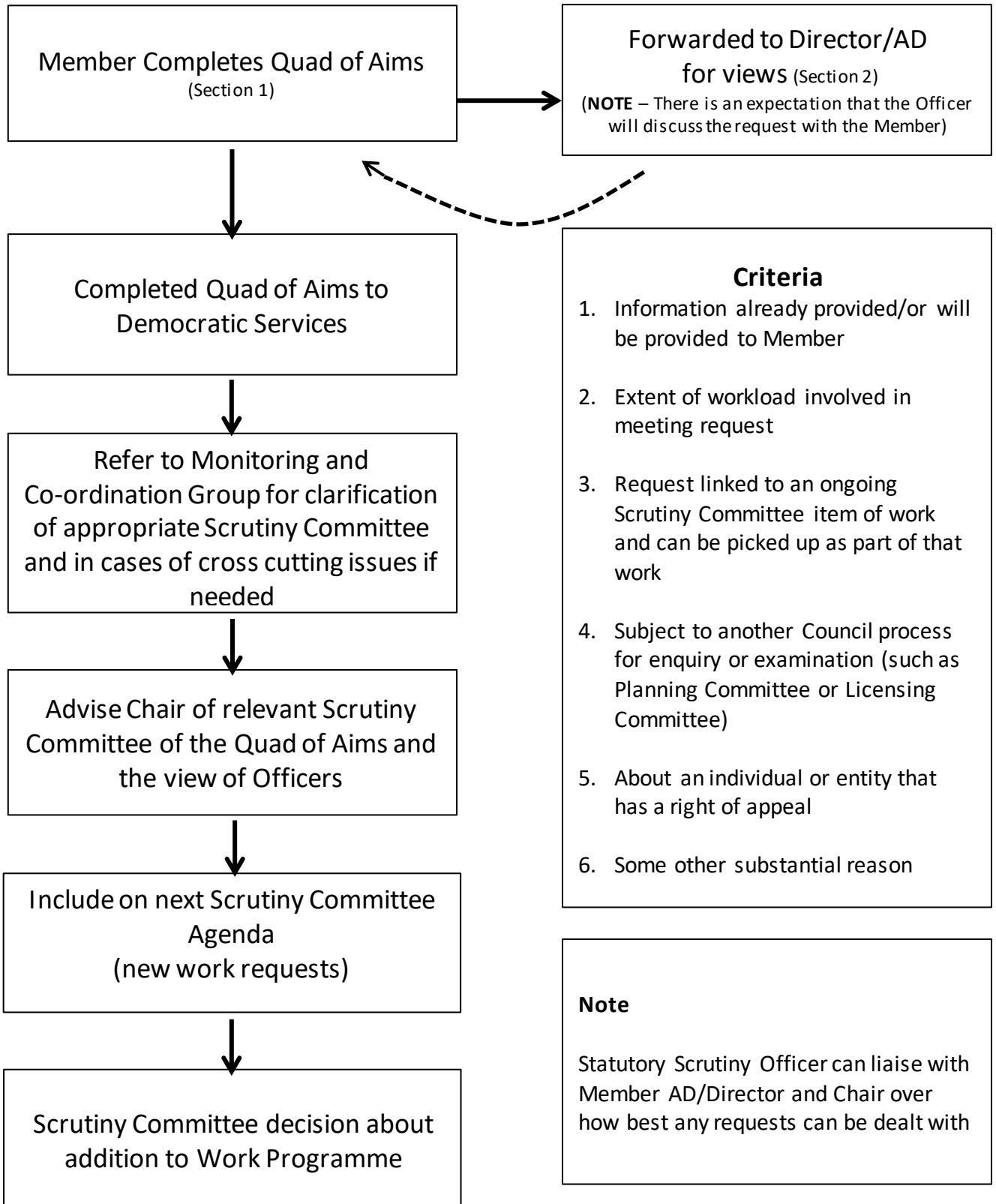
| <b>Topic</b>   | <b>Timescale</b>  | <b>Lead Officer/<br/>Organisation<br/>Involved</b> | <b>Link to PMF (metrics)</b> | <b>Scrutiny's Role</b>   |
|--|---|--|------------------------------|--|
| <b>Community Mental Health Transformation</b>  | 02/04/2025  | John Stamp, TEWV                                   |                              | <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 –<br>May/June 2025<br>Last considered<br>15/01/2025<br>05/02/2025 Special | TEWV<br>CDDFT                                      |                              |  |
| <b>Chronic Illness and preventative measures – Hospital admissions for non-accidental injury</b> | June 2025 TBC   | Lorraine Hughes/Victoria Cooling, CDDFT            |                              |  |
| <b>Waiting lists for NHS services</b>  | June 2025 TBC   | Martin Short, ICB                                  |                              |  |
| <b>Housing Services Tenancy Policy</b>   | June 2025 TBC   | Claire Turnbull                                    |                              |  |

| Topic  | Timescale   | Lead Officer/<br>Organisation<br>Involved | Link to PMF (metrics) | Scrutiny's Role  |
|--|---|---|-----------------------|--|
| <b>Fire Safety Policy for Apartment Blocks 2025 – 2030</b>         | June 2025 TBC                                     | Anthony Sandys                            |                       |  |
| <b>Performance Management and Regulation/ Management of Change</b> | Year End –<br>September 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>Better Care Fund</b>  | September 2025                                    | Paul Neil                                 |                       |  |
| <b>Health and Safety Compliance in Council Housing update</b>      | September 2025                                    | Cheryl Williams /<br>Anthony Sandys       |                       | Annual Update  |
| <b>Housing Services Anti-Social Behaviour Policy update</b>        | September 2025                                    | Claire Gardner-<br>Queen                  |                       | Annual Update  |
| <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<br>Stephenson           |                       | Annual Update  |
| <b>Housing Services Tenant Involvement Strategy 2024-2029</b>      | October 2025<br><br>Last considered<br>23/10/2024 | Claire Gardner-<br>Queen                  |                       | Annual Update  |

| Topic  | Timescale   | Lead Officer/<br>Organisation<br>Involved | Link to PMF (metrics) | Scrutiny's Role                                    |
|--|---|---|-----------------------|--|
| <b>Preventing Homelessness and Rough Sleeping Strategy 2025-2030</b> | January 2026<br><br>Last considered<br>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                            |                       |  |
| <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     |                       |  |

| Topic   | Timescale                     | Lead Officer/<br>Organisation<br>Involved   | Link to PMF (metrics) | Scrutiny's Role  |
|---|-------------------------------|---|-----------------------|--|
| <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<br>23/10/2024 | Lorraine Hughes                             |                       |  |
| <b>Substance Misuse</b>   | Last considered<br>23/10/2024 | Lorraine<br>Hughes/We Are<br>With You       |                       | To receive an update to gain an understanding of numbers and offered provision / preventative measures.                                    |
| <b>Physical Activity Strategy</b>                                       | Last considered<br>26/02/2025 | Lisa Soderman /<br>Joanne Hennessey         |                       |  |
| <b>Primary Care (including access to GP appointments)</b>               | Last considered<br>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> | Last considered<br>26/02/2025 | Pauline Fletcher<br>ICB / Dr Kamini<br>Shah |                       | <a href="mailto:pauline.fletcher2@nhs.net">pauline.fletcher2@nhs.net</a><br><a href="mailto:kamini.shah4@nhs.net">kamini.shah4@nhs.net</a> |

### 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 .....<br>If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services)<br>..... | 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?<br>.....  | 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?<br>.....  | 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?<br>.....   | 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?<br>.....   | 5. About an individual or entity that has a right of appeal  |
| 5. Has the individual or entity some other right of appeal?<br>.....   | 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?<br>.....   |  |

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

**PLEASE RETURN TO DEMOCRATIC SERVICES**

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**DARLINGTON BOROUGH COUNCIL  
FORWARD PLAN**



**FORWARD PLAN  
FOR THE PERIOD: 5 MARCH 2025 - 31 JULY 2025**

| <b>Title</b>   | <b>Decision Maker and Date</b> |
|--|--------------------------------|
| Annual Procurement Plan Update   | Cabinet 8 Apr 2025             |
| Annual Statement of Accounts 2023/24   | Cabinet 8 Apr 2025             |
| Consultation on a Homes Strategy for the Borough   | 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             |
| Special Educational Needs and Disabilities (SEND) Strategy   | Cabinet 8 Apr 2025             |
| Update to Statement of Community Involvement (SCI) Part 1 – The Local Plan   | Cabinet 8 Apr 2025             |
| Adult Social Care Transport Policy 2024  | Cabinet 6 May 2025             |
| Dolphin Centre – Invest to Save Projects   | Cabinet 6 May 2025             |
| High Street Rental Auctions  | Cabinet 6 May 2025             |
| Schedule of Transactions   | Cabinet 6 May 2025             |
| Strategic Asset Plan   | Cabinet 6 May 2025             |
| To recommend to Council that they agree the Middleton St George Conservation Area Appraisal including the designation of a new Conservation Area | Cabinet 6 May 2025             |
| Town Centre Regeneration   | Cabinet 6 May 2025             |
| Woodland Road Waiting Restrictions   | Cabinet 6 May 2025             |
| Consultation on the Renewal of the Town Centre Public Space Protection Order and   | Cabinet 10 Jun 2025            |

**DARLINGTON BOROUGH COUNCIL  
FORWARD PLAN**

|   |                     |
|---|---------------------|
| Introduction of a Borough Wide Public Space Protection Order  |                     |
| Representation on Other Bodies 2025/26  | Cabinet 10 Jun 2025 |
| Collection of Council Tax, Business Rates and Rent 2024/25  | Cabinet 8 Jul 2025  |
| Council Plan Performance Reporting Update - Quarter 4   | Cabinet 8 Jul 2025  |
| Disabled Facilities Grant 2025/26   | Cabinet 8 Jul 2025  |
| Housing Services Fire Safety Policy 2025-2030   | Cabinet 8 Jul 2025  |
| Housing Services Tenancy Policy 2025-2030   | Cabinet 8 Jul 2025  |
| Project Position Statement and Capital Programme Monitoring Outturn 2024/25   | Cabinet 8 Jul 2025  |
| Revenue Budget Outturn 2024/25  | Cabinet 8 Jul 2025  |
| Xentrall Shared Services Annual Report  | Cabinet 8 Jul 2025  |
| Adoption of Finalised Appraisal for the Stockton and Darlington Railway: Northgate Conservation Area Including Changes to its Boundary and Name | Cabinet 6 Jan 2026  |
| To consider the Use of Land at Faverdale including the Former St Modwen Land for Biodiversity Net Gain and Nutrient Neutrality Credits          | Cabinet             |

## 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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## HEALTH AND WELLBEING BOARD

Thursday, 5 December 2024

**PRESENT** – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Lorraine Hughes (Director of Public Health), Andrea Goldie (Healthwatch Darlington), Councillor Holroyd, Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board), Alison MacNaughton-Jones (Joint Clinical Director) (Darlington Primary Care Network), Dean Lythgoe (Principal, St Aidan's Academy) (Secondary School Representative), Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative), Councillor Mrs Scott, Joanne Hennessy (Public Health Portfolio Lead Health Care), Deborah Robinson ( St Tereasa's Hospice), Joanne Littler (Head of SEND and Inclusion) Sarah (Harrogate and District NHS Foundation Trust) and Olivia Hugill (Democratic Officer)

**ALSO IN ATTENDANCE** – Councillor Mammolotti

**APOLOGIES** –Councillor Harker (Leader of the Council) (Leader of the Council), Councillor Tostevin, James Stroyan (Executive Director People), Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust) and Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington)

### **HWBB13 DECLARATIONS OF INTEREST.**

There were no declarations of interest reported at the meeting.

### **HWBB14 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.**

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

### **HWBB15 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 12 SEPTEMBER 2024**

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 12 September 2024.

**RESOLVED** – That the Minutes for the meeting of this Health and Well Being Board held on 12 September 2024 be approved.

### **HWBB16 HEALTH AND WELLBEING STRATEGY**

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

The Director of Public Health explained that from the last meeting of the Health and Wellbeing Board comments from Members had been appreciated and were now reflected

onto the Draft Joint Local Health and Wellbeing Strategy.

Conversation then ensued with regards to smoking and vaping, that the strategy should include how taking up vaping instead of smoking still has consequences and especially the consequences within the younger generation.

Members also discussed how screening for breast and cervical cancer should be explained more to promote females to attend these appointments. Conversation ensued around the “Best Start in Life” area of the strategy the current struggles of mental health with children and foetal alcohol syndrome.

**RESOLVED** - That Members of the Health and Wellbeing Group note the contents of the Health and Wellbeing Strategy Report.

**REASONS** – It is a statutory duty of the Health and Wellbeing Board to develop a Joint Local Health and Wellbeing Strategy.

#### **HWBB17 SEND STRATEGY 2025- 2029**

The Assistant Director of Education and Inclusion submitted a report (previously circulated) to present the draft Special Educational Needs and Disability (SEND) Strategy 2025-2029 which detailed the key elements of the Strategy and the planned implementation with partners.

The report explained that the SEND Strategy established the strategic approach to the delivery of the SEND services for children and young people in Darlington which ensured the offer is coordinated and responsive to the needs of our community.

It also described how the strategy set out the shared local area vision, principles and priorities which would ensure that partners across Darlington local area were working together effectively to identify, assess and meet the needs of children and young people with SEND from birth to the age of 25.

The report set out how the SEND Strategy had been coproduced with partners across the borough and is fundamental to implementing partners responsibilities under the Children and Families Act 2014. It also reflected the ambitions and priorities of the Council Plan and other key strategic documents.

Discussion ensued around the assessment and diagnosis of SEND and the current issues with regards to the wait times to be assessed for SEND.

Members then moved onto the top of accessibility and if this would be covered under the strategy, Members expressed concerns on the waiting list for transport to and from schools.

**RESOLVED** – That the Health and Wellbeing Board note the report.

#### **HWBB18 DARLINGTON PHYSICAL ACTIVITY STRATEGY**

The director of Public Health and Assistant Director of Community Services submitted a report (previously circulated) which the Public Health Portfolio Lead presented to the board.

The report explained the Purpose of the Physical Activity Strategy which was to improve participation and engagement in physical activity and sport in Darlington and to support people to become active and exercise more during their life span.

The report detailed the national data which showed that every year to lead an active lifestyle would prevent 900,000 cases of diabetes and 93,000 cases of dementia and a combined saving of £7.1 billion to the UK economy. It also explained that 1 in 3 men and 1 in 2 women were not achieving the recommended levels of activity for good health.

The report also elaborated on the most recent Darlington data which showed that 19.7% of adults are active for more than 150 minutes per week, but 18.1% of our population are inactive. It referenced the UK Chief Medical Officer's guidelines that adults should aim for 150 minutes of moderate activity per week.

The report explained that delivery plan was broken down into sections from the "Eight Investments That Work for Physical Activity" and the 8 key themes of the delivery plan were Healthcare, Active, Travel, Sport and Recreation for All, Active Urban Design, Community Wide Physical Activity, Schools, Workplaces, Public Education and Mass Media.

Conversation ensued around what type of activity is classed under the UK Chief Medical Officer's guidelines, whether a walk would count as physical activity. It was explained that any activity that raised your heartbeat is classed under the guidance.

Members discussed what is offered by services to promote Physical Activity for the public, that there needs to be better communication with GP's for this. It was also stated that the Darlington Football Club offer weight management classes which are ran twice a week at Eastbourne Sports Complex and the Education Village.

**RESOLVED** - That the Members of the Health and Wellbeing Board note the report.

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# Tees Valley Joint Health Scrutiny Committee

## MINUTES AND DECISION RECORD

9 January 2025

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

**Present:**

**Responsible Authority Members:**

Darlington Borough Council - Cllr Holroyd  
 Hartlepool Borough Council - Cllr Boddy (CH), Cllr Roy  
 Middlesbrough Council - Cllr Cooper, Cllr Morrish  
 Redcar and Cleveland Borough Council – Cllr Cawley, Cllr Crane,  
 Stockton Borough Council - Cllr Hall, Cllr Besford, Cllr Coulson (substitute for Cllr Miller)

**Also Present:**

Matt Neligan, Chief Strategy Officer, University Hospital Tees (UHT)  
 DR Michael Stewart, Chief Medical Officer, UHT  
 Karen Hawkins, Director of Delivery [Tees Valley], North East and North Cumbria Integrated Care Board (NENC ICB)  
 Katie McLeod, Deputy Director of Delivery, (NENC ICB)  
 DR Nicky Miller, Clinical Lead, (NENC ICB)  
 Mark Cotton, Assistant Director of Communications and Engagement, North East Ambulance Service (NEAS)  
 Victoria Court, Deputy Chief Operating Officer, NEAS  
 Kimm Lawson, Strategic Head of Commissioning (Tees Valley), (NENC ICB)  
 Joe Walker, Service Manager, Respite Day and Residential Services, Tees Esk and Wear Valleys NHS Foundation Trust (TEWV)  
 Hannah Warburton, Communications Manager, TEWV

**Officers:**

Claire Jones (MC)  
 Gemma Jones, (HBC)  
 Caroline Leng (R&CBC)  
 Chris Lunn (MC)  
 Joan Stevens (HBC)  
 Gary Woods (SBC)

## 22. Apologies for Absence

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

## 23. Declarations of Interest

None

**24. Minutes of the meeting held on 7<sup>th</sup> November 2024**

Confirmed.

**25. Minutes of the Tees Valley Area Integrated Care Partnership (ICP) meeting held 9<sup>th</sup> August 2024 (to note)**

Noted. Members requested that the most recent meeting notes be brought to a future committee.

**26. Clinical Services Strategy Update – Group Model - Group Chief Medical Officer and Group Chief Strategy Officer, NHS University Hospitals Tees**

The Committee received information on this item in 2023, this included the progress and ambition for working as a group across North Tees NHS Foundation Trust (FT) and South Tees Hospitals NHS FT.

An update was presented to the Committee on the progress of the development of the Clinical Services and Group (now known as University Hospitals Tees) strategy. Areas of discussion also focussed on identifying areas that will require further engagement with Local Authorities and Partners.

The primary drivers for joint working as a Group were outlined and included –

- Better tackling of population health challenges
- Delivering high quality and sustainable services
- Creating a voice for the health needs of communities
- Making the most of estates
- Addressing disparities in care by adopting joint models
- Collaborative working across sites

Representatives advised the Committee on the ways in which the two separate trusts of North Tees and South Tees were now working together, including joint governance arrangements and a joint executive leadership team.

The Group Objectives were in development and had included drawing on extensive engagement with the public and involving Healthwatch Hartlepool in working towards identifying what people want from the service. The Group Chief Strategy Officer praised the work of Healthwatch Hartlepool for their help on this matter. The report highlighted that people wanted to be provided with good care and have good communication with their hospital. It had also informed on issues such as hospital parking.

The Group Chief Medical Officer presented to the Committee the highlights of the work across the Group. This included patient and community voice,

staff engagement / communications, Group clinical strategy development and digital enablers.

Clinical boards had welcomed the findings of the Healthwatch report and were developing proposals to reduce waiting times, standardise care and ensure expensive equipment is used to capacity. Making sure that patient care is delivered as close to home as possible was also key. Members were also informed about plans to develop a single point of access across the Tees Valley including one phone number across services and the development of the hospital at home model. Plans also included the number of hospital at home beds to be scaled up to 500 and to continue to develop Women and Children's services in the community. University Hospital Tees was intended to be viewed as one service operating from multiple hospital sites.

Some services have been identified for testing as a single service with consideration being given as to how to bring services together and make them stronger and more resilient. This also included the better use of estates and plans to attract more colleagues. Some elements of the plan may require further consultation and engagement with patients, families and carers. It was discussed that future updates could be brought back to the Committee on this issue.

Members were invited to ask questions, the following information was ascertained–

- Significant work is ongoing to address health inequalities such as thinking about how services are tailored and creating better health literature and education in schools.
- Hospital and communities do experience staffing challenges. Work is ongoing with Teesside University, Local Authorities and the Health and Social Care Academy to address some of these issues.
- The increase of hospital at home beds to 500 is a long-term plan with gradual growth happening over time. All plans are designed to manage the growing demand for hospital services.
- It was acknowledged that the issue of large waiting lists was challenging and that no one solution would resolve this. The intention was for waiting lists to begin to reduce and that the community hubs would contribute to this.
- Alternative routes were being designed to assist those that may not be able to access technology to use digital services. There are also work streams on digital poverty.
- Work continues in moving towards the integration of different electronic records and a link between hospital computer systems.
- Improvements have been made to the time taken to discharge patients from hospital to home. Nurses and allied health professionals also provide support to enable patients go home faster. This includes a push on integrated neighborhood teams.
- Referencing concerns expressed by Members regarding patients having to travel between hospital sites, Representatives explained that it was the plan for more services to be delivered closer to home,

with a concentration of services in one place and an increase in elective care through the hubs.

Representatives were thanked for their updates on this item.

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### Decision

- (i) The content of the presentation was noted.
- (ii) That the Healthwatch Hartlepool report be circulated to Members of the Committee.
- (iii) That Representatives be invited to a future meeting to provide further updates on the Group strategy.

## 27. **NEAS: Staff Safety and performance update** – *Deputy Chief Operating Officer and Assistant Director of Communications and Engagement, NEAS NHS Foundation Trust*

Representatives from NEAS provided the Committee with an update on performance data and staff safety. Information presented to the Committee referred to call performance data and it was reported that this has improved significantly in the last 3 years. There are now more health advisors and a new call centre in operation in Stockton. There has been a small but steady increase in 111 calls where the outcome is visits to Urgent Treatment Centres and a small decline in visits to Primary Care services. Calls have also increased in the winter months. Call handlers are trained to take both 111 calls and 999 calls and Hear and Treat rates are not as high as other areas in the UK. Due to having dual trained call handlers there has been significant improvements to Hear and Treat cases. Future plans include extra health advisors and extra clinicians.

An overview was given in terms of Ambulance response times which are split into 4 categories, category 1 being the most serious. Data was provided in terms of the NEAS response times for all categories as detailed in the presentation. It was recognised that although NEAS has the fastest response times to Category 2 calls, work continues towards improving those targets. In terms of hospital handovers, NEAS are also the fastest performing in the country. It was recognised that hospitals were under significant challenges such as bed capacity and pressures due to flu and norovirus. It was also highlighted that patient transport had significantly improved over the last 3 years.

Members were also provided with data relating to staff safety. It was explained that regrettably the number of assaults against staff had increased. This could partially be explained by the use of better reporting mechanisms, but NEAS had also seen a visible increase. Concerns were expressed that convictions were only pursued in 1 in 8 cases of assault with some lower-level assaults against staff being reported as 'being part of the job'. This was deemed unacceptable but could explain the lower levels of reporting. Alcohol misuse and mental health issues were deemed to be contributing factors with the use of weapons also increasing. Over half of the assaults against staff reported had taken place in the patient's home.

Members commented the data and information around assaults against staff was appalling and expressed concern for staff.

With reference to the data regarding Ambulance handover times, Members questioned if any ambulances were being diverted from James Cook Hospital to North Tees Hospital. Representatives commented that James Cook Hospital had carried out intensive work regarding this issue and had seen significant improvements in ambulance hand over times.

Reflecting upon information provided regarding the increase in staff on the Hear and Treat service, Members were interested to find out if there was data available regarding this. Whilst exact figures were not available, Representatives were able to confirm that front line staff numbers had increased by 400. It was explained that recruitment was improving and that strong links with Local Universities were attributed to there being more qualified paramedics. In terms of extra ambulance vehicles, some are provided through private companies due to not having big enough ambulance stations to store them. This is something to be considered as part of the long-term estates strategy.

The issue of staff safety was discussed. Responding to a question about the use of body cams for the safety of the paramedic's team the Committee was informed that all paramedics wear them. In a response to a question about the underreporting of assaults and the increase in reports of sexual assaults it was determined that NEAS were targeting encouraging reporting of all assaults. Individual addresses are also flagged up if there were potential for there to be incidences at the property.

Representatives were asked what measures had been in put in place following the report by the CQC in 2022. Members were advised that NEAS had worked hard to address the areas of concern flagged in the report. The oversight from NHS England and the Integrated Care Board had now come to an end. Representatives explained that NEAS have made strong improvements in certain areas such as the management of controlled drugs and the adoption of the new wider patient safety incident report framework. After an independent review, commissioned by NHS England, they were satisfied that the significant improvements and changes to the service had meant the service was now moving in the right direction. NEAS also confirmed, in response to a Member question, that NEAS takes part in the NHS staff survey and results from this had improved. The hope is that this would improve again once the next one takes place in March 2025.

Concerns were raised about patients potentially missing appointments if the patient transport was not on time. It was confirmed that only 4% are late. NEAS had received no feedback suggesting appointments had been missed due to late patient transport.

Concluding the discussion and returning to the issue of staff safety a question was raised about lone working. It was confirmed that there are

strict criteria in place for single responders. Crews are trained in carrying out risk assessments and that police support is available if necessary.

Representatives were thanked for their presentation.

Decision

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

**28. Improving Palliative and End of Life Care across the Tees Valley** - *Deputy Director of Delivery and Clinical Lead, Tees Valley Local Delivery Team, NENC ICB*

Representatives were in attendance to present an update on improving palliative and end of life care across the Tees Valley. Members were advised of the engagement work with families, carers and providers which formed the basis of the Palliative and End of Life Care Strategy. Surveys and workshops were also carried out. Feedback on this matter was welcomed to enable improvements and change to services and provisions. Key themes that were important to providers was also discussed and included the willingness to explore new funding models and how to work collaboratively. The strategy has been co-produced with colleagues from the Foundation Trust. Although work has not finished there has been some significant achievements to date. An investment programme has been agreed with some additional funding. Other aspects considered were the training packages available and utilising one phone number to access support across the service. The importance of focussing on relationships with providers was also discussed. This work has gained very positive feedback. Representatives indicated they could come to a future meeting to provide further updates.

In the questions that followed Members were advised that local hospices had also been involved in the work that had been carried out. Issues such as funding and the wellbeing of staff had also been considered in detail.

A Member raised a query regarding the commissioning of a rapid response service in Darlington. Representatives advised that this service had gone through a procurement process and the service has now been provisioned. Data around the use of services is closely monitored and Representatives confirmed that this provision of care was still available to Darlington residents.

Representatives were thanked for their presentation.

**29. Tees Respite Care/Short Breaks Service Update** – *Strategic Head of Commissioning (Tees Valley), NENC ICB and Service Manager, Respite Day and Residential Services, TEWV*

Representatives from the NENC ICB and TEWV were in attendance to provide the Committee with an update in relation to the consultation with families and carers regarding the changes to respite care. This item was previously presented to the Committee at its meeting on the 19<sup>th</sup> September 2024.

A series of listening events have been held with a survey also sent out to parents and carers. A full report on this matter will be produced at a later date. Task and Finish groups have also been held to help determine what services need to be commissioned going forward. Meetings have also taken place with staff at both sites affected, with information being shared with families via a newsletter and a monthly update. Representatives were hoping for more engagement and had also offered one to one sessions with those affected. With the engagement from as many as possible, the aim is to create a sustainable service in a building that is fit for purpose and meets the needs of the patients. Meetings will also take place with colleagues from Local Authorities where the sites are held. Procurement of future services will take place in the next 3 months. Communication with service users and their families and carers is ongoing. Representatives also advised that the importance of communication with staff was paramount and commented that staff at the respite services were doing a good job in difficult circumstances. Representatives explained they were committed to improving the provision of respite care in the Tees Valley.

In the discussion that followed it was confirmed that respite services are not funded in the same way children services and services that provided the best value for the public purse was being considered. A number of other factors were also being considered including getting this model right for the future. A member queried the 12 month time line and assurance was given that this service would continue until another provision could take its place. It was also discussed that a wider piece of work needed to take place around services for those aged 18-25.

Data was provided in terms of the number of people accessing the service and consideration was being given to parents and carers of the service users.

A Member asked that thanks be passed to the staff who continue to support those that rely on the services affected.

Future events were being considered such as coffee mornings where parents would be able to bring along their family members who use the service. Discussions were also held regarding the involvement of people that could use the service but did not.

It was confirmed that future services would not be in NHS buildings, but that NHS clinical staff would be based in the provision.

Representatives were thanked for the update.

**30. Work Programme for 2024/2025**

The work programme for 2024/25 was discussed following updates from the previous meeting. It was confirmed that the future updates would be welcomed in the Clinical strategy of the group model and the ongoing changes to respite care in the Tees Valley.

A previous item suggested in relation to the impact of waste incinerators was discussed and it was confirmed that consideration must be given to the most appropriate forum for this item given the footprint of the areas included.

- (i) The amended work programme for 2024/25 was agreed.
- (ii) An update on Clinical strategy of the group model be provided at a future meeting.
- (iii) An update on the provision of respite care be provided at a future meeting.

**31. Any Other Items which the Chairman Considers are Urgent**

None.

The meeting concluded at 12.50pm.

CHAIR