

## **HEALTH AND HOUSING SCRUTINY COMMITTEE**

Wednesday, 3 September 2025

**PRESENT** – Councillors Johnson (Chair), Anderson, Beckett, Crudass, Holroyd, Layton and M Nicholson

**APOLOGIES** – Councillors Pease and Mrs Scott

**OFFICERS IN ATTENDANCE** – Lorraine Hughes (Director of Public Health), Anthony Sandys (Assistant Director - Housing and Revenues), Sukhdev Dosanjh (Head of Commissioning and Contracts), Claire Gardner-Queen (Head of Housing), Ken Ross (Public Health Principal), Amy Harden (Housing Asset and Compliance Team Leader), David Hand (Head of Service for Planning Policy, Economic Strategy and Environment), Fiona McCall (Planning Officer), Diane Lax (Healthwatch Operations Manager) and Hannah Miller (Democratic Officer)

### **HH9 DECLARATIONS OF INTEREST**

There were no declarations of interest reported at the meeting.

### **HH10 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON :-**

#### **(1) 11 JUNE 2025**

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 11 June 2025.

**RESOLVED** – That the Minutes of the meeting of this Scrutiny Committee held on 11 June 2025 be approved as a correct record.

#### **(2) 18 JUNE 2025**

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 18 June 2025.

**RESOLVED** – That with the suggested amendment to HH5, the Minutes of the meeting of this Scrutiny Committee held on 18 June 2025 be approved as a correct record.

### **HH11 CONSULTATION ON A HOMES STRATEGY FOR THE BOROUGH**

The Executive Director of Economy and Public Protection submitted a report (previously circulated) requesting that consideration be given to the Homes Strategy for the Borough (also previously circulated) which was agreed for consultation at Cabinet on 8 July 2025.

It was reported that the draft Homes Strategy 2025-2030 provided a framework for the actions of the Council and its partners with regard to housing; that the focus of the strategy was to provide high quality homes across all tenures, meeting local needs and addressing the borough's housing challenges; and that the strategy set a high level vision with three objectives focused around building new homes, improving standards, meeting the needs of

our ageing population and supporting people to live independently. Members were informed of a number of associated outcomes and actions which aimed to be achieved over the next five years.

Following a comment regarding the sustainability and energy efficiency of new developments Members were informed that a supplementary planning document relating to material considerations for planning applications was in development; and discussion ensued regarding the availability and location of affordable and smaller properties across the Borough. Members noted that there was a requirement for a percentage of new homes to be adaptable to a certain standard and there was a section within the strategy which focused on housing mix in the borough.

**RESOLVED** – (a) That the draft Homes Strategy be noted.

(b) That Members submit any comments on the draft Homes Strategy via the online survey.

## **HH12 DARLINGTON BETTER CARE FUND 2024/25 END OF YEAR PROGRAMME REPORT**

The Assistant Director Commissioning, Performance and Transformation submitted a report (previously circulated) updating Members on the Annual Report of the Darlington Better Care Fund for the 2024/25 programme and providing an update on the next steps across the Programme.

The submitted report stated that the vision for the Better Care Fund (BCF) was to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person; and that the use of the BCF mandatory funding streams must be jointly agreed by integrated care boards (ICBs) and local authorities, with sign off by the Health and Wellbeing Board.

Reference was made to the two core BCF objectives and details were provided of the four national conditions for funding and the four key metrics; funding for 2024/25 was outlined along with a summary of the 2024/35 BCF Plan and approval feedback of the BCF 2024/25 Plan from the BCF National Team.

Members noted that a joint review of all funded schemes had begun in July 2025, to ensure that all schemes continued to deliver against the key priorities of the programme and provided value for money.

**RESOLVED** – (a) That the approval of the Darlington 24/25 Plan be noted.

(b) That the programme review underway during July/August 2025, be noted.

## **HH13 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024-2025 - ACROSS THE LIFE COURSE: THE HEALTH OF DARLINGTON**

The Director of Public Health submitted a report (previously circulated) presenting the Annual Public Health Report (also previously circulated), an independent report on the health and wellbeing of Darlington and providing an update on the recommendations made

in the 2023-2024 Annual Public Health Report.

The report provided a snapshot of key data across the life course and thematic recommendations and it was the intention for future reports to focus on the different stages of the life course in greater detail.

Reference was made to the chapters within the report and associated recommendations; and details of the progress made to date on the recommendations of the 2023-2024 Annual Public Health Report were outlined.

Discussion ensued regarding work being undertaken to address sunbed usage and passive smoking with reference being made to the Tobacco and Vapes Bill which was giving consideration to the extension of smoke-free outdoor places to outside schools, children's playgrounds and hospitals and the Seven Steps Out campaign; and following concerns raised regarding air pollution, Members were informed that this was a growing area of interest within public health with increasing evidence highlighting the positive impact of low emission zones.

Questions were raised regarding the work undertaken around falls and the prevalence of breastfeeding at 6 to 8 weeks. Members were informed of the work being undertaken with the 0-19 services to undertake the mandated 10-14 day visits at day 8, which had seen an increase in breastfeeding of 11 per cent; and following concerns raised regarding the prevalence of tooth decay for 5-year-olds in Darlington Members noted the work being undertaken to improve outcomes including the development of the oral health strategy and expansion of the supervised toothbrushing scheme.

Members also discussed the children in care immunisations, monitoring of the uptake of and use of vapes by children and young people in Darlington, and the role of public health in supporting the use of weightloss injections.

Members sought an update regarding the outbreaks of Carbapenemase-Producing Enterobacterales (CPE) at Darlington Memorial Hospital and were informed that the number of cases had reduced and noted the additional work that had been introduced to manage and reduce the outbreaks.

**RESOLVED** – (a) That the recommendations of the Annual Director of Public Health report be accepted.

(b) That the Health and Housing Scrutiny Committee makes use of the Annual Director of Public Health report to support understanding of the population health and wellbeing needs across the life course.

#### **HH14 HEALTH AND SAFETY COMPLIANCE IN COUNCIL HOUSING 2024-25**

The Assistant Director – Housing and Revenue submitted a report (previously circulated) updating Members on the health and safety compliance standards for Council housing stock and performance against these in 2024-25.

It was reported that the Regulator of Social Housing (RSH) sets a number of consumer

standards, which social housing providers must comply with; and the Council had well established and robust processes in place to monitor health and safety compliance in relation to its Council housing stock.

Details were provided of the health and safety compliance arrangements for 2024-25 and the Council's performance against these, as detailed in the appended report (also previously circulated), including asbestos, damp and mould, electrical safety, fire risk assessments, fire doors, gas safety, smoke alarms, legionella, radon, lifts and stairlifts.

Discussion ensued regarding work being undertaken to identify damp and mould occurrences and Members noted that increased tenancy visits would help to identify any issues that were not reported.

**RESOLVED** – (a) That the health and safety compliance performance be noted.

(b) That the Housing Team be commended for the Council's performance against the health and safety compliance standards for Council housing stock for 2024-25.

## **HH15 CHRONIC ILLNESS PREVENTION**

The Director of Public Health submitted a report (previously circulated) providing Members with an overview of the impact of long-term conditions (LTC) on Darlington's population, drawing on key national and local data to highlight current challenges and outlining evidence-based actions to reduce the burden of LTCs through prevention and improved care planning.

It was reported that LTCs were ongoing health issues that could not be cured but effectively managed with the right support, common examples being diabetes, coronary heart disease and that the number of people living in Darlington with these conditions was rising, particularly among older adults.

The submitted report stated that the number of people aged 65 and over in England was projected to rise significantly by 2040, with one in three people being aged 65 or older; that living with multiple long-term conditions was becoming increasingly common with nearly half of those affected managing two or more illnesses at the same time; and that complex health needs were more concentrated in areas of deprivation.

It was reported that deprivation was linked to earlier onset and higher rates of long-term conditions; details were provided of the Index of Multiple Deprivation rankings across Darlington, emergency hospital admissions for COPD and percentage of economically inactive in each ward. Members noted that the prevalence of long-term conditions had steadily increased over the past decade, and that this was likely to continue as the population aged and lifestyle related risks factors remained.

It was reported that a prevention-focused approach to long-term conditions was key to improving health outcomes, reducing inequalities and easing pressure on services; and reference was made to a model of three levels of prevention in public health.

Members entered into a discussion regarding the concentration of LTC's in more deprived

areas and how this could be addressed.

**RESOLVED** – (a) That the disproportionate burden of long-term conditions in Darlington’s more deprived communities be noted;

b) That the increasing prevalence of LTCs and projected growth, which would place greater strain on local health care systems, be noted;

c) That a system-wide approach focused on early detection, personalised care, and community based support, be endorsed;

b) That efforts to reduce health inequalities and improve outcomes for those most affected be continued to be led by this Committee.

#### **HH16 PERFORMANCE INDICATORS YEAR END - QUARTER 4 2024/25**

The Assistant Director – Housing and Revenues, Head of Leisure and Director of Public Health submitted a report (previously circulated) providing Members with performance data against key performance indicators for 2024/25 at Quarter 4.

Details were provided of the 35 indicators reported to this Scrutiny Committee, six indicators were reported by both Housing and Leisure Services and 23 by Public Health; and in relation to the Public Health indicators, eight of the 23 annually reported indicators had updated information to report.

It was reported that of the 13 indicators with comparative data available, six indicators had improved when compared to the same period in the previous year and that seven indicators had worsened when compared to the same period in the previous year.

It was also reported that there were eight indicators that had been updated since Quarter 2 and that five indicators had seen an improvement whilst three had worsened.

**RESOLVED** – That the performance information provided in the submitted report be noted.

#### **HH17 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 for inclusion in the previously approved work programme.

**RESOLVED** – That the work programme be noted.

#### **HH18 HEALTH AND WELLBEING BOARD**

It was reported that the Board last met on 19 June 2025 and that the next meeting of the Board was scheduled for 18 September 2025.

The Cabinet Member for Health and Housing informed Members that items discussed at the

last meeting included a deep dive into smoking in pregnancy and the next meeting would include a review of the Joint Local Health and Wellbeing Strategy and the Pharmacy Needs Assessment (PNA) for approval.

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

#### **HH19 REGIONAL HEALTH SCRUTINY**

The Tees Valley Joint Health Scrutiny Committee last met on 17 July 2025 and the next meeting of the Tees Valley Joint Health Scrutiny Committee was scheduled for 2 October 2025.

Members noted the approved Minutes from the meeting held on 8 May 2025 (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

#### **HH20 QUESTIONS**

Following a question regarding the Council's preparedness and emergency planning arrangements in respect of a new pandemic, Members were informed of the work being undertaken which included Exercise Pegasus, a national-level exercise and that the council had a Civil Contingencies Unit in place for managing emergencies within the local authority.