



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 3 September 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) 11 June 2025 (Pages 5 - 6)
 - (b) 18 June 2025 (Pages 7 - 10)
4. Consultation on a Homes Strategy for the Borough –
Report of the Executive Director of Economy and Public Protection
(Pages 11 - 64)
5. Darlington Better Care Fund 2024/25 End of Year Programme Report –
Report of the Assistant Director – Commissioning, Performance and Transformation
(Pages 65 - 72)
6. Director of Public Health Annual Report 2024-2025 - Across the Life Course: The Health
of Darlington –
Report of the Director of Public Health
(Pages 73 - 120)

7. Health and Safety Compliance in Council Housing 2024-25 –
Report of the Assistant Director – Housing and Revenues
(Pages 121 - 146)
8. Chronic Illness Prevention –
Report of the Director of Public Health
(Pages 147 - 154)
9. Performance Indicators Year End - Quarter 4 2024/25 –
Report of the Assistant Director Housing and Revenues, Head of Leisure and Director of
Public Health
(Pages 155 - 180)
10. Work Programme –
Report of the Assistant Director Law and Governance
(Pages 181 - 196)
11. Health and Wellbeing Board –
Included for information are the approved Minutes of the meeting held on 13 March
2025. The Board last met on 19 June 2025. The next meeting is scheduled for 18
September 2025.
(Pages 197 - 200)
12. Regional Health Scrutiny (Pages 201 - 212)
13. 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.
14. Questions

A handwritten signature in black ink, reading 'A. C. Wennington', with a horizontal line underneath.

Amy Wennington
Assistant Director Law and Governance

Tuesday, 26 August 2025

Town Hall
Darlington.

Membership

Councillors Anderson, Beckett, Crudass, Holroyd, Johnson, Layton, M Nicholson, Pease, Mrs Scott and Vacancy

If you need this information in a different language or format or you have any other queries on this agenda please contact Hannah Miller, Democratic Officer, Resources and Governance Group, during normal office hours 8.30 a.m. to 4.45 p.m. Mondays to Thursdays and 8.30 a.m. to 4.15 p.m. Fridays email: hannah.miller@darlington.gov.uk or telephone 01325 405801

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HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 11 June 2025

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

APOLOGIES – Councillors Beckett, Pease and Mrs Scott

ALSO IN ATTENDANCE – Steven Campbell (County Durham and Darlington NHS Foundation Trust), Warren Edge (County Durham and Darlington NHS Foundation Trust) and Lisa Ward (County Durham and Darlington NHS Foundation Trust)

OFFICERS IN ATTENDANCE – Lorraine Hughes (Director of Public Health) and Hannah Miller (Democratic Officer)

SPHH1 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

SPHH2 COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - DRAFT QUALITY ACCOUNT 2024/25

The Assistant Director Law and Governance submitted a report (previously circulated) on the draft Quality Account 2024/25 for County Durham and Darlington NHS Foundation Trust (CDDFT) seeking Members input into the draft commentary.

The submitted report stated Members had previously agreed to be more involved with the local Foundation Trusts Quality Accounts to enable them to have a better understanding and knowledge of performance when submitting the commentaries on the Quality Accounts at the end of the Municipal Year 2024/25; and had received regular performance reports from CDDFT.

The Senior Associate Director of Assurance and Compliance, CDDFT, presented the Trust's Quality Accounts and in doing so responded to Members questions on various aspects of the Accounts. The Trust welcomed Members comments.

RESOLVED – That a draft commentary for the Quality Accounts 2024/25 for County Durham and Darlington NHS Foundation Trust be drafted and submitted for inclusion in the Quality Account for 2024/25.

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HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 18 June 2025

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

APOLOGIES – Councillor Pease

ALSO IN ATTENDANCE – Councillors Roche, Matt Thubron (North East and North Cumbria Integrated Care Board) and Kathryn Warnock (North East and North Cumbria Integrated Care Board)

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

HH1 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH2 TO CONSIDER THE PROPOSED DATES AND TIMES OF MEETINGS OF THIS COMMITTEE FOR THE MUNICIPAL YEAR 2025/26

RESOLVED – That meetings of this Committee be held at 10.00 a.m. on the following dates :-

3 September, 2025

29 October, 2025

7 January, 2026

4 March, 2026

15 April, 2026

HH3 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON :-

(1) 2 APRIL 2025

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 2 April 2025.

RESOLVED – That, with the suggested amendments, the Minutes of the meeting of this Scrutiny Committee held on 2 April 2025 be approved as a correct record.

(2) 13 MAY 2025

Submitted – The Minutes (previously circulated) of the special meeting of this Scrutiny Committee held on 13 May 2025.

RESOLVED – That, with the suggested amendments, the Minutes of the special meeting of

this Scrutiny Committee held on 13 May 2025 be approved as a correct record.

HH4 WAITING LISTS FOR NHS SERVICES

The Deputy Director of Planning and Performance, North East and North Cumbria Integrated Care Board gave a presentation updating Members on waiting lists for NHS services for County Durham and Darlington Foundation Trust (CDDFT) in relation to planned care and cancer.

It was reported that the overall waiting list had progressively reduced over the last 12 months and was below planned levels; and the proportion of patients on the waiting list who had been waiting for less than 18 weeks had been relatively stable over the last 12 months, with signs of improvement from July 2024.

The presentation provided details of long waiting patients, with Members noting that CDDFT had zero reported 78+ww and 104+ww patients. It was also reported that the number of 52+ww had progressively reduced from August 2024 through to December 2024, however had increased slightly towards March 2025; and that a low number of 65+ww remained until December 2024 which was now showing as zero for March 2025.

The presentation provided a breakdown for each speciality, with Members noting that Trauma and Orthopaedic, General Surgery, Gynaecology and Other – Paediatric made up 50 per cent of the overall waiting list; and details were provided for the composition of outpatient attendances.

It was reported that diagnostic performance had been progressively improving over the last 12 months and was well below the North East and North Cumbria average position; the national ambition was 5 per cent and CDDFT were almost meeting this ambition with the aim of 1 per cent by March 2026; and in relation to Cancer services, CDDFT had consistently performed better than the North East and North Cumbria average position. Members noted that planned developments and improvements for cancer services in 2025/26 were being supported by the Northern Cancer Alliance.

Members sought an update on Breast Services and were informed that a managed clinical network across the North East and North Cumbria, facilitated by the Northern Cancer Alliance had been working on an improved clinical modelling for breast services, and an emerging clinical model had been identified which required agreement with providers. Members were advised that stakeholder engagement would be undertaken and that a further update could be provided to Members.

Discussion ensued regarding right place first time and whether delays to treatment could be linked to accessibility issues. Members were reminded that not all hospitals provided the same service so there may be an expectation for patients to have to travel however patient choice existed in relation to accessing services; and following a question Members were advised that the ICB was responsible for commissioning the patient transport services, which was provided by the North East Ambulance Service and that there was an eligibility criteria to access this service.

Members requested further details of waiting times for speciality services within diagnostics;

and discussion ensued regarding the fluctuations within diagnostic activity over the last 12 months and the potential impact of cuts to the Integrated Care Board on meeting targets.

RESOLVED – That the Deputy Director of Planning and Performance, North East and North Cumbria Integrated Care Board be thanked for his detailed and accessible presentation.

HH5 HOUSING SERVICES FIRE SAFETY POLICY FOR PURPOSE-BUILT BLOCKS OF FLATS, SHELTERED AND EXTRA CARE ACCOMMODATION 2025 - 2030

The Assistant Director Housing and Revenues submitted a report (previously circulated) requesting that consideration be given to the draft Housing Services Fire Safety Policy for Purpose-Built Blocks of Flats, Sheltered and Extra Care Accommodation 2025-2030 (also previously circulated) prior to its consideration by Cabinet on 8 July 2025.

The submitted report stated that this Scrutiny Committee had considered the existing Housing Services Fire Safety Policy 2022-2027 on 2 November 2022 prior to approval by Cabinet on 6 December 2022; that this policy covered the fire safety arrangements for Council owned sheltered and extra accommodation; and that work had been ongoing in developing a policy for Council owned purpose-built blocks of flats.

It was reported that a single policy covering all Council owned accommodation with communal areas had been developed and updated with the latest legislation and best practice guidance; the draft policy sets out how the Council would provide staff, residents, visitors and partner organisations with clear guidelines as to how to prevent fires and actions to take in the event of a fire to protect themselves and others.

The submitted report provided details of the areas covered in the policy; and consultation had been undertaken with the Tenants Panel who were in support of the draft policy.

Members sought clarification regarding the Council's responsibility for the storage of flammable materials and equipment by residents. Members were advised that the tenancy agreements detailed what could and could not be stored, outlined tenants responsibility in relation to allowing access to their property and that enforcement action could be taken by the Council. Members were informed that any hoarding issues could be identified through a range of Council activities including day to day repairs, tenancy audit visits and gas safety checks; and in relation to hoarding, all housing staff received basic awareness training and staff worked closely with tenants and other services for any breaches in contract.

Discussion ensued regarding smoke detectors with Members noting that all new tenants received fire safety checks and all properties had hard wired smoke detectors; and following a question regarding the move towards a 'stay put' evacuation policy Members were informed of the work being undertaken to introduce this. Members were advised that this policy was already in place for sheltered and extra care accommodation.

RESOLVED – That Members support the onward submission of the draft Housing Services Fire Safety Policy for Purpose-Built Blocks of Flats, Sheltered and Extra Care Accommodation 2025-2030 to Cabinet.

HH6 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's draft work programme for the Municipal Year 2025/26 and to consider any additional areas to be included.

Discussion ensued on the current work programme and it was suggested that additional items be included on the Integrated Care Board and expected changes, Physical Activity Strategy, Healthcare associated infections and the Homes Strategy.

RESOLVED – That the Work Programme be updated to reflect the decisions of this Scrutiny Committee.

HH7 REGIONAL HEALTH SCRUTINY

The Tees Valley Joint Health Scrutiny Committee last met on 8 May 2025 and the next meeting of the Tees Valley Joint Health Scrutiny Committee was scheduled for 17 July 2025.

Members noted the approved Minutes from the meeting held on 13 March 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.

HH8 QUESTIONS

Reference was made to World Continence Week and Members were informed of work being undertaken to assess the provision in the Council's accessible toilets; and following a question in relation to the damaged Council homes on the Neasham site, Members were informed that the site would not be significantly delayed, with the majority of houses being delivered by March 2026 as planned. A question was also raised regarding the site on Skinnergate, with Members noting that the site was in the final phase of demolition.

The Portfolio Holder extended their thanks to the previous Chair of this Scrutiny Committee for their work; and Members were informed of the items scheduled for the next meeting of the Health and Wellbeing Board on 19 June 2025.

Health and Housing Scrutiny Committee
3 September 2025

CONSULTATION ON A HOMES STRATEGY FOR THE BOROUGH

SUMMARY REPORT

Purpose of the Report

- 1. To consider the Homes Strategy for the Borough which was agreed for consultation at Cabinet on 8 July 2025.

Summary

- 2. A draft Homes Strategy has been prepared, and it was agreed at the Cabinet meeting on 8 July 2025 that the Council would consult on the Strategy. The Cabinet report and Homes Strategy are attached at **APPENDIX 1**.

Recommendation

- 3. It is recommended that members consider the draft Homes Strategy and make any formal comments as part of the consultation.

Trevor Watson – Executive Director of Economy and Public Protection

Background Papers

Draft Homes Strategy and Cabinet Report

David Hand : Extension 6294

Council Plan	The strategy supports the core priority of homes that are affordable, secure and meet the current and future needs of residents. There are also a range of indirect benefits for the other priorities of the Council Plan.
Addressing inequalities	The draft strategy considers inequalities around age and disability. It sets priorities and actions to provide positive impacts on these inequalities in relation to housing provision. This will help to ensure opportunities are accessible to everyone for good housing. It is important to note that the strategy brings together a number of existing Council policies and strategies which have been subject to equality impact assessment.

Tackling Climate Change	Includes measures and actions the Council aims to achieve in terms of housing to mitigate climate change and reduce carbon emissions.
Efficient and effective use of resources	A number of the existing policies and strategies referenced in the document support the efficient and effective use of resources.
Health and Wellbeing	High quality homes in the right places supports the health and wellbeing of local residents.
S17 Crime and Disorder	There are benefits in reducing levels of crime through several of the priorities in the strategy. For example, encouraging good design and placemaking, urban regeneration and tackling homelessness.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	The Homes Strategy will be monitored and reviewed by the planning policy team and other related service areas. There will be no direct impact on the Council's budget. When approved it will form part of the Council's policy framework.
Key Decision	Yes
Urgent Decision	No
Impact on Looked After Children and Care Leavers	Positive impacts with regards to the provision of supported and specialist housing.

MAIN REPORT

Information and Analysis

4. See Cabinet report APPENDIX 1.

Outcome of Consultation

5. Consultation is ongoing.

**CABINET
8 JULY 2025**

CONSULTATION ON A HOMES STRATEGY FOR THE BOROUGH

**Responsible Cabinet Member -
Councillor Chris McEwan, Economy Portfolio
Councillor Matthew Roche, Health and Housing Portfolio
Councillor Jim Garner, Stronger Communities Portfolio**

**Responsible Director -
Trevor Watson, Executive Director Economy and Public Protection**

SUMMARY REPORT

Purpose of the Report

1. To seek members approval to undertake a public consultation on the draft Homes Strategy (**Appendix 1**).

Summary

2. The draft Homes Strategy 2025 – 2030 provides a framework for the actions of the Council and its partners with regards to housing. The focus of the strategy is providing high quality homes across all tenures, meeting local needs and addressing the borough's housing challenges. It is designed to inform officers, members, partners, key stakeholders, and residents of our approach and priorities on a range of housing matters.
3. The strategy sets a high-level vision, and three key objectives focused around building new homes, improving standards, meeting the needs of our ageing population and supporting people to live independently. The document also contains a number of associated outcomes and actions which we aim to achieve over the next five years (summarised in Appendix 1 of the draft strategy).

Recommendations

4. It is recommended Members consider the draft Homes Strategy at Appendix 1 and approve the document for public consultation.

Reasons

5. The recommendation is supported as the Homes Strategy will provide a clear framework for the Council's strategic direction and actions on housing matters.

**Trevor Watson
Executive Director Economy and Public Protection**

Background Papers

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

David Hand: Extension 6294

Council Plan	The strategy supports the core priority of homes that are affordable, secure and meet the current and future needs of residents. There are also a range of indirect benefits for the other priorities of the Council Plan.
Addressing inequalities	The draft strategy considers inequalities around age and disability. It sets priorities and actions to provide positive impacts on these inequalities in relation to housing provision. This will help to ensure opportunities are accessible to everyone for good housing. It is important to note that the strategy brings together a number of existing Council policies and strategies which have been subject to equality impact assessment.
Tackling Climate Change	Includes measures and actions the Council aims to achieve in terms of housing to mitigate climate change and reduce carbon emissions.
Efficient and effective use of resources	A number of the existing policies and strategies referenced in the document support the efficient and effective use of resources.
Health and Wellbeing	High quality homes in the right places supports the health and wellbeing of local residents.
S17 Crime and Disorder	There are benefits in reducing levels of crime through several of the priorities in the strategy. For example, encouraging good design and placemaking, urban regeneration and tackling homelessness.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	The Homes Strategy will be monitored and reviewed by the planning policy team and other related service areas. There will be no direct impact on the Council's budget. When approved it will form part of the Council's policy framework.
Key Decision	Yes
Urgent Decision	No
Impact on Looked After Children and Care Leavers	Positive impacts with regards to the provision of supported and specialist housing.

MAIN REPORT

Information and Analysis

- The Council has a wide variety of roles and responsibilities with regards to housing in the borough. The homes and the places in which people live are vital to our local

communities, influencing overall health and wellbeing. The draft Homes Strategy (appendix 1) provides a framework for the actions of the Council and its partners. The document sets out our strategic direction to maintain and improve the quality of housing to meet local needs and to address the boroughs housing challenges.

7. Given the breadth of the Council's work in housing matters, officers have worked across services areas to produce a draft Homes Strategy. The previous strategy covered the period from 2012 – 2017. Although a number of the key issues remain the same, much has changed since the publication of the previous strategy.
8. The draft strategy sets a high-level vision - to provide high quality homes in attractive places across all tenures; meeting the housing needs of residents and ensuring access to safe, secure, comfortable and sustainable housing for all. There are also three associated objectives which are set out below and a number of actions which we aim to achieve over the next five years. These actions are summarised in Appendix 1 of the strategy:
 - (a) Objective 1: Building homes, with an emphasis on affordable and social homes, to meet local needs;
 - (b) Objective 2: Improving the standards of existing housing, achieving net zero carbon and revitalising neighbourhoods;
 - (c) Objective 3: Meeting the needs of our ageing population and supporting people to live independently.
9. The document recognises the importance of a variety of housing matters that the Council is involved in. This includes, delivering new homes, including affordable and social housing, ensuring good placemaking, upgrading existing stock, addressing the needs of specific groups, providing specialist/supported housing and tackling homelessness.
10. Some early engagement was undertaken with the Council's developer's forum (consisting of house builders and registered providers) and a supported living and extra care providers forum. Responses back were however limited, and the intention now is to undertake a wider public consultation on the draft strategy for a period of six weeks.
11. Following the consultation, it is intended that responses will be analysed and changes made to the strategy if required. The final document will be brought back to Scrutiny Committee and Cabinet for formal approval.

Consultation

12. Consultation will occur for a six-week period, with internal consultees, external consultees and the wider population.

Outcome of Consultation

13. A further report will be prepared following the end of the consultation and will be brought back to Cabinet with recommendations.

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Darlington Borough Council

Homes Strategy 2025 -2030

Foreword

[By portfolio holder]

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Executive Summary

The Homes Strategy provides a framework for the actions of the Council and its partners with regards to housing. It provides our strategic direction to maintain and improve the quality of housing to meet local needs and to address the boroughs housing challenges. It is designed to inform officers, members, partners, key stakeholders, and residents of our approach and priorities on a range of housing matters.

The strategy sets an overall vision to provide high quality homes and three key objectives which are set out below. There are also a number of associated priorities and outcomes which we aim to achieve over the next five years (summarised in appendix 1). These have been established utilising a comprehensive evidence base and existing Council policy. They have also been set to address the challenges and opportunities identified.

Housing Vision

A vision for housing in the borough:

Providing high quality homes in attractive places across all tenures; meeting the housing needs of residents and ensuring access to safe, secure, comfortable and sustainable housing for all.

Objective 1: Building homes, with an emphasis on social and affordable provision, to meet local needs

Objective 2: Improving the standards of existing housing, achieving net zero carbon and revitalising neighbourhoods

Objective 3: Meeting the needs of our ageing population and supporting people to live independently.

The strategy recognises the importance of delivering new homes, including affordable, social and new Council owned housing. It is also vital to provide the right infrastructure and community facilities to ensure good placemaking. It is also not just about new housing but upgrading existing stock and ensuring homes are energy efficient, safe and secure.

Residents in Darlington should have fair and equal access to good quality housing that meets their needs. This includes addressing the needs of specific groups including children in and leaving care, people with disability, those with health issues and older people. A range of specialist and supported housing should also be available for those who need it. Through partnership working with other agencies, we also strive to minimise the risk of homelessness and effectively support those who become homeless back to a stable home and an independent life.

High quality homes are vital for our residents and communities, providing indirect benefits for health, the economy and the environment. The Council will aim to strengthen these relationships and achieve the actions and outcomes set out in this document.

Introduction

The overall aim of the Darlington Homes Strategy is to create positive outcomes and actions for housing related matters in the borough, putting people first and focusing on the housing needs of our residents. The strategy contains a vision to provide high quality homes, three key objectives and a number of associated priorities which are to be achieved over the next five years. These points set out the Council's housing priorities and approach to certain housing issues. The document provides a strategic framework for the actions of the Council and its partners.

A vision for housing in the borough:

Providing high quality homes in attractive places across all tenures; meeting the housing needs of residents and ensuring access to safe, secure, comfortable and sustainable housing for all.

Objective 1: Building homes with an emphasis social and affordable provision , to meet local needs

Objective 2: Improving the standards of existing housing, achieving net zero carbon and revitalising neighbourhoods

Objective 3: Meeting the needs of our ageing population and supporting people to live independently.

Good housing can have indirect benefits to many issues and there are dependencies between them. For example, high quality homes can improve standards of living, improve health, provide a safe community, and enhance education attainment and therefore work prospects. A key link is supporting job opportunities in the borough. This provides more wealth to people and gives access to more housing options. This relationship also works in the other direction. The right type of homes in the right places supports economic growth by attracting investors and new businesses. Providing good quality housing for existing and new residents who are economically active.

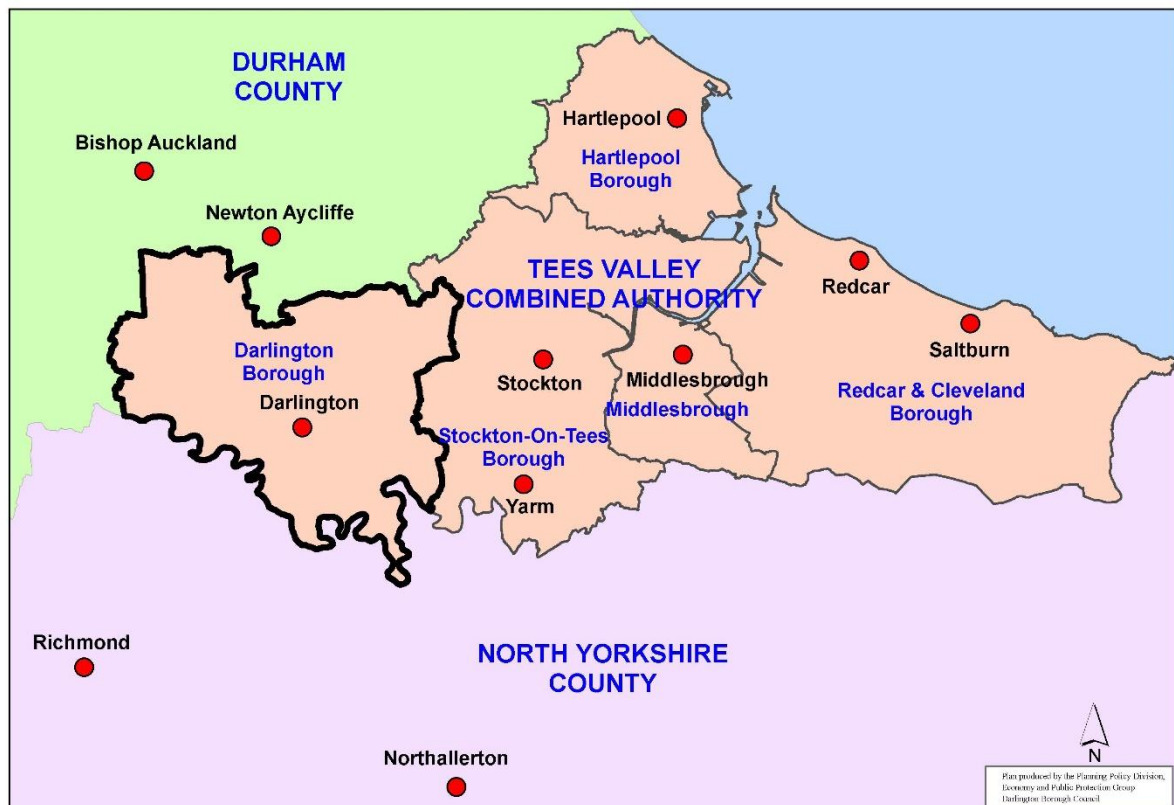
Housing and health are also very much interlinked. We know that the homes and the places in which people live is a key determinant of their overall health and wellbeing. High quality homes with access to open space, sustainable transport links and community facilities can encourage healthy lifestyles. Whereas poor accommodation can reaffirm declining health and health inequalities. The Homes Strategy aims to enhance and improve the positive relationships between these issues and matters above.

Darlington Borough Overview

Darlington Borough is a unitary local authority which is situated at the western end of the Tees Valley Combined Authority Area.

Key Features

- Historic market town, surrounded by open countryside and a number of villages.
- The town's development has been closely associated with the railway age and manufacturing.
- The local economy has performed strongly over recent years, shifting to a more resilient base of specialist engineering, the service sector and public sector employment.
- The borough has excellent local transport links with a well-used public transport network and active travel routes as well as local rail and strategic transport links by rail (East Coast Main Line), road (A1M) and air (Teesside International Airport).
- The town centre provides employment, shops, and services for residents and for parts of North Yorkshire, Durham and Tees Valley.
- Evidence indicates that the borough is generally a self-contained housing market. This is the area in which a substantial majority of the employed population both live and work, and where those moving house choose to stay.



Demographics

The borough has a growing population. In 2021 it was at approximately 107,800, consisting of 48,900 households. This has increased from 105,560 and 46,670 households in 2011, representing a 2.1% rise in population and a 4.8% rise in households (2011 & 2021 census).

The different components of population change have varied over previous years. However, the general trend in natural change for Darlington since the early 2000s has been more births than deaths. In terms of migration, this tends to vary a lot more but over the same period there has been a general trend of net in migration into the borough.

According to the latest census the trend of the population ageing has continued in England and Wales with more people than ever before in the older age groups. Darlington follows this trend. This has been caused by people living longer and declining birth rates. Approximately 20.5% of the Darlington population is over 65, with 17.1% under 15 years and 62.5% 15 to 64 years. In 2011 the over 65 category was 17.4%, indicating a rise of 3% (2011 and 2021 census).

With more people living longer, household growth will be a key driver of housing need. As people grow older, they tend to live in smaller households, meaning that average household size falls as the population ages. This can be seen in the 2018 household projections which estimate that average household size in Darlington will decrease from 2.2 in 2018 to 2.05 in 2043. This does not necessarily mean that the future need is for smaller housing.

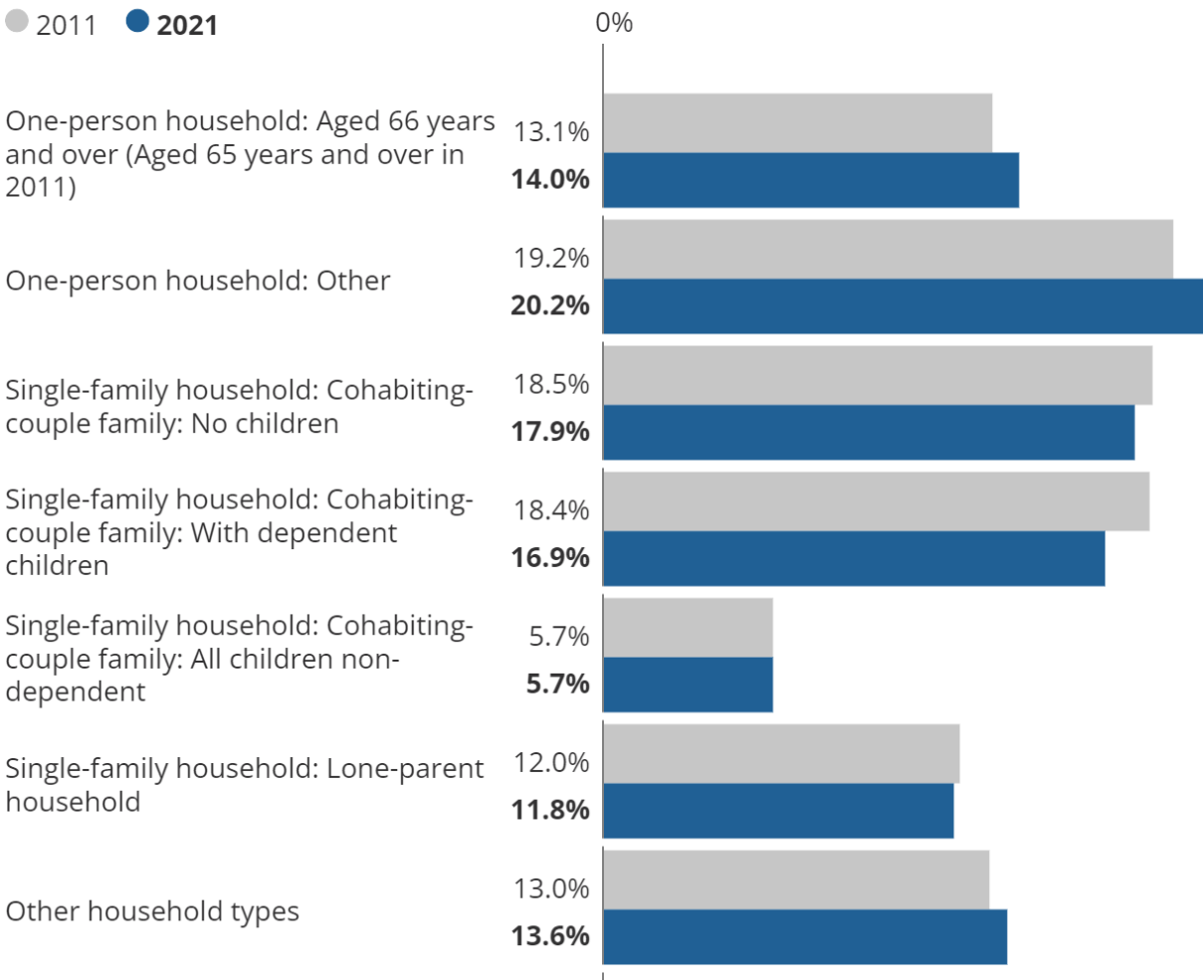
There will be a requirement for some specialist accommodation for older people, however most will wish to remain in their existing homes for as long as possible. This links in with Government social policy to maintain people's independence at home. Household growth will still tend to be driven by younger people such as couples and families who will require largely family homes.

According to the 2019 Index of Multiple Deprivation Darlington has become relatively more deprived. Of the 317 Local Authorities in England, Darlington ranked 77th (previously 96th) most deprived based on average score of Lower Layer Super Output Areas (LSOAs). Darlington now has 21 LSOAs (previously 16) within the 20% most deprived in England. This increase in relative deprivation is in line with rest of sub-region. There are a number of LSOAs within the 10% least deprived, this indicating a large gap in levels of deprivation across the borough. Overall Darlington remains the least deprived local authority area in Tees Valley.

2021 Census Data

The graphs, tables and bullet points below set out key data from the 2021 census which provides useful context on the population of Darlington and the existing housing stock within the borough. Some changes from the 2011 census are also highlighted.

Percentage of households by household composition, Darlington



Source: Office for National Statistics – 2011 Census and Census 2021

Household composition has remained fairly similar between the 2011 and 2021 census with small increases in the number of one person households and small decreases in single-family households.

Accommodation type in Darlington				
	2011		2021	
	Number of households	Percentage	Number of households	Percentage
Detached	8209	17.6%	9331	19.1%
Semi-detached	17835	38.3%	19148	39.1%
Terraced	14379	30.9%	13937	28.5%
In a purpose-built block of flats or tenement	5053	10.9%	5271	10.8%
Part of a converted or shared house, including bedsits	778	1.7%	743	1.5%
Part of another converted building, for example, former school, church or warehouse	-	-	172	0.4%
In a commercial building e.g. in an office building or over a shop	268	0.5%	240	0.5%
A caravan or other mobile or temporary structure	30	0.1%	78	0.2%
Total	46552	100%	48920	100%

Accommodation type in Darlington has higher proportions of semi-detached (39.1%) and terraced (28.5%) properties. From the 2011 census the data shows that the proportions have remained relatively similar, with small increases in percentages for detached (1.5%) and semi-detached (0.8%) homes.

Number of bedrooms in households				
	2011		2021	
	Number of households	Percentage	Number of households	Percentage
1 bedroom	4242	9.1%	4269	8.7%
2 bedroom	15645	33.6%	15883	32.5%
3 bedroom	19090	41.0%	19932	40.7%
4 or more bedroom	7590	16.3%	8832	18.1%
Total	46567	100%	48916	100%

The number of bedrooms in households is largely 2 bedroom at 32.5% and 3 bedroom at 40.7%. The proportion of 2 bedroom households has decreased by 1.1% over the last 10 years with the proportion of 4 or more bedroom households increasing by 1.8%.

Occupancy rating				
	2011		2021	
	Number of households	Percentage	Number of households	Percentage
+2 or more rooms	15682	33.6%	24332	49.7%
+1	18270	39.1%	14827	30.3%
0	11450	24.5%	8506	17.4%
-1	1149	2.5%	1106	2.3%
-2 or less	119	0.3%	145	0.3%
Total	46670	100%	48916	100%

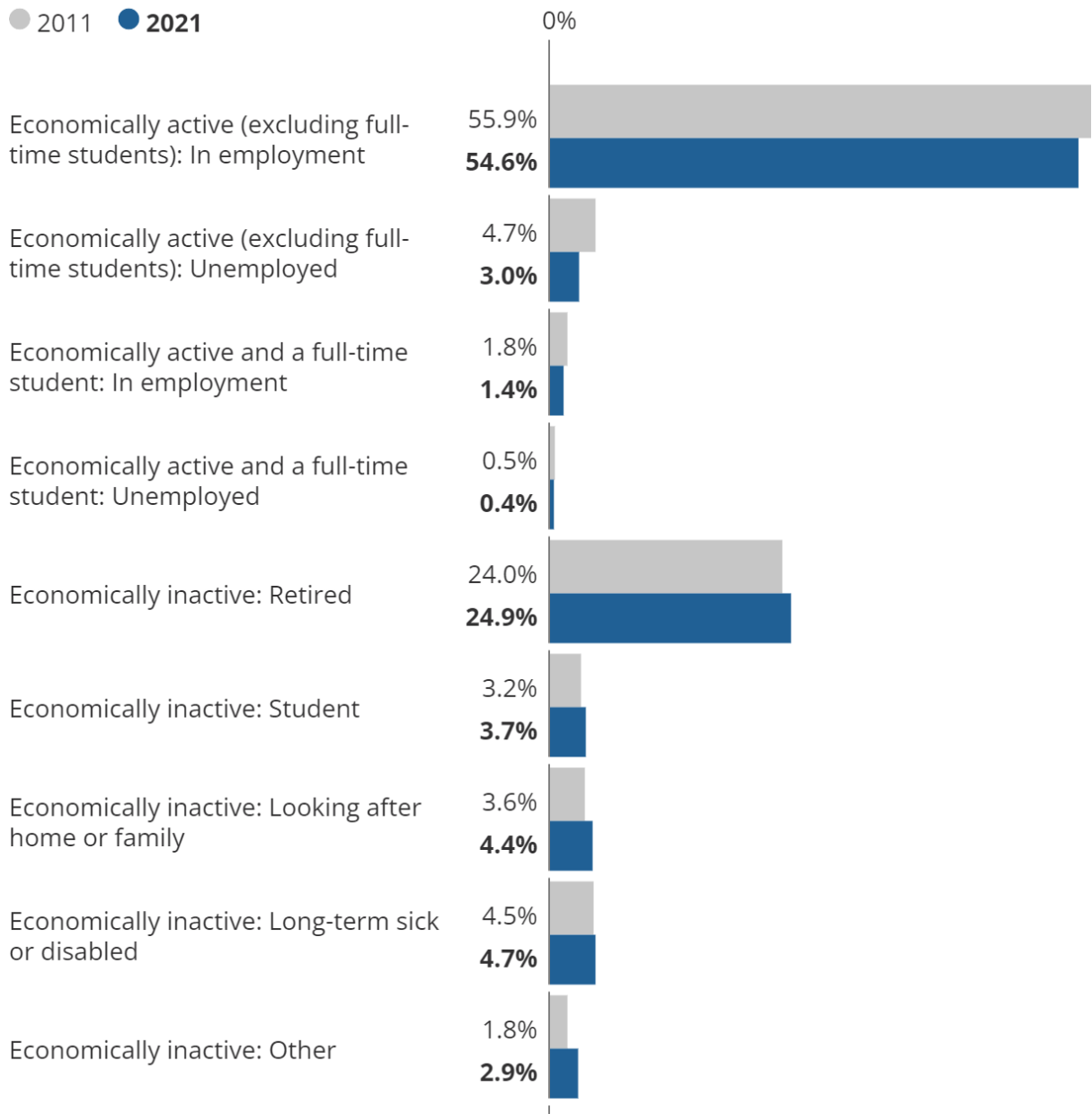
(negative figure implies a households accommodation has fewer bedrooms than required - overcrowded, 0 the accommodation has an ideal number of bedrooms and plus figures accommodation has more bedrooms than required – under occupied)

Occupancy levels in Darlington generally show low levels of overcrowding. The proportion of under-occupied households has increased from 72.7% to 80% between 2011 and 2021. The proportion of households with 2 or more bedrooms not occupied has increased fairly substantially from 33.6% to 49.7%, although the number with 1 bedroom not occupied has decreased from 39.1% to 30.3%.

Tenure				
	2011		2021	
	Number of households	Percentage	Number of households	Percentage
Owned: Owns outright	13810	29.6%	16222	33.2%
Owned: Owns with a mortgage or loan	16479	35.3%	14474	29.6%
Shared ownership: Shared ownership	178	0.4%	190	0.4%
Social rented: Rents from council or Local Authority	5238	11.2%	5112	10.5%
Social rented: Other social rented	1990	4.3%	2819	5.8%
Private rented: Private landlord or letting agency	7758	16.6%	9035	18.5%
Private rented: Other private rented	755	1.6%	1043	2.1%
Lives rent free	462	1%	20	0.04%
Total	46670	100%	48915	100%

A large proportion of homes in Darlington are owned (outright or with a mortgage) 62.8%. Private rented is the second largest category at 20.6%. The proportion of homes owned is less in 2021 than 2011 by 2.1% with the proportion private rented increasing. The number of homes owned outright has increased by 3.6% and the number owned with a mortgage or loan has decreased.

Percentage of usual residents aged 16 years and over by economic activity status,
Darlington



Source: Office for National Statistics – 2011 Census and Census 2021

The percentage of those who are economically active but unemployed in Darlington has reduced from 4.7% in 2011 to 3% in 2021 which is a positive change. The percentage for England in 2021 was 3.5%, showing Darlington is slightly better than the national level. Although those who are economically active and in employment has reduced slightly in Darlington over the period by 1.3%. The percentage of retired has increased by 0.9%, linking in with the data on the ageing population.

Other key points

- 96.3% of people in Darlington do not have a second address.
- The majority of households have mains gas only central heating at 81.1%.
- A large proportion of communal establishment population is male aged 50 years and over (26.7%) and females aged 50 and over (57.5%).
- The management type of communal establishments are largely care homes with nursing included at 31.1% (percentage of the number of people within that category) and care homes without nursing 56.8%. Smaller proportions of type include children's homes (1.6%), mental health unit/hospital (4.9%) and hostels for the homeless (2.1%).
- In 2021, 45.5% of Darlington residents described their health as "very good", increasing from 43.2% in 2011. Those describing their health as "good" fell from 35.7% to 34.8% in that period.
- The proportion of Darlington residents describing their health as "very bad" in 2021 was 1.2% (similar to 2011), while those describing their health as "bad" fell from 4.7% to 4.5%.
- 8.4% of Darlington residents were identified as being disabled and limited a lot in 2021. This figure decreased from 9.8% in 2011. Just under one in nine people (11.0%) were identified as being disabled and limited a little, compared with 10.8% in 2011. The proportion of Darlington residents who were not disabled increased from 79.4% to 80.7% over the ten year period.
- In 2021, 94.4% of people in Darlington identified their ethnic group within the "White" category (compared with 96.2% in 2011). 2.8% of Darlington residents identified their ethnic group within the "Asian, Asian British or Asian Welsh" category, up from 2.1% in 2011. The 0.7 percentage-point change was the largest increase among high-level ethnic groups in this area.
- 95.4% of households, including all adults, have English as their main language in 2021.

ONS house price and earnings data

Set out below is most recent data from the Office of National Statistics (ONS) for Darlington on median house prices and median earnings (released March 2024). The values shown both measures have been gradually increasing over time. Median house prices have dipped slightly since 2021. When looking at affordability, the ratio between median house price and median earnings, this is better in Darlington than in comparison to the national figures for England over the same period. The ratio figures are generally close to those of the northeast region with some small fluctuations.

Lower quartile house prices better reflect the entry level housing market prices. For Darlington in 2023 this was £105,000 with lower quartile gross annual earnings being £23,084. This resulting in an affordability ratio of 4.39. Nationally the ratio was 7.12 and the northeast region 4.16 in 2023. Again, this reflects better affordability in comparison to the national context and following the regional trend.

Year (ending Sept)	Median house price	Median earnings	Median affordability ratio
2012	122,000	23,206	5.26
2013	119,973	22,461	5.34
2014	124,950	26,231	4.76
2015	131,000	25,299	5.18
2016	133,000	27,514	4.83
2017	137,975	27,797	4.96
2018	139,000	26,445	5.26
2019	140,250	27,703	5.06
2020	150,000	27,039	5.55
2021	160,000	30,435	5.26
2022	155,000	29,146	5.32
2023	153,500	30,561	5.02

(ONS 2024)

Local Context

This section provides some context to how the Homes Strategy interlinks with the Council's other existing and emerging plans and strategies.

Council Plan (2024-27)

The Council Plan proposes a long term vision and ambitions for Darlington, with priorities for delivery from 2024-27. At the heart of the plan is the vision to be one of the best places in the UK to live, learn, work and invest – with a strong economy, healthy thriving communities and opportunities for all. Three core values feed into the plan which are:

- addressing inequalities;
- tackling climate change; and
- efficient and effective use of resources.

The plan then sets out six priorities for the Council for the next three years:

- economy
- homes
- living well
- children and young people
- communities
- environment

Key deliverables are set out for each of the six priorities and delivery will be through key strategies and plans. The Homes Strategy will align with and support the above values and priorities. It will also assist with achieving a number of the key deliverables such as meeting current and future housing needs, supporting vulnerable and homeless people and improving the quality of housing. In addition, it will also support growing the economy and delivering more homes particularly in the town centre.

Darlington Local Plan (2016 – 2036)

The Darlington Local Plan was adopted by the Council in February 2022 and replaced the Darlington Local Development Framework (LDF) Core Strategy (May 2011) and the saved policies of the Borough of Darlington Local Plan (1997, including adopted alterations 2001). It provides an up-to-date statutory development plan for the Borough under which planning decisions can be made.

The Government sets out in the National Planning Policy Framework (NPPF) that the planning system should be plan-led. All local authorities should aim to adopt succinct and up-to-date plans to provide a framework for addressing housing needs and other economic, social and environmental priorities. The Local Plan gives the Council control over the location, type and quality of new development. It gives capacity to resist development proposals which do not adhere to Local Plan policies. The Council can also be proactive in accommodating growth and supporting infrastructure through the development plan.

The policies, proposal and site allocations in the Local Plan are designed to address a range of specific issues and challenges. Successful implementation will contribute towards economic growth in Darlington and achieving sustainable development. The Local Plan outlines a number of strategic aims and objectives which are in line with the Council's Plan. It also sets out a number of policies which seek to deliver:

- A minimum of 492 net additional homes over the plan period to meet identified housing needs.
- Sufficient housing land allocations to meet the borough's needs including two sustainable garden communities at Greater Faverdale (Burtree) and Skerningham.
- Affordable housing via market led schemes and exception sites.
- Appropriate mix and size of homes including adaptable and accessible homes, specialised housing and custom and self-build housing.
- Sufficient site and pitch allocations for Gypsy and Traveller Accommodation to meet local needs.
- New employment land allocations and safeguarding existing employment areas.
- Protection and enhancement of our town and local centres.
- Regeneration of the Town Centre Fringe
- Protection and enhancement of our natural environment and heritage assets.
- Sustainable development and mitigation and adaptation to climate change.
- Supporting the health, wellbeing and amenity of the Borough's residents.
- Sustainable and accessible transport infrastructure.

The Homes Strategy is very much interlinked with the Local Plan and will support the delivery of a number of the policy requirements. The Strategy will however provide more detail in a number of areas in terms of the aims and aspirations of the Council. For example with regards to improving conditions of existing homes, supporting vulnerable residents, retirement living, and supported housing.

Relevant Council Strategies

- Council Plan (2024 – 2027)
- Local Plan (2016 – 2036)
- Greater Faverdale (Burtree Garden Village) Design Code (2022)
- Skerningham Garden Village Design Code (2023)
- Design of New Development SPD (2011)
- Discount Market Sale Guidance (2023)
- First Homes Policy Position Statement (2022)
- Housing Services Allocation Policy (2023– 28)
- Housing Services Repairs Handbook
- Housing Services Damp, Mould and Condensation Policy (2023-27)
- Housing Services Low-Cost Home Ownership Policy (2022)
- Private Sector Housing Strategy (2022 – 2027)
- Climate Change Strategy (2020)
- Housing Services Climate Change Strategy (2024-2029)
- Town Centre Strategy (2019 – 2030)
- Town Centre Fringe Masterplan (2013)
- A Strategy for Later Life (2008 – 2021)
- Housing Services Preventing Homelessness and Rough Sleeping Strategy (2025– 2030)
- Economic Strategy 2012 – 2026
- Adult Social Care Accommodation with Care and Support Strategy
- Adult Social Care Commissioning Strategy & Market Position Statement (2023- 2026)
- Looked After Children & Care Leavers Commissioning and Sufficiency Strategy Refresh (2022)
- Darlington Transport Plan (2022 – 2030)

Tees Valley Context

This section provides some context to how this strategy interlinks with existing and emerging strategies and projects in the Tees Valley sub-region.

The Tees Valley sub-region consists of five local authorities, Darlington, Hartlepool, Middlesbrough, Redcar and Cleveland and Stockton-On-Tees. The Tees Valley Combined Authority (TVCA) was created in 2016. A combined authority enables a group of two or more councils to work together and take collective decisions. It can also take advantage of powers and resources devolved from central Government. TVCAs main remit is to drive economic growth and job creation in the sub-region. The local authorities work closely with the business community and other partners to support the growth of the economy.

The devolution deal signed with Government in 2015 included a 30-year agreement worth more than £450million plus a further £500million to invest in local projects over the following five years, allocated by Government. Powers and responsibilities passed to TVCA cover areas such as skills, business, investment, housing, transport culture and tourism. However, the Combined Authority is not responsible for the planning and delivery of housing across the sub-region. The individual Council's remain as the local planning authorities for their borough's.

TVCA produced a revised Strategic Economic Plan (SEP) for the Tees Valley in 2016. It includes a set of priorities to improve, diversify and increase growth in the local economy to benefit businesses and residents. The ambition of the SEP is to create 25,000 jobs and add £2.8bn to the economy by 2026. The main aims of the plan include increasing the supply of good quality housing, revitalising town centres and areas of poor-quality housing, and bringing forward brownfield land for development. It is important the supply and mix of new homes across the sub-region align with economic growth ambitions and support the aspirations of the SEP.

In order to achieve the aims and ambitions of the SEP on housing, TVCA are also creating effective relationships with key partners, including the five local authorities, registered providers, landowners, developers, private sector investors, Homes England, and Government. They are also trying to work with investors to stimulate new entrants to the market, including build-to-rent through the private rented sector. Opportunities for sustainable growth are also being explored through the principles of new garden village settlements.

National Context

The housing landscape nationally is ever-changing, impacted by alterations to government policy, new legislation, periods of economic change, and other influences. This section provides some context to how the strategy links with matters at the national level.

The government have indicated over recent years that housing, in particular addressing the national housing crisis, is one of the country's key priorities. Some of the focus has been on reforms to the planning system, including revisions to the NPPF and associated Planning Practice Guidance. A recent change has been an alteration to the standard method for calculating housing need, a tool for local authorities preparing Local Plans. First Homes were also introduced in 2021, a new type of affordable housing aimed at first time buyers. More recently there has been an emphasis on delivering more social housing. Reforms have been focused on increasing the delivery of new homes and getting more people on the property ladder.

Reforms have also taken place in the welfare system, including the introduction of Universal Credit and reductions in the household benefit cap which have created challenges for tenants, landlords and local authorities. As of June 2023, over 73% of Council tenants were in receipt of some form of welfare benefits including Universal Credit and Housing Benefit. Of these over 1900 receive an element of Universal Credit.

The economic climate has been turbulent over the last two decades which has heavily impacted on many aspects of housing. The global financial crisis in 2008 constrained housing delivery for a number of years and people's ability to borrow and obtain mortgages. Levels of investment in affordable housing has put pressure on the availability of homes for those on lower incomes. When we talk about affordable housing in this strategy we follow the definition as set in national planning policy (NPPF). This covers social and affordable rent, affordable routes to home ownership and discount market sale housing, all of which can be provided for by the Council and Registered Providers.

More recently the pandemic and the political instability around Brexit and changes in government have affected the housing market with regards to delivery, demand and borrowing. This has also taken place against a backdrop of rising house prices and rents.

Levelling Up and Regeneration Act 2023

The Levelling Up and Regeneration Act aims to address geographic disparities across the UK. The Act has a number of parts which relate to housing. For example there are measures to increase transparency in housing and land markets, direct more developer and landowner profits to affordable housing, address empty homes, give smaller builders greater opportunities to enter the market and support for self-build/custom housebuilding. There are also elements to speed up and streamline the process of preparing Local Plans and changes to the Development Management system.

Before the Act can take full effect, the Government will work on the detail of regulations, policy and guidance associated with the legislation. They will consult on how a number of important provisions can be taken forward. The Housing and Planning Policy Teams will monitor and engage with this work as more information becomes available to ensure the Council can meet and address the proposals.

Social Housing Regulation Act 2024

The Social Housing (Regulation) Act aims to facilitate a new, proactive approach to regulating social housing landlords on consumer issues such as safety, transparency, and tenant engagement, with new enforcement powers to tackle failing landlords. It aims to drive significant change in landlord behaviour to focus on the needs of their tenants and ensure landlords are held to account for their performance.

Government Funding

The Council has been working with partners to obtain Government financial support for new housing developments such as the Brownfield Housing Fund (BHF). This initiative is funded by MHCLG (Ministry of Housing, Communities and Local Government). It aims to bring previously developed brownfield land back into productive use and helps regenerate areas. It also increases the delivery of housing stock in sustainable locations and supports the construction industry.

In summary, the Council supports the increased national focus on housing. The Homes Strategy has been prepared with the national context in mind and the Council will continue to work to meet housing needs, responding to wider reforms and challenges at the national level when needed.

Recent Achievements

This strategy is an update and refresh of the Council's previous Housing Strategy. Some aspects of housing have changed since this time such as public sector funding, welfare reform, and national policy changes, however the fundamental issues in relation to housing in the borough have remained similar.

There have been a number of achievements since the publication of the previous housing strategy. This has involved partnership working and delivery of the Council's own housing stock. Achievements have included:

- Over the period of the previous strategy approximately 1,800 net additional dwellings were built (2012/13 to 2017/18 financial years). Of these 558 were affordable homes.
- Since the end of the previous strategy (from 2018/19 to 2023/24) approximately 3,036 net additional dwellings have been built. Of these 605 were affordable homes.
- During the previous strategy 264 Council houses were built and since April 2018 156 Council homes have been constructed.
- The Council adopted a new Local Plan in February 2022 which sets out a housing requirement, site allocations, affordable housing requirements and requirements in terms of mix, type and size. This is a great achievement as it enables the Council to shape the strategic delivery of new homes which will meet identified quantitative and qualitative needs of the borough.
- Regeneration has taken place at Red Hall, Branksome and Firth Moor, including external wall insulation, solar panel installation and new external doors.
- Regeneration of the Central Park area and the creation of a thriving new community. A mixed-use development site including the delivery of new homes, education campus (Darlington College and Teesside University) and commercial development (Business Central and the National Biologics Manufacturing Centre).
- The Council worked in partnership with Keepmoat to deliver 81 new homes at Redhall (Fairway Development) which incorporated Healthy New Town principles
- During the period of the previous strategy (2012/13 – 2017/18) 1648 Council properties received upgrades, including work to heating, bathrooms and kitchens.

Key Challenges

Outlined below are some of the key challenges the Council will be facing on housing matters over the next five years. These issues have helped to inform the objectives and priorities of the strategy.

- Maintaining housing completions to meet the housing requirement particularly during periods of economic instability.
- Maximising the delivery of affordable housing when this can be constrained by development viability and the availability of public funding.
- Increasing numbers of people on the waiting list for affordable housing owned by the Council.
- Reducing levels of under-occupancy in homes.
- Ensuring housing investment contributes to the local economy.
- Raising standards in the private rented sector.
- Reducing the number of long-term empty properties.
- Increasing fuel poverty.
- Ensuring energy efficiency of new and existing housing.
- Increasing renewable energy technologies in homes.
- Continuing the physical regeneration of poorer quality housing areas and ensuring that this also provides economic and social benefits.
- Meeting the needs of vulnerable people.
- Increasing numbers of people presenting as homeless since 2020.
- Meeting the needs of an increasingly ageing population. Providing specialist accommodation for older people but also supporting them to live independently for as long as possible.
- Mitigating the impacts of welfare reform.
- Meeting governmental and regulatory standards i.e. Decent Homes Standards across an ageing housing stock.
- Economic climate – rising inflation, interest rates, resource costs and energy costs.

Key Objectives and Priorities

The Homes Strategy sets an overall vision and three key objectives and associated priorities for over the next five years which are set out below. The objectives and priorities have been established utilising a comprehensive evidence base and existing Council policy and set to address the challenges identified. For each objective and priority, it is also outlined what outcomes and actions we aim to achieve over the following five year period (summarised in appendix 1).

The document provides a framework for the actions the Council and our partners will take to deliver, maintain and improve the quality of housing to meet local needs and to address the boroughs housing challenges. It is designed to inform officers, members, partners, key stakeholders, and residents of our approach and priorities on a range of housing matters.

Housing Vision

A vision for housing in the borough:

Providing high quality homes in attractive places across all tenures; meeting the housing needs of residents and ensuring access to safe, secure, comfortable and sustainable housing for all.

Objective 1: Building homes, with an emphasis on social and affordable provision, to meet local needs

- Ensuring an adequate supply of housing to meet the needs of existing and future residents
- Ensuring a suitable housing mix
- Delivering high quality affordable homes, especially new Council homes for social rent
- Helping First Time Buyers
- Promoting Modern Methods of Construction
- Ensuring an adequate supply of travelling sites (pitches and plots) for existing and future needs.

Objective 2: Improving the standards of existing housing, achieving net zero carbon and revitalising neighbourhoods

- Ensuring high quality homes in the right places
- Achieving net zero carbon and adapting for climate change
- Housing regeneration and renewal

Objective 3: Meeting the needs of our ageing population and supporting people to live independently.

- Delivering quality retirement living
- Assisting people to live independently at home and providing supported housing, particularly in relation to residents with high and complex needs
- Preventing homelessness and ensuring choice in housing
- Minimising the impacts of welfare reform

Building homes, with an emphasis on social and affordable provision, to meet local needs

Ensuring an adequate supply of housing to meet the needs of existing and future residents

The Local Plan sets the minimum number of homes required each year (housing requirement) over the plan period (2016-36). It ensures that a sufficient amount and variety of land comes forward for housing where it is needed, in sustainable locations.

The housing requirement figure of 492 net additional dwellings, a total requirement of 9,840 dwellings for the plan period was calculated and evidenced as part of the SHMA (2017).

The housing requirement will be delivered through a combination of completions on existing development sites, housing land allocations set out in the Local Plan and other windfall sites which gain planning permission over the period. The spatial distribution of the allocations has followed the existing settlement hierarchy, focusing largely on the main urban area. Sites are situated within the main urban area and as urban extensions, mainly to the north east and west. This strategy ensures that housing is focused in areas that provide or will be able to provide the level of services, facilities and employment opportunities that are required to support communities. Housing is not planned for in isolation. The Local Plan also considers and plans for local community facilities and infrastructure setting specific requirements.

There are two large urban extensions in the plan which now have garden community status, Skerningham and Greater Faverdale. Both sites will deliver a large proportion of the plan's housing numbers, some of which will be developed beyond the plan period (Skerningham 4,500 dwellings and Greater Faverdale 2,000 dwellings approximately). These sites may seem overly large to some, however rather than pursuing piecemeal development the aim is to create well planned communities which are supported by the necessary infrastructure and community facilities, integrating them with the existing urban area.

For both Skerningham and Greater Faverdale, Local Plan policies require the Council to prepare design codes for the areas. Design codes have been prepared and adopted for both sites. The documents set out strategic design principles and requirements that development schemes must adhere to. The approach aims to create distinctive, sustainable, high-quality communities in which to live and work. Both design codes also reflect the requirements of the National Model Design Code (2021) which provides detailed guidance on the production of such documents to promote successful design.

The Council prioritises the development of brownfield land in line with national planning policy. There are however a number of greenfield allocations in the Local Plan. This is because there can be difficulties in bringing forward previously developed sites and allocations in the plan must be deliverable. There is also simply not enough brownfield land available to meet needs. The Council will continue to support and encourage development of brownfield land through the Local Plan and via other routes such as the brownfield land register and supporting partners such as TVCA to access central government funding streams. We will be proactive in removing obstacles to the redevelopment of these sites. A key priority for the Council is also the regeneration of brownfield land within the town centre which will be discussed further on in this document.

Developing sufficient housing of the right type and in the right places is also important for supporting the local economy. The Council is committed to supporting the economic growth of the borough and the authority is active in attracting new businesses and industries to the area. It is vital to retain and grow the working age population in order to increase employment and stimulate economic growth. The housing requirement reflects projected employment growth for the borough over the plan period (7,000 new full time equivalent jobs) and the additional workers required. Not delivering sufficient homes to support growth could result in economic and social decline.

The Local Plan will be reviewed every 5 years or sooner in line with national policy. This will help to ensure that Darlington’s needs and aspirations for housing are met. Supporting guidance and evidence base documents will also be reviewed/produced over the lifetime of the homes strategy. Opportunities will be sought where possible to help assist and promote housing delivery.

Ensuring a suitable housing mix

The SHMA 2020 assessed the type and size of houses within the current housing stock in the Borough. Whilst not highlighting any significant imbalances it does outline a greater proportion of need for 3 bedroom market homes and 2/3 bedroom affordable homes. The policy approach in the Local Plan (policy H4 Housing Mix) encourages a mix of new homes consistent with the need identified in the most recent SHMA. The overall mix suggested (affordable and market) in the assessment is set out below.

1 bed	6.5%
2 bed	32%
3 bed	50%
4+ bed	11.5%

Ensuring an appropriate mix of housing can also assist with maintaining balanced occupancy levels. As mentioned above census data shows that Darlington generally has low levels of overcrowding but the proportion of households with 2 or more bedrooms not occupied is high at 49.7%. At the end of 2024 the Council estimated that there were 319 Council homes underoccupied (36% of total stock).

Building an appropriate mix of homes in terms of size, type and quality can give residents more opportunities to downsize or move into more suitable accommodation such as shelter/extra care. This can potentially free up larger family homes in the market. The Council will continue to monitor the levels for occupancy rates and look at ways in which to positively influence this issue. There is the possibility within the Councils own house building programme and joint venture arrangements to influence the mix of housing types which has a potential to reduce under occupation. We can also look at further opportunities for new retirement living.

Self and custom build homes have been encouraged by central government more recently. In general terms self and custom build is where an individual or group builds their own home or contacts a builder to design a 'custom built' home for them. Such properties bring benefits as they help to diversify the housing market and increase consumer choice. Self-build and custom housebuilders choose the design and layout of their home and can be innovative in both its design and construction.

The Council promotes self and custom build and launched the Self & Custom Build Register in April 2016 . In February 2025 there were 55 registrations, with 4 of these on Part 1. This indicates some interest in schemes in Darlington, but a large amount of land would not be required to meet the

need on the register at this time. Also, many small housing schemes contribute to self and custom build provision and these will continue to arise as windfall schemes in the future. The Council will however work with developers and landowners to ensure that some plots come forward.

We will also promote the register and self-build more generally. Monitoring demand and assisting where possible, linking up those with an interest on the register with permissioned sites. A number of Local Plan policies encourage and support the delivery of this type of housing. Site specific policies for Skerningham and Greater Faverdale require self/custom build on these large allocations and so delivery is expected in these locations in the longer term.

Delivering high quality affordable homes, especially new Council homes for social rent

The Council is the largest provider of affordable housing in the borough and delivery of new affordable homes is a key priority. Affordable housing provides opportunities for people who cannot afford to rent or buy on the open market and also for those people who work in different aspects of the economy. It also assists in reducing homelessness and overcrowding. We are committed to exploring all opportunities to increase the number of affordable homes in the Borough.

The SHMA (2020) identified a substantial need for affordable homes in the borough. The assessment identified a need of 233 affordable dwellings per annum. This is broken down into households unable to afford (163 dwellings per annum) and households aspiring to home ownership (70 dwellings per annum).

The Council recognises that to address this need affordable homes are required in the borough and is therefore active through a range of measures including delivery. We are committed to building sustainable, safe communities and have a strategic ambition to deliver mixed tenures. Our homes offer a high standard of accommodation that meets the Decent Homes Standard and we provide a range of quality services to tenants. The Council’s housing stock comprises of 5269 homes. A breakdown of the house type and number of bedrooms is set out below.

Dwelling Type	Number
Bungalow	344
Flat	2333
House	2580
Maisonette	12
TOTAL	5269

Number of Bedrooms	Number
1-bed	2073
2-bed	1671
3-bed	1483
4-bed	40
5-bed	2

The great quality of our homes and the services provided mean they are in high demand, which is why we have an ambitious programme to build new Council homes in Darlington. Our new build programme is funded through capital receipts from right to buy sales, grant funding from Homes England and through prudential borrowing. For 2023/24 the Council’s capital programme includes £15.673m to deliver our new build Council housing programme.

Current new build projects include developments at Neasham Road, Sherborne Close and 12-18 Skinnergate. The Neasham Road site is currently under construction and the Council are building 130 affordable properties to rent and 20 Rent to Buy homes through Council (Housing Revenue Account) and Homes England funding. Development partner (Esh) are delivering the remainder of the properties on-site. Several new build opportunity sites have been identified and are currently being explored and worked up in detail to seek planning permission. The Council will continue to progress its ambitious build programme, however this will be subject to national economic challenges such as the rise in inflation and issues in the construction sector such as a reduced supply of workers.

It is recognised that there has been a recent focus from Government in prioritising social rent housing. The Council are supportive of this as social rent is set via a formula linked to local incomes and can better address affordable needs. We will therefore look to maximise the delivery of new homes for social rent through Council led schemes and through Council involvement in other developments. Recognising that for some Council led schemes this may sometimes best be achieved through the receipt of a commuted sum for the building of homes for social rent elsewhere.

The Council operates a choice-based lettings system, which allows residents, including existing tenants to apply for affordable properties to meet their housing needs. The Council’s Allocation Policy 2023-28 explains how our affordable homes are allocated, based on an assessment of the housing needs of applicants. It also outlines how we advertise and let the majority of our available homes via the choice-based letting scheme. Registered Providers (RP’s) also let an agreed number of their available homes in Darlington on the scheme. Applicants are able to apply for homes both for rent and low-cost home ownership options.

We have implemented a new lettings system ‘Darlington Home Search’ which went live in June 2023 <https://darlingtonhomesearch.housingjigsaw.co.uk/> As part of this we are currently analysing the demand data from the waiting list. This will feed into a detailed housing needs assessment which will inform the type and size of new affordable homes we deliver in the future. Recent data from the system is set out below and shows the breakdown of all live applications for Council housing by house size and by priority banding at the end of 2024 (band 1 being the highest priority.

Applicants Band	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	Total Applicants
Band 1	124	112	55	11	302
Band 2	150	72	33	16	271
Band 3	75	109	80	45	309
Band 4	678	369	159	22	1228
Total					2110

The Council is also a registered landlord on Home Swapper <https://www.homeswapper.co.uk/> This is a nationwide mutual exchange service for affordable housing tenants. The service allows tenants to connect with potential properties to swap with and message other tenants.

Consistent with the key aims of the Governments 2020 ‘Charter for Social Housing Residents’ the Council also offers a range of low-cost options to help Council tenants buy their own home who would otherwise be unable to afford to purchase a property outright from the open market. Our

Low-Cost Home Ownership Policy 2022 explains the range of home ownership options available for our properties. It includes requirements, eligibility, costs, charges and how to apply. The options covered include:

- Right to Buy
- Rent to Buy

The policy aims to promote the options available and support those who would struggle to buy a property on the open market. It ensures a fair, consistent and effective approach.

In order to further meet needs and maximise delivery of affordable homes, the Council's Local Plan sets affordable housing requirements for market led schemes of 10 dwellings or more (policy H5 Affordable Housing). The level and type of affordable housing required is dependent of the location of the scheme but can range from 10% to 30% of the total size of the development. This is to reflect development viability and to ensure that the requirements do not stifle development. Housebuilders are expected to meet these affordable housing requirements. If they consider that they would make a scheme unviable, they must submit a detailed viability assessment to demonstrate this.

There is also a tenure split in the policy between affordable rent and affordable home ownership to ensure needs are met. Affordable home ownership can include discount market sale homes, usually sold at 20% below market value. The Council has prepared a guidance document on this type of housing which sets out the eligibility criteria for these homes. This includes a local connection to Darlington, such as already living or working in the borough.

Preference is for affordable homes to be provided on-site alongside market housing to create mixed and balanced communities. There are some exceptions where a financial contribution will be sought and will be used to meet affordable needs.

The Affordable Homes Programme will also contribute towards the delivery of affordable homes in the borough. This scheme provides grant funding to support the capital costs of developing affordable housing for rent or sale. It is issued by Homes England and is largely used by RPs. The Council will support and work in partnership with these organisations to maximise investment in new affordable housing. This will include supporting bids for grant funding in appropriate locations. This can involve assisting with demand data from our waiting list and discussing nomination agreements for RP properties.

We will support partnership working which will include organising an annual housing conference and forums for engaging social and community housing providers.

Helping First Time Buyers

The Government are keen to increase home ownership and a key element of this is helping first time buyers get on the housing ladder. We recognise that many young people aspire to homeownership but can find this difficult due to a number of barriers, largely financial. Affordability in Darlington and the ratio between lower quartile house prices and lower quartile earnings are better than across England as a whole. However, costs of purchasing a home are still high and local people can find it difficult particularly as the government's Help to Buy loan scheme has ended at the present time.

The Council aims to assist first time buyers in a number of ways. For example, a number of the low-cost home ownership products which the Council provide are available to first time buyers (rent to buy and right to buy). More generally the affordable housing policy (H5) of the Local Plan also

requires a proportion of affordable home ownership products on market schemes, these can assist first time buyers.

We also have a First Homes Policy Position Statement (2022) which sets out a requirement that 25% of all affordable housing units delivered by developers through planning obligations should be First Homes. These are a type of affordable home specifically for first time buyers.

Promoting Modern Methods of Construction

Modern Methods of Construction (MMC) is a wide term, embracing a range of offsite manufacturing and onsite techniques that provide alternatives to traditional house building. The process has been described as a way to produce more, better quality homes in less time. The Government has expressed support for MMC and as a way to help solve the country's housing crisis. This is an area of construction which the Council is exploring in order to increase our supply of high-quality sustainable homes.

There has been a recently a growing level of engagement with MMC across the housing-development sector, from existing house builders and housing associations, through to new SMEs setting themselves up specifically to exploit opportunities in MMC. However, it is still not a method which is widely used. As well as improving speed and efficiency in housebuilding it also has other advantages, for example, improved quality and building performance, environmental benefits such as reducing road traffic movements from construction vehicles, energy usage can be reduced both in construction and occupation of the homes and there are significant reductions in waste materials.

There are still numerous barriers to MMC such as public and developer confidence, concern from lenders, levels of investment and ensuring the workforce have the necessary skills. Despite this, we will continue to examine options of MMC and how they can be applied to our house building plans. In addition, we will also work with partners across the Tees Valley to help tackle the challenges and to ensure that MMC plays a role in delivering high quality, sustainable housing in the borough.

Ensuring an adequate supply of travelling sites (pitches and plots) for existing and future needs.

There is a long history of gypsies and travellers living within Darlington. There are numerous gypsy and traveller families residing in the borough and it is important that their accommodation needs are met. The Government's Planning Policy for Traveller Sites (2024) outlines that local planning authorities should identify the need for travelling sites, pitches and plots, then allocate sites to meet this identified need.

The Council undertook a Gypsy and Traveller Accommodation Assessment in 2017. This study identified a need of 5 residential pitches between 2017 – 2022 (1 per annum). Evidence showed a further need arising in the period 2022-37 which was calculated at 46 pitches (3 per annum). The assessment also identified a need for 6-8 plots for travelling show people over the plan period until 2037.

The above needs are reflected in the adopted Local Plan (2022) policy H9 and supporting text. To meet these needs two allocations are set out in the policy which are extensions to existing sites; Honeypot Lane (8 pitches) and Rowan West/East complex (25 pitches). The Local Plan also sets out that evidence over the last 18 years supports making an allowance for 4 pitches per year coming forward as windfalls.

Pitches and plots are monitored annually through the Council's caravan count which provides data on accommodation supply and an indication of unmet demand. We will also be looking to review the Gypsy and Traveller Accommodation Assessment in the near future.

What we aim to achieve 2025 - 2030

Ensuring an adequate supply of housing to meet the needs of existing and future residents

- Deliver a minimum of 492 net additional homes per annum.
- Work with developers to remove barriers to housing delivery, particularly on Local Plan housing allocations.
- Work with developers and partners to bring forward the garden village sites at Skerningham & Greater Faverdale.
- Review the brownfield land register.
- Work with partners such as TVCA on funding bids such as the Brownfield Housing Fund and the Brownfield Land Release Fund.
- Review the Local Plan and associated evidence base, such as the Strategic Housing Market Assessment, when required.

Ensuring a suitable housing mix

- Ensure development schemes provide an appropriate mix of housing in terms of type, size and tenure.
- Explore opportunities via the Council's house building programme and joint venture arrangements to deliver an appropriate mix of homes and retirement living.
- Maintain and promote the custom and self-build register and linking up those interested with permissioned sites.

Delivering high quality affordable homes, especially new Council homes for social rent

- Continue to progress the Council's new build housing developments and explore opportunities for new sites.
- Maximise the delivery of social rent homes through Council led schemes.
- Develop opportunities to deliver new Council homes in schemes led by others.
- The purchase and lease of additional houses to use as temporary accommodation and homes for social rent.
- Ensure opportunities for current Council tenants and prospective tenants are easily available to apply for affordable homes that meet their needs.
- Identify opportunities to provide low cost home ownership properties in new build Council housing.
- Require between 10% and 30% affordable housing (on-site) on all appropriate market housing developments, in line with Local Plan policy.
- Secure the correct tenure split of affordable housing on market led schemes, as required by Local Plan policy.
- Work with partners to maximise the delivery of grant funded affordable housing in the borough.
- Organise an annual housing conference.

Helping First Time Buyers

- Continue to promote the Council's low-cost home ownership homes (Council owned properties).

- Require 25% of all affordable housing units delivered by developers through planning obligations should be first homes.
- Require the appropriate proportion of affordable home ownership products on market schemes in line with Local Plan policy.

Promoting Modern Methods of Construction

- Explore opportunities for MMC in all developments, Council and private.
- Work with partners to develop and deliver MMC.

Ensuring an adequate supply of travelling sites (pitches and plots) for existing and future needs.

- Continue to monitor traveller accommodation via the annual caravan count.
- Review the Gypsy and Traveller Accommodation Assessment.

Improving the standards of existing housing, achieving net zero carbon and revitalising neighbourhoods

Ensuring high quality homes in the right places

The quality and standard of existing homes in the borough is important across all tenures. We know that poor housing conditions greatly impact on the health and well-being of our residents, particularly those who are elderly, economically disadvantaged or vulnerable. Tackling poor housing conditions has multiple benefits including gains in asset value, health, wellbeing, life chances and economic performance.

Recent data released from the census showed in Darlington, the percentage of households in the social rented sector rose from 15.5% in 2011 to 16.2% in 2021. During the same period, the regional percentage fell from 23.0% to 22.0%. Whereas private renting in Darlington increased from 18.2% to 20.6%, while the rate of home ownership decreased from 64.9% to 62.8%.

There are many ways in which the Council improves the quality and standards of the borough's housing. Some of the main actions are set out below.

Private Sector Housing

The Council's Private Sector Housing Team aims to raise standards to support residents and communities. Housing should be safe, affordable, warm, secure and sustainable to support the most vulnerable in our community. Standards should also be met in terms of reducing fuel poverty and working towards achieving net zero to combat climate change. The Private Sector Housing Strategy (2022-2027) sets out a number of aims and the related actions which the Private Sector Housing Team carry out.

It is important to ensure decent quality homes in the private rented sector and the team works to ensure standards are maintained. When problems causing a health and safety implication are found or complaints made regarding rented properties, landlords are required to put these issues right, or potentially face enforcement action. Standards are assessed against the Housing Health and Safety Rating System (HHSRS). Guidance is followed from the HHSRS or other housing, environmental or public health legislation. More generally the team increase awareness of landlords and tenants' rights, responsibilities and the support available. This ensures safe habitable properties for tenants.

Officers also take area based action to tackle health inequalities in communities where housing conditions are worst. Focusing attention in more deprived wards such as Bank Top and Lascelles, Park East, Northgate and North Road. Officers work pro-actively with private rented properties (rather than waiting for complaints) as it is recognised that tenants can be reluctant to complain about their living conditions. The Council is also looking to introduce a landlord licensing scheme and voluntary landlord charter to hold them to account. This is in the early stages of development, and we are considering potential options.

Housing of multiple occupation (HMOs) can form an important part of the housing mix in terms of providing affordable, low cost housing. However, they can also cause amenity issues when concentrations of these properties form (e.g. parking, noise, bin storage). The Private Sector Housing Team inspect HMOs and administer the scheme for mandatory licensing of relevant large HMOs. Residents are safeguarded via successful licensing and proactive property inspection. HMO's that do not require a licence must still comply with appropriate standards. Given the issues HMO's can cause it is important for the Council to monitor the situation (existing and newly formed HMO's) through

data collected by private sector housing and planning. We are also looking to introduce additional controls for HMOs in order to address the issues which they can cause.

Empty properties represent a wasted resource and can cause a number of problems for the owner and the surrounding neighbourhood. In 2022, there were 623 long term vacant homes in Darlington that had been unoccupied for at least 2 years (MHCLG 2022). This represented 1% of the dwelling stock which indicates that this isn't a significant issue in the borough but there has been a rise in the amount of long term vacant by 16% from the previous year (MHCLG 2022). The Council is under no legal requirement to deal with empty homes but we do have a duty to deal with unsafe homes linked to poor housing standards. The Private Sector Housing Team aims to promote the advantages of bringing empty homes back into use (unlocking capital, reducing opportunities for anti-social behaviour and regeneration benefits) whilst also outlining the risks if premises remain empty for long periods of time.

Officers maintain a database of empty residential properties to gain a better understanding of the reasons behind this. Owners of privately owned empty homes are encouraged to bring them back into use by providing an investors list of potential buyers, keen to purchase empty properties in the borough. Officers also use a range of enforcement powers to target and bring problematic properties back into use, through cross departmental working, focussing on those empty for more than two years. More broadly we are looking to review the Council's regeneration policy for empty properties across the town.

Generally, the team provide advice to property developers on matters such as design, safety standards and accessible and adaptable homes. They explore and support measures to improve energy efficiency in privately rented homes. By helping to ensure homes are adequately heated through reduced heat loss and improved heating systems, this will also reduce carbon emissions.

Officers also work with and support all residents in Darlington. We encourage and support owner occupiers to maintain safe homes by advising and signposting financial assistance that is available. The team are also proactive in improving the conditions of licensed park home sites and residential caravan sites, including the travelling community.

Through the work outlined above and by dealing with specific issues we raise standards in private sector housing. Reducing accidents and illness in the home and helping to reduce health inequalities, improving life chances across Darlington. Going forward this may also mean further Council intervention in properties and community partner involvement to raise standards.

Council Housing Stock

The Housing Services Team is committed to providing homes which are comfortable, modern, warm, energy efficient and of a good standard. We have a responsibility to ensure our homes are safe, healthy, and free from hazards. We are proud of our housing and want to continually improve so in addition to the day-to-day maintenance, significant investment is made in our housing stock each year to maintain and improve those standards. The great quality of our homes and a range of services provided, including responsive repairs and maintenance, lifeline services and emergency call out provision, mean they are in high demand.

Substantial investment in Council stock is being delivered for 2025/26 including £6.69m of revenue expenditure to fund our responsive repairs and maintenance service. Capital expenditure for the same year includes over £12.2m on improvements to homes including, heating system replacements, property adaptations, window and door replacements, kitchen and bathroom

replacements and delivering energy efficiency measures. Over the longer term (next four years) the Council's Housing Business Plan identifies a capital works budget of around £71m and a budget of £27m for responsive repairs and maintenance. This highlights the Council's commitment to continued investment.

Overall, we aid tenants who face difficulties within their household, including adaptations to our properties, gas and electrical safety checks and responding to over 15,000 repairs from our Council tenants each year. Over 50% of households in Council housing have one or more persons with a disability. We are therefore committed to providing good quality homes with generous space standards and lifetime homes principles to support people to live independently and maintain a good quality of life.

The Council's Repairs Handbook outlines tenants' rights to repairs and the responsibilities of Darlington Borough Council as a landlord. The Handbook enable's tenants to see what repairs the Council will attend to and what repairs tenants need to maintain. Housing Services also has a damp, mould and condensation policy (2023-27). We recognise the impact that these issues can have on the health and wellbeing of tenants. We have a legal responsibility to manage repairs and complete any work required to prevent damp, condensation and mould occurring.

In previous years, a percentage of our housing stock has been surveyed by an independent specialist organisation every five years, which has helped to inform our priorities. Overall, our properties have been assessed as being in good condition, reflecting our significant annual investment. Going forward, we have employed our own stock condition surveyors to undertake a three-year rolling programme of surveys to all our Council homes, to ensure we have a complete picture of the condition of our properties. All our properties reached the basic Decent Homes Standard in 2006 and continue to do so. The Decent Homes Standard is currently under review but as a service we will be working towards ensuring that we continue to have 100% of our homes meeting the standard or its replacement.

Health Impact Assessments

Health Impact Assessments (HIAs) are a process used in the planning system that identifies the health and wellbeing impacts of a development project. The assessment can recommend measures to maximise positive impacts, minimise negative impacts, and reduce health inequalities. The main focus is to put people and their health at the heart of the planning process.

The Council's Local Plan requires developments of 150 or more homes to submit an HIA as part of a planning application to explain how health considerations have informed the design. The process will help to provide better quality housing, address local health needs and tackle inequalities through influencing the wider determinants of health. Further guidance can be found at <https://www.darlington.gov.uk/environment-and-planning/planning/planning-and-environmental-policy/supplementary-planning-documents-and-guidance/health-impact-assessments/>

Healthy New Towns

In 2016 Darlington was identified as a NHS Healthy New Towns (HNT) pilot site which included initial funding from NHS England. The programme explored how the development of new places could improve health and wellbeing through the built environment, healthcare, service design and strong communities. Evidence suggests that the places where people live impacts on mental and physical health.

A focus of the scheme was a Keepmoat housing site at Red Hall. Planners and developers came together to collaborate on how the built design and surrounding natural environment of the development could support a healthier neighbourhood. Keepmoat homes also adapted their existing home designs to reflect lifetime home principles which address the changing needs of occupants. More generally the HNT scheme strengthened models of primary and community care and the use of digital means to delivering health care.

The six Healthy New Town principles (shown below) seek to define what makes a great place to live that supports people's physical and mental health. Although the initial work of the HNT pilot has come to an end the principles have informed the suite of policies in the Local Plan which will continue to influence development; securing better health and wellbeing outcomes for all.

- **Blue/Green Infrastructure** – to promote recreation, exercise, play, good air quality, conservation and spaces for social interaction.
- **Local Healthy Food Choices** – through local retail options or facilities to grow your own food.
- **Placemaking** – a permeable, legible environment with landmarks, good wayfinding, creating sense of neighbourhood with natural surveillance and community.
- **Economy** – good links to employment and education. Economic growth goes hand in hand with new developments, job creation and increase in incomes.
- **Social Infrastructure** – healthcare/education, local services and facilities must be clustered together to create natural local centres within walking distance; enhancing opportunities for social integration and interaction.
- **Transport and Movement** – design that encourages walking, cycling and the use of public transport rather than the private car. Supporting access to employment, education, services and aids connectivity and social cohesion.

Achieving net zero carbon and adapting for climate change

The Council has acknowledged the threat of climate change and committed the Council to reach net zero carbon emissions by 2040. A Climate Change Strategy has been developed to set out the baseline of our own carbon emissions and an action plan (2021) sets out the key actions and intervention measures required to meet this commitment.

The declaration includes an emphasis on external engagement, using our position as a leader in the community to influence and persuade others to take action. We have added a new section on the Sustainable Darlington webpages to signpost developers to information and case studies of good practice <https://www.darlington.gov.uk/climate-change-and-sustainability/planning-and-climate-change/>

The target of net zero by 2040 means we need to reduce our use of fossil fuels such as gas that give off carbon emissions, reduce energy demand and opt for more environmentally friendly renewable powered measures such as solar and wind power. The strategy and action plan set out the potential actions the Council will take. Emissions from our built estate makes up almost 75% of our emissions. Tackling this is critical to us achieving our target.

A key action is to improve the energy efficiency of existing Council houses. This will reduce our carbon impact, help tackle climate change and reduce tenant's fuels bills. Our approach to improving the energy efficiency of our Council homes is set out in our Housing Services Climate Change Strategy (2024-29), approved by Cabinet in January 2024, which identifies what actions are required to work towards our Council homes being net zero. This includes ensuring the EPC rating of all our Council homes are at a minimum rating of C by 2030. Significant investment will be required but

the measures set out in our strategy, will help to reduce energy consumption which in turn assists with cost of living and fuel poverty. New build council housing also presents a unique opportunity to design and build net carbon zero buildings. This will involve prioritising carbon reduction in the design and build process and revising corporate building standards. It is cheaper to design low carbon at the outset than to retrofit in the future. Longevity should also be considered in designs, using materials which have long life spans.

The Council has already been successful in securing funding through the Social Housing Decarbonisation Fund (SHDF) to deliver improvements to Council homes, as follows:

- The SHDF (wave 1) scheme delivered external and cavity wall insulation, Air Source Heat Pumps, loft insulation and solar panels to 23 Council homes using £0.24m of Government funding and £0.28m of capital expenditure.
- The SHDF (wave 2) scheme is currently delivering external and cavity wall insulation, solar panels, loft insulation, double glazing, and low energy lighting to 130 Council homes using £1.27m of Government funding and £1.27m of capital expenditure.

A further £4m investment has been approved for each year in the Council's housing financial planning, which will help to deliver energy efficiency measures to properties such as replacing timber front and back doors with composite doors, improvements to external wall insulation, installation of solar panels and air source heat pumps, and insulation upgrades. The Council has also been successful in bidding for over £3.5m of funding from the Government's Warm Homes: Social Housing Fund (wave 3). In total, over £18m will be invested over the next three years for improvements to 1,600 Council homes.

More generally the Council will require that all house builders in the borough deliver good sustainable design which will help to reduce carbon emissions and increase resilience to the effects of climate change. This is largely done via planning policies in the Local Plan. Developments should demonstrate that the layout, orientation and design of buildings help to reduce the need for energy consumption. They should be energy efficient and implement measures to reduce carbon emissions.

A range of other requirements are also sought and encouraged to ensure housing developments are of a sustainable design. This includes:

- Building fabric which is suitable for a changing climate including increasing temperature and increasing storm events.
- Including renewable energy generation such as solar panels alongside heat pumps to minimise the energy use at the site.
- Prioritising sustainable urban drainage systems on schemes and using permeable surfacing materials to help alleviate surface water run off.
- Appropriate landscaping to maximise shade, carbon sequestration and biodiversity.
- Electric vehicle charging points.
- Cycle storage.
- Ensure that recent uplifts in building regulations parts L, F, O and S are taken into consideration.

In 2025 compliance with a new Future Homes Standard will become mandatory. This will be implemented through building regulations and aims to increase the energy efficiency of homes (homes will produce 75-80% less carbon than those built under the current standards). The technical

details of the Future Homes Standard are still to be confirmed. The Council's Building Control Team will enforce the new regulations when they come into effect.

More generally the Council will continue to encourage and promote enhanced sustainable design in new homes which exceed building regulations standards where possible.

Housing Regeneration and Renewal

Town Centre

The town centre is a key priority and focus of the Council. Towns and cities across the UK have seen huge changes in the make-up of their local high streets. There has been closures of many prominent retailers, changing business models and changing shopping patterns. This has created a need for town centres to develop business investment plans and provide multiple uses such as, health, housing, arts, education, entertainment, leisure, business/office space, as well as retail.

The Council's Local Plan and Town Centre Strategy encourage housing development in the town centre on brownfield land, to create a choice of high-quality residential accommodation. This will help to improve the look and feel of the town centre and contribute to housing provision, economic growth and the evening economy. A master planning exercise has been undertaken to identify locations and opportunities for residential development. We look to work with private sector partners, including using our own assets, to increase the amount of residential properties in the town centre. We are also working with current owners to increase the number of homes above shops to contribute to a 'living town centre'.

Through the Town Centre Strategy and specific funding streams the Council is working on a number of targeted interventions in the town centre to develop new housing. Some of these are set out below.

- ***Skinnergate & The Yards*** – 16 new homes being developed. Encouraging more mixed-use buildings and increasing the number of homes in the area.
- ***Crown Street / Residential Quarter*** - regenerating vacant sites and premises whilst exploiting the potential to open up the River Skerne via high quality public realm improvements.
- ***Northgate Masterplan*** – opportunity for a residential led development close to the town centre, linking in with the wider North Road Gateway proposals.

Town Centre Fringe

The Town Centre Fringe (to the east and north of the town centre) is a priority location for brownfield development and regeneration within the Borough. It is an extensive area over 70ha and contains a mix of employment, residential, retail, leisure, car parking and other uses. The regeneration area is identified in the Local Plan and in 2013 the Council prepared the Town Centre Fringe Masterplan.

The Fringe has many advantages for future development; it has a central location near the town centre, contains key buildings such as the Hippodrome and the River Skerne flows through it. However, before the potential of the area can be realised, there are significant issues to overcome, such as managing flood risk, changing the image of the area, tackling contamination and hazards, and improving connectivity across the inner ring road.

The area also has some of the town's poorest quality housing which can be isolated and divided by major roads. Much of the built form is industrial and currently housing is a secondary use. The quality of the streets and public realm is typically poor. Issues also include the thermal performance and structural integrity of the homes. Most are terraced and have no garden; many of which have front doors directly onto the street. There is a small amount of open space in the area and what exists is of poor quality. Anti-social behaviour and fly tipping has also been raised as problems in previous public participation work.

During the preparation of the original masterplan a number of options were assessed to improve the area in terms of housing. After consultation the preferred approach was to improve the existing stock. The refurbishment of homes to bring them up to standards of performance and amenity was explored in detail when the Council commissioned architects to prepare a package of measures. Examples included installation of extra insulation, replacement windows sympathetic to the area, improvements to the street environment and the creation of garden areas where appropriate. This would allow the existing community to remain in the area and retain the existing homes and historic street pattern. This approach is also supported in the Local Plan (policy TC6).

Bank Top Station

In close proximity to the Town Centre Fringe is Darlington train station (Bank Top) which is currently undergoing a major multi-million pound redevelopment project which will see significant improvements to the existing station building and surrounding area. The project is being led by the Tees Valley Combined Authority and Network Rail. New platforms, station building, footbridge and multi storey car park will form the main basis of the scheme. This will result in improved rail services for the town and wider area. Plans also involve improvements to the west side of the station on Victoria Road to create a pedestrian concourse in front of the building entrance. The redesign will create a safer, car free entrance to the historic station and general enhancements to the area.

The development project and masterplan prepared by Tees Valley Combined Authority also involves the delivery of new high quality housing on the adjoining Cattle Mart site. This will link in with the improvements on the western side of the station which is critical to enhance the area and arrival into the town. In support of this the Cattle Mart has been allocated for housing in the Local Plan. The redevelopment of this area links in with town centre and Town Centre Fringe, given the close physical relationship and this is recognised in TVCAs masterplan. Delivering on both of these regeneration schemes, the train station and Town Centre Fringe, will bring multiple benefits to the area.

What we aim to achieve 2025 -2030

Ensuring high quality homes in the right places

- Continue to improve standards and conditions in the private rented sector, increasing proactive and targeted working.
- Support all owner occupiers to maintain safe and comfortable homes.
- Maintaining and improving Council owned housing stock in line with climate change legislation and internal Climate Change strategies.
- Require Healthy New Town principles in new housing developments.

Achieving net zero carbon and adapting for climate change

- Improve heat efficiency in Council housing and secure further funding to implement related measures.
- Work towards the design and build of net zero carbon Council homes.
- Require that all developments in the borough deliver good sustainable design which will help to reduce carbon emissions and adapt to climate change.
- Encourage and support the use of renewables in all new build homes and the retrofitting of existing properties.

Housing regeneration and renewal

- Continue to identify opportunities and deliver residential development on brownfield sites in the town centre.
- Improve standards in the housing stock and local environment at the Town Centre Fringe.
- Review our current brownfield sites and work with TVCA and government to take advantage funding to release sites.
- Support the major redevelopment of the train station and related housing development at the Cattle Mart.

Meeting the needs of our ageing population and supporting people to live independently.

Delivering quality retirement living

As highlighted in the introduction, the population of Darlington is ageing, following the national trend. People are generally living longer. Between the last two censuses, the average (median) age of a Darlington resident increased by two years, from 41 to 43 years of age. The borough has a slightly higher average age than the North East as a whole in 2021 (42 years) and a higher average age than England (40 years). The number of people aged 50 to 64 years rose by just under 2,400 (an increase of 11.7%), while the number of residents between 35 and 49 years fell by around 2,400 (10.5% decrease). In 2021 approximately 20.4% of the Darlington population was over 65 whereas in 2011 it was approximately 17.4%, indicating a rise of 3% in this age category.

Data from the SHMA also shows a substantial increase in the older population during the Local Plan period 2016 – 2036. The population aged 75+ is likely to increase by around 6,046 persons. It is important to plan for housing which is suitable for this increase in older people within the population. A key requirement being to predict the type of housing which will best meet their needs.

The SHMA also makes an assessment of the demand for specialist older person housing products for those aged 75 or over, taking into account current stock, unmet demand and population growth. The provision of specialist accommodation will form an important part of the overall housing mix in the borough. A substantial need of just under 2,300 specialist older person additional housing units over the plan period are identified. This level of provision is unlikely to be achievable in full. However, we will work with both registered providers and private developers to increase the proportion of older person’s accommodation within residential developments.

It is also acknowledged that it is not necessarily through specialist provision that the need will be met for older people, solutions can also be found from general housing and many older people may not want or need specialist accommodation or care. The aim is to shift away from a reliance on residential care homes to offer people a choice of support and care at home. Also exploring alternative models of care delivery and accommodation which promote independence.

Government policy is also focused on supporting older people and those with a disability to live independently at home. Supporting independent living can help reduce the costs to health and social services and providing more housing options for older people can free up homes which are under occupied. Meeting these needs is a challenge, however providing more accessible and easily adaptable homes will help people maintain independence for longer. It is for this reason that we have introduced standards in the Local Plan for accessible and adaptable homes. These standards are part of the optional technical requirements which exceed the minimum standards required by building regulations. A percentage of the total number of dwellings on housing developments are required to meet the higher standards (details can be found in policy H4 of the Local Plan).

The Council understands there are particular housing needs of older people and is therefore involved in the provision of a number of housing options for people over 55. The table below provides a breakdown of the type of over 55’s accommodation we have currently.

Council Over 55's accommodation

Type	Number	Bedrooms
Extra Care	113	1 & 2-bed apartments
Sheltered Schemes	242	1-bed apartments
Good Neighbour Properties	350	1-bed apartments

We operate three extra care schemes in the borough, Dalkeith House, Oban Court and Rosemary Court, but also work in partnership with Anchor Housing to provide a fourth scheme at Mayflower Court. This type of housing comprises of self-contained flats to rent with a range of communal facilities, warden services and on-site care.

The Council also offers sheltered housing for rent. These are one-bedroom apartments and bungalows with communal areas, social opportunities, scheme management support and everyday reassurance. Sheltered accommodation provide support but at a lower level in comparison to Extra Care, and residents live more independently. Another option is good neighbour accommodation which has a greater focus on a person's independence. These one-bedroom apartments are self-contained but have the benefit of a scheme manager and other support for emergencies. The difference is that the properties are not all under one roof like sheltered or extra care. Each scheme has a community centre close by where the scheme manager is located, and daily activities are provided.

More generally the Council also works with and provides support to private sector developers who are delivering accommodation for the elderly.

Assisting people to live independently at home and providing supported housing, particularly in relation to residents with high and complex needs

Housing and the care and support of people are often interrelated. As a Council we will need to consider the diverse needs of all people in our communities to ensure they live independently for as long as possible. Working with residents, the voluntary sector and other partners to understand how we tackle complex housing issues is essential. The Care Act (2014) is clear that housing is a health and social care related service as it plays a vital role in supporting people to maintain good health and quality of life. Its key focus is supporting people to live independently at home.

Adult Social Care work towards a strength-based framework, which focusses on supporting the person to draw on their own strengths and assets, with support if required to enable a person to remain as independent as possible. This in turn is reinforced by our "home first" approach to support people to remain in their own homes or return home after an intervention. However, we need to explore what other options would strengthen this approach and reduce reliance on residential care.

Increasing housing options for people with care and support needs remains an important priority for the Council. Adult social care in Darlington is also experiencing significant pressures including increasing demand for support, complexity of needs, rising costs, workforce challenges and social care reforms. Data also indicates that Darlington's population is living longer but not healthier and there are particular issues that are significantly worse than national averages.

There are a number of ways in which the Council support residents in their own homes via a range of services. Some of which we deliver directly, whilst others are provided by specific companies. However, the Adult Social Care Team can assist in terms of assessing what support you may need and whether you are eligible for social care funded financial support. The types of services available are listed below and can assist a range of vulnerable people. Full details can be found on the Council's website <https://www.darlington.gov.uk/health-and-social-care/adult-services/living-independently/>

- *Home care services*
- *Rapid Response*
- *Adaptions and equipment*
- *Lifeline and telecare services*
- *Assistive Technology*
- *Reablement service*

These services are invaluable and aim to support residents to live independently in their own homes for longer. For example, Lifeline ensures residents have the security of knowing you can always get help if you need it. Support workers can be first responders to incidents, providing assistance even before emergency services arrive. We provide the Lifeline service to 1690 Council properties and to 1417 private homes. Lifeline attended 9312 emergency callouts in 2022/2023, highlighting the demand and importance of this type of support.

Each year, Housing Services also complete a range of minor and major adaptions to individual Council properties where a need has been identified by an Occupational Therapist. Works range from the provision of lever taps and grab rails to semi-permanent ramps, stair lifts, hoists and ground floor extensions.

Adaptations play a fundamental role in supporting vulnerable people to continue to live independently reducing the need for expensive care packages and prevent a premature move into residential or care accommodation. They can also be financed through Disabled Facilities Grant. A range of needs have also been considered in developing our new build housing programme and properties are built in accordance with Lifetime Homes standards.

The Council also offers short term support or intervention for people leaving hospital including reablement to allow people to regain or gain new skills. This provides support and reduces the need for premature or long term stays in residential care.

Digital technologies have a role to play in managing the demand for care and support services with the potential to maximise independence, improve outcomes and provide financial benefits. The Council has launched a Digital Darlington Strategy <https://www.darlington.gov.uk/media/22279/digital-darlington-strategy-2025-30.pdf> which sets out a vision for digital capabilities that meet the range of needs of our communities. There is also a separate Adult Social Care Digital Strategy <https://www.darlington.gov.uk/health-and-social-care/adult-services/darlington-digital-strategy/>

Digital tools can provide better access to information to make choices about care, assists with engagement, allows access to records and can have many benefits for support staff. It is about enabling and encouraging those who can use digital and online tools to do so but it is not about replacing our services with digital only options.

In terms of accommodation, as well as the models discussed linked to retirement living there are a number of other options with care and support in Darlington, including:

- Housing Related Support – including accommodation with care and support for people at risk of homelessness and people who have experienced domestic abuse
- Supported Living
- Intermediate Care, Respite and Short Stay beds
- Residential Care

Adult Social Care prioritise safeguarding actions under the Care Act. Working in partnership with local agencies including health, housing and providers of services for people experiencing or at risk of domestic abuse. This involves co ordinating short- and longer-term support including within housing options and reducing the risk of homelessness.

Supported living describes housing that includes the care and support people need to lead a healthy and fulfilling life. This type of accommodation is mostly used by people with learning disabilities and/or mental health conditions and can be shared or single tenancies within a complex of properties. Supported housing provides crucial help to some of the most vulnerable people in our communities. It can have an enormous positive impact on an individual's quality of life; from their physical and mental health to their engagement with the community. Supported accommodation is largely provided in Darlington as Homes in Multiple Occupation (HMO) or a house with support.

The Council and health partners also purchase a number of intermediate, short break stay and respite beds from service providers in Darlington to ensure appropriate support services are provided to people after leaving hospital or when they are at risk of being sent to hospital. In 2022/23, 369 people were placed in short break stays (332 older people and 37 working aged adults). This number has seen a large increase since 2017/18 when 279 people were supported in this way (249 older people and 30 working aged adults). Intermediate care helps people to avoid going into hospital unnecessarily and helps people to be as independent as possible.

Residential care also assists in meeting accommodation needs in the borough. Residents usually live in single rooms with access to 24 hour on-site care and support. This type of service can provide care to older people and working aged adults with a learning and/or physical disability or people with mental health issue. Within Darlington there are 20 residential care homes for older people, 19 of which are contracted under a Council framework agreement. For younger adults we currently have 37 properties with 7 on framework providers and also have people placed with 13 off framework providers.

More generally, good quality design is essential and specific standards for any proposed supported and specialist accommodation should be discussed and agreed with local authority commissioners. Specific guidance, requirements and design principles are set out in the Accommodation with Care and Support Strategy (2024). Future commissioning intentions for providers are also set out for the different accommodation types in the strategy.

The Adult Social Care Market Position Statement and Commissioning Strategy (2024/25) is also relevant and sets out our understanding of demand for care and support services and how that demand may change over time. The document outlines current supply issues and some of the major challenges facing the borough.

Overall, it is key that people have a clear and accessible overview of what care and support is available. Explaining basic housing rights and options and where people might go to get more information for different types of housing related concerns and needs. It is essential the Council and partners can provide this.

Preventing homelessness and ensuring choice in housing

Since 2015, the Council has successfully focused on homelessness prevention. This has been reinforced through national legislation and there is a statutory duty on Councils to prevent homelessness. We recognise the devastating impacts that homelessness can have on people's lives and that the best way we can help those people is to avoid them getting into that position.

In the past, the numbers found sleeping rough in Darlington in any year have generally been low in comparison to the major urban areas. Since the Covid-19 pandemic, the Council has continued to deal with a significant increase in demand for Homeless and Housing Options services. Whilst these services would normally work in a proactive way with clients to prevent homelessness, the increase in presentations and demand for emergency accommodation has meant that services have had to be more reactive to ensure that no-one is left homeless or having to rough sleep.

As well as the pressures created since the pandemic, the lifting of the ban on section 21 ("no fault") evictions in June 2021 has also created an increase in homeless presentations and requests for housing advice. In 2023-24, we received 1,357 homeless presentations to the Housing Options service, compared to 835 in 2019-20, an increase of 63%.

The use of temporary and emergency accommodation has also increased over the last few years and in some cases alternative accommodation has to be found. Our approach to dealing with homeless clients is unchanged in that every person matters and can, with the appropriate intervention, move from rough sleeping into long-term, sustainable accommodation.

The Housing Services Preventing Homelessness and Rough Sleeping Strategy 2025-2030 sets out that every resident in Darlington should have a secure, affordable place to call home. It is important that the right support is in place at the right time and where homelessness occurs it is rare, brief and non-recurrent. The Council will work in partnership with other organisations to end homelessness in Darlington. We recognise that it is a complex issue and innovative responses are required.

The Council's Housing Options Team are the key point of contact if a person is or could become homeless. They will assess a person's current housing situation and will work out what their needs are, giving advice and support. The emphasis on prevention has enabled the Council's Housing Options team to find solutions for those seeking help that has meant that comparatively few people have had to go to the stage of making a homeless application. Details on the services provided for homelessness can be found on the Council's website at <https://www.darlington.gov.uk/housing/finding-a-home/homelessness/>

It is not unusual for applicants to be faced with multiple problems, such as financial issues due to unemployment, mental health issues, behavioural problems and addiction. In developing a solution that is lasting there may well be a need for other, non-housing services to become involved in finding a path for the applicant that will resolve the homelessness risk. The Council offers housing related support services for those at risk of homelessness which covers wider issues.

This has been an ongoing challenge for the Housing Options Team, finding suitable accommodation and support for those individuals with complex needs. Despite this, over the last couple of years we have recruited specialist housing officers to assist with mental health and domestic abuse needs. We have also linked up with public health to fast-track clients into drug and alcohol services and to more generally support the sleeping rough agenda. Four empty properties have also been purchased and refurbished to provide 8 units of temporary accommodation.

From a successful bid for funding through the Rough Sleeper Initiative we have also funded an Outreach Support Worker and recruited a Housing Options Navigator. Roles that support and prevent people from sleeping rough. A Rough Sleeper Co-ordinator, has also been appointed, working across the Tees Valley to support Local Authorities in delivering their homelessness and rough sleeping strategies, coordinating rough sleeper counts and analysing data and returns for Government.

More generally, the Council and our partners are committed to extending as much choice as possible to those households who require affordable rented accommodation. This is largely done through the choice-based lettings scheme discussed earlier in the strategy. The Council will ensure that the needs of residents, particularly the most vulnerable, are prioritised and the choice and access to appropriate accommodation is maximised.

Minimising the impacts of welfare reform

Central Government changes to the welfare system have impacted on individuals on low incomes, local authorities and registered providers. In Darlington, Universal Credit (UC) went live in June 2018 and as of February 2025, approximately 2,360 Council tenants are in receipt of some element of UC. Sanctions are harder on UC in comparison to those on older style welfare benefits.

Managed migration to UC is rolling out across the country and is due to be completed by March 2026. In 2025, the process will move residents who receive Employment and Support Allowance (ESA) onto UC, which can only be applied for online. As such the numbers of public PCs were increased in the Town Hall to allow customers to use these for free to apply.

Housing Services has a dedicated Tenancy Sustainment Team who work with Council tenants around their UC claim. They offer advice, guidance and budgeting support. Other Registered Providers have similar teams to assist their tenants and Citizens Advice provide telephone and face to face support for those unable to complete forms online. The Council also support individuals with Discretionary Housing Payments and the Homeless Prevention Grant, which can assist with rent shortfalls and deposits.

What we aim to achieve 2025 -2030

Delivering quality retirement living

- Work with developers to maximise adaptable and accessible homes standards (M4 2 & 3) in new housing developments.
- Increase the proportion of older person's accommodation within residential developments.

Assisting people to live independently at home and providing supported housing, particularly in relation to residents with high and complex needs

- Adult Social Care to continue to provide support through various means so people can live independently at home.
- Adapt more properties and assist people to access such properties.
- Identify, implement and support the use of new assistive technology, including digital technology, to assist residents to remain independent in their own homes.
- Work with partners to develop supported housing schemes for vulnerable people.

Preventing homelessness and ensuring choice in housing

- The Housing Options Team will continue to support and provide information to those people who are homeless or are threatened by homelessness.
- Review Darlington Preventing Homelessness and Rough Sleeping Strategy and associated actions.

Minimising the impacts of welfare reform

- Assist with online welfare applications by prioritising public access to IT equipment through libraries and Council buildings.
- Continue to provide advice to Council tenants on Universal Credit, signposting to relevant welfare and advice agencies as appropriate
- Use Discretionary Housing Payments and Council Tax Support Fund where appropriate to assist those in the most financial need.

Appendix 1

Actions: What we aim to achieve 2025 – 2030

Objective 1: Building homes, with an emphasis on social and affordable provision, to meet local needs

Ensuring an adequate supply of housing to meet the needs of existing and future residents

- Deliver a minimum of 492 net additional homes per annum.
- Work with developers to remove barriers to housing delivery, particularly on Local Plan housing allocations.
- Work with developers and partners to bring forward the garden village sites at Skerningham & Greater Faverdale.
- Review the brownfield land register.
- Work with partners such as TVCA on funding bids such as the Brownfield Housing Fund and the Brownfield Land Release Fund.
- Review the Local Plan and associated evidence base, such as the Strategic Housing Market Assessment, when required.

Ensuring a suitable housing mix

- Ensure development schemes provide an appropriate mix of housing in terms of type, size and tenure.
- Explore opportunities via the Council's house building programme and joint venture arrangements to deliver an appropriate mix of homes and retirement living.
- Maintain and promote the custom and self-build register and linking up those interested with permissioned sites.

Delivering high quality affordable homes, especially new Council homes for social rent

- Continue to progress the Council's new build housing developments and explore opportunities for new sites.
- Maximise the delivery of social rent homes through Council led schemes.
- Develop opportunities to deliver new Council homes in schemes led by others.
- The purchase and lease of additional houses to use as temporary accommodation and homes for social rent.
- Ensure opportunities for current Council tenants and prospective tenants are easily available to apply for affordable homes that meet their needs.
- Identify opportunities to provide low cost home ownership properties in new build Council housing.
- Require between 10% and 30% affordable housing (on-site) on all appropriate market housing developments, in line with Local Plan policy.

- Secure the correct tenure split of affordable housing on market led schemes, as required by Local Plan policy.
- Work with partners to maximise the delivery of grant funded affordable housing in the borough.
- Organise an annual housing conference.

Helping First Time Buyers

- Continue to promote the Council's low-cost home ownership homes (Council owned properties).
- Require 25% of all affordable housing units delivered by developers through planning obligations should be first homes.
- Require the appropriate proportion of affordable home ownership products on market schemes in line with Local Plan policy.

Promoting Modern Methods of Construction

- Explore opportunities for MMC in all developments, Council and private.
- Work with partners to develop and deliver MMC.

Ensuring an adequate supply of travelling sites (pitches and plots) for existing and future needs.

- Continue to monitor traveller accommodation via the annual caravan count.
- Review the Gypsy and Traveller Accommodation Assessment.

Objective 2: Improving the standards of existing housing, achieving net zero carbon and revitalising neighbourhoods

Ensuring high quality homes in the right places

- Continue to improve standards and conditions in the private rented sector, increasing proactive and targeted working.
- Support all owner occupiers to maintain safe and comfortable homes.
- Maintaining and improving Council owned housing stock in line with climate change legislation and internal Climate Change strategies.
- Require Healthy New Town principles in new housing developments.

Achieving net zero carbon and adapting for climate change

- Improve heat efficiency in Council housing and secure further funding to implement related measures.
- Work towards the design and build of net zero carbon Council homes.
- Require that all developments in the borough deliver good sustainable design which will help to reduce carbon emissions and adapt to climate change.
- Encourage and support the use of renewables in all new build homes and the retrofitting of existing properties.

Housing regeneration and renewal

- Continue to identify opportunities and deliver residential development on brownfield sites in the town centre.
- Improve standards in the housing stock and local environment at the Town Centre Fringe.
- Review our current brownfield sites and work with TVCA and government to take advantage funding to release sites.
- Support the major redevelopment of the train station and related housing development at the Cattle Mart.

Objective 3: Meeting the needs of our ageing population and supporting people to live independently.

Delivering quality retirement living

- Work with developers to maximise adaptable and accessible homes standards (M4 2 & 3) in new housing developments.
- Increase the proportion of older person's accommodation within residential developments.

Assisting people to live independently at home and providing supported housing, particularly in relation to residents with high and complex needs

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HEALTH AND HOUSING SCRUTINY COMMITTEE 3 SEPTEMBER 2025

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

Purpose of the Report

1. The purpose of this report is to update Health and Housing scrutiny committee on the Annual Report of the Darlington Better Care Fund for the 2024/25 Programme.
2. Provide an update on the next steps across the Programme.

Summary

3. The use of BCF mandatory funding streams (NHS minimum contribution, Improved Better Care Fund grant (iBCF) and Disabled Facilities Grant (DFG) must be jointly agreed by integrated care boards (ICBs) and local authorities to reflect local health and care priorities, with plans signed off by health and wellbeing boards (HWBs).
4. The Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25, **including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.**
5. The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives:
 - **Enable people to stay well, safe and independent at home for longer**
 - **Provide the right care in the right place at the right time**
6. The framework confirms the four national conditions for funding:
 - Jointly agreed Plan
 - Enabling people to stay well, safe and independent at home for longer
 - Provide the right care in the right place at the right time
 - Maintaining NHS's contribution to Adult Social Care and investment in NHS commissioned out of hospital services"

7. As well as the four national conditions of funding, the plan includes the delivery against 4 key metrics of:
 - (a) Avoidable Admissions: Per 100,000 population
 - (b) Falls: Emergency Hospital Admissions due to falls in people aged over 65
 - (c) Discharge to Usual Place of Residence: Percentage of People who are discharged from acute hospital to their normal place of residence
 - (d) Residential Admissions: Long term support needs of people aged 65 and over met by admission to residential and nursing care homes
8. Funding for the 24/25 Programme is set out below. This includes Discharge Funding being part of the Pooled Budget for the first time.

Running Balances	2024-25	
	Income	Expenditure
DFG	£1,159,844	£1,159,844
Minimum NHS Contribution	£10,198,154	£10,198,154
iBCF	£4,488,137	£4,488,137
Additional LA Contribution	£299,320	£299,320
Additional NHS Contribution	£0	£0
Local Authority Discharge Funding	£1,048,716	£1,048,716
ICB Discharge Funding	£808,146	£808,146
Total	£18,002,317	£18,002,317

9. Annex 1 of this report provides a summarised version of the 2024/25 End of Year Plan.
10. Annex 2 provides detail of the assurance (approval) feedback received from the BCF National Team.

Next Steps

11. As part of the ongoing programme management of the BCF, a joint review of all funded schemes began during July 2025. The rationale for this review was to ensure all schemes continued to deliver against the key priorities of the Programme and provided value for money.

Recommendations

12. It is recommended that:-
 - (a) Members note approval of the Darlington 24/25 Plan;
 - (b) Note the programme review underway during July /August 2025.

Reasons

13. The recommendations are supported by the following reasons:

- (a) The 2024/25 Plan has been endorsed by the Pooled Budget Partnership as part of the agreed governance arrangements
- (b) Following completion of the review a report of the findings will be available.

Christine Shields
Assistant Director Commissioning, Performance and Transformation

Background Papers

- (i) Darlington BCF 2024/25 Plan Template
- (ii) Darlington BCF 2024/25 Plan Narrative

Paul Neil: Extension 5960

Council Plan	Aligned
Addressing inequalities	Both the BCF Programme Plan and schemes within consider these key areas
Tackling Climate Change	None
Efficient and effective use of resources	New ways of delivery care
Health and Wellbeing	The Better Care Fund is owned by the Health and Wellbeing Board
S17 Crime and Disorder	Not applicable.
Wards Affected	All.
Groups Affected	Frail elderly people at risk of admission/re-admission to hospital.
Budget and Policy Framework	Budgets pooled through section 75 agreement between DBC and Darlington CCG
Key Decision	No
Urgent Decision	No
Impact on Looked After Children and Care Leavers	No impact.

ANNEX 1

Summary of 2024/25 BCF Plan

National BCF Programme	The Better Care Fund (BCF) Policy Framework sets out the Government’s priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations.																							
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	<ul style="list-style-type: none">• Enable people to stay well, safe and independent at home for longer• Provide the right care in the right place at the right time																							
Ownership	Health and Wellbeing Boards																							
National Conditions of Funding	<ol style="list-style-type: none">1. Jointly agreed Plan2. Enabling people to stay well, safe and independent at home for longer3. Provide the right care in the right place at the right time4. Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services"																							
Programme Metrics	<ol style="list-style-type: none">1. Avoidable Admissions: Per 100,000 population2. Falls: Emergency Hospital Admissions due to falls in people aged over 653. Discharge to Usual Place of Residence: Percentage of People who are discharged from acute hospital to their normal place of residence4. Residential Admissions: Long term support needs of people aged 65 and over met by admission to residential and nursing care homes																							
National Funding	<table><tr><td>BCF funding contributions</td><td>2023 to 2024 (£m)</td><td>2024 to 2025 (£m)</td></tr><tr><td>Minimum NHS contribution</td><td>4,759</td><td>5,029</td></tr><tr><td>iBCF</td><td>2,140</td><td>2,140</td></tr><tr><td>Disabled Facilities Grant (DFG)</td><td>573</td><td>625</td></tr><tr><td>Additional DFG funding</td><td>50</td><td>0 (note)</td></tr><tr><td>Discharge Fund</td><td>600</td><td>1,000</td></tr><tr><td>Total</td><td>8,122 (+5.2%)</td><td>8,794 (+8.3%)</td></tr></table>			BCF funding contributions	2023 to 2024 (£m)	2024 to 2025 (£m)	Minimum NHS contribution	4,759	5,029	iBCF	2,140	2,140	Disabled Facilities Grant (DFG)	573	625	Additional DFG funding	50	0 (note)	Discharge Fund	600	1,000	Total	8,122 (+5.2%)	8,794 (+8.3%)
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Darlington BCF Plan 24/25																								
Darlington Governance Structure	<ul style="list-style-type: none">• HWBB• Health and Housing Scrutiny• Pooled Budget Partnership Board*• Delivery Group																							

	<ul style="list-style-type: none"> • Oversight Group <p>For this planning round, all HWBB system areas were required to develop a Plan for the 2024/25 period. This plan was developed by partners from the above forums.</p> <p><i>* As part of the PBPB workplan, a task and finish group has been established regarding Intermediate Care across the system, focusing on reviewing the current offer, and revising this moving forward. This is a joint initiative involving LA, ICB, NHS and the VCSE.</i></p>
Meeting the Aims and Core Objectives	<p>The core aims and objectives of the Darlington BCF Programme are embedded throughout the 2024/25 Plan. All of the schemes are aligned to the key objectives of:</p> <ul style="list-style-type: none"> • Enable people to stay well, safe and independent at home for longer • Provide the right care in the right place at the right time <p>Throughout the year the operational Delivery Group meet to ensure existing schemes continue to deliver against these aims and scrutinise any new proposals to ensure alignment.</p> <p>In addition, and introduced as part of the wider 2023/25 Programme, all new proposal are reviewed by the system wide oversight group, allowing input and comments from partners across the system. This ensures the schemes funded are delivery against key priorities.</p> <p>The Pooled Budget Partnership for Darlington meet on a bi-monthly basis, and receive updates from the Delivery Group, with a key focus being on ensuring the programme continues to deliver against the aims and core objectives.</p>
Compliance with Conditions of Funding	<p><u>Jointly agreed Plan</u></p> <p>The Darlington Plan for 2024/25 has been developed and agreed jointly with colleagues from ICB and the LA. This was evidenced at the meeting of the Pooled Budget Partnership Board of 9th June.</p> <p><u>Enabling people to stay well, safe and independent at home for longer</u></p> <p>Tab 6a in the Planning template details all of the schemes funded through the programme. This includes schemes specifically supporting independent living, an example being supporting the Lifeline service in providing Out of Hours support.</p> <p><u>Provide the right care in the right place at the right time</u></p> <p>Tab 6a in the Planning template details all of the schemes funded through the programme. This includes schemes specifically focussing on providing</p>

	<p>the care at the right place at the right time. Examples include those schemes supporting the home first approach.</p> <p><u>Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services"</u></p> <p>As set out on the planning requirements a minimum level of spend, from the ICB allocations, has to be invested in ASC and NHS commissioned out of hospital services. The minimum levels and planned spend are shown below.</p> <table><tr><th></th><th>Minimum Required Spend</th><th>Spend as reported in EoY</th></tr><tr><td>NHS Commissioned Out of Hospital spend from the minimum ICB allocation</td><td>£2,898,026</td><td>£5,400,691</td></tr><tr><td>Adult Social Care services spend from the minimum ICB allocations</td><td>£3,270,142</td><td>£4,097,451</td></tr></table>		Minimum Required Spend	Spend as reported in EoY	NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£2,898,026	£5,400,691	Adult Social Care services spend from the minimum ICB allocations	£3,270,142	£4,097,451											
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Metrics Performance	<p>The 2024/25 Plan included the 4 metrics against which performance is measured.</p> <p>The EoY return confirms that 3 of 4 targets have been achieved:</p> <table><tr><th></th><th></th><th>For information - actual performance for Q3 (For Q4 data, please refer to data pack on BCX)</th><th>Assessment of whether ambitions have been met</th></tr><tr><td>Avoidable admissions</td><td>Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework Indicator 2.3)</td><td>176.2</td><td>Target met</td></tr><tr><td>Discharge to normal place of residence</td><td>Percentage of people who are discharged from acute hospital to their normal place of residence</td><td>91.71%</td><td>Target met</td></tr><tr><td>Falls</td><td>Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.</td><td>2019</td><td>Target not met</td></tr><tr><td>Residential Admissions</td><td>Rate of permanent admissions to residential care per 100,000 population (65+)</td><td>not applicable</td><td>Target met</td></tr></table>			For information - actual performance for Q3 (For Q4 data, please refer to data pack on BCX)	Assessment of whether ambitions have been met	Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework Indicator 2.3)	176.2	Target met	Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	91.71%	Target met	Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.	2019	Target not met	Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	not applicable	Target met
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Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)	not applicable	Target met																		

	For the falls metric a project has been initiated across Tees to scope, map, review and redesign the existing pathways across the system responding to Level 1 & 2 falls in the community.																														
Expenditure Position	<p>The table below summarises the spend position as reported in the EoY report.</p> <table><tr><th></th><th colspan="2">2024-25</th></tr><tr><th>Running Balances</th><th>Income</th><th>Expenditure</th></tr><tr><td>DFG</td><td>£1,159,844</td><td>£1,159,844</td></tr><tr><td>Minimum NHS Contribution</td><td>£10,198,154</td><td>£10,198,154</td></tr><tr><td>iBCF</td><td>£4,488,137</td><td>£4,488,137</td></tr><tr><td>Additional LA Contribution</td><td>£299,320</td><td>£299,320</td></tr><tr><td>Additional NHS Contribution</td><td>£0</td><td>£0</td></tr><tr><td>Local Authority Discharge Funding</td><td>£1,048,716</td><td>£1,048,716</td></tr><tr><td>ICB Discharge Funding</td><td>£808,146</td><td>£808,146</td></tr><tr><td>Total</td><td>£18,002,317</td><td>£18,002,317</td></tr></table>		2024-25		Running Balances	Income	Expenditure	DFG	£1,159,844	£1,159,844	Minimum NHS Contribution	£10,198,154	£10,198,154	iBCF	£4,488,137	£4,488,137	Additional LA Contribution	£299,320	£299,320	Additional NHS Contribution	£0	£0	Local Authority Discharge Funding	£1,048,716	£1,048,716	ICB Discharge Funding	£808,146	£808,146	Total	£18,002,317	£18,002,317
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Programme Summary	<p>The 2024/25 Plan for Darlington evidences continued compliance with the four national conditions of funding and delivers against the core objectives of the programme.</p> <p>All funding resources are committed and the performance of the programme will be continually monitored throughout the year by the PBPB, supported by both the operational delivery group and the wider Darlington oversight group.</p>																														

ANNEX 2

Approval feedback of BCF 2024/25 Plan

BCF Plan Assurance Overview				
HWB Name		RECOMMENDATION	NARRATIVE AND GENERAL COMMENTS	
Darlington		Approved	<ul style="list-style-type: none">• Good overview of BCF funded schemes• Homecare support to be retendered during 25/26 and narrative describes a robust home first approach• The intermediate care offer in Darlington will be expanded during 25/26 to help reduce the reliance on bed based support• Discharge to Assess will be an increased focus• Ambitions for emergency admission rates are aligned with the FT NHS Ops plan return	
NATIONAL CONDITIONS AND PLANNING REQUIREMENTS				
National conditions all met Planning requirements assessed as met				
FINANCE		EVALUATION		
DFG	£1,319,439	Darlington describe their local process to review BCF scheme on an annual basis which includes a measure of VFM etc.		
NHS Minimum Contribution	£11,134,656	Despite challenges given the small financial uplift in 25/26 investment has been made to deliver their integrated community falls strategy.		
Local Authority Better Care Grant	£5,536,853	Capacity in their RIACT service has been increased to ensure access to specialist stroke support.		
Additional LA Contribution	£0	A Mental Health Peer review is planned for 25/26 to inform Care Transfer hub management of MH discharge delays.		
Additional ICB Contribution	£0			
Total	£17,990,948			
CAPACITY-DEMAND		AREAS FOR DEVELOPMENT		
Discharge	Sufficient capacity across all pathways due to spot purchase			
Admission Avoidance	Sufficient or surplus capacity across all service areas			
	A C&D Dashboard will be implemented during 25/26			
METRICS				
Emergency Admissions Rate		% Discharged on DRD	Discharge Delay Days	Residential Admissions
Above regional average		Above regional average	Below regional average	Averages unavailable ~ requires DQ review
Above national average		Above national average	Below national average	25/26 Plan = maintain estimated 24/25 position due to DQ as above
Plan to achieve 3.57% growth compared to previous year				

HEALTH AND HOUSING SCRUTINY COMMITTEE 3 SEPTEMBER 2025

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

SUMMARY REPORT

Purpose of the Report

1. The Annual Public Health Report is an opportunity for the Director of Public Health to present an independent report on the health and wellbeing of Darlington. This year's report provides a snapshot of health across the life course, describing some of the key health issues for Darlington and celebrating the amazing work happening across the Borough.
2. To provide an update on the recommendations made in the 2023-2024 Annual Public Health Report.

Summary

3. The structure of the Annual Public Health Report is based on the framework used within the Joint Strategic Needs Assessment, highlighting health and wellbeing needs across the life course of Starting Well, Living Well and Ageing Well. The report provides a snapshot of key data across the life course and thematic recommendations. It is the intention for future reports to focus on the different stages of the life course in greater detail.
4. The first chapter of the report, Starting Well, considers the importance of a good start in life and the topics of:
 - (a) smoking during pregnancy
 - (b) breastfeeding
 - (c) healthy weight and good food
 - (d) oral health
 - (e) childhood immunisation
5. Starting Well recommendations are:
 - (a) Develop an oral health promotion strategy and action plan for Darlington.
 - (b) Expand toothbrushing schemes to more early years settings.
 - (c) Use data to develop a better understanding of rates of smoking in pregnancy within Darlington, to ensure support can be targeted at those areas with the highest rates.
 - (d) Build upon the recent success with increasing rates of breastfeeding at 6 to 8 weeks, with a clear focus on reducing the inequalities in breastfeeding that exist within Darlington.

- (e) Undertake work to understand the variation in uptake of childhood vaccination across Darlington, working with primary care and the school age immunisation service to increase the uptake of routine childhood vaccinations.
 - (f) Take steps to understand why there has been a reduction in the percentage of children in care who are up to date with the vaccine schedule, and use this information to implement action locally to improve uptake.
 - (g) Undertake an audit of hospital admission data for unintentional and intentional injuries in children, using the findings to develop an action plan to address identified priorities
6. The second chapter of the report, Living Well, considers the importance of staying healthy in adulthood and the many factors which can impact positive and negatively. The following topics are considered:
- (a) mental health and suicide prevention
 - (b) substance misuse
 - (c) smoking and tobacco control
 - (d) employment
7. Living Well recommendations are:
- (a) Develop and deliver a multiagency suicide prevention action plan, informed by the evidence base set out within the Suicide Prevention Strategy for England and local suicide data and trends, to support a reduction in rates of self-harm and suicide.
 - (b) Engage with local employers to inform the development of a healthy workplace offer for Darlington.
 - (c) Continue to increase the numbers of people with drug and / or alcohol addictions accessing treatment and recovery support, through reviewing all pathways into the service and working with local stakeholders such as the prison and probation services to increase referrals.
 - (d) Develop the rehab provision available to Darlington residents.
 - (e) Continue to increase the numbers of people accessing the smoking service and the number of successful quit attempts.
8. The third chapter of the report, Ageing Well, considers the importance of staying healthy as we age and changing patterns of disease. The following topics are considered:
- (a) falls in older people
 - (b) ageing well and physical activity
 - (c) long term conditions
9. Ageing Well recommendations are:
- (a) Build upon the delivery of the NHS Health Check Programme to identify opportunities to reach a broader cross section of the eligible cohort, to ensure those who could benefit most are accessing the offer.
 - (b) Review and strengthen pathways into services from NHS health checks, including stop smoking services and drug and alcohol services.
 - (c) Develop a public health approach to ageing well.

10. The 2023-2024 Annual Public Health Report 'Women's Health: Taking Action in Darlington' made three overarching recommendations, underpinned by a number of actions. Whilst work is ongoing to address the recommendations progress made to date is summarised below.
11. Recommendation One: All organisations identify their role in giving every child the best start in life.
 - (a) Work has commenced on the Pregnancy Anticipatory Care Model, led by CDDFT.
 - (b) CO readings are now being offered at every mandated health visitor contact, and referrals made to the stop smoking service when need is identified.
 - (c) Domestic abuse training offered to social care staff and a local domestic abuse working group established.
 - (d) Physical Activity Strategy Developed and going forward for approval.
 - (e) Healthy Early Years scheme expanded, to include other areas such as physical activity.
 - (f) The Breastfeeding Business Accreditation Scheme has been relaunched and is being used to engage with local businesses to support them to be infant feeding friendly.
12. Recommendation Two: All organisations recognise the specific health and care needs of women and across the health and care systems services respond to the needs of women.
 - (a) The Council is now represented on the regional public health network for Work and Health, and is developing an offer for local workplaces, with an initial focus on stop smoking support.
 - (b) The Breastfeeding Business Accreditation Scheme has been relaunched and is being used to engage with local businesses to support them to be infant feeding friendly.
 - (c) The Council has updated policies to support women during menopause and delivered a number of awareness raising sessions for staff and managers.
13. Recommendation Three: Organisations together take responsibility to create a safe environment for all people of Darlington, being mindful of implications from a female perspective.
 - (a) The Council is engaged in regional discussions about the Better Health at Work Programme, and is developing an offer for local workplaces, with an initial focus on stop smoking support.
 - (b) The physical activity strategy being developed includes a focus on active travel and safe green spaces.

Recommendations

14. It is recommended that Health and Housing Scrutiny Committee:-
 - (a) Accept the recommendations of the Annual Director of Public Health Report.
 - (b) Make use of the Annual Director of Public Health report to support understanding of the population health and wellbeing needs across the life course.

Reasons

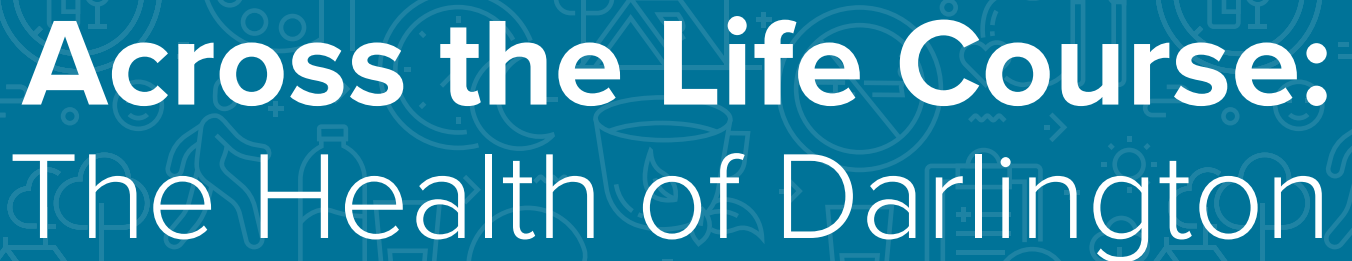
15. The recommendations are supported by the following reasons:-

- (a) The Health and Social Care Act 2012 sets out a requirement for all Directors of Public Health to produce an annual independent report on the health of their local population and for their local authority to publish it.
- (b) The annual report has used available epidemiological data, local case studies and information from services to highlight areas of concern and make recommendations of action, for consideration by partners and stakeholders.

Lorraine Hughes
Director of Public Health

Enc: Director of Public Health Annual Report, 2024/25

Council Plan	This report supports the Council Plan ambition of Living Well and Staying Healthy, through the focus on health outcomes and inequalities.
Addressing inequalities	The report considers inequalities at a population level.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme and supports the effective use of resources to address identified priorities.
Health and Wellbeing	The annual DPH report considers the health and wellbeing of the population of Darlington across the life course.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	The data presented in the report covers all wards.
Groups Affected	The annual DPH report focuses on the population of Darlington.
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework.
Key Decision	No
Urgent Decision	No
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.



Director of Public Health Annual Report 2024 - 2025

Foreword

The Annual Public Health Report is an opportunity for me to present an independent report on the health and wellbeing of Darlington, and at the end of my first year as Director of Public Health it is timely to use this opportunity to present a snapshot of health across the life course. This report describes some of the key health issues for Darlington, whilst also celebrating some of the amazing work happening across the Borough.

I will, in future reports, focus on the different stages of the life course in greater detail.

As I reflect on my first year as Director of Public Health for Darlington, I am struck by the strong commitment to partnership working I have found since taking up my role. I do not pretend there are not issues for which we need to build upon this strong foundation even further, but I have been impressed by the commitment to do so for the benefit of the people of Darlington. It is for this reason I feel positive about what we can do together going forward to reduce health inequalities and improve health outcomes.

Over the last 12 months I have worked with the Health and Wellbeing Board and partners to develop a new Joint Local Health and Wellbeing Strategy for Darlington, which sets out the strategic priorities for improving the health and wellbeing of our local residents over the next five years. This is underpinned by a refreshed Joint Strategic Needs Assessment, which we will continue to develop further going forward.

We have also seen continued additional investment in our drug and alcohol services, which work with some of our most vulnerable residents, and new funding for specialist stop smoking services to help move us towards the national ambition of a smokefree generation. It is encouraging, therefore, to see an increase in the numbers of people accessing our public health services, but importantly as shown in this annual report the outcomes for people accessing our services are also improving overall, which places us in a strong position moving forward.

There is much to be proud of, but also big challenges ahead. We need to continue to 'shift the dial' at a population level to improve health outcomes whilst also understanding the inequalities which exist within Darlington and taking action to address them. Some of this will need to be informed by a greater understanding of our local communities whilst better access to data will also be important, so we can measure changes.

Finally, I would like to take this opportunity to thank everyone for giving me such a warm welcome when I came to Darlington as the Director of Public Health. I feel very lucky to have the opportunity to do this job, and it is made all the easier when you get the chance to work with a great team and supportive colleagues and partners.



Lorraine Hughes
Director of Public Health



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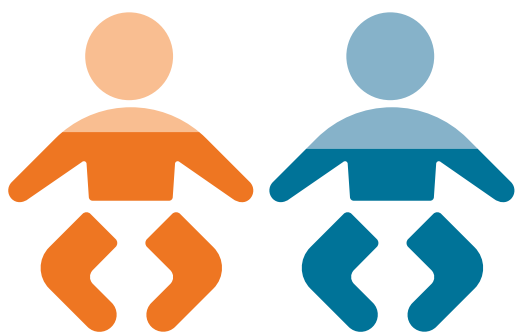
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Starting Well



Life expectancy at birth

Female
81.1

Male
77.9



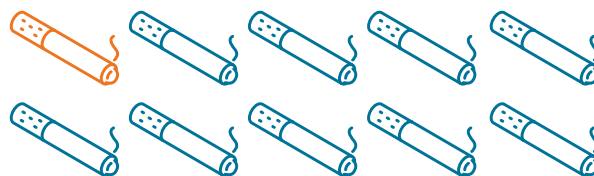
1%
of births are to
teenage mothers



28%
of children are living
in relative poverty
(this varies from
6% to 60% across
Darlington)



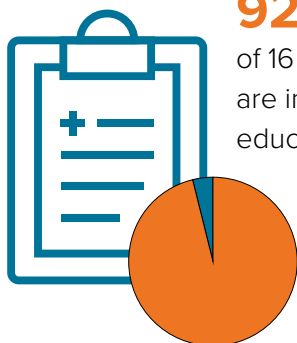
25.3%
of 5 years olds have
obvious tooth decay



10.6%
of mothers are still smokers
when they have their baby



40.6%
of babies are
breastfed
at 6 to 8
weeks of age



92.2%
of 16 to 17 year olds
are in employment,
education or training



92.1%
Child development
at 2 to 2.5 years



Hospital admissions caused
by unintentional and
deliberate injuries in children
(aged 0 to 14 years)
149 per 10,000



Introduction

Early childhood experiences can have a lifelong impact on a range of outcomes, including social and emotional development, health and education. As children and young people grow and develop their experiences and opportunities, (or lack of them), will impact on them through those important early years and into adulthood and older age¹.

This is why it is important there is a focus on giving all children the best start in life, from conception onwards. There is increasing evidence of the impact of early life experiences and therefore it is important that children are exposed to positive experiences as early and as much as possible, including positive parenting, creative play, establishing good eating habits, introducing tooth brushing routines at an early age, being physically active and the opportunity to explore and understand their feelings².

In Darlington the 0-19* Growing Healthy Service is provided by Harrogate and District NHS Foundation

Trust, providing support covering all aspects of growing healthy including:

- infant feeding support
- new birth health visiting contacts and regular health visiting led development reviews
- screening tests
- support for parents on healthy lifestyle choices and a school nursing offer which includes advice and support on issues such as emotional health and wellbeing
- risk taking behaviour and relationships and sexual health.

The Early Help offer in Darlington is designed to ensure children, young people and their families get the right support at an early stage before things are too difficult. It is for use as soon as possible when a family's needs cannot be met by universal services or addressed by a single organisation.



*The service is provided up to the age of 25 for those with special educational needs and disabilities.



Smoking During Pregnancy

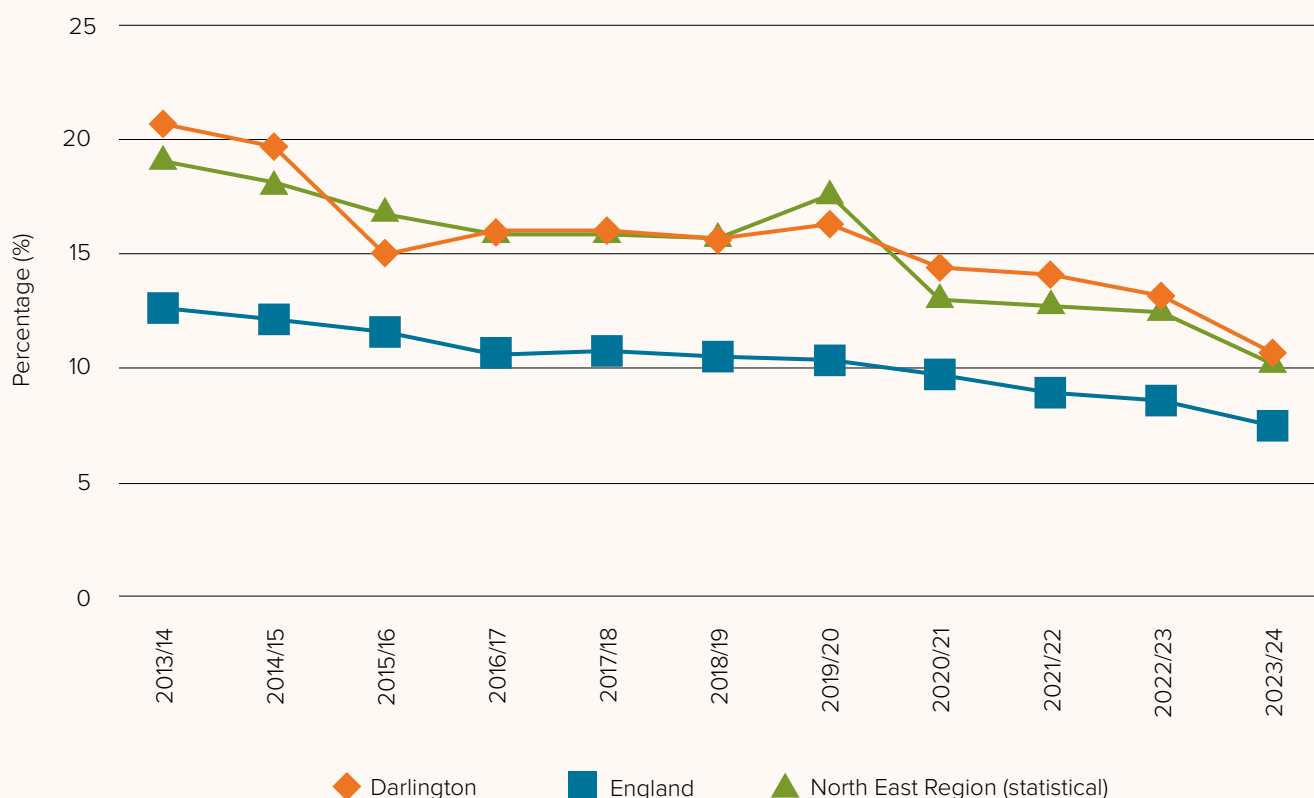
Protecting your baby from tobacco smoke is one of the best things you can do to give your child a healthy start in life, both during pregnancy and as infants. Smoking during pregnancy increases the risk of complications in pregnancy and of the child developing a number of conditions in later life, such as³ :-

- miscarriage
- premature birth
- stillbirth
- birth defects
- low birth weight
- respiratory conditions
- sudden infant death syndrome (SIDS)
- problems of the ear, nose and throat
- future obesity

For pregnant women with a tobacco dependency, it can be hard to quit, and that is why support is available in Darlington from Specialist Maternity Support workers, who have been trained as treating tobacco dependency advisors. The team provide support and access to treatment to achieve a smoke free pregnancy.

It is great news that the proportion of deliveries where mothers are smokers has been reducing over time in Darlington. However, there is a need to go further and faster, if we are to achieve the 2030 Smoke-free ambition of 5% smoking prevalence.

Smoking Status at Time of Delivery (2013/14 - 2023/24)



Breastfeeding

Whilst the proportion of babies who have breastmilk for their first feed has not changed much over the last few years, and is reported at 55.6% in 2023/24, the prevalence of breastfeeding at 6 to 8 weeks has increased over time. Latest data shows that in 2023/24 40.6% of babies were still breastfed at 6 to 8 weeks, an increase of 5.5% points compared to 2021/22. It is important to build upon this momentum, to ensure rates of breastfeeding in Darlington continue to improve, but that this is evident across all areas of the borough.

The percentage of babies being breastfed at 6 to 8 weeks in Darlington is statistically similar to the North East (38.5%), but lower than England (52.7%).

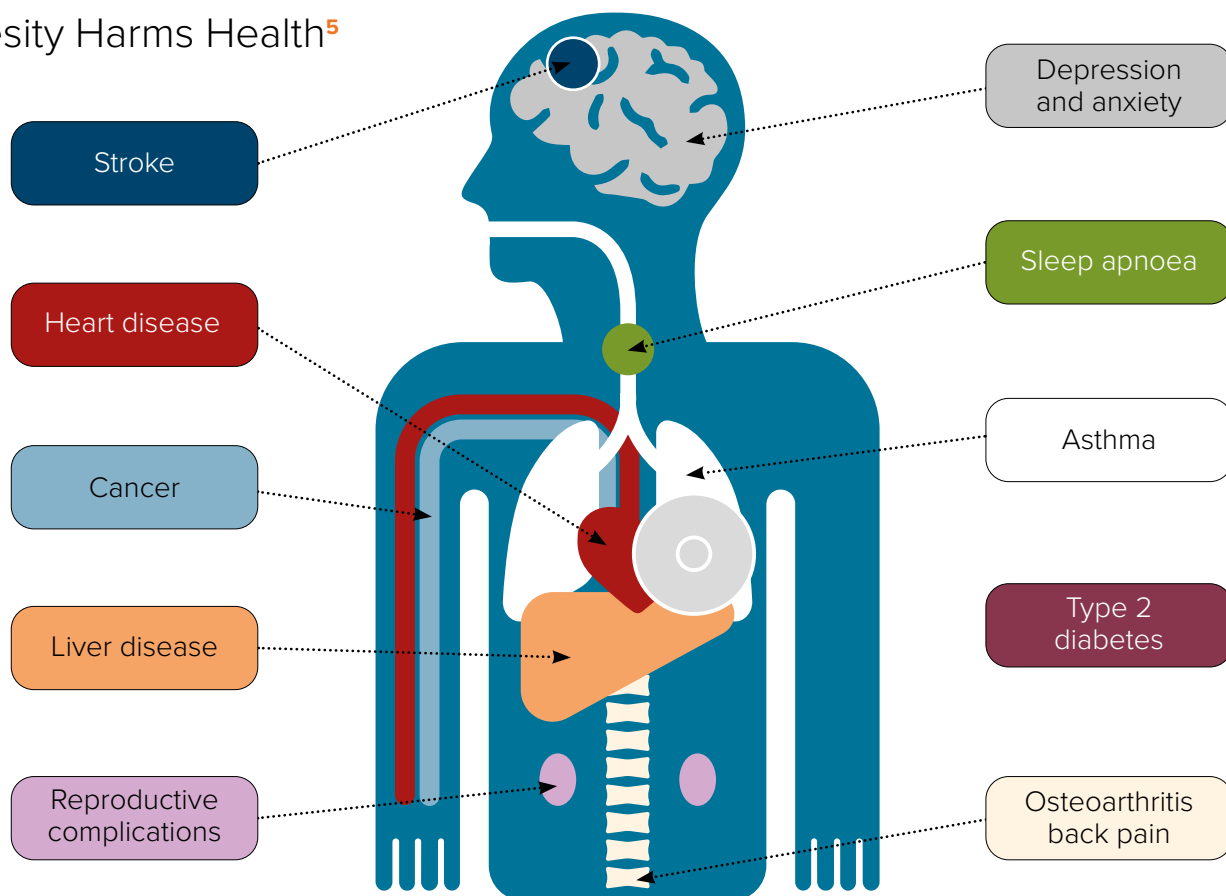
The 0-19 Growing Healthy Service has a dedicated infant feeding specialist health visitor, who leads the work in Darlington to ensure our approach to breastfeeding and supporting mothers and babies meets the UNICEF Baby Friendly Initiative standards. The progress made has been recognised through attainment of the Gold UNICEF infant feeding status.

Healthy Weight and Good Food

The causes of obesity are varied and complex and the World Health Organisation (WHO) regards obesity as one of the most serious public health challenges of the 21st Century. The health harms from obesity are well recognised, as it increases the risk of a number of common diseases and causes

of premature death, such as heart disease, stroke, high blood pressure, diabetes and some cancers⁴. There are also social impacts, resulting from the stigma of being an unhealthy weight and the discrimination some people will experience.

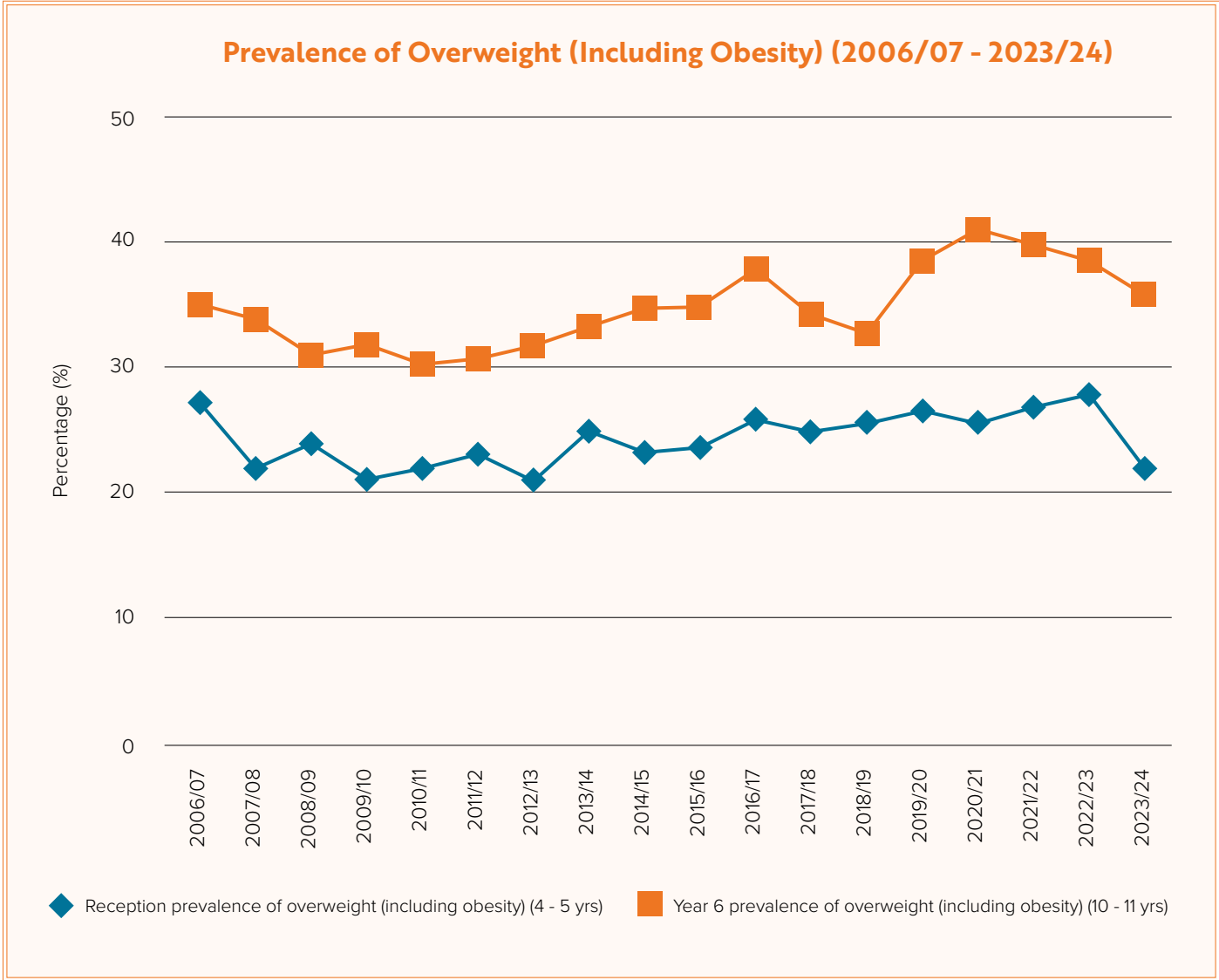
Obesity Harms Health⁵



Worryingly, rates of overweight and obesity in young children are showing little sign of improvement, in Darlington or nationally⁶, and children who are overweight have an increased chance of developing other health conditions including heart disease, high blood pressure and diabetes. We also know that

55% of children living with obesity will continue to do so during adolescence, and 80% of adolescents living with obesity will also experience obesity as adults⁷. The wider harms for children can include bullying, low self-esteem, school absence (which can impact negatively on attainment).

In 2023/24, Darlington had 23.3% of Reception aged children (4-5 years) classed as overweight (including obesity). This is statistically similar to the England average of 22.1%, with Darlington ranked 8th in the North East. This increases to 35.4% of Year 6 aged children (10-11 years) being classed as overweight (including obesity). This is statistically similar to the England average (35.8%), with Darlington ranked 11th in the North East.

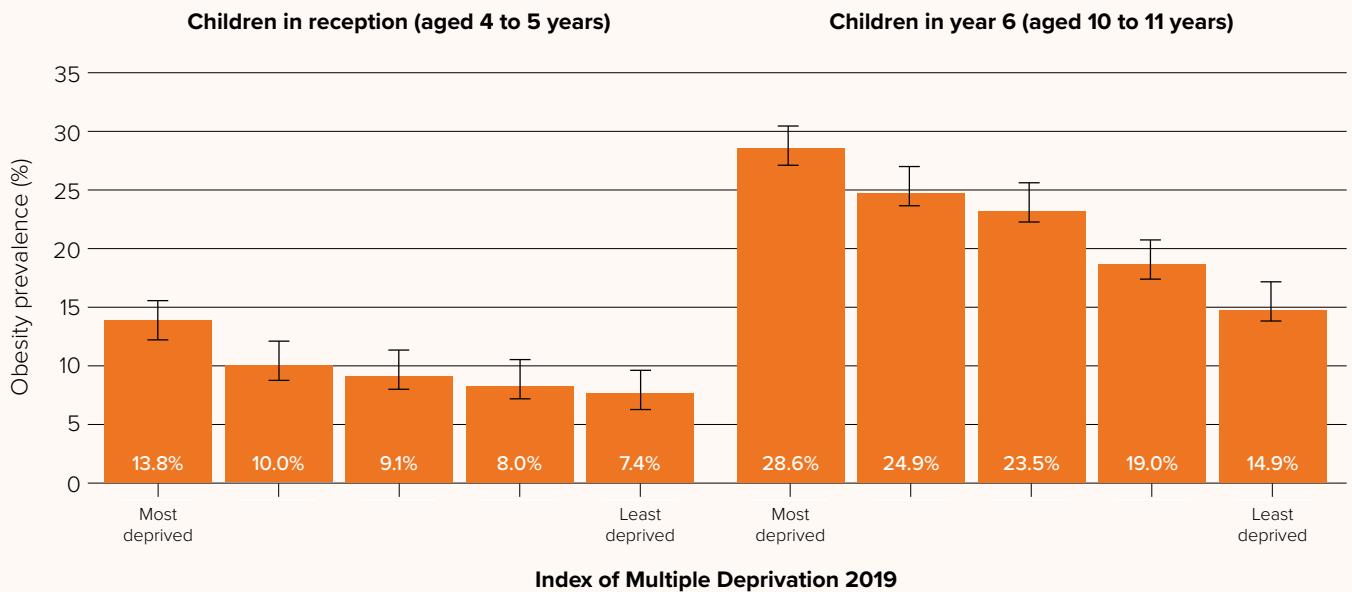


There are also evident inequalities in the experience of obesity amongst children, with those living in the most deprived areas in Darlington almost twice as

likely to be living with obesity compared to those living in the least deprived areas, at reception and year 6.



Obesity Prevalence by Deprivation and Age in Darlington National Child Measurement Programme



Data combined 5-years (2018/19, 2019/20, 2021/22, 2022/23, and 2023/24)

If more children and adults in Darlington were a healthy weight this could help to reduce the risk of a range of long term health conditions and have a positive impact on healthy life expectancy. However, as has already been recognised, this is a complex issue and there are many reasons why someone may struggle to maintain a healthy weight or to lose excess weight. There is increasing awareness of the impact of ultra processed foods on our health, although there is much more to understand, and we are surrounded by advertising prompting us to eat certain foods or make use of takeaways.

A regular activity such as food shopping can present an endless number of choices to be made, often influenced by price and price promotions, and if we do eat out it is difficult to know the nutritional information and calories of the food we choose.

Doing what we can to help create an environment which provides opportunities for people to eat well and be physically active will support people to maintain a healthy weight.

Some of the ways we are doing this are:

- Our Healthy Families Catering Award - available to food producers, to reassure families that there are balanced and nutritious items on the menu that meet government guidelines

- Healthy Early Years Award - this is for early years providers and includes a focus on healthy catering, offering guidance on balanced meals, eating environments and relationships with food
- Working with Sustain, to implement the North East Good Food Local Programme
- Increasing rates of breastfeeding across the borough
- Developing local approaches to increase the proportion of children eligible for free school meals who access the offer
- Developing a healthy weight strategy
- Developing a physical activity strategy

The Good Food Local Programme, delivered in collaboration with Sustain, is focused on creating a more healthy and sustainable food system to support access to affordable and healthy food, which is climate and nature friendly. Whilst the programme in Darlington is at an early stage of development the focus is on a joined up approach to improve access to nutritious and affordable food, with actions focused on increasing uptake of Healthy Start amongst eligible families, making school food healthier, broadening uptake of holiday activity provision and building upon and celebrating the Gold UNICEF infant feeding status achieved by our 0-19 Growing Healthy service.



Case study - Oral Health, Physical Activity and Healthy Catering in Little Lingfield's Ltd

There are several ways we help parents and carers promote good oral health, physical activity and healthy eating at home. Parents can come into the nursery and collect their children and whilst walking

down our corridor, we have three large display boards that we use to provide advice on these three important areas.

Board 1: Healthy Eating

Even before we accessed the Healthy Catering Award we had this display in place to help parents understand correct portion sizes and how we promote a balanced diet. We like to draw our parents' attention to this board, as we often find that parents and carers struggle with ideas for providing healthy meals that children enjoy.

Parents often talked about their children not eating everything they were given, so we have tried to help parents understand the portion sizes that children are more able to eat at different ages. Parents were surprised by this and would often reflect that they had unintentionally been overfeeding their children.

We offer three-week rolling menus and always seek to provide variety whilst ensuring we aren't overusing processed foods.

When our setting was assessed for the Healthy Early Years award we were able to show that we were providing homemade meals with lots of variety, leading to a well-balanced menu which also incorporated children's dietary and religious requirements.

It is really important to us as a nursery that we are providing healthy and nutritious meals, which will often include hidden fruit and vegetables in meals! We also often share recipes with parents, as they talk highly of the meals we provide and ask for the recipes to try at home. We often hear *"I think we will come for lunch today"* and *"the children eat better here than at home"*.



Board 2: Oral Health

I accessed a course on oral health, which provided ideas about how we could support our families to improve the oral health of their children. This course really opened my eyes on the impact certain drinks and foods have on our teeth and how if we do not look after them as children it can affect us when our adult teeth come through.

The oral health display helps us to show parents the correct 'pea' sized amount of toothpaste needed for different ages, the sugar content within popular items and information on taking children to the dentist.

We feel this has a big impact on parents, due to displaying the amount of sugar in clear bags so that it is easier to see the impact. Parents are often taken aback by this visual image. The older children will often take part in oral activities, using brushes to remove dirt from homemade teeth, talking about good foods and not so good foods.

If we do cook cakes we reduce the amount of sugar used and we only provide milk and water for children to drink.



Board 3: Physical Activity

On this board we focused on the great outdoors and incorporated physical development, language development and personal, social and emotional development (PSED).

We encourage children and staff to get moving, whether its indoors or outside. We also have Coach Shane who attends on a Wednesday to offer football sessions to the boys and girls over two years of

age. We talk with the children about the effects of exercise on our bodies and why it is important to keep active.

We include light activity such as moving around, rolling and playing, as well as more energetic activity like skipping, hopping, running and jumping, throughout the day.



Oral Health

The most recent results of the national Oral Health Survey of 5-year-old school children⁸ show an increase in the percentage of Darlington children with decay experience. The data was collected during the 2023/2024 academic year. An enhanced survey was carried out across the North East,

examining every 5 year old school child where there was consent to participate. The North East sample was just over 11,500 children, providing a more precise estimate of oral health and dental decay rates in the region.

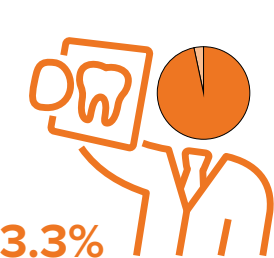


The oral health of 5 year olds in Darlington has got worse, as the prevalence of dental decay was **25.3%**, compared to **24.8%** in the 2022 survey.

This means that 1 in 4 5-year-olds have experience of visually obvious dental decay. This is statistically similar to the England average of 23.7%



22.3% of 5 year old children had untreated decayed teeth across Darlington



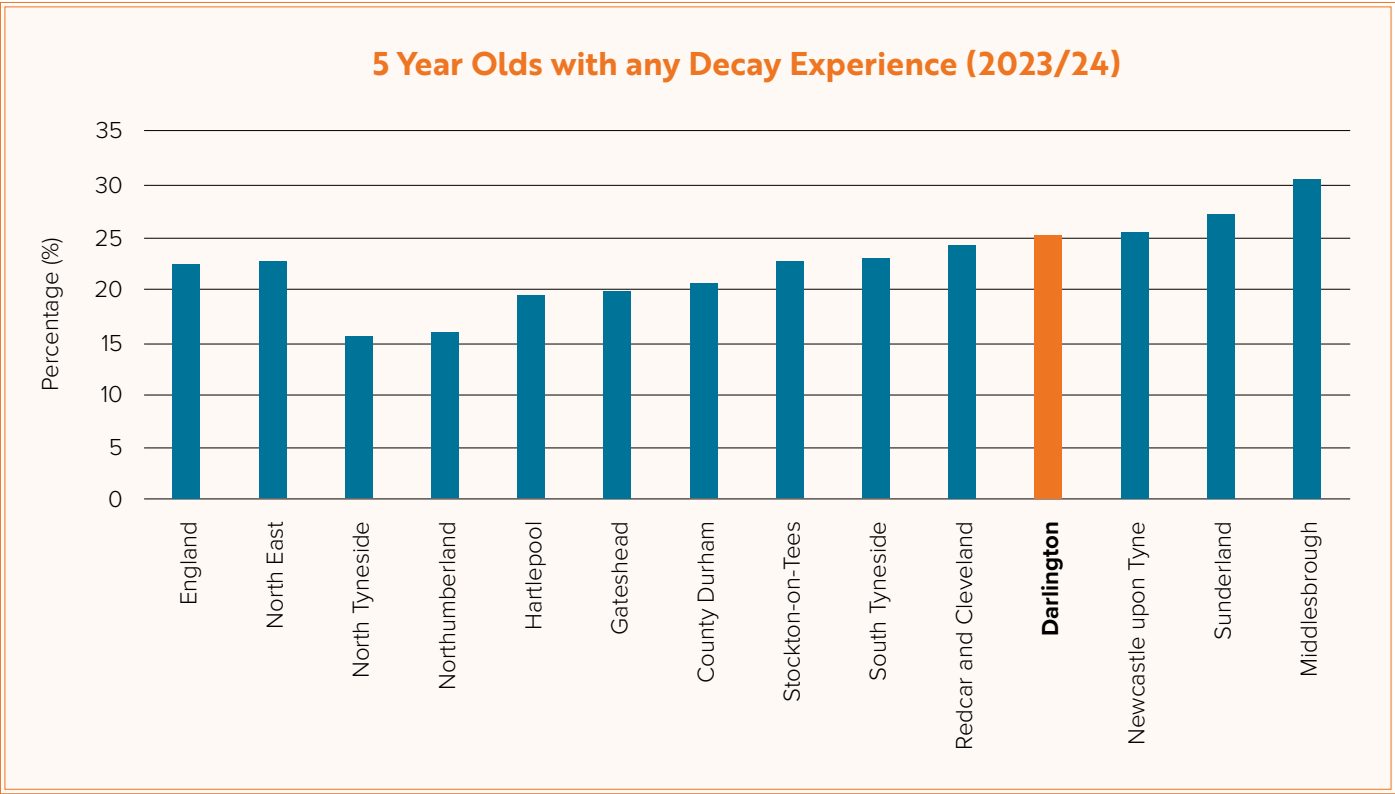
3.3% of the decayed teeth had been extracted because of decay.



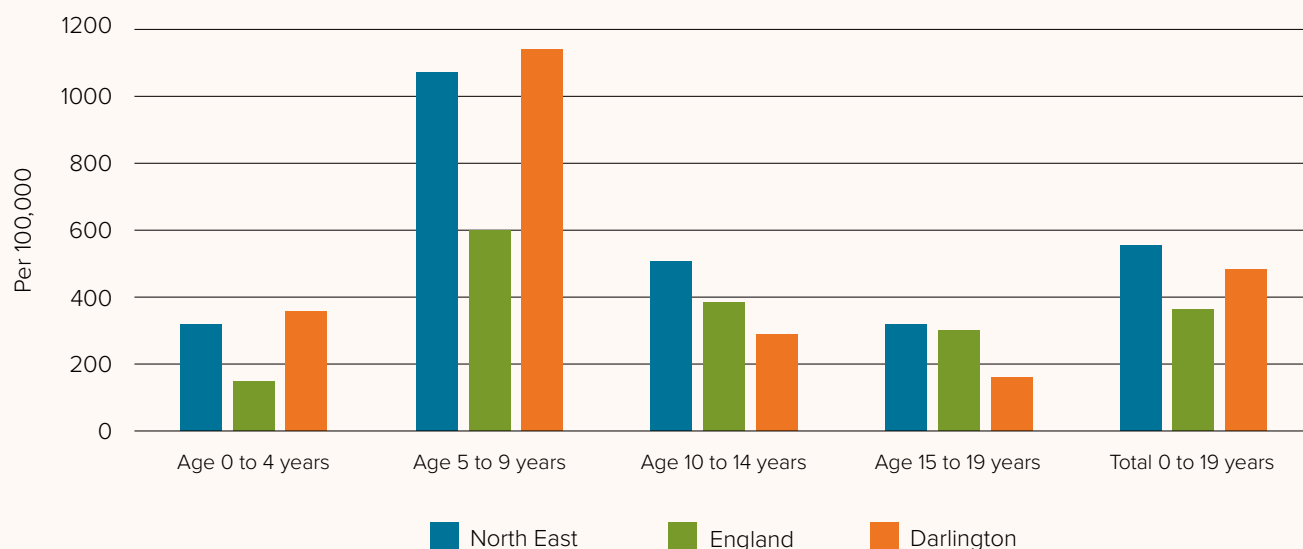
In 2024, the rate of hospital tooth extractions for children was the most common reason for hospital admissions for children in Darlington



The rate of hospital tooth extractions for children in Darlington is almost double the rates for England



Finished Consultation Episodes (FCE) Tooth Extraction Rate (All Diagnoses) (2024)



Case study - Oral Health - St John's C of E Primary School

The Oral Hygiene Programme at St John's has proven to be highly beneficial for our Early Years children, helping them develop essential habits for lifelong dental health. Research shows that tooth decay is the most common reason for hospital admissions among young children in England, with almost 23% of five-year-olds experiencing dental decay. By introducing this programme early, we have seen improvements in children's understanding of brushing techniques, awareness of healthy eating, and overall oral health.

Given these positive outcomes we have decided to extend the programme to the rest of Key Stage 1, ensuring that all children receive the same valuable support and guidance. With poor oral health linked to pain, difficulty eating, and even school absences, we believe this initiative will not only support children's wellbeing but also enhance their overall learning experience.



Childhood Immunisation

Vaccination is the most important thing we can do to protect our children against infectious diseases. Every year immunisation prevents millions of deaths worldwide every year. When your child is vaccinated their immune system responds, reducing the risk of getting a disease by working with your body to build protection and immunity.

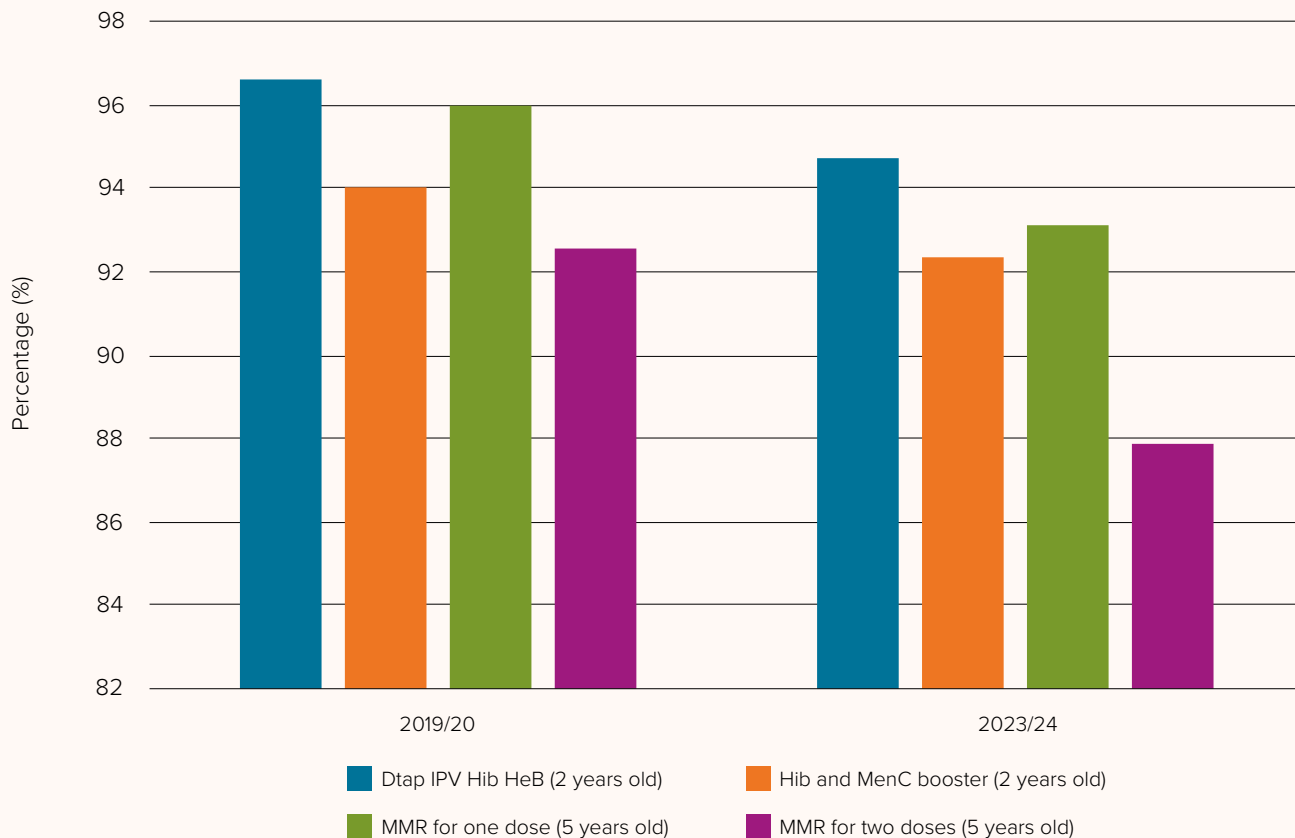
The success of vaccines in the UK means that diseases like smallpox, polio and tetanus are either gone, or very rarely seen, whilst other diseases like measles have reduced to a very low number of cases each year since vaccines were introduced. However, infectious diseases could quickly spread if enough people are not vaccinated.

In 2019/20, the childhood immunisation rates for Darlington were relatively better than the England average. Since the COVID-19 pandemic levels of

immunisation have decreased nationally and locally the proportion of immunised children in Darlington decreased significantly more than the proportions in England. This trend has been seen across most of the available vaccines.

In Darlington, the biggest decrease from pre-2020 to the most recent data was the proportion of children aged 5 having 2 doses of the MMR vaccine. Pre 2020, 92.6% of children aged 5 had received two doses of MMR, whereas the most recent data for 2023/24 shows only 87.9% of children aged 5 have received two doses of MMR. Although this is higher than the England average (83.9%), it is lower than the North East average (89.7%) and below the 95% coverage needed for herd immunity. This is the first time the proportion of 5 year olds in Darlington having two doses of MMR has dropped below 90% since 2011/12.

Childhood Immunisations in Darlington (2019/20 and 2023/24)

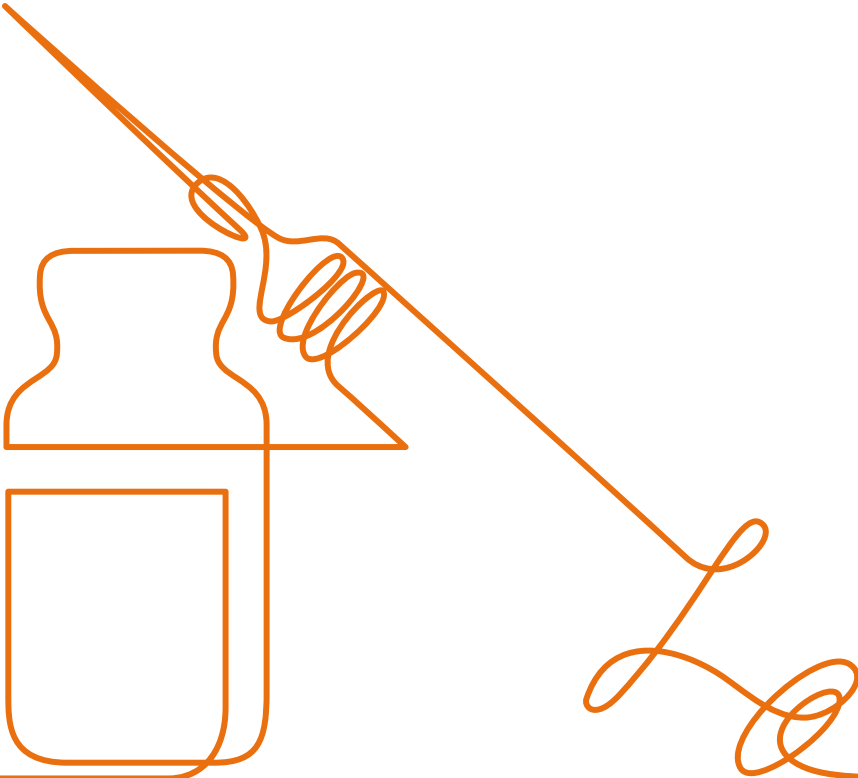
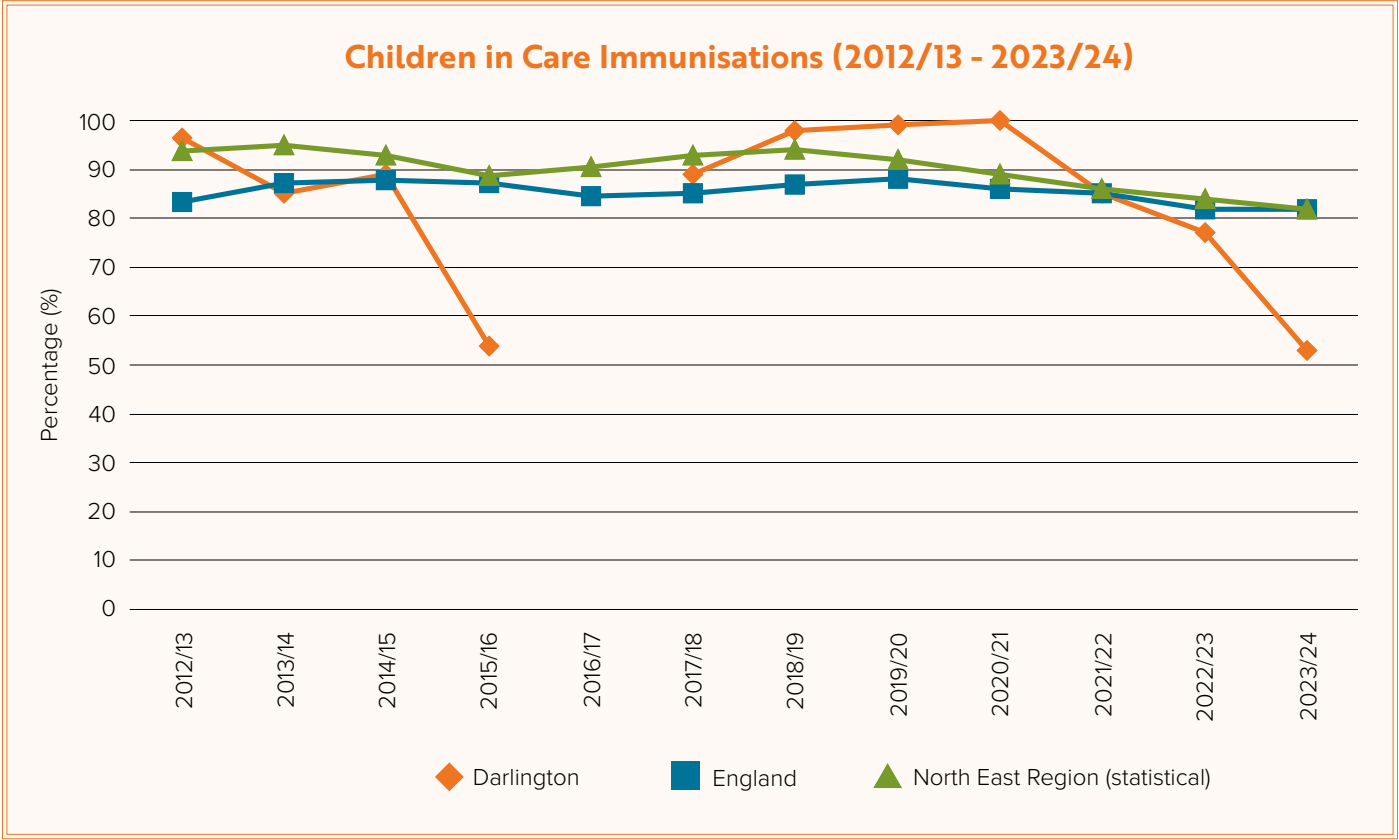


*This graph is truncated to give more context; the y-axis starts at 82%



Children who are looked-after can be at a higher risk of missing out on childhood vaccinations. The proportion of children in care immunisations for Darlington has been decreasing since 2020/21,

and is now at 53%. This is statistically worse than England and the North East, both of which are 82%, and Darlington has the lowest level of uptake in the North East.



Recommendations

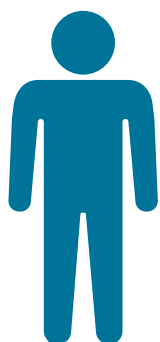
1. Develop an oral health promotion strategy and action plan for Darlington.
2. Expand toothbrushing schemes to more early years settings.
3. Use data to develop a better understanding of rates of smoking in pregnancy within Darlington, to ensure support can be targeted at those areas with the highest rates.
4. Build upon the recent success with increasing rates of breastfeeding at 6 to 8 weeks, with a clear focus on reducing the inequalities in breastfeeding that exist within Darlington.
5. Undertake work to understand the variation in uptake of childhood vaccination across Darlington, working with primary care and the school age immunisation service to increase the uptake of routine childhood vaccinations.
6. Take steps to understand why there has been a reduction in the percentage of children in care who are up to date with the vaccine schedule, and use this information to implement action locally to improve uptake.
7. Undertake an audit of hospital admission data for unintentional and intentional injuries in children, using the findings to develop an action plan to address identified priorities.



Living Well



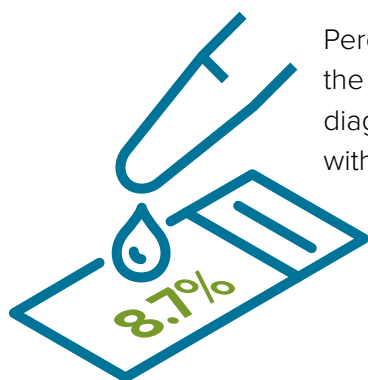
58 years
is the healthy
life expectancy
for women



57.6 years
is the healthy
life expectancy
for men



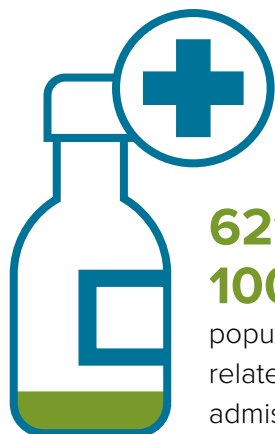
7.9% of adults smoke



Percentage of
the population
diagnosed
with diabetes



Suicide rate of
**19.6 per
100,000**
population
(male = **28.64 per 100,000**)
(female = **10.95 per 100,000**)



**621 per
100,000**
population alcohol
related hospital
admissions



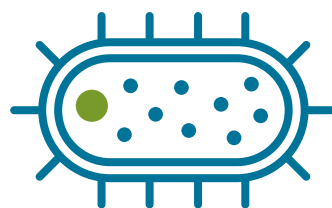
of adults are
overweight or obese



80.4%
of people in
Darlington are
employed



of people
are living
in fuel
poverty



540 per 100,000
population diagnoses rate of new
sexually transmitted infections

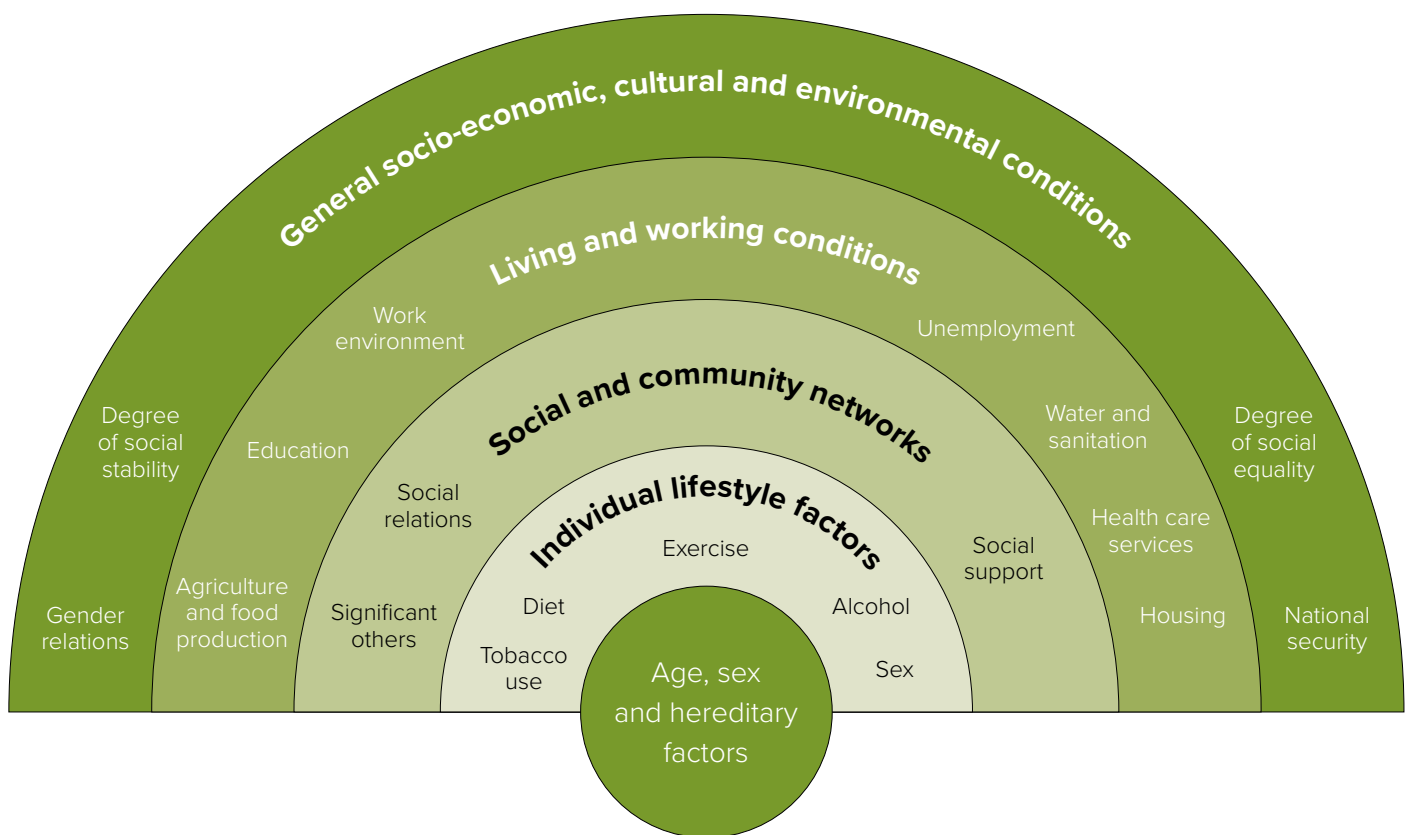


Introduction

Staying healthy in adulthood has many benefits and is an important measure of quality of life. Whilst health varies from individual to individual and can be influenced by individual lifestyle factors there are many other factors, often referred to as the wider determinants of health, which have a greater influence.

Creating healthy environments that actively support good health, and ensuring local services are accessible for those who need to use them, can help people to stay well and healthy for longer and prevent or delay the onset of illness.

Dahlgren and Whiteheads Model of Determinants of Health⁹



Mental Health and Suicide Prevention

Everybody has mental health. Good mental health is more than the absence of mental illness. It describes a person's ability to cope with everyday stresses, be resilient to adverse circumstances, maintain good relationships, work productively, make good decisions and make a positive contribution in their community¹⁰.

Mental health is not static, and is influenced by individual factors (such as personal and family circumstances), social determinants (including poverty, discrimination) and environmental factors (such as housing, access to green spaces), and therefore there is no "one size fits all" approach to improving mental health.

It is estimated that the economic and social costs of mental ill health in England reached £300 billion in 2022¹¹.

Public Mental Health describes a population level approach to improving mental health by addressing inequalities in both access to services and wider determinant of poor mental health.

This includes:

- Supporting the creation of effective mental health support pathways for those who need them
- Supporting those in crisis to receive appropriate help and preventing suicide
- Improving opportunities for those experiencing and recovering from mental health problems

ONS Census data reports that Darlington residents rate themselves below the England average on measures of personal wellbeing such as happiness, sense of satisfaction and feeling that life is worthwhile¹².

Like many parts of the country, Darlington has also seen an increase in the demand for local mental health services, both for children and young people and for adults, particularly post-covid and in the wake of the cost-of-living-crisis.

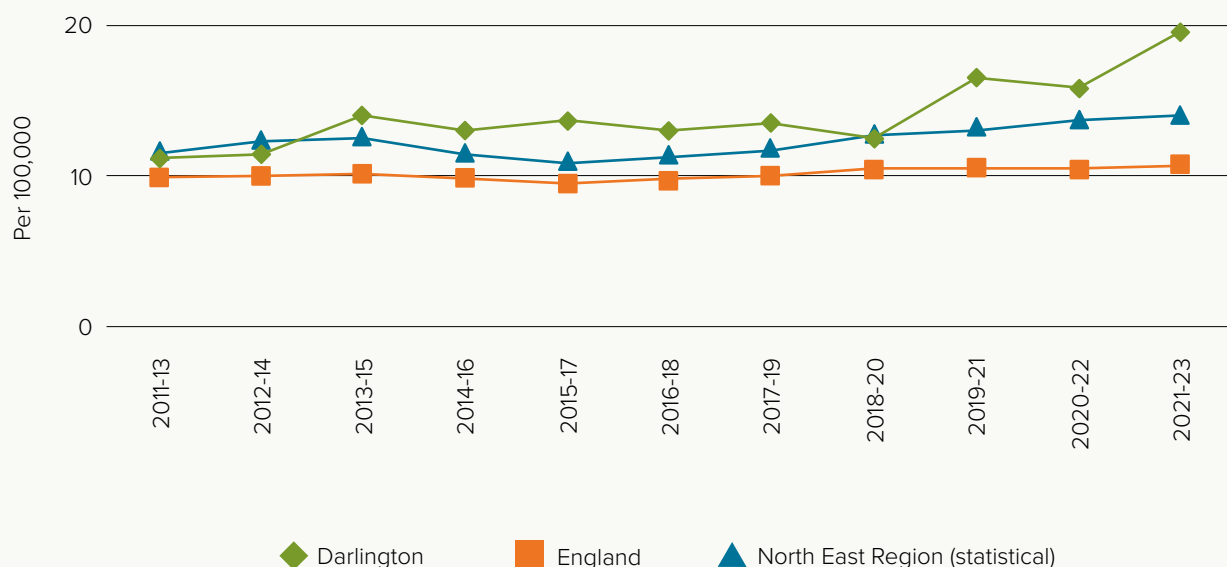
Last year, Darlington Public Health commissioned Healthwatch Darlington to establish a pilot Mental Health Network to start to bring together statutory and VCSE services and commissioners to facilitate greater communication, collaboration and a more joined up approach to mental health services across the borough. This network has been positively received by those working in mental health support across the borough and has created opportunities to inform further actions and commissioning opportunities. Further information can be found in the case study on [page 21](#).

Suicide prevention is a key focus in the borough with work underway to refresh the strategic action plan through collaboration between the Local Authority, Tees, Esk and Wear Valley NHS Foundation Trust, North East and North Cumbria Integrated Care Board, statutory services such as Police, Fire and Rescue Service and Coroners, as well as grass roots organisations, charities and CICs, and those affected by suicide.

Darlington has, unfortunately, seen an increase suicide rates over recent years. As in many other parts of the country, men are 2.5 times as likely as women to die by suicide, and most deaths by suicide occur in the 20 to 60 age group.



The Suicide Rate in Darlington as Compared to Other Areas (2011-13 - 2021-23)



The 2023 National Suicide Prevention Strategy¹³ identified key areas for action that will guide the focus of the collaborative strategic approach within the borough and with wider partners across the region.

These include:

- improving crisis support and pathways
- improving the quality of interventions

- increasing access to training
- providing support to those bereaved by suicide
- reducing stigma
- developing targeted support for those communities and individuals at greatest risk to find the right help when they need it.



Case Study - Partnership working through the Mental Health Network

In 2024, Healthwatch Darlington was commissioned by Darlington's Public Health Team to re-establish the Mental Health Network, in response to an identified need for improved collaboration, communication, and partnership working among key stakeholders, to enhance the mental health and emotional wellbeing of Darlington residents.

The network provides a platform for sharing information, updates, and best practices related to mental health services in Darlington. It identifies and addresses gaps, challenges, and opportunities within the local mental health system. Additionally, it collaborates on initiatives to improve the quality, accessibility, and effectiveness of mental health services. The network also facilitates communication and partnership working among commissioners, providers, and service users to enhance the overall mental health support system in Darlington.

Key Successes:

- **Enhanced Collaboration:** The network has facilitated valuable partnerships, including Darlington PCN and joint funding bids for mental health coordinators.
- **Improved Referral Pathways:** Organisations have reported increased confidence in signposting and referrals, ensuring individuals receive the right support.

- **Knowledge Sharing:** Participants from VCSE and statutory services have gained insights into available services, policy changes, and best practices, strengthening the mental health landscape in Darlington.
- **Community-Centred Approach:** The network has been instrumental in identifying gaps, shaping discussions, and co-producing solutions that reflect the needs of service users.

The Darlington Mental Health Network has been successful in fostering strong partnerships, improved collaboration, and measurable impacts on mental health services in Darlington. Through regular engagement, participants have highlighted the value of networking, shared learning, and the ability to shape services collaboratively.

As the current funding comes to an end on March 31, 2025, the network's achievements have led to the transition to a sustainable, structured model under a partnership with the Integrated Care Board (ICB) and Darlington Primary Care Network (PCN), so that the good practice and collaboration can continue to improve support and services for people in Darlington.



Mental Health Network collaboration: International Women's Day

In response to social media feedback, Healthwatch Darlington and Darlington Connect hosted a "Tea and Talk/Coffee and Chat" event on International Women's Day, with representation from other providers in the Mental Health Network. The event provided a welcoming space where women could enjoy free refreshments while sharing their thoughts and ideas about what they would like from a support group. For those unable to attend in person, an online survey was offered to ensure everyone had the opportunity to have their voices heard. The feedback gathered will be shared with the Mental Health Network, providing valuable data to support future funding bids for peer support initiatives in Darlington.

Following the success of this event, Healthwatch Darlington are planning to host two full days dedicated to social interaction in a safe, central location, supported by other organisations within the network. Anyone is welcome to drop by, whether they're feeling lonely, want to learn more about available support services, or simply want to enjoy a hot drink and connect with new people.

By collaborating in this way, the Mental Health Network not only provides support for the community but also demonstrates a collective commitment to improving services and fostering a stronger, more connected Darlington.



Substance Misuse

Darlington STRIDE (Support, Treatment and Recovery in Darlington through Empowerment)¹⁴ is an 'all age' specialist substance misuse treatment and recovery partnership, which is based upon a co-located and integrated model of delivery, with providers working together to support anyone living in Darlington who is experiencing difficulties with drug and/or alcohol use.

The service is delivered by staff from 3 organisations who each provide specialist support at any stage of active substance use, through to structured treatment and sustained recovery.

- Darlington Borough Council (Public Health ACCESS Team)
- WithYou (A national provider of specialist services)
- Recovery Connections (A national Lived Experience Recovery Organisation)

The STRIDE engagement function is delivered via the ACCESS team, who work across the partnership on an outreach basis, developing pathways into treatment services and providing rapid assessment of individuals to facilitate timely access to specialist treatment and recovery provision, as well as wider community resources, with the aim of reducing substance related harm and building pathways of recovery for the benefit of individuals, families and the wider community.

This ensures individuals are offered fair access to services and where it exists, challenges stigma, discrimination, and less favourable treatment, as well as helping individuals to navigate existing systems and identify any barriers they face to accessing their preferred treatment/care pathway. The team deliver time limited person-centred support, tailored to an individual's needs/strengths and which facilitates engagement and retention into structured treatment, with the aim that they are enabled to successfully complete treatment and sustain long-term recovery.

Our STRIDE harm reduction, clinical services and psychosocial interventions are delivered by WithYou, who provide structured interventions. These are delivered by a team of Recovery Navigators and clinical staff delivering everything from needle and syringe provision, one to one and group sessions through to specialist prescribing, community detoxification, relapse prevention and access to inpatient detoxification/residential rehabilitation.

Our STRIDE recovery provision is delivered by Recovery Connections, which has a team of recovery coaches, recovery ambassadors, and dayhab coaches, offering a full group timetable with various groups running each day from various locations across Darlington. They also offer one to one support with recovery coaches and an intensive dayhab programme. This has resulted in a welcome expansion to recovery activity within the borough and a rapid uptake of recovery support. The visibility of our recovery communities has given us a real opportunity to demonstrate the positive impact of treatment, and that recovery is a real possibility for the people of Darlington.

Recovery Connections also provide our Individual Placement Support, which supports people looking for employment at the earliest opportunity, using trained employment specialists alongside treatment for substance misuse as part of a multi-disciplinary treatment team, rather than separately provided by the generic Jobcentre Plus or Work and Health Programme. There is a high prevalence of unemployment among people with illicit drug and alcohol dependence and many of the people in this population can and want to work, but struggle to access the open job market and achieve stable employment. Access to paid employment is associated with improved treatment outcomes as well as a range of other personal gains, such as greater independence, financial resilience, and new social networks. All of these gains can strengthen the benefits of treatment for an individual, long after the treatment ends.



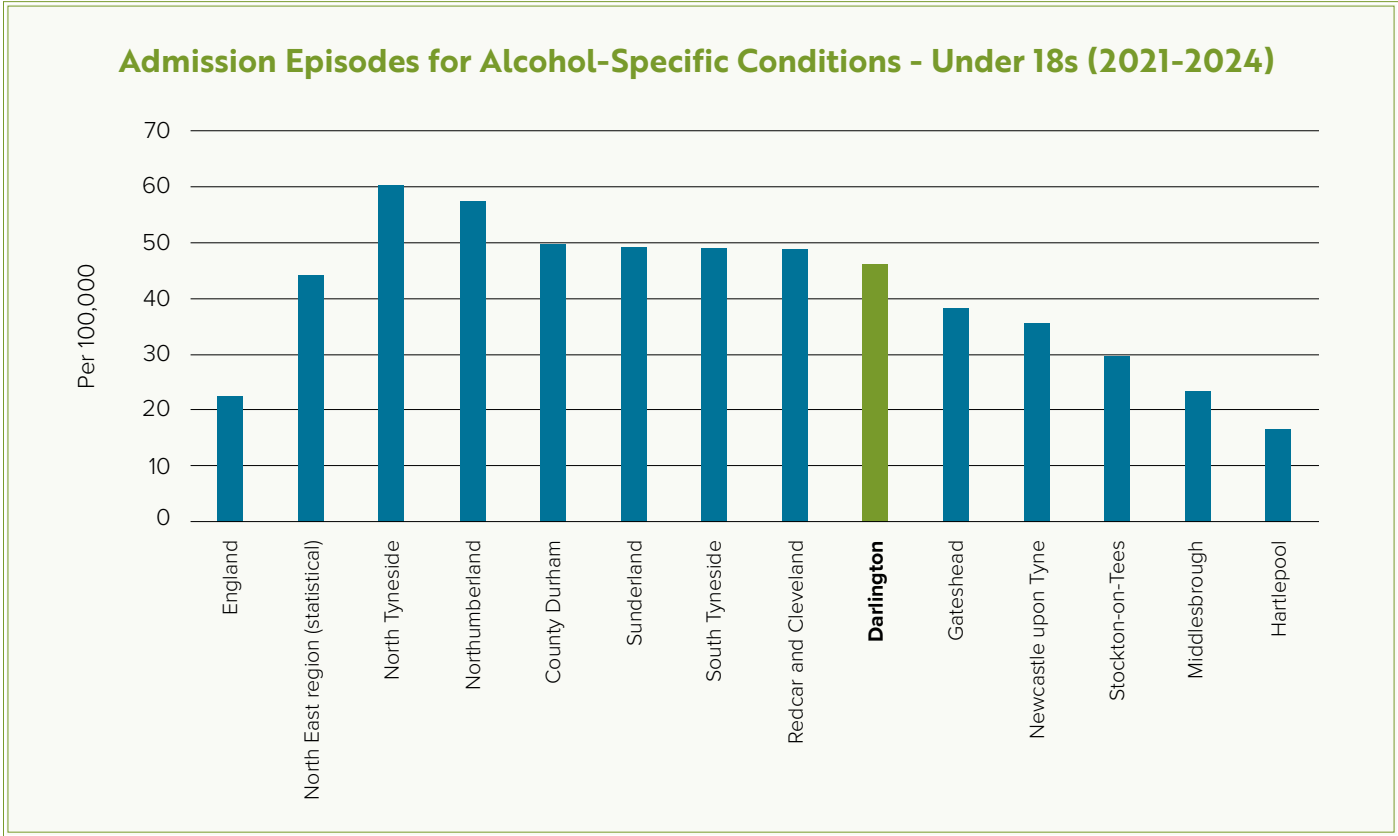
Our STRIDE Young People’s provision has undergone reconfiguration and strengthening to both bolster our prevention and early intervention activity and ensure we have an enhanced offer for young people within the borough. The service has a dedicated lead to support the wider team and deliver care to those with greater complexity/care needs, alongside the addition of both dedicated young people’s engagement and outreach as well as lived experience posts to enhance the offer, increase engagement and deliver intensive support.

The STRIDE partnership also offers:

- Recovery Ally training to a wide section of the community, with the aim of reducing stigma and raising awareness of recovery
- a harm minimisation programme offering advice and information to people using substances

- pharmacy, centre based and mobile naloxone distribution and needle exchange facilities and an onsite dispensing program
- a mobile outreach vehicle working within communities to support improved access to both specialist and wider health and social care services.

In Darlington, between 2021/22 to 2023/24, the rate of admissions to hospital for under 18s where the primary diagnosis or any of the secondary diagnoses is an alcohol-specific (wholly attributable) condition was 46.3 per 100,000 population. This places us 6th best performing regionally, but higher than both the regional (44.1) and national (22.6) average rates per 100,000 population regionally.



Comparing this to the rate of admissions to hospital for alcohol-specific conditions for adults, Darlington is placed 2nd best in the region, closely followed by Durham who we work with as a joint Combating Drugs and Alcohol Partnership.

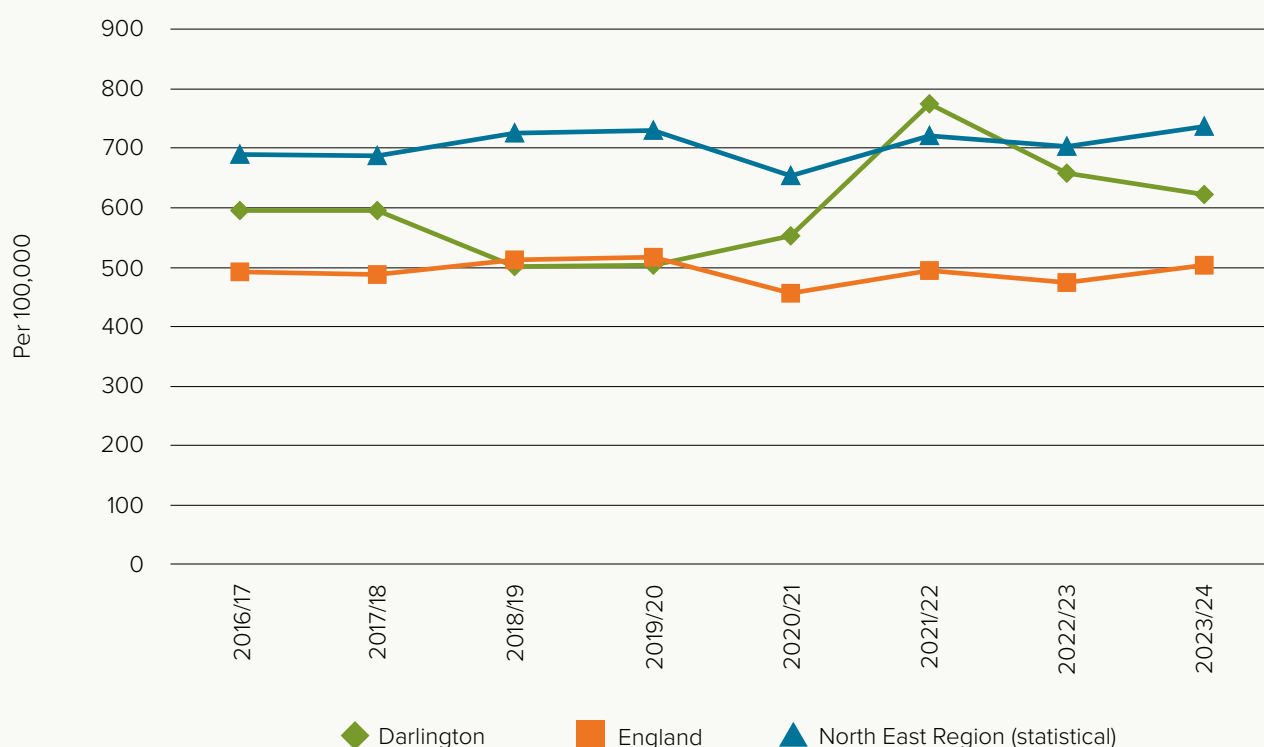
In Darlington, in 2023/24, the rate of admissions to hospital where the primary diagnosis or any of the secondary diagnoses is an alcohol-attributable

condition was 621 per 100,000 population. This is lower than the regional average (737) but higher than the national average (504) per 100,000 population.

The data shows a spike in admission episodes for alcohol related conditions in 2021/22 at 721 per 100,000 population, although this has decreased slightly over the past two years.



Admission Episodes for Alcohol-Related Conditions (Persons) (2016/17 - 2023/24)



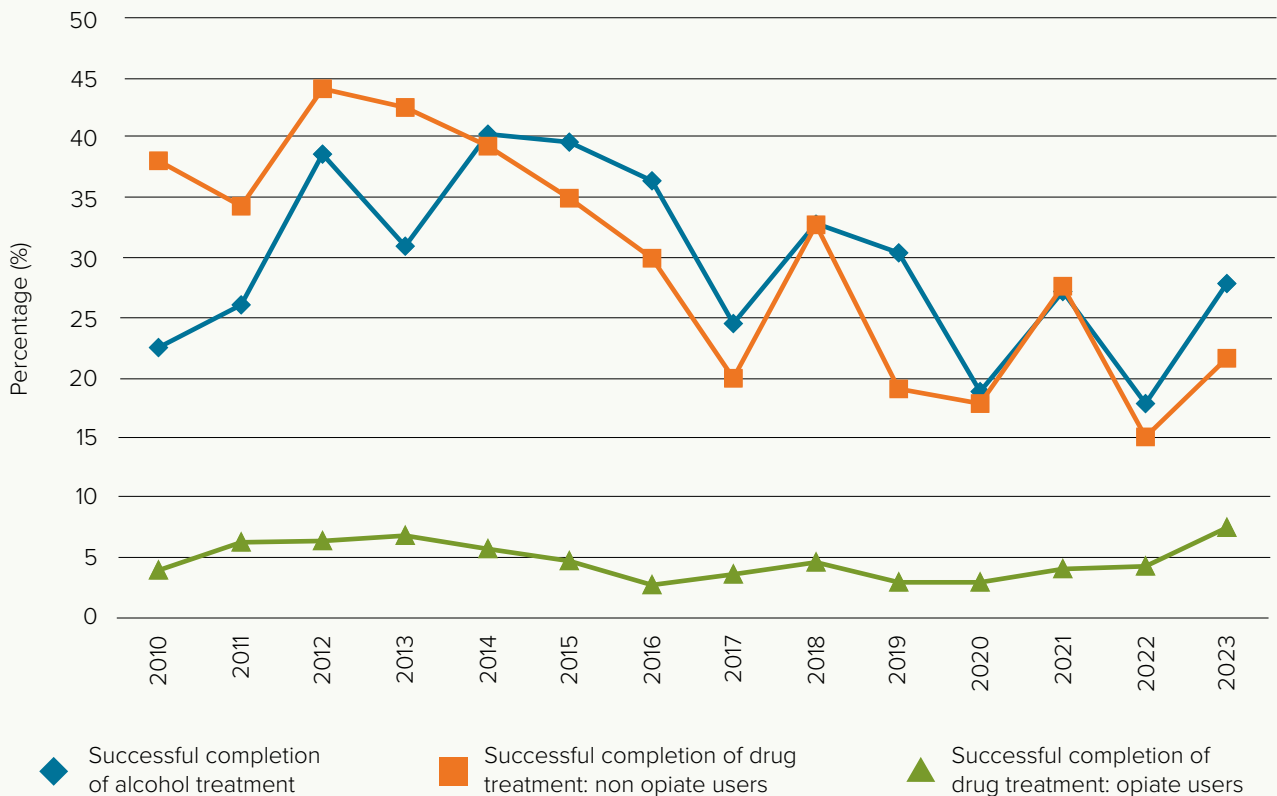
The percentage of those in alcohol treatment, who successfully completed treatment and did not represent within **6 months in the latest period, is 28.1% for Darlington**. This has improved significantly from the baseline period although is statistically significantly worse than England (34.2%).

The percentage of those in opiate treatment, who successfully completed treatment and did not represent within **6 months in the latest period, is 7.6% for Darlington**. This has improved from the baseline period and is statistically significantly better than England (5.1%).

The percentage of those in non-opiate treatment, who successfully completed treatment and did not represent within **6 months in the latest period, is 21.8% for Darlington**. This has improved from the baseline period but is statistically significantly worse than England (29.5%).



Successful Completion of Treatments in Darlington (2010-2023)



Case Study - Alcohol Harm and Recovery

I was still at school when I had my first taste of alcohol, it was the done thing to slip out at break time for a quick smoke and sip. Also, my mother never bothered to stop me from helping myself when I wanted to. So, I was given consent from a young age, this went on for years binge drinking with my mates but after losing one of my best friends I began to use drink to help get me through the day, I slowly lost family members, friends and had no money and no stable job, I just wanted to drink and didn't care about myself or anybody else, after crashing my car from drink driving I realised I needed to sort myself out. I took a long look at how I was living and knew that if I didn't get help that my children would be without a Father so I took the love of my family as my starting point to gain control of my thinking again and I asked We Are With You for help, they got me to cut down on my alcohol intake and I had regular

meetings with my key worker, then came the first lockdown which also helped me as I had a reason not to go out.

When I first went to the services, I didn't really have much faith in them, but I found what I wanted from what was offered and used it to help me. For me it was enough to know I could talk to someone. I also learnt a fair bit about recovery and how with my experience, can help others too.

After working with my key worker for a while we decided it would be a good idea for me to join an online support group and also told me about an ambassador course with Recovery Connections. I thought the idea of becoming an Ambassador for the service and helping people going through the same thing as I did was a great idea as I believe in peer-to-peer support.



The skills I learnt whilst doing the course have become part of my day-to-day life now, from a simple 'hi' to a passing stranger to a full-on conversation in a group I no longer judge people, and I can respect them also. Probably the best part is being able to listen, understand and advise especially when I deal with my children's issues. Since I have finished the course, I have become so much calmer and can see more potential and opportunity each day. I have so much confidence nowadays that chaos is not

part of my life anymore and I can enjoy my leisure time properly. The next stage of my life will consist of doing what I can to be a better person than I once was. I have found myself to be a useful part of other individual's recovery therefore I will probably volunteer to gain some extra skills as I feel this will complete my recovery.

My children are so proud of me now, it makes my selfish sacrifice well and truly worth it.

Case study - From Addiction to Hope

June 2023, I took myself to Accident and Emergency because I thought I was going into withdrawal from drinking alcohol. After being checked out the doctor asked me if I would like to talk to someone about my drinking. I said yes and within half an hour the ACCESS team came to speak to me in the Hospital. They were warm and welcoming, and we had a good conversation about my situation, how I was feeling, and what services were available to me. I was very impressed with the communication between the hospital and recovery services and how swiftly they were able to come and see me. It was exactly what I needed at the time. I arranged an appointment for an assessment and entered structured treatment through With You. I began to attend as many of the groups, activities and outings as I could fit in around work. I was grateful that there was such a full and varied timetable so that I had something to attend

when I needed it. In September 2023 I approached by the Individual Placement Support (IPS) team who helped me put together a CV, discussed what kind of work I was looking for and went over some interview techniques with me which ended in me starting a new Job. In March 2024 I started the Ambassadors Course and with the continued support and encouragement from Recovery Connections I completed it. In June 2024 I applied for a position with Recovery connections, went for the interview in July and started working in September 2024. When I first entered the service back in June 2023 I had absolutely no confidence. Without the opportunities and multidimensional services and resources that have been made available to me through STRIDE I would never have believed that I could achieve what I have.

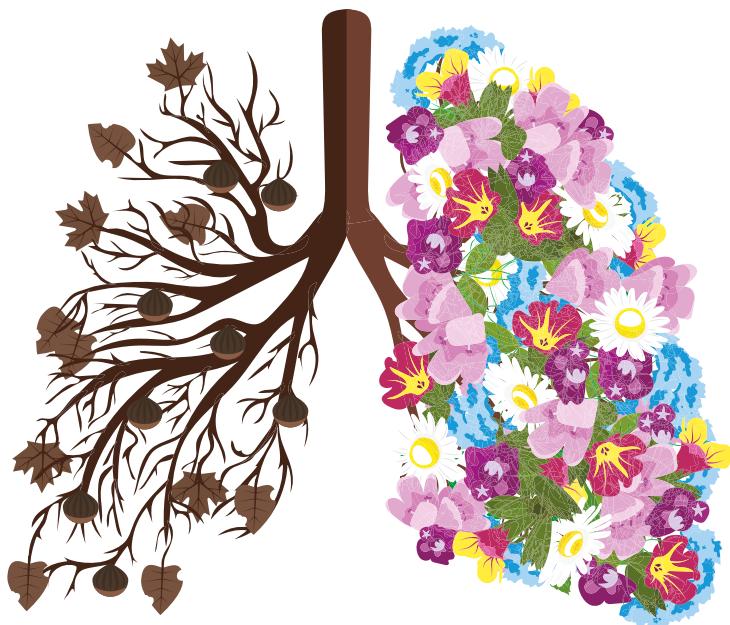


Smoking and Tobacco Control

Smoking is the single largest driver of health inequalities, and a lack of investment in prevention not only costs the economy but also results in lost opportunities for people and lost lives. Up to two thirds of smokers who don't quit will die of a smoking related illness.

Smoking causes 16 different types of cancer and increases the risk of heart attacks and strokes, whilst there is also strong evidence to suggest smoking can increase your risk of dementia.

The Council commissions a specialist stop smoking service¹⁵ which offers advice and support to help someone quit smoking. The service can provide Nicotine Replacement Therapy (NRT), Vapes and medications. Support is tailored to meet the individual's needs to support the quit attempt. The service operates five days a week in venues across

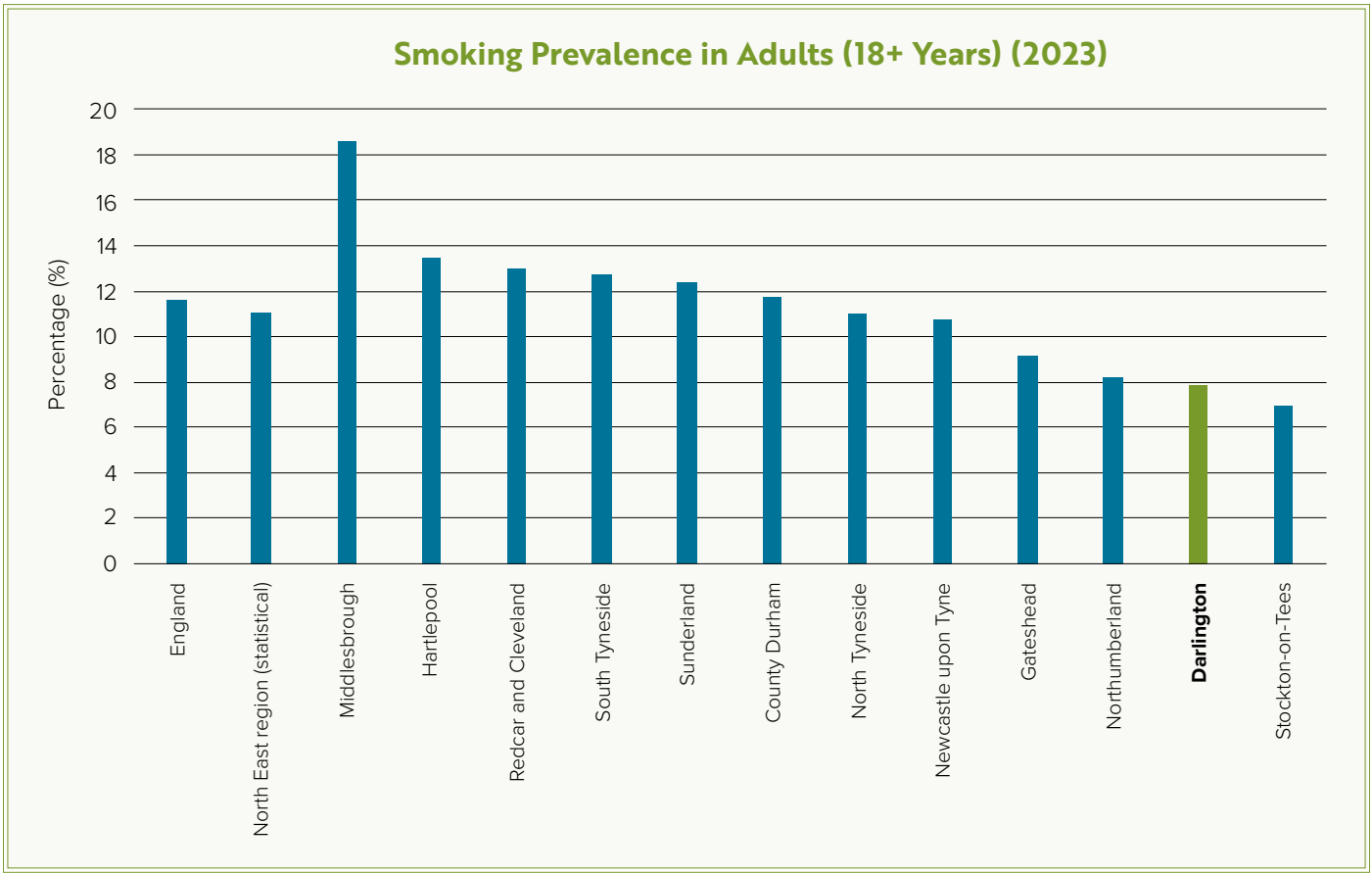
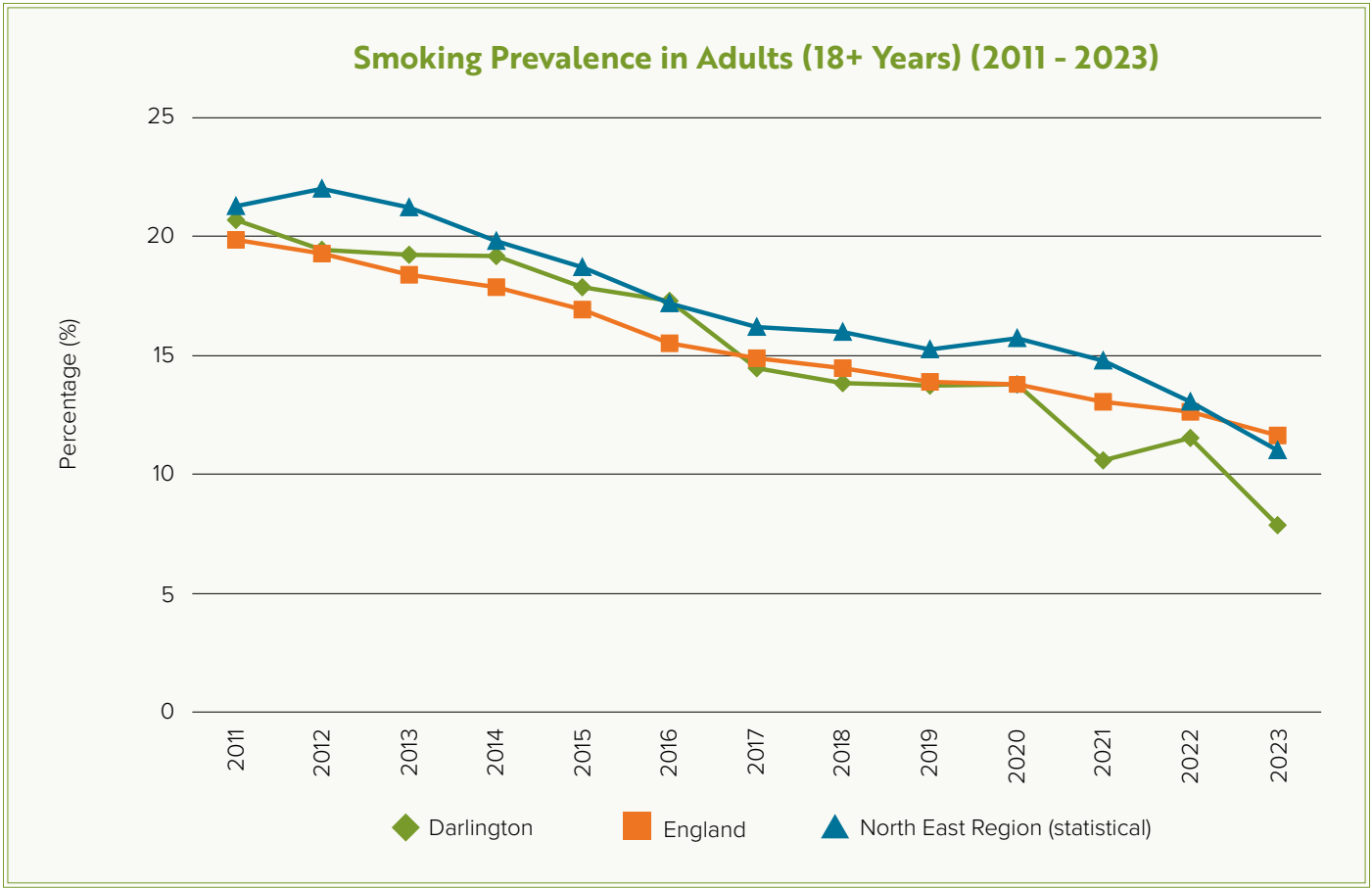


the borough, with face to face and telephone appointments available.

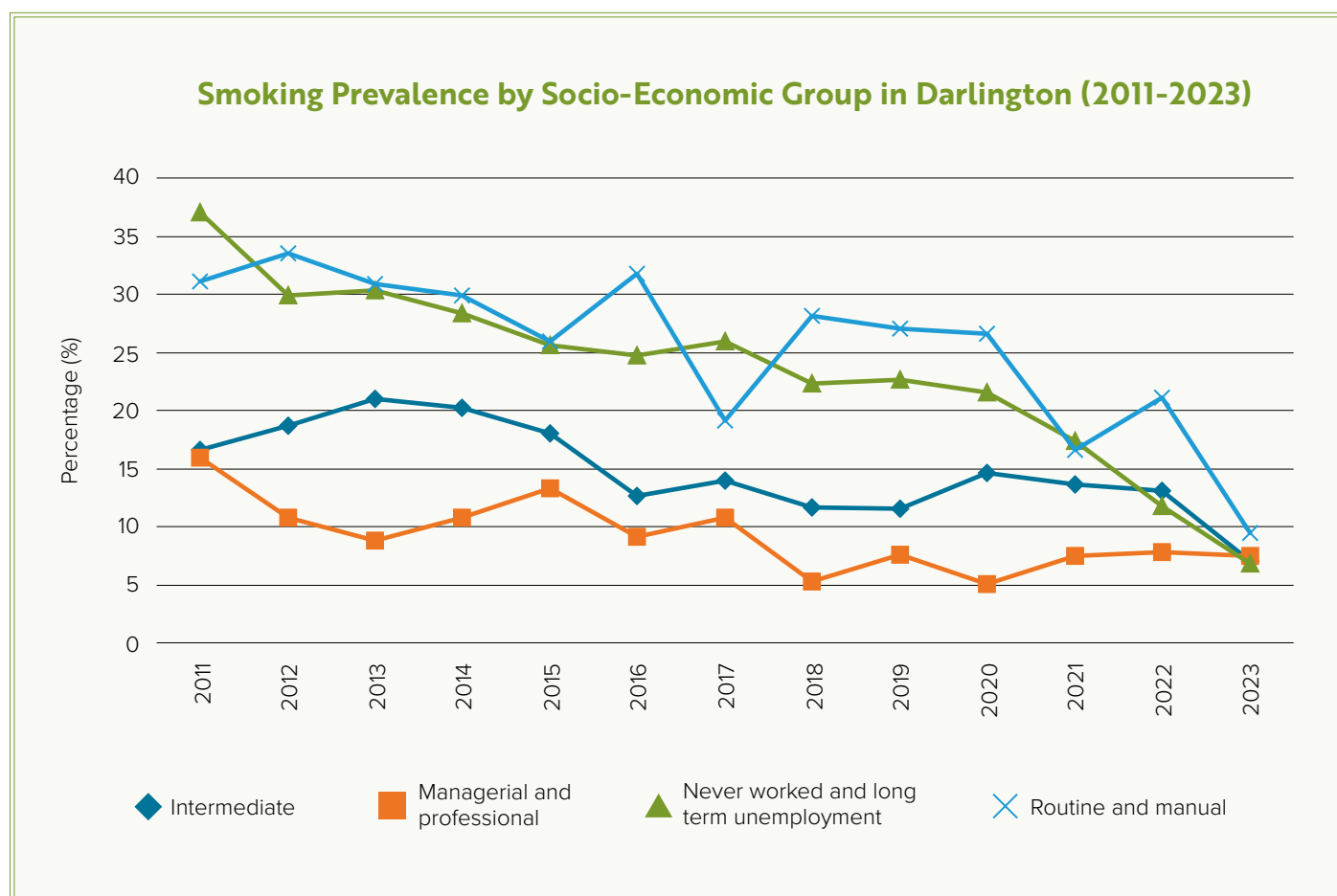
Alongside the 11 other North East Local Authorities public health provides funding to FRESH, a regional programme office which delivers eight key strands of activity, all designed to reduce smoking prevalence.



The prevalence of smoking for people aged 18 and over has dropped significantly in Darlington between 2022 (11.5%) and 2023 (7.9%). This is statistically better than the prevalence proportion in England (11.6%) and the North East (11%).

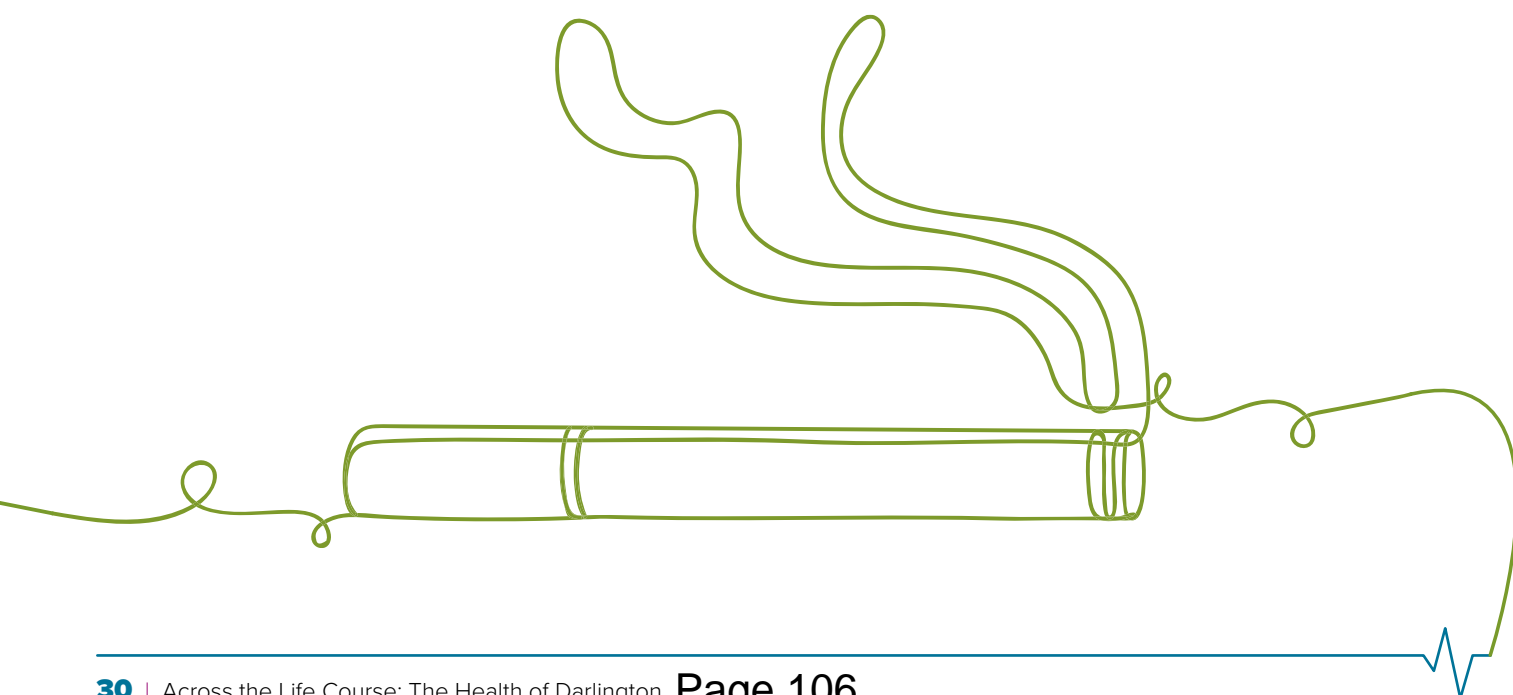


The prevalence of adults in routine and manual occupations (aged 18 to 64) who currently smoke follows the same pattern as the overall prevalence of people smoking. Darlington has a prevalence of 9.5%, which is statistically better than England (19.5%) and the North East (18%).



Evidence tells us that routine and manual workers have a higher prevalence of smoking compared to other social economic groups. Our stop smoking service will begin to tackle this in the next few months

by targeting employers and holding swap to stop events at workplaces, encouraging people who smoke to swap their cigarettes for a vape.



Case Study - Mr T

Background

Mr. T is a 35-year-old man with Bi-polar, ADHD and Learning Difficulties. He has been living in supported accommodation for 13 years and receives assistance with daily living activities such as medication management, budgeting, attending appointments and social activities.

Smoking History

Mr. T began smoking in his late teens and has been a daily smoker for over 15 years. At his peak, he smoked approximately 15-20 cigarettes per day. He often used smoking as a coping mechanism for stress and boredom. His family and support staff noticed that his smoking contributed to his poor finances and episodes of poor health both physically and mentally. Mr. T had a really poor sleep routine that was made worse by an increase in Nicotine.

Intervention

With the support of his family, health care professionals and his support workers, Mr. T decided to gain support from the Darlington Stop Smoking Service. After an initial assessment appointment Mr T decided to try a vape to support his quit attempt. The service offered one to one support that was specific to Mr. T needs, weekly Co readings and a vape with 12 weeks of vape liquids.

It was discussed with Mr. T that an abrupt stop was needed for the best results, and he transitioned to using a vape really well. Mr. T started with a high strength liquid and over a 12-week period reduce to the lowest strength of 5mg during this time.

The venue was in a place that Mr. T was used and felt comfortable in, a rapport was built at the initial appointment and the same advisor supported Mr. T throughout his quit attempt.

Outcome

After 12 weeks, Mr. T has successfully stopped smoking. He has now been smoke-free for 6 months. He has recently been discharged from the service. During his discharge appointment he reported that he felt better in himself, he is sleeping better and has saved enough money to purchase an up-graded I Phone, designer clothes, flights for his family holiday and is saving for an Apple watch. His family and support team continues to monitor his progress and offer encouragement.

Support Strategies

- Behavioural and Motivation support from the Stop Smoking Service
- 12 weeks of vape liquid - delivered to Mr. T address
- Gradual plan to reduce nicotine in the vape over time
- The family made sure Mr. T support team encouraged him to take part in new day time activities to reduce boredom and improve health.
- Ongoing encouragement from family, support staff and the stop smoking service as this is a good motivation for Mr. T
- Health education adapted to his learning style from Health care professional
- Continued emotional support during stressful periods

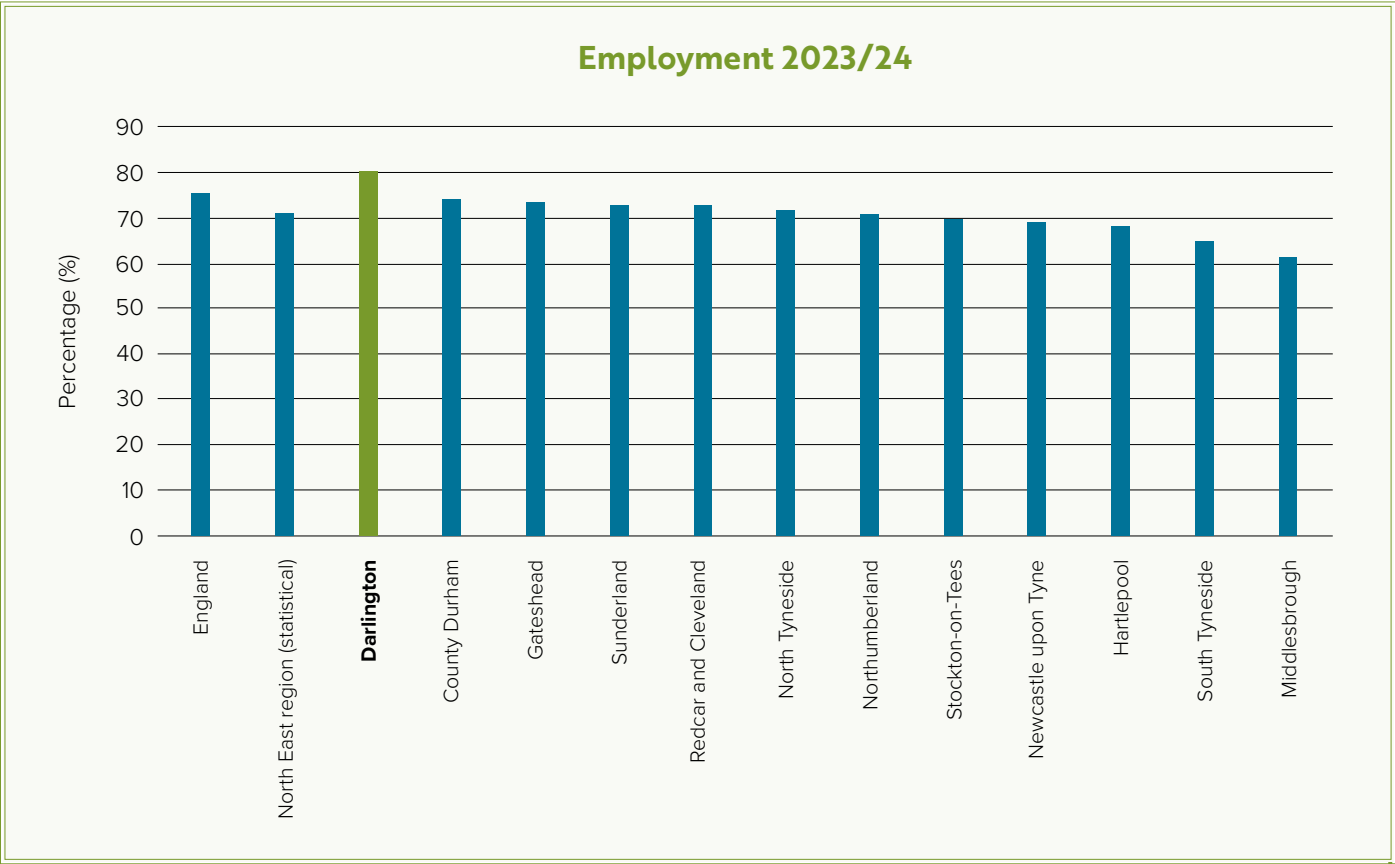
Conclusion

Mr. T is now a successful quitter. He still uses a vape with a 5mg liquid but is hoping in the future to reduce the amount he uses his vape and be Nicotine free. Mr. T said that he feels better, sleeps better and has a better quality of life.

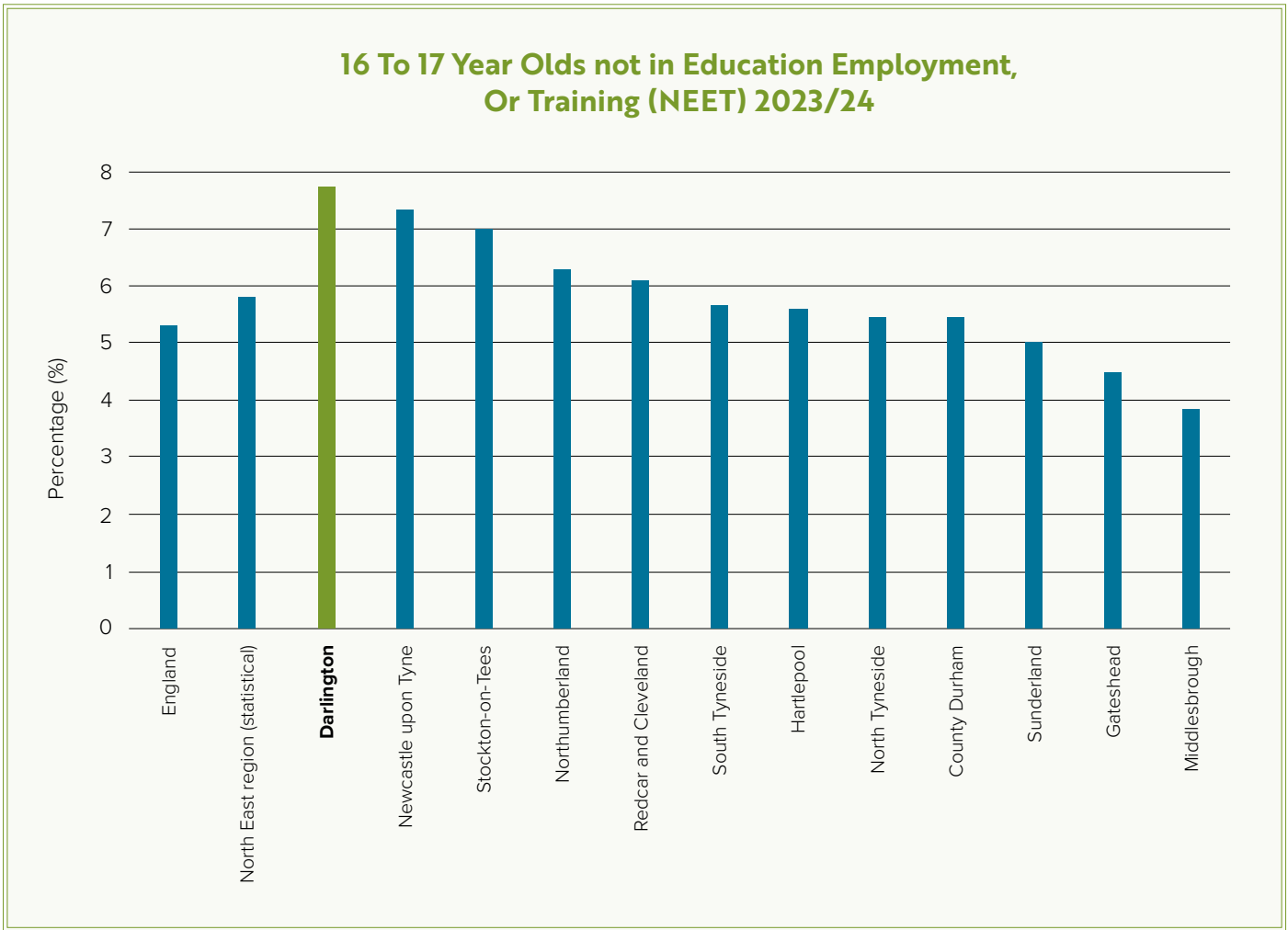


Employment

Darlington has seen a significant increase in the proportion of people aged 16 to 64 in employment. In 2023/24, 80.4% of people in Darlington were in employment, compared to England at 75.7%. Darlington has the highest proportion of people in employment in the North East. A greater proportion of males (82%) are in employment than females (78.7%).



In 2023/24, the proportion of 16 to 17-year-olds not in education, employment, or training had increased to 7.8%, from 3.8% in 2022/23. This data is statistically worse than the North East average of 5.8% and the England average of 5.4%. and is the highest proportion in the North East.



Case Study - Learning and Skills¹⁶

A couple of months ago twenty-year-old Charlie had nowhere to live and no job. Now, an exciting initiative from Learning & Skills is helping him, and others, to turn their lives around and get work in as little as one week!

Working together with local employers including Arriva, Aldi, Blackwell Grange, and several care homes, Learning & Skills has developed a series of one-week, bespoke employment courses offering guaranteed interviews upon completion. The 'employment academy' courses, which aim to equip

people with the basic skills required for a career in care, customer services, hospitality or warehousing, are helping to build people's confidence and give them the skills they need to be successful at interview. The courses have been running since 2022 and in this time have supported over 220 people, directly securing gainful employment for 182 individuals, including Charlie who enrolled on a course following a chance encounter with staff from Learning & Skills.



Charlie said: *"I was unemployed and going through a tough time. I became homeless and moved to Darlington to live with my grandma which was not ideal. Together we went to Darlington Jobs Fair where I met Tammy and Heather from Learning & Skills. They signposted me to an employment academy course with Blackwell Grange Hotel.*

"I haven't got any formal qualifications, don't like being in big groups and have really low confidence. Until recently I couldn't go anywhere without someone with me. Staff on the course were really supportive. They met me on the first day, before the other learners arrived, and helped me to settle into the classroom. They went through my timetable and what we would be doing each day, quietly checking in on me throughout the course.

"During the course we covered basic skills including customer service, food and beverage service and health and safety. The confidence and interview techniques session helped me to understand that I

needed to be vocal in my interview and even how to sit properly and how to talk about myself in a positive way. Because the course was taught in the workplace, I got the chance to see first-hand what a career in hospitality would be like and what Blackwell Grange expects of their employees. I also got to meet existing staff and the recruiting manager which helped me to feel more confident at interview.

"The course helped me to enter the interview with a positive mindset and I was really happy to be offered a job as a commis chef. I now work four shifts a week and am saving up for my own set of knives and to live independently. I have been told that when I complete my probation period, I will be going to Ireland to train at the parent hotel and I am looking into starting a professional cooking qualification.

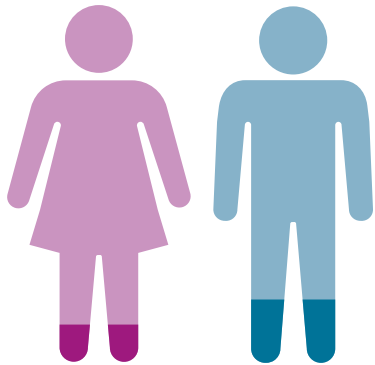
"Learning & Skills and Blackwell Grange have changed my life and given me a future."

Recommendations

1. Develop and deliver a multiagency suicide prevention action plan, informed by the evidence base set out within the Suicide Prevention Strategy for England and local suicide data and trends, to support a reduction in rates of self-harm and suicide.
2. Engage with local employers to inform the development of a healthy workplace offer for Darlington.
3. Continue to increase the numbers of people with drug and / or alcohol addictions accessing treatment and recovery support, through reviewing all pathways into the service and working with local stakeholders such as the prison and probation services to increase referrals.
4. Develop the rehab provision available to Darlington residents.
5. Continue to increase the numbers of people accessing the smoking service and the number of successful quit attempts.



Ageing Well



Inequality of life expectancy at birth

Female
10.3

Male
15.7



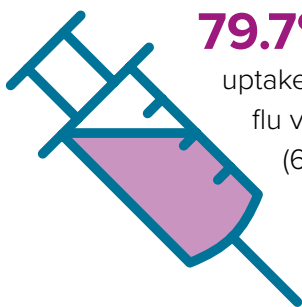
17.7%
of GP patients
have hypertension



0.9%
of GP patients
registered with
dementia



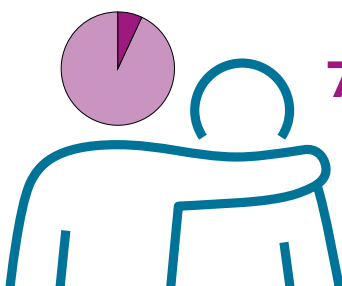
People taking up a
NHS Health Check
invite



79.7%
uptake of
flu vaccine
(65+ years)



**1,623 per
100,000**
Emergency hospital
admissions for falls
(65+ years)



7.1%
of adults feel lonely
often or always

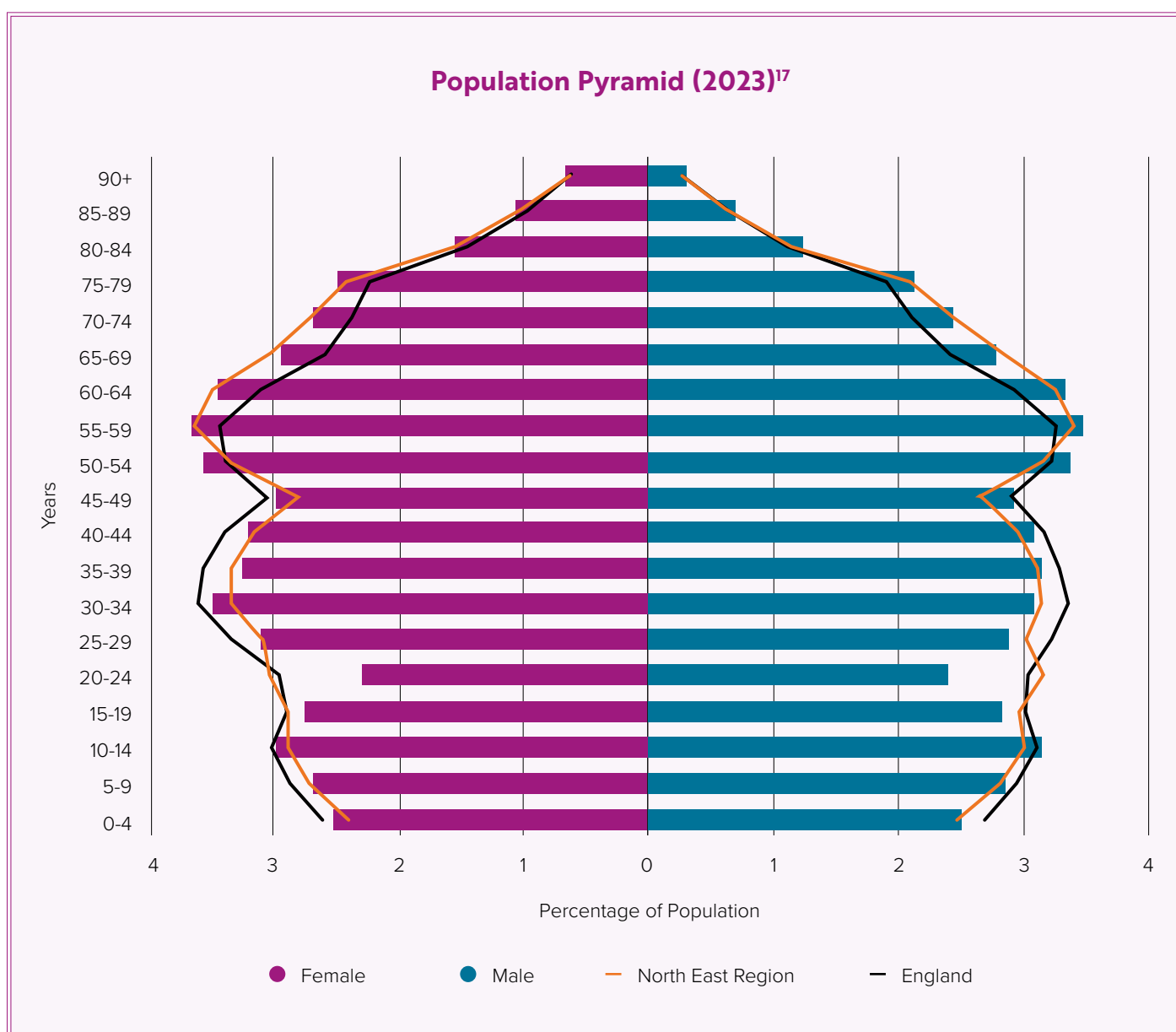


Introduction

Staying healthy as we age is crucial for everyone. Good health and wellbeing in later life result from the complex interaction of genetic and environmental factors across the life course. Education, socio-economic conditions, housing, nutrition, activity, smoking status, social support networks, health behaviours, and access to services all play a part in good health as we age. Inequalities in these factors can lead to greater inequalities in older adulthood.

Like many parts of the UK, Darlington has an ageing population (census data) creating an increased demand for health and social care. People born in Darlington, like much of the North East, have a shorter life expectancy than the England average.

In 2021/23, the average life expectancy at birth for males in Darlington is 77.9 years, for females it is 81.1 years. This compares to the averages for England of 79.3 years for males and 83.2 years for females.



We also see considerable variation across wards within Darlington, **in 2020-21 there was a gap of life expectancy for males of 15.7 years, and 10.3 years for females within the most and least deprived areas of Darlington. Data from 2021/23 shows that both men and women in Darlington only live in good health for around 58 years.**

There are many ways that public health plays a role in supporting people to live in better health for longer, and support older people to maintain their independence.

The NHS Health Check programme is available to all people aged 40 -74 at their GP practice (excluding those with certain diagnosed conditions). This service gives the participant an indication of the risk of developing certain conditions, particularly cardiovascular disease, stroke, type 2 diabetes, and kidney

disease, as well as offering advice and referrals to services which can help reduce the risk, such as smoking cessation services and weight management information.

Supporting adults to maintain their physical activity levels can be highly beneficial as people age.

Taking action to stay active can improve mental health and social connections and reduce the risk of:

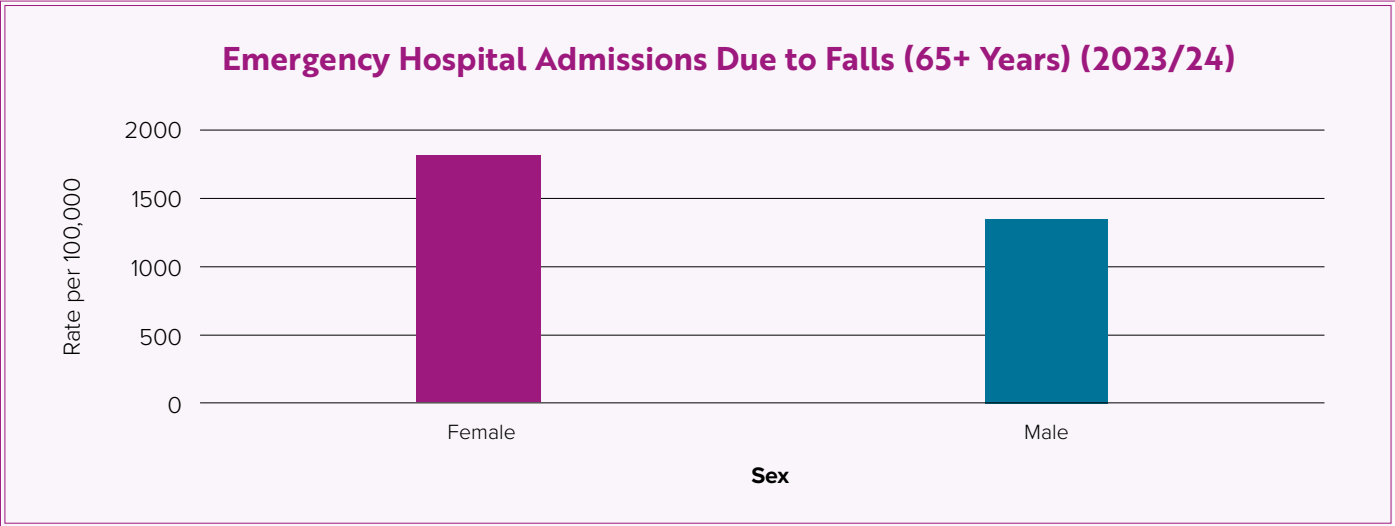
- cardiovascular disease
- type 2 diabetes
- some cancers
- falls and subsequent hospitalisation

Darlington's Move More team run a wide variety of activities to keep people moving in later life, including for those in sheltered accommodation and community-based sessions.



Falls in Older People

Since 2021/22, which was a peak of emergency hospital admissions due to falls in people aged 65+ (3,051 per 100,000), the trend has decreased significantly to 1,623 per 100,000. This new statistic is statistically better than the England average of 1,984 per 100,000. Darlington is in the top 5 areas in the North East with the lowest rate of emergency admissions due to falls for people aged 65+.



In 2023/24 52.7% of adult social care users had as much social contact as they would like (18+ years). This proportion is slowly increasing and is statistically similar to England (45.6%).

The percentage of adult carers who have as much social contact as they would like (18+ years) was 27.8% in 2023/24. This is also statistically similar to England, which has an average of 30%.



Case Study - Ageing Well and Physical Activity

Regular physical activity brings positive benefits to people of all ages, and those over 65 are no exception. Being active supports overall health and wellbeing, as well as reducing the risk of major illnesses such as heart disease and stroke. Exercises that improve strength, balance and flexibility can reduce the risk of falling, increase confidence and improve ability to participate in a range of tasks or activities. There is also increasing evidence that physical activity can boost self-esteem, mood, sleep quality, and energy, as well as reducing risk of stress.

NHS guidelines¹⁸ state that adults 65 and older should aim to

- be physically active every day, even if it's just light activity
- do activities that improve strength, balance and flexibility on at least 2 days a week
- do at least 150 minutes of moderate intensity activity a week or 75 minutes of vigorous intensity activity if you are already active, or a combination of both
- reduce time spent sitting or lying down and break up long periods of not moving with some activity

Lynne Fawcett, aged 74, supports older adults in Darlington to stay fit and well through her weekly exercise classes across the borough. Lynne was inspired by a local news report aiming to help older adults become active, and at the age of 69 she sourced and completed her exercise instructor training.

Once qualified, she contacted sheltered accommodation properties in Darlington, and was directed to Darlington Borough Council's Move More team. Move More offer a range of activities in the community, at Eastbourne Sports Complex and in sheltered housing to encourage people of all ages and abilities to keep active. Activities range from gentle or seated exercise, and boccia, to seated games and Nordic walking.

Lynne began to shadow sessions, then fill in for other instructors, and now teaches a number of classes each week, including chair-based exercise, seated dance and she supports the Breathe-Easy sessions for people with COPD, alongside a respiratory nurse.

Ladies from one chair-based exercise class have all experienced Lynne's welcoming approach and are keen to share the benefits with others in Darlington. She makes everyone feel comfortable, while adapting for individual needs, including for people with limited mobility or impairments. She offers a range of exercises and options so that no-one is left out, and she offers challenge and support to ensure everyone gets the workout they want.

They come for a variety of reasons: some are life-long exercisers, some joined when they wanted to "keep everything moving" as they age, and others have been signposted by friends, families or health professionals following procedures such as hip replacements. Some exercise so that they can keep up with the gardening, or the grandchildren, and all report that they can do so much more now that they have become more active.

Attending the exercise sessions has had more than physical benefits - the members have become friends as well as exercise buddies. Most people come every week, and some even attend several sessions a week, and all report that they look forward to coming as they feel much better every time, both from the activity and from seeing one another.

Through physical activity, Lynne has a new role and social group, as well as benefiting from all the positive impacts that being physically active can bring. Lynne's approach to exercise...? "Find something that piques your interest and then do it!"



Long Term Conditions

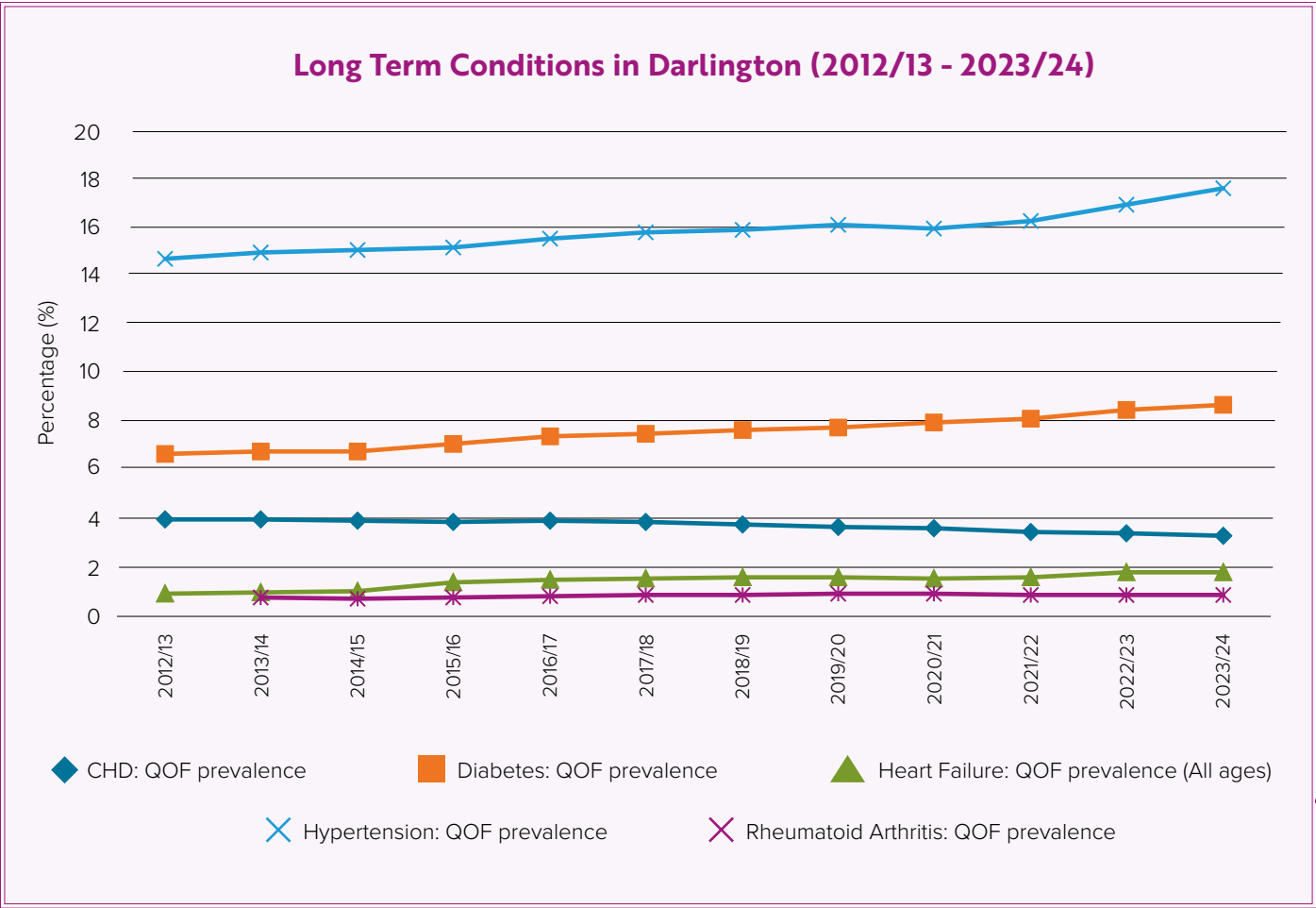
A long term physical health condition is a health problem that requires ongoing management over a period of years or decades and cannot currently be cured but can be controlled with the use of medication and/or other therapies.

Examples of long term physical health conditions¹⁹ include:

- Diabetes
- Cardiovascular disease (hypertension, angina)
- Chronic respiratory disease (asthma, COPD)
- Chronic neurological conditions (multiple sclerosis)

- Chronic pain (arthritis)
- Long COVID
- Other long-term conditions (e.g. chronic fatigue syndrome, IBS, cancer)

The Quality Outcomes Framework (QOF)²⁰, used by all GP practices in England, shows that the prevalence of most long term conditions are steadily increasing, except for coronary heart disease, which is steadily decreasing.



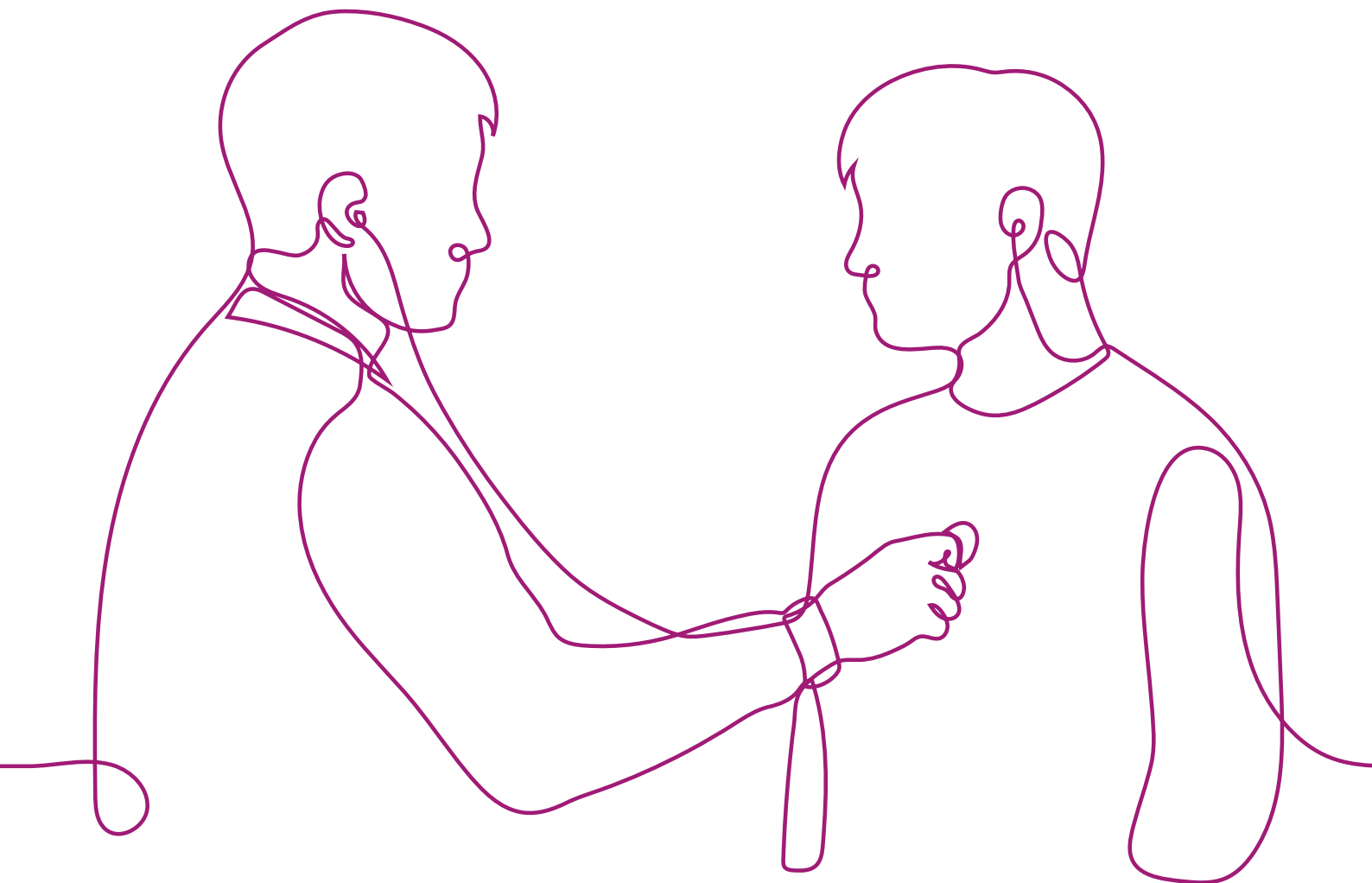
In 2025 there were 6,574 people over the age of 65 in Darlington with a limiting long term illness. Using the Projecting Older People Population Information

System²¹, it is predicted there will be 8,204 people over the age of 65 in Darlington with a limiting long term illness in 2040. This is an increase in 24.8%.



Recommendations

1. Build upon the delivery of the NHS Health Check Programme to identify opportunities to reach a broader cross section of the eligible cohort, to ensure those who could benefit most are accessing the offer.
2. Review and strengthen pathways into services from NHS health checks, including stop smoking services and drug and alcohol services.
3. Develop a public health approach to ageing well.



Acknowledgements

I would like to thank everyone involved in developing this report, particularly Emily Reed, Jane Sutcliffe, Sarah Foster and everyone who provided case studies.

Thanks also go to Abbie Kelly, Emily Crathorne, Joanne Hennessey, Mark Harrison and Rebecca Morgan.



References

Starting Well

1. The Marmot Review 10 Years on (2020)
2. Best Start for Children and Families: a vision for the 1,001 critical days (2021)

Smoking During Pregnancy

3. Smoking, Pregnancy and Fertility (2021)

Healthy Weight and Good Food

4. Tackling obesity: empowering adults and children to live healthier lives (2020)
5. Adult obesity: applying All Our Health (2022)
6. Health Survey for England (2024)
7. State of Child Health in the UK (2020)

Oral health

8. Oral Health Survey of 5 year olds (2024)

Living Well

9. Model of Determinants of Health

Mental Health and Suicide Prevention

10. World Health Organisation (Fact Sheet)
11. Centre for Mental Health
12. Office for National Statistics (Census 2021)
13. National Suicide Prevention Strategy

Substance Misuse

14. STRIDE

Smoking and Tobacco Control

15. Darlington Stop Smoking Hub

Employment

16. Learning and Skills

Ageing Well

17. Population Pyramid

Physical Activity

18. Guidelines for Older Adults

Long Term Conditions

19. NHS Data Model and Dictionary
20. Quality and Outcomes Framework
21. Projecting Older People Population Information

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Darlington Joint Strategic Needs Assessment
Fingertips - Department of Health and Social Care





HEALTH AND HOUSING SCRUTINY COMMITTEE 3 SEPTEMBER 2025

HEALTH AND SAFETY COMPLIANCE IN COUNCIL HOUSING 2024-25

SUMMARY REPORT

Purpose of the Report

1. To provide Members with an update on the health and safety compliance standards for our Council housing stock and our performance against these in 2024-25.

Summary

2. The Regulator of Social Housing (RSH) sets a number of consumer standards, which social housing providers must comply with, including a condition that we must take all reasonable steps to ensure the health and safety of our tenants in their homes and associated communal areas.
3. The Council has well established and robust processes in place to monitor health and safety compliance in relation to its Council housing stock. Compliance is monitored on a regular basis, ensuring that any areas of non-compliance are addressed as a matter of priority.
4. The RSH expect that Members will play a significant role in ensuring that our Council housing meets those regulatory health and safety standards.
5. The report at **Appendix 1** sets out the health and safety compliance arrangements for 2024-25 and our performance against these.

Recommendation

6. It is recommended that Members:-
 - (a) Consider the contents of the report, and
 - (b) Note the health and safety compliance performance set out in **Appendix 1** of the report.

Anthony Sandys
Assistant Director – Housing and Revenues

Background Papers

- (i) The RSH Consumer Standards

Anthony Sandys: Extension 6926

Council Plan	This report supports the Council Plan's HOMES priority to provide affordable and secure homes that meet the current and future needs of residents
Addressing inequalities	We will ensure that our tenant's vulnerabilities are recorded, to ensure we take these into account when undertaking our health and safety compliance duties
Tackling Climate Change	Health and safety compliance will be key in the evaluation of any new, low carbon technology
Efficient and effective use of resources	Ensuring we meet our health and safety compliance duties should also reduce the number of responsive repairs
Health and Wellbeing	Compliance with our statutory duties in relation to health and safety in Council housing is essential for the health and well-being of our tenants
S17 Crime and Disorder	There are no issues which this report needs to address
Wards Affected	All wards with Council housing
Groups Affected	All Council tenants and leaseholders
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework
Key Decision	This report does not represent a key decision
Urgent Decision	This report does not represent an urgent decision
Impact on Looked After Children and Care Leavers	There are no issues which this report needs to address

MAIN REPORT

Information and Analysis

7. The RSH sets a number of Consumer Standards, which apply to all social housing providers, including Councils.
8. Specifically, in relation to the Safety and Quality Standard, social housing providers must:
 - (a) Identify and meet all legal requirements that relate to the health and safety of tenants in their homes and communal areas.
 - (b) Ensure that all required actions arising from legally required health and safety assessments are carried out within appropriate timescales.
 - (c) Ensure that the safety of tenants is considered in the design and delivery of landlord services and take reasonable steps to mitigate any identified risks to tenants.
9. The Council has well established and robust processes in place to monitor health and safety compliance in relation to its Council housing stock. Compliance is monitored on a

regular basis, ensuring that any areas of non-compliance are addressed as a matter of priority. Details of the health and safety compliance arrangements for 2024-25 and our performance against these are set out in Appendix 1 of the report and are summarised below:

- (a) Asbestos Management Survey Programme - 100% compliance.
- (b) Asbestos General Housing - 100% compliance.
- (c) Asbestos Blocks of Flats - 100% compliance.
- (d) Damp and Mould – There are no specific measures currently for compliance in relation to reports of damp and mould, although all work in relation to damp and mould reported in 2024-25 has been completed. Awaab's Law being introduced later this year will require the Council to monitor compliance with the new requirements, and this will be reported next year in the 2025-26 compliance report.
- (e) Electrical Safety General Housing – 96.17% compliance. Members will recall from previous annual reports that our compliance in this area has been steadily improving since Covid and is a significant improvement on the 74.86% reported for 2023-24. Work is ongoing to achieve 100% compliance in 2025-26.
- (f) Electrical Safety Sheltered and Extra Care Schemes – 100% compliance.
- (g) Electrical Safety Blocks of Flats – 100% compliance.
- (h) Fire Risk Assessments Sheltered and Extra Care Schemes – 100% compliance.
- (i) Fire Risk Assessments Blocks of Flats – 86.73% compliance (these are all now completed).
- (j) Fire Door Installations 39.56% completed of our 3-year programme.
- (k) Fire Door Inspections 21.24% compliance. This programme only commenced in quarter 4 of 2024-25. Additional staffing resource has been recruited and is therefore due to be fully completed in 2025-26.
- (l) Gas Safety Sheltered and Extra Care Schemes – 100% compliance.
- (m) Gas Safety General Housing – 99.56% compliance.
- (n) Smoke and Carbon Monoxide Alarms – 99.24% compliance.
- (o) Legionella Sheltered and Extra Care Schemes inspection and monitoring – 100% compliance.
- (p) Lifts – 100% compliance.
- (q) Stairlifts – 94.34% compliance.

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Health And Safety Compliance 2024/2025



Summary

This is a compliance report covering from **1 April 2024 to 31 March 2025** focusing on DBC's Sheltered schemes and tenanted properties.

RAG Rating provides you with a summary of information. At a basic level, Green means fully compliant at the period end, while Amber was not 100% compliant but actions are in place to rectify. Red alerts you to the fact that it is out of compliance and action is required in some way, as there is no robust plan in place.

Area of compliance	RAG Rating
Asbestos – (Management Surveys Programme)	100%
Asbestos – (Housing)	100%
Asbestos – (Blocks of flats)	100%
Damp and Mould	N/A
Electrical Safety – (Housing)	96.17%
Electrical Safety – (Sheltered Schemes)	100%
Electrical Safety – (Blocks of Flats)	100%
Fire Risk Assessments - (Sheltered Schemes / Community centres)	100%
Fire Risk Assessments - (Blocks of Flats)	86.73%
Fire doors (Installations)	39.56%
Fire doors (Inspections – new doors)	21.24%
Gas Safety – (Sheltered Schemes)	100%
Gas Safety – (Housing)	99.56%
Smoke Alarms and CO – (Smoke Alarms)	99.24%
Smoke Alarms and CO – (CO Alarms)	99.24%
Legionella – (Sheltered accommodation inspection, and monitoring)	100%
Radon	N/A
Lifts	100%
Stairlifts	94.34%

The certificates of compliance are signed off by the gas and electrical managers. The Housing Asset and Compliance team conduct sample checks against completed certificates to confirm compliance. This is being developed further through exploration of The Compliance Workbook (TWC) system, which enables certificates to be analysed against the many rules and regulations to highlight areas for review.

Definitions

BS01 – Gas safety checks (P30)

Proportion of homes for which all required gas safety checks have been carried out. This Tenant Satisfaction Measure (TSM) must reflect the compliance position at the end of each reporting year.

Providers must ensure that all statutory obligations in relation to carrying out gas safety checks relating to this unit were met and that these were appropriately recorded. This includes statutory obligations for keeping gas safety checks up to date, but not the completion of remedial actions that may be identified in gas safety checks.

Gas safety checks relating to a dwelling unit include all checks required both inside the dwelling and on any communal or relevant part that serves the dwelling. For example, if a gas safety check is required on a communal boiler that serves a number of relevant dwelling units, providers must ensure that this check is carried out to be able to report compliance for these units. Dwelling units for which all required gas safety checks were not carried out as at year end must not be counted within item A of the TSM calculation, even if the reason for this concerned an inability to gain access to the dwelling unit (or a communal or other relevant part). If a vacant dwelling had its gas supply disconnected, then any required records relating to disconnection would be included as a gas safety check reflected in this TSM.

BS02 – Fire safety checks (P32)

Proportion of homes for which all required fire risk assessments have been carried out.

Providers must ensure that all statutory obligations in relation to carrying out Fire Risk Assessments (FRAs) for a particular property were met, and that these were appropriately recorded, to report compliance for the dwelling units in that property. This includes statutory obligations for keeping FRAs up to date through interim reviews, but not the completion of remedial actions that may be identified in FRAs. Although this TSM does not measure remedial actions, providers must of course ensure that these are carried out as required.

A 'property' in this context means a building that requires an FRA – this is typically a building with two or more dwelling units and at least one communal part (such as, a tower block). All communal parts (such as, lifts, stairwells etc.) and other relevant parts of the property (such as, storage rooms, external wall systems, balconies, and flat front doors etc.), which are required to be included within the scope of FRAs must be covered. If multiple FRAs were required for a property, providers must have ensured that all these FRAs were carried out to

report compliance for the dwelling units within this property.

This TSM must reflect the compliance position at the end of each reporting year. Subject to statutory obligations, it may reflect FRAs conducted within the current reporting year or previous reporting years.

BS03 – Asbestos safety checks (P33)

Proportion of homes for which all required asbestos management surveys or re-inspections have been carried out.

Providers must ensure that all statutory obligations in relation to carrying out asbestos management surveys or re-inspections for a particular property were met, and that these were appropriately recorded, to report compliance for the dwelling units in that property. This includes statutory obligations for keeping surveys and re-inspections up to date but not the completion of remedial actions that may be identified (except for those related to re-inspection specifically).

If multiple asbestos management surveys or re-inspections were required for a property, providers must have ensured that all these were carried out in order to report compliance for the dwelling units within this property.

This TSM must reflect the compliance position at the end of each reporting year. Subject to statutory obligations, it may reflect asbestos management surveys or re-inspections conducted within the current reporting year or previous reporting years.

BS04 – Water safety checks

Proportion of homes for which all required Legionella Risk Assessments (LRAs) have been carried out. This includes statutory obligations for keeping LRAs up to date but not the completion of remedial actions that may be identified in LRAs (except for those relating to re-inspection specifically). Although this TSM does not measure remedial actions more generally, providers must of course ensure that these are carried out as required.

This TSM must reflect the compliance position at the end of each reporting year. Subject to statutory obligations, it may reflect LRAs conducted within the current reporting year or previous reporting years.

LRAs relating to a dwelling unit include all LRAs or re-inspections required both within the dwelling and on any communal or other relevant parts of the property that serve the dwelling. This includes hot and cold-water systems which serve dwelling, whether or not such systems are communal, or only serve the dwelling. For example, if an LRA is required

on a communal water tank that serves a number of relevant dwelling units, providers must ensure that this LRA is carried out to be able to report that all required LRAs have been carried out for these dwelling units. If multiple LRAs were required for a dwelling unit (such as, within the dwelling and on a related communal part), providers must have ensured that all these checks were carried out to report compliance.

BS05 – Lift safety checks

Proportion of homes for which all required communal passenger lift safety checks have been carried out. This TSM must reflect the compliance position at the end of each reporting year.

To report that all Lifting Operations and Lifting Equipment Regulations (LOLER) inspection reports have been carried out for a particular property – and therefore for the dwelling units in that property – providers must ensure that LOLER inspection reports had been carried out for every communal lift within the property and that these were appropriately recorded.

For the purposes of this TSM, carrying out a LOLER inspection report for a communal passenger lift means meeting the requirements of LOLER in relation to examinations and inspections as if the lift were subject to those requirements. This is irrespective of whether the requirements of LOLER strictly apply or not. This includes the requirements of LOLER in relation to keeping examination and inspection reports up to date, but not the completion of remedial actions that may be identified in inspection reports. Although this TSM does not measure remedial actions, providers must of course ensure that these are carried out as required.

A communal passenger lift within a property is a lift provided for use of the occupants of a dwelling unit in common with the occupants of at least one other unit in the property. In this context, a property is a building with at least one such communal lift (such as, a tower block).

The calculation of this TSM must reflect LOLER inspection reports on all communal passenger lifts in properties in which there are one or more relevant dwelling units owned by the provider. This includes communal passenger lifts which are owned or controlled by a third party. For example,

Where the provider owns Low Cost Rental Accommodation (LCRA) and/or Low Cost Home Ownership (LCHO) units in a property owned by a third-party landlord, then these dwelling units must not be counted within the TSM calculation, unless the provider had obtained evidence or otherwise made sure that LOLER inspection reports had been carried out for every communal passenger lift in the property. Dwelling units must not be double counted in the TSM calculation. Any vacant LCRA or LCHO dwelling units within each property must

be included within the calculation of this TSM.

Asbestos Management Survey Programme

Schemes

8 schemes for which a survey is required.

For the Regulator, we must present this as the “Number of dwelling units owned within properties for which an asbestos management survey or re-inspection was required to have been carried out as at year end” rather than the number of properties.

Quarter 2 July – September

Three schemes due and all three were completed within the quarter.

Quarter 3 October – December

Three schemes due and all three were completed within the quarter.

Quarter 4 January – March

Two schemes due and both were completed within the quarter.

3 of the 8 buildings listed are Community Centre’s, therefore have no dwelling units within them and are excluded from the figures we will submit to the Regulator.

In the 5 schemes requiring an asbestos management survey or re-inspection, there are 211 dwelling units. Of these, **100%** are compliant.

Asbestos Flat Blocks

Operating on an annual cycle, we have identified a total of 77 blocks that necessitate Asbestos surveys due to the presence of Asbestos in areas designated for communal use.

	No blocks requiring surveys	Surveys completed
Q1	6	6
Q2	9	9
Q3	43	43
Q4	19	19
Total	77	77

As of 31 March 2025, there are no outstanding surveys required for any flat blocks, indicating full compliance at **100%**. In the 77 blocks requiring an asbestos management survey or re-inspection, there are 380 dwelling units.

Asbestos General Housing

The Asset system is now tested and ready to accept Asbestos Surveys, however there are actions required before it is a working asbestos register. This is primarily regarding supplying historical and new data in the appropriate format for upload. Work ongoing to ensure operatives are provided with appropriate information regarding where Asbestos is confirmed or presumed to be present. Apec have been going through a merger which increased staff workloads and has caused delays.

	Q1	Q2	Q3	Q4	Total
No. properties needing surveys (major works/refurbs)	152	186	125	113	576
No. properties which have surveys	152	186	125	113	576
% compliant (% properties that have undergone a survey that was deemed necessary)	100%	100%	100%	100%	100%

Damp and Mould

	TOTAL (YEAR TO DATE)
Jobs reported	1,055
Jobs cancelled	70
Jobs completed (of those reported)	874
Jobs open (at end of year)	111
Jobs overdue (at end of year)	46
% completed (excl. cancelled)	88.73%

Of those 111 jobs, 65 are still within the priority target times (so not overdue).

835 (95.54%) of the 874 jobs completed in 2024/25 were completed within the target time.

Of those raised in 2024/25:

- 573 jobs were for inspections
- 56 jobs were for works inc. guttering, leaks
- 356 jobs were for cleaning/treatment works being carried out.

Update: As of July 2025, all of the outstanding 2024/25 jobs have been completed.

Electrical Safety – Domestic Electrical Installation Conditions Report (DEICR) Council Housing

Electrical installations in our properties are subject to an EICR at 5-year intervals. With the integration of electrical safety into our asset management system, we are now in the process of reorganizing the schedule to ensure that inspections are distributed evenly throughout the five-year timeframe.

Overall compliance for 2024/25

Date	Overall, compliance at end of quarter	Overall, out of compliance	Total	Total compliance as %
Q1	4333	928	5261	82.36%
Q2	4725	525	5250	88.89%
Q3	4919	346	5265	93.43%
Q4	5070	202	5272	96.17%

Butterfield new builds added to asset

It was decided to extend the originally planned completion date from November to March due to difficulty contacting and booking in the last few hundred required services.

As of 31 March 2025, a total of 189 cases have been passed to Management Services to contact tenants and facilitate the scheduling of services. The Tenancy team is collaborating with System Admin to develop a plan for addressing both electrical and gas services concurrently, where applicable. A number of these cases do not currently have a DEICR in place.

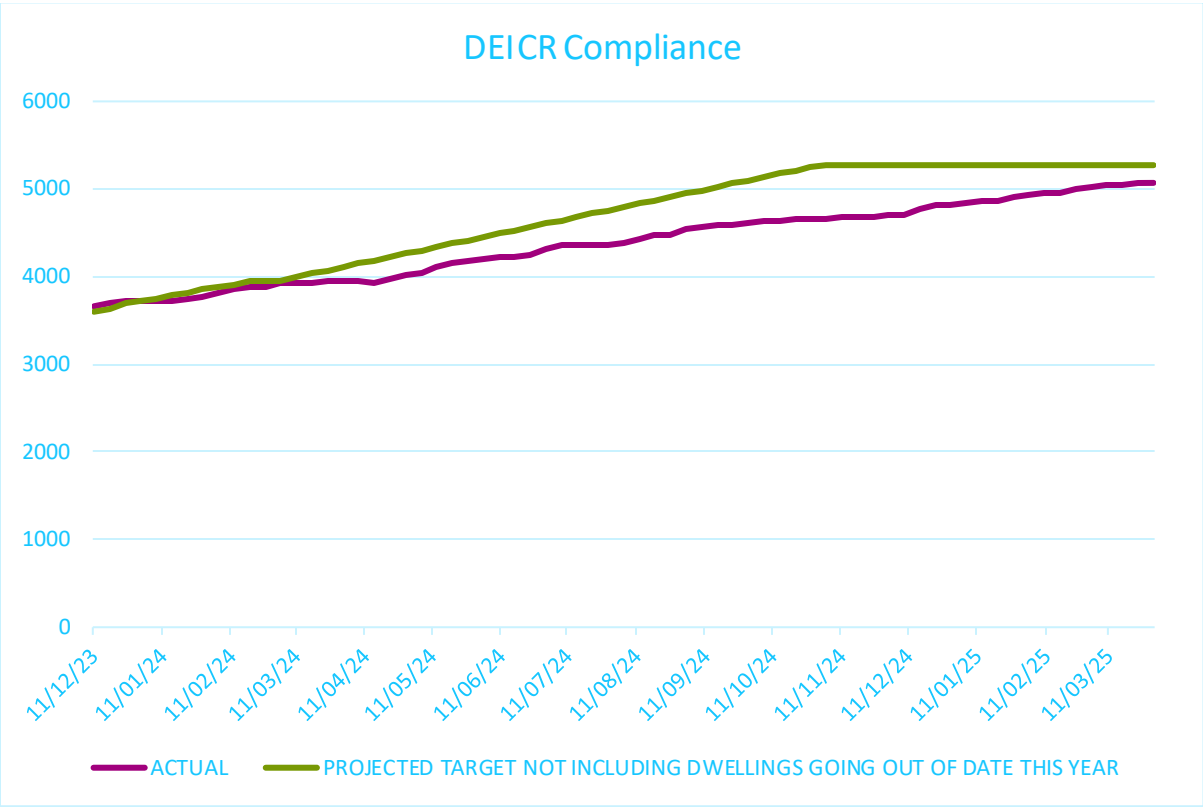
Status	End of 2024/25
Initial Letter Sent	1
Reminder Letter 1 Sent	1
Property Void	11
Abatement Notice Letter	189
Total	202

Update: May 2025 – One court case successfully awarded, after applying for a warrant of entry under the Environmental Health Act. Need to develop a process for issues once access is gained, such as no money on meter.

Update: July 2025 – DBC have been to court five additional times to apply for warrants; four were granted and one was denied due to the presence of a child in the household. Following further discussions, it's determined that seeking warrants isn't always the most effective approach. In many cases, pursuing a court injunction is more appropriate, though it takes longer. The team have had success gaining access to several previously inaccessible properties through consistent visits and ongoing contact. Cases continue to be assessed on a case-by-case basis for what would be the best course of action to get access to the property. The revised calling cards and Tenancy Breach letters are now in use. Additionally, the planned Facebook post has been published.

Backlog has dropped down to 66.

Performance against cyclical programme and backlog 2024/25



Electrical Certificate quality check

DATA TEAM Quality Checks	Q1	Q2	Q3	Q4	Total
No. checks due	90	90	90	90	360
No. checks completed	90	90	103	90	373
Sample %	13.33%	17.14%	21.96%	27.15%	N/A
No. requiring validation from Electrical Manager	4	2	26	19	51
Number of properties with outstanding actions (by time of report)	0	0	13	6	19
Quality	100%	100%	87.38%	93.33%	94.90%

Goal is to achieve minimum 10% sample of quarterly inspections due.

The team examines certificates at random to verify accurate dating, it's the right address etc. In the event of any discrepancies/absence of a certificate, the team escalate to the Electrical Manager. If some of the quality checks are unsatisfactory, we will increase the number tested.

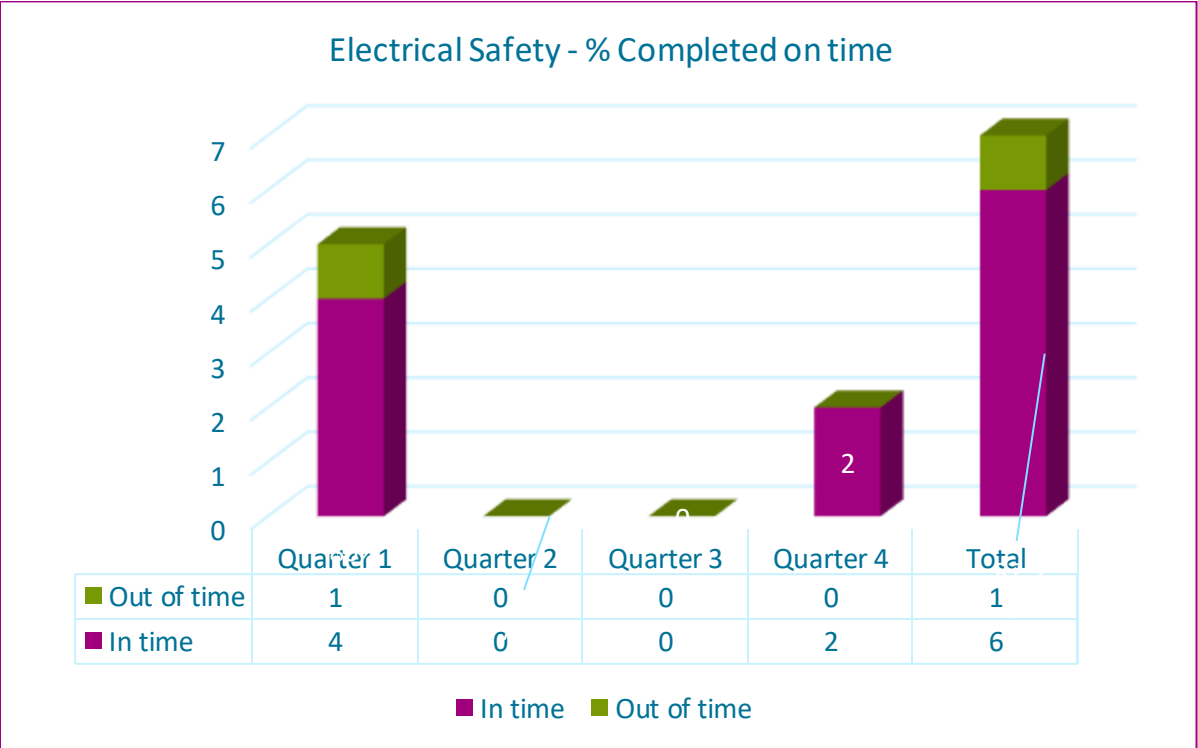
A limited number of quality checks still required outstanding actions at the end of 2024/25; mostly due to staff leave towards end of March causing delays to certificates being scanned onto MRI Orchard. Additionally, GOOM have been late sending their servicing paperwork to DBC for processing.

Update: May 2025 – Three certificates not on yet, they are being chased up.

Update: July 2025 – One certificate still not on as it was unsatisfactory, so has been held back until we could get back into the property to carry out remedial works. However this has been held up by access issues. Currently due to gain access to do complete re-test in August.

Electrical Safety – Sheltered Schemes, Extra Care and Community Centres

Electrical installations in our 18 properties are subject to an EICR at 5-year intervals.



7 schemes were due for electrical tests in 2024/2025:

Quarter 1 April – June

5 due for safety checks, 4 completed within date and 1 completed nine days late.

Quarter 2 July - September

0 properties due.

Quarter 3 October - December

0 properties due.

Quarter 4 January – March

2 properties due.

1 completed within date and 1 completed slightly late.

Total compliance at end of 2024/25 is **100%**.

Electrical Safety – Communal Flat Blocks

Our communal flat blocks operate under a structured five-year electrical service schedule, with each phase necessitating maintenance in consecutive years.

Group	Number of Blocks	Next Due
Phase A	39	2024/25
Phase B	36	2025/26
Phase C	34	2026/27
Phase D	37	2027/28
Phase E	53	2028/29

The 2024/25 **(PHASE A)** initiative comprises 39 flat blocks, all scheduled for servicing during the financial year 2024/25.

Flat Blocks	Total Blocks	Compliant as of 31/3/25	Compliance
Phase A	39	39	100%

Fire Risk Assessment – Fire Regulatory Reform Audits (FRRA)

FRRA's run on a cycle of three-year cycle, covering 18 Sheltered Schemes and Community Centres

2024/25 – 8 blocks required for FRA.

	Q1	Q2	Q3	Q4	Total
No. due	7	1	0	0	0
No. completed in quarter	5	2	1	0	0
No. completed in date	0	0	0	0	0
No. incomplete	2	1	0	0	0
No. completed to date	5	7	8	8	8
Compliance	75%	87.50%	100%	100%	100%

	Year 1 (2022/23)		Year 2 (2023/24)		Year 3 (2024/25)		Total	
	Blocks	Dwellings	Blocks	Dwellings	Blocks	Dwellings	Blocks	Dwellings
No. due	9	333	1	75	8	334	18	742
No. completed	9	333	1	75	8	334	18	742
No. completed in date	9	333	1	75	0	0	10	408
No. outstanding	0	0	0	0	0	0	0	0
Completed	100%	100%	100%	100%	100%	100%	100%	100%

For the Regulator, we must present this as the “Number of dwelling units owned within properties for which an FRA was required” rather than the number of properties.

8 of the 18 buildings listed are Community Centre's, therefore have no dwelling units within them and are excluded from the figures we will submit to the Regulator.

In the 10 schemes, there are 353 dwelling units. Of these, **100%** are compliant.

Actions

Risk Level	Category	Total Identified in Year	Total Completed in Year	Outstanding at end of Year
Priority 1	High Risk	15	10	5
Priority 2	Medium Risk	11	4	7
Priority 3	Low Risk	4	2	2
Priority 4	Goodwill Advice	0	0	0
TOTAL		30	16	14

Outstanding priority 1 breakdown

1) Rosemary Court – Three of the actions are compartmentation related. Compartmentation surveys completed and quotes are being gathered.

2) Two of the actions are for fire alarm testing; to upgrade monthly monitoring sheet to include extra checks.

Update: July 2025 – Four are still open (two compartmentation and two fire alarm testing) and will be completed within 2025/26.

Fire Risk Assessment – Blocks of Flats

The FRAs for blocks runs on a three-year cycle. There are a total of 199 blocks which are split into 3 different cycle groups.

2024/2025 Update – Although legislation does not give a specific time period for how often to undertake a fire risk assessment, it states that the person responsible for the assessment must review it ‘regularly’ to make sure it’s up to date. We ensure they are reviewed at least every three years, so our performance is reported on this basis.

Year and Group	Number of blocks	Next due
2023/24 (GROUP A)	80	2026/27
2024/25 (GROUP B)	52	2027/28
2025/26 (GROUP C)	67	2028/29

2024/25 (GROUP B) – This group is made up of 52 individual blocks due for checks across 21 different addresses, total of 268 dwellings, with all due dates being in Q1 of the 24/25 financial year.

In the first quarter, the plan included the completion of 52 flat blocks; however, only six blocks were finalized prior to the suspension of Fire Risk Assessments (FRAs) until the necessary training was conducted. This training is essential to ensure we possess the required competency and compliance in performing FRAs. The six blocks that were completed before the procedural changes will be addressed during Group B's next three-year cycle.

Cottingham Court and Earl Carlson Grove were completed in Q2. These were outstanding from the previous financial year as they were originally completed right before a change in procedure started; therefore, they are excluded from table below.

	Completed Blocks (cumulative)	Completed Dwellings (cumulative)	Outstanding Blocks	Outstanding Dwellings
End of year	26	139	26	129

In the 199 blocks there are 967 units. Of these, 839 were compliant at the end of 2024/25, or **86.73%**.

Update: July 2025 – As of the end of July the outstanding 26 blocks had been completed.

Actions

Risk Level	Category	Total Identified in Year	Overdue at end of Year (of those raised in year)
Priority 1	Urgent	212	108

Of the 108 open priority 1 actions:

7 for Asset and Compliance Team

- 7 for communal cupboards to be fire stopped.

93 for Management Services

- 50 of these to remove items in communal areas – *letters sent to 41 of these.*
- 23 of these about making sure communal cupboards are accessible – *working group set up for this.*
- 15 of these are to ensure emergency evacuation plans are in place and up to date

8 for Surveying Team

- Mix of actions inc. adjusting door closer and making good loose cable.

Update: July 2025 – Nine overdue actions remaining. Seven of these are the fire stopping in communal cupboards; these are now being picked up by Surveying Team and will be carried

out in 2025/26. Action around removing scooter in hallway is being checked by Tenancy in August, and the remaining action around obtaining keys for communal loft space hatch will also be completed in 2025/26.

Fire Safety – Doors

- Housing have commenced a 3-year programme of works to replace fire doors in communal blocks to bring them up to current new standards as set out in Fire Safety (England) Regulations 2022.
- An increased inspection regime to complement the Fire Risk Assessment is also due to commence to ensure any fire doors that have failed their original compliance are replaced on a responsive basis.
- A fire safety document is in development with management which goes in depth about safety policies and covers fire doors.
- Housing will replace flat doors in communal schemes, while Building Services will replace communal doors.

All non-sheltered scheme doors are due to be replaced as part of the programme. All 1,011 doors have been inspected by the surveying team and will be re-inspected by Anglian upon survey. In sheltered schemes, it is unknown how many are due to be replaced until all tests have been completed. These figures are therefore not included below.

Compliance (non-scheme)	Q1	Q2	Q3	Q4
No. installed in Qtr.	68	4	54	161
No. doors compliant	181	185	239	400
No. doors not compliant	830	826	772	611
% doors compliant	17.9%	18.3%	23.64%	39.56%

FIRE DOOR INSTALL (not inc. schemes)	Year 1 (2023/24)	Year 2 (2024/25)	Year 3 (2025/26)	Total
No. due	228	342	441	1,011
No. completed	113	287		400
Percentage completed of those due	49.56%	83.92%	0%	39.56%

No accesses are tried 3 times by Anglian and then lettered before being passed to Management Services.

Fire doors will all be due 6 monthly visual inspections after being fitted. So a door fitted in Q1 24/25 will have a visual inspection in Q3, followed by a full annual inspection in Q1 25/26, then a visual inspection in Q3 and so on.

FIRE DOOR ANNUAL FULL INSPECTIONS Anniversary of install	Year 1 (2024/25)	Year 2 (2025/26)	Year 3 (2026/27)
No. doors due inspection	113	400	
No. doors inspected	24		
% inspected	21.24%		

Delays in inspections were caused due to capacity within the team; a new stock surveyor has been appointed to support bringing this back on programme within 2025/26.

There have been access issues (with 25 no accesses in Q4), as well as issues with staffing levels, which have reduced the number of inspections completed in 2024/25. This should improve in 2025/26.

Ongoing developments

Fire door compliance will be going into our Asset system when ready. A process for the inspection regime has been developed.

A survey is being carried out to ensure certification of compliance is in place for all recent new build schemes. We are awaiting results.

Gas Safety – Sheltered Schemes

Gas safety inspections are conducted every 12 months, with 16 schemes scheduled for completion each year.

Quarter 1 April – June

Two due in Q1 - both schemes completed.

Also, another completed in Q1 which wasn't due till Q2.

Quarter 2 July – September

Three due in Q2 - two schemes completed in Q2, 1 was already completed in Q1.

Quarter 3 October- December

Seven due in Q3, seven were completed.

Quarter 4 January – March

Four due in Q4, all completed.

100% compliance at the end of the financial year.

Gas Safety - Housing

5,003 of the 5,026 properties requiring a gas safety check, had one in place on 31 March 2025, which is **99.54%** compliance. Our annual target is 99.5%, so we have met it on this occasion.

Quarter	Properties requiring gas check	Properties requiring a gas safety check, which had one in place at end of quarter	No. of checks overdue at end of quarter	% compliant
Q1	5,020	5,007	13	99.74%
Q2	5,014	4,974	40	99.20%
Q3	5,022	4,983	39	99.22%
Q4	5,026	5004	22	99.56%

New builds properties from the Butterfield scheme were added onto asset.

- DBC applied for 19 warrants of access, with one executed.
- DBC served 334 management letters and 242 abatements.
- 24 Successful Management Officer visits to properties, and 170 unsuccessful.
- There were 10,271 phone calls made regarding gas services.

Update: July 2025 – Down to one remaining property out of compliance from 2024/25. This property has had access issues but is now booked in for August.

Gas Certificate quality check

DATA TEAM Quality Checks	Q3	Q4	Total
No. checks due	90	90	180
No. checks completed	90	90	180
No. requiring validation from Gas Manager	11	1	12
Number of properties with outstanding actions (by time of report)	0	0	0
Quality	100%	100%	100%

(Using the same parameters as the electrical certificate checks, see page 12 for information, 10% sample to be used starting in 2025/26).

Smoke and CO Alarms

Smoke alarms are needed for all properties, and these have all been installed. They are then checked annually during the gas service.

CO alarms - not needed for electric storage and ASHP properties. Checked annually at gas service along with the smoke alarms, as well as during DEICR.

Smoke Alarms

Quarter	Due for inspection for 24/25	Total checked in last year	Total outstanding	% checked
Q1	5029	4994	13	99.74%
Q2	5020	4982	38	99.24%
Q3	5022	4938	84	98.33%
Q4	5022	4984	38	99.24%

Carbon Monoxide

Date	Due for inspection for 24/25	Total checked in last year	Total outstanding	% checked
Q1	4914	4904	10	99.80%
Q2	4905	4867	38	99.23%
Q3	4901	4819	82	98.33%
Q4	4903	4865	38	99.24%

Legionella – Risk Assessment, Council Housing

The risk assessment covering council housing is generic and is being reviewed to bring up to date with the current housing portfolio specification.

Legionella – Sheltered Accommodation Inspection and Monitoring

2 yearly risk reviews

There are 18 schemes requiring 2 yearly risk reviews for legionella.

Quarter 1 April – June

None due, but three completed during this period which were outstanding from previous year 2023/24

Quarter 2 July – September

None due, but two were completed that were due to be completed in Q4

Quarter 3 October – December

None due

Quarter 4 January – March

Two due to be completed in quarter, both completed within quarter.

For the Regulator, we must present this as the “Number of dwelling units owned for which an LRA was required to have been carried out as at year end” rather than the number of schemes.

Eight of the 18 blocks listed are community centres, therefore have no dwelling units within them and are excluded from the figures we will submit to the Regulator.

In the 10 remaining schemes, there are 353 dwelling units. All dwelling units were compliant at the end of March 2025 **(100%)**.

LIFTS – Inspection Programme

10 Schemes (9 schemes for which a test is currently required)

7 schemes are due for monthly tests (279 units)

7 out of 7 completed in period.

3 schemes are due for 3 monthly tests (74 units) – only 2 of these currently required

2 out of 2 completed in period.

Windsor Court lift currently out of service, so no test required.

For the Regulator, we must present this as the “Number of dwelling units owned within properties with communal passenger lifts for which all Lifting Operations and Lifting Equipment Regulations (LOLER) inspection reports were carried out and recorded as at year end” rather than the number of properties.

The nine schemes encompass a total of 321 dwelling units, with 321 units meeting compliance standards as of March 31st, reflecting a compliance rate of **100%** at the end of 2024/25.

RAAC

RAAC inspections concluded in schemes; none of our schemes contained RAAC.

Blocks are still being investigated; there have been delays due to lack of capacity to carry out the work.

Radon

Radon, a naturally occurring radioactive gas resulting from the decay of uranium in the earth, can be present in rocks, soil, and water. It is imperceptible by human senses, necessitating testing to detect elevated levels.

An evaluation of postcodes was conducted to pinpoint properties located in radon-affected regions. The findings of the evaluation ascertained the radon risk level; any area with a radon probability range exceeding 1% will be categorized as radon affected.

Assessment summary:

- Total number of postcodes assessed: 454
- Postcodes in Radon Affected Areas ($\geq 1\%$): **7**

The postcode evaluation has identified 7 postcodes located in a radon-affected area with a probability range of 1-3%. There are a total of 82 properties within the postcodes that need testing. Once the testing program commences, we will fill in table below.

Quarter	Total tested
The testing conducted in the initial quarter will be documented in this section.	The total number of tests conducted during that quarter will be provided here.

Stairlifts – Lift Servicing

Our stairlifts supplier is TK Elevator UK (TKE), who handle repairs and annual services. Our stairlift insurance is overseen by the Zurich Insurance Group. Currently we have 53 stairlifts installed in tenants' properties, with services scheduled every 6 months.

Quarter	No. stairlifts	No. compliant	Overall compliance to date (cumulative)
Q1	56	54	96.43%
Q2	54	52	96.30%
Q3	53	48	90.57%
Q4	53	50	94.34%

Two of the properties out of compliance have had access issues (one tenant hasn't been in property and other is difficult to access), and the third it is being decided whether stairlift should remain in property after one of the tenants passed away.

HEALTH AND HOUSING SCRUTINY

3 September 2025

CHRONIC ILLNESS PREVENTION

SUMMARY REPORT

Purpose of the Report

1. This report provides members with a clear overview of the impact of long-term conditions (LTCs) on Darlington's population. It draws on key national and local data to highlight current challenges and outlines evidence-based actions to reduce the burden of LTCs through prevention and improved care planning.

Summary

2. Long-term conditions (LTCs) are ongoing health issues that cannot currently be cured but can be effectively managed with the right support. Common examples include diabetes, coronary heart disease, heart failure, and hypertension. In Darlington, the number of people living with these conditions is rising, particularly among older adults. Many are also living with multiple conditions at once, placing increasing pressure on health and care services. This report describes a three-tier prevention model—primary, secondary, and tertiary—each offering a framework for targeted interventions to prevent illness, support self-management, and improve the sustainability of the health and care system.

Recommendation

3. It is recommended that Health and Housing Scrutiny :-
 - (a) Acknowledge the disproportionate burden of long-term conditions in Darlington's more deprived communities.
 - (b) Note the increasing prevalence of LTCs and projected growth, which will place greater strain on local health and care systems.
 - (c) Endorse a system-wide approach focused on early detection, personalised care, and community-based support.
 - (d) Continue leading efforts to reduce health inequalities and improve outcomes for those most affected.

DIRECTOR OF PUBLIC HEALTH

Background Papers

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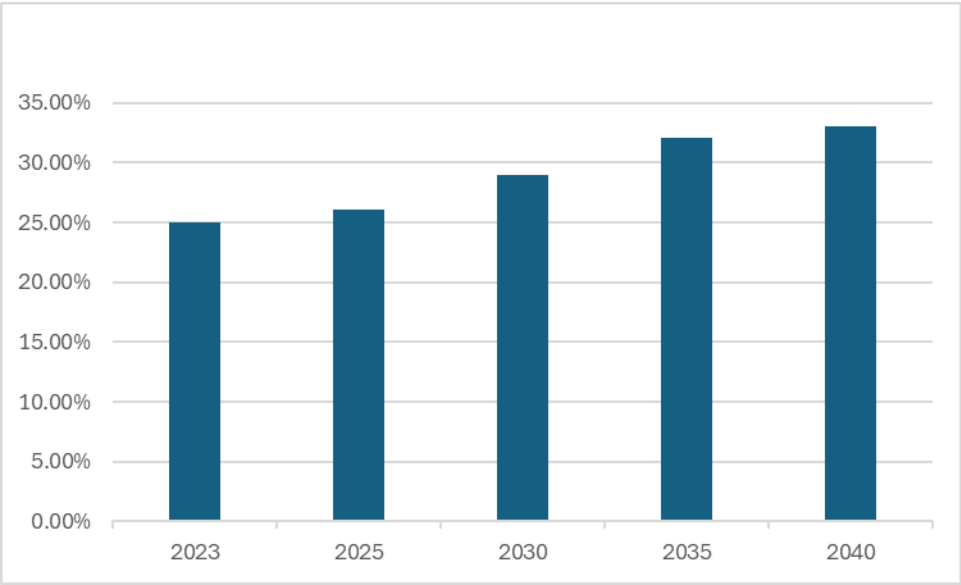
Council Plan	This addresses Council Plan Ambition Living well and Staying healthy
Addressing inequalities	This highlights inequalities in prevalence of those experiencing Long Terms Conditions
Tackling Climate Change	None
Efficient and effective use of resources	Awareness of chronic disease enables the authority to understand where to focus resources where they're most needed
Health and Wellbeing	This report is linked to the Aging Well objective of the Darlington Joint Health and Wellbeing Strategy
S17 Crime and Disorder	None
Wards Affected	All wards
Groups Affected	Those who are affected by long term conditions in Darlington
Budget and Policy Framework	None
Key Decision	None
Urgent Decision	None
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 number of people aged 65 and over in England is projected to rise significantly by 2040. While all age groups will grow, the most rapid increase will be among the oldest age groups, particularly those aged 85 and over. By 2040, one in three people in England—approximately 33%—will be aged 65 or older.

Fig 1 population aged 65 and over as a percentage of the total population, projected to 2040



- 5. Living with multiple long-term conditions is becoming increasingly common, with nearly half of those affected managing two or more illnesses at the same time. These complex health needs are more concentrated in areas of deprivation. In Darlington, over one-third of neighbourhoods fall within the 20% most deprived nationally, highlighting elevated levels of need across many communities.
- 6. Lifestyle behaviours continue to shape health outcomes for people with LTCs. Around 18% of individuals with a long-term condition smoke, contributing to more frequent exacerbations and hospital admissions. Carers, who play a vital role in supporting those with LTCs, also report negative impacts on their own health and wellbeing.
- 7. People living with LTCs account for a significant share of healthcare activity: 50% of all GP appointments, nearly two-thirds of outpatient visits, and 70% of hospital bed days. They also represent 70% of total health and social care spending, highlighting the scale of their impact on the system.
- 8. Health conditions in Darlington are unevenly distributed due to a complex mix of social, economic, and environmental factors. The borough faces stark health inequalities, with life expectancy varying by up to 13 years between the most and least deprived areas.

9. These inequalities are driven by factors such as poorer housing, lower incomes, and limited access to services in more deprived areas. As a result, conditions like cardiovascular disease, chronic respiratory illnesses (including COPD and asthma), type 2 diabetes, and mental health disorders are more common in these communities.
10. Deprivation is linked to earlier onset and higher rates of long-term conditions. In Darlington, people in more deprived areas are more likely to develop illnesses such as diabetes, heart disease, and COPD, increasing demand for healthcare. Figure 2 shows the Index of Multiple Deprivation rankings across Darlington, highlighting the areas most affected by disadvantage. These patterns are reflected in health outcomes: Figure 3 shows higher COPD admissions in more deprived communities, indicating the burden of chronic illness, while Figure 4 highlights greater economic inactivity among working-age adults, often due to the impact of living with multiple long-term conditions

Fig 2 Index of Multiple Deprivation (IMD) Average Rank (lower = more deprived)

Ward	%
Northgate	3,810
Stephenson	4,559
Park East	4,969
Bank Top & Lascelles	5,287
Cockerton	7,840
North Road	8,172
Eastbourne	9,047
Red Hall & Lingfield	9,603
Haughton & Springfield	11,373
Pierremont	12,207
Whinfield	16,444
Brinkburn & Faverdale	19,768
Harrowgate Hill	20,521
Heighington & Coniscliffe	21,816
Park West	22,370
Sadberge & Middleton St George	23,115
Hurworth	24,554
College	28,102
Hummersknott	29,550
Mowden	31,327

Fig 3 Emergency hospital admissions for chronic obstructive pulmonary disease (COPD), standardised admission ratio 2016/17 - 20/21 Indirectly standardised ratio - per 100

Ward	Value
North Road	231.2056
Cockerton	224.1906
Bank Top & Lascelles	204.4986
Stephenson	189.1993
Eastbourne	177.6084
Park East	168.5457

Northgate	162.8802
Haughton & Springfield	143.6823
Pierremont	132.9206
Whinfield	118.8712
Harrowgate Hill	116.0308
Red Hall & Lingfield	111.9254
College	73.9819
Park West	71.8782
Brinkburn & Faverdale	71.325
Hurworth	58.3054
Sadberge & Middleton St George	50.9989
Hummersknott	48.5385
Heighington & Coniscliffe	42.2798
Mowden	40.16

11. Long-term conditions can significantly limit workforce participation, especially among working-age adults managing illnesses like diabetes and cardiovascular disease. This reduced engagement not only impacts individual financial stability but also poses broader challenges for economic productivity and resilience at a community level.

Fig 4 Economically inactive: Long-term sick or disabled (Census 2021) %

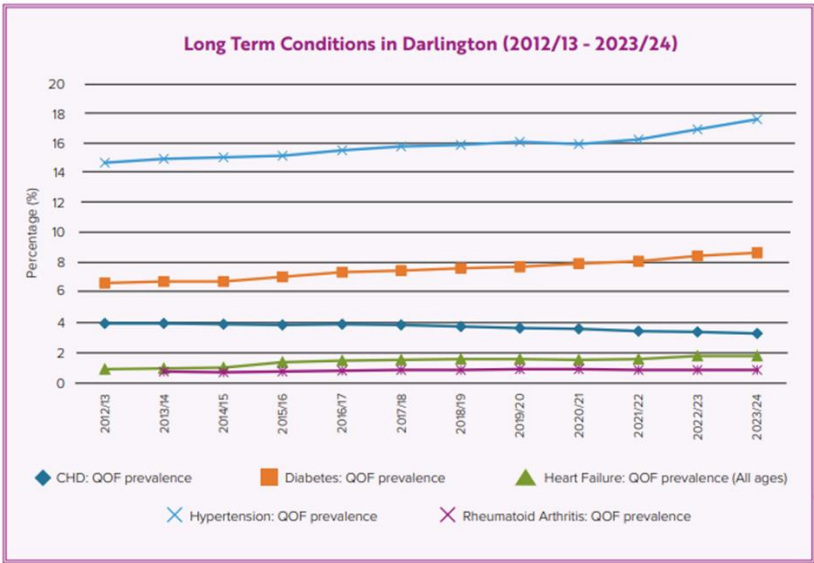
Ward	%
Park East	8.54%
Northgate	7.88%
Bank Top & Lascelles	7.75%
North Road	7.17%
Cockerton	7.12%
Stephenson	6.39%
Red Hall & Lingfield	5.72%
Haughton & Springfield	5.30%
Eastbourne	5.02%
Pierremont	4.95%
Whinfield	4.26%
Brinkburn & Faverdale	3.00%
Hurworth	2.76%
Heighington & Coniscliffe	2.59%
Sadberge & Middleton St George	2.58%
Harrowgate Hill	2.49%
Park West	2.33%
College	1.81%
Hummersknott	1.64%
Mowden	1.18%

12. The prevalence of long-term conditions in Darlington has steadily increased over the past decade. This trend reflects a growing number of people living with one or more chronic

conditions—a pattern likely to continue as the population ages and lifestyle-related risk factors remain.

13. Figure 5 illustrates the rising and sustained pressure on local health and care services, particularly in managing chronic conditions over extended periods. This ongoing trend highlights the urgent need to prioritise prevention, early intervention, and integrated care to lessen the impact of long-term conditions on individuals, communities, and the wider system.

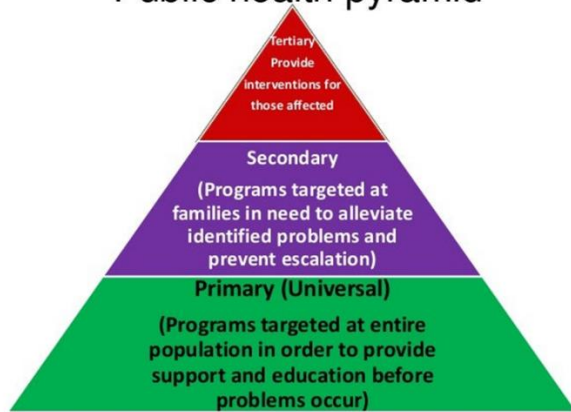
Fig 5 Trends in Long-Term Conditions in Darlington (2012/13- 2023/24)



14. Illness in individuals often results from complex, personal factors that can be addressed through medical advice and behaviour change. In contrast, disease patterns in populations are shaped by wider social and environmental influences, requiring broader, system-level prevention that does not depend on individual choice.
15. A prevention-focused approach to long-term conditions is key to improving health outcomes, reducing inequalities, and easing pressure on services. As more people live longer with multiple conditions, helping them stay well for longer is as important as treating illness. Early prevention, timely detection, and effective management support independence, enhance quality of life, and make better use of local resources.
16. Figure 6 outlines a model of three levels of prevention in public health. Primary prevention aims to reduce the risk of illness through actions like promoting healthy lifestyles. Secondary prevention focuses on early detection, using tools such as screening and health checks to catch conditions early. Tertiary prevention involves managing existing long-term conditions to reduce complications and support quality of life.

Fig 6 Prevention Pyramid

Public health pyramid



17. In managing long-term conditions, local priorities can be shaped and delivered through multiagency collaboration across all three levels of prevention—reducing risk (primary), early identification (secondary), and ongoing management and rehabilitation (tertiary).
18. Coordinated action across the system—including stakeholders and local communities—is essential to helping people live well with long-term conditions, reduce prevalence, and tackle health inequalities.

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HEALTH AND HOUSING SCRUTINY COMMITTEE 3 SEPTEMBER 2025

PERFORMANCE INDICATORS YEAR END - QUARTER 4 - 2024/25

SUMMARY REPORT

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2024/25 up to year end March 2025 (Quarter 4).

Background

2. This report provides performance information in line with an indicator set and scrutiny committee distribution agreed by Monitoring and Coordination Group on 4 June 2018, and subsequently by scrutiny committee chairs.
3. The indicators included in this report are aligned with key priorities. Other indicators may be referenced when appropriate in narrative provided by the relevant Assistant Directors, when providing the committee with performance updates.
4. Thirty-five indicators are reported to the committee, nine of them are updated on a six-monthly basis and twenty-six annually. The annual indicators are updated throughout the year depending on their national release date.
5. Six indicators are reported by both Housing and Leisure Services and twenty-three by Public Health.
6. A detailed performance scorecard is attached at **Appendix 1**.
7. Detailed performance with narratives and graphs for each indicator is attached at **Appendix 2**.

Indicator Summaries

8. The following summaries take into consideration what is best performance for each indicator.

Housing Indicators - April to March 2023/24 comparison to 2024/25

9. Rent arrears of current Council tenants in the financial year as a percentage of rent debit improved as it decreased (HBS 013 – 3.69% to 2.85%).
10. The amount of rent collected as a proportion of rents owed on Council homes, including arrears brought forward debit increased (HBS 016 – 96.0% to 98.2%).

11. The average number of days spent in Bed and Breakfast accommodation for people affected by homelessness has seen a significant increased (HBS 025 – 9,616 to 13,849).
12. The number of positive outcomes where homelessness has been prevented decreased (HBS 027i - 547 to 496).
13. The average number of days to re-let empty Council dwellings has increased (HBS 034 – 75.25 to 113.25).
14. The percentage of dwellings not with a gas service within 12 months of the last service date has increased slightly (HBS 072 – 0.44% to 0.0%).

Leisure Indicators - April to March 2023/24 comparison to 2024/25

15. The % of the adult population physically inactive, doing less than 30 minutes moderate activity per week decreased (CUL 008a – 25.9% to 25.3%).
16. The % of the adult population physically active, doing 150 minutes moderate activity per week decreased (CUL 009a – 64.5% to 60.9%).
17. The % of the adult population taking part in sport and physical activity at least twice in the last month decreased slightly (CUL 010a – 77.9% to 77.5%).
18. Visitor numbers to the Dolphin Centre have increased by 160,682 (CUL 030 – 742,527 to 903,209).
19. The number of school pupils participating in the sports development programme has increased by 1,045 (CUL 063 – 11,515 to 12,560).
20. Number of individuals participating in the community sports development programme has decreased slightly (CUL 064 – 18,987 to 18,978).

Public Health Indicators

21. Eight of the twenty-three annually reported Public Health indicators have had updated information to report since the Quarter 2 report.

Public Health Indicators - 2021/22 comparison to 2022/23

22. Under 75 mortality rate from respiratory disease (one year range) decreased (PBH 060 – 44.6 per 100,000 to 43.1 per 100,000)

Public Health Indicators - 2022/2023 compared to 2023/24

23. Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review decreased slightly (PBH 018 – 99.5% to 99.3%).

24. Hospital admission rate caused by unintentional and deliberate injuries in children (aged 0-4 years) increased (PBH 024 – 206.5 per 10,000 to 252.2 per 10,000).
25. Hospital admission rate caused by unintentional and deliberate injuries in children (aged 0-14 years) decreased (PBH 026 154.2 per 10,000 to 149.0 per 10,000).
26. Hospital admission rate caused by unintentional and deliberate injuries in young people (aged 15-24 years) decreased (PBH 027 186.3 per 10,000 to 127.8 per 10,000)
27. Emergency Hospital Admission rate for Intentional Self-Harm decreased (PBH 031 197.5 per 100,000 to 121.0 per 100,000).
28. Under 75 mortality rate from cardiovascular diseases considered preventable (one year range) increased slightly (PBH 056a – 30.5 per 100,000 to 31.8 per 100,000).
29. Under 75 mortality rate from cancer (one year range) decreased (PBH 058 – 141.6 per 100,000 to 129.0 per 100,000)

Public Health Indicators - 2023/2024 compared to 2024/25

30. Admission episode rate for alcohol-related conditions (narrow) decreased (PBH 044 – 659 per 100,000 to 621 per 100,000).

Performance Summary

31. Thirteen indicators have 2024/25 Quarter 4 information to compare with that from 2023/24. When taking into consideration what is best performance for each indicator:
 - a) 6 of the 13 indicators figures increased.
 - b) 7 of the 13 indicators figures decreased.
32. There are eight indicators that do not have 2024/25 information but have been updated since the 2024/25 Quarter 2 report. When taking into consideration what is best performance for the indicator and comparing the latest information against the previous year:
 - c) 5 of the 8 indicators figures increased.
 - d) 3 of the 8 indicators figures decreased.

Recommendation

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

Anthony Sandys
AD – Housing and Revenues

Lisa Soderman
Head of Leisure

Lorraine Hughes
Director of Public Health

Background Papers

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

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

Health and Housing Scrutiny Committee 2024 - 2025 QUARTER 4												APPENDIX 1					
												Year End data direction of travel			Current Qtr 4 comparison with previous Qtr 4		
Indicator	Title	Return Format	Reported	What is best	2021/2022	2022/2023	2023/2024	2024/2025 - Qtr 1	2024/2025 - Qtr 2	2024/2025 - Qtr 3	2024/2025 - Qtr 4	Qtr 4 - 2022/2023 compared to 2021/2022	Qtr 4 - 2023/2024 compared to 2022/2023	Qtr 4 - 2024/2025 compared to 2023/2024	Qtr 4 - 2024/2025 compared to 2021/2022	Qtr 4 - 2024/2025 compared to 2022/2023	Qtr 4 - 2024/2025 compared to 2023/2024
CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week	Percentage Value	Annually	Lower	33.1%	30.1%	25.9%	Annual indicators no data to report for these quarters				25.3%	↑	↑	↑	↑	↑
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Percentage Value	Annually	Higher	54.9%	60.9%	64.5%					60.9%	↑	↑	↓	↑	↔
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Percentage Value	Annually	Higher	68.5%	71.5%	77.9%					77.5%	↑	↑	↓	↑	↑
CUL 030	Total number of visits to the Dolphin Centre (all areas)	Number	Monthly	Higher	619,748	851,821	742,527	219,987	452,328	668,235	903,209	↑	↓	↑	↑	↑	↑
CUL 063	Number of school pupils participating in the sports development programme	Number	Monthly	Higher	12,634	14,167	11,515	4,789	6,342	9,564	12,560	↑	↓	↑	↓	↓	↑
CUL 064	Number of individuals participating in the community sports development programme	Number	Monthly	Higher	11,089	12,987	18,987	4,690	11,071	15,023	18,978	↑	↑	↓	↑	↑	↓
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)	Percentage	Quarterly	Lower	2.68%	3.46%	3.69%	3.21%	2.88%	3.15%	2.85%	↓	↓	↑	↓	↑	↑
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd	Percentage	Quarterly	Higher	97.5%	95.9%	96.0%	98.5%	99.6%	97.8%	98.2%	↓	↑	↑	↑	↑	↑
HBS 025	Number of days spent in Bed and Breakfast	Days	Monthly	Lower	3,697	7,308	9,616	3,506	8,004	11,462	13,849	↓	↓	↓	↓	↓	↓
HBS 027i	Number of positive outcomes where homelessness has been prevented	Number	Monthly	Higher	578	720	547	152	265	370	496	↑	↓	↓	↓	↓	↓
HBS 034b	Average number of days to re-let dwellings (year to date)	Average Days	Monthly	Lower	46.35	54.79	72.25	104.87	90.36	100.26	113.25	↓	↓	↓	↓	↓	↓
HBS 072	% of dwellings not with a gas service within 12 months of last service date	Percentage	Monthly	Lower	0.20%	0.50%	0.44%	0.26%	0.80%	0.38%	0.50%	↓	↑	↓	↓	↔	↓
PBH 009	(PHOF C04) Low birth weight of term babies	Percentage	Annually	Lower	2.3%	2.3%	No data available	Annual indicators no data to report for these quarters				No data available	↔	NA	NA	NA	NA
PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth - current method	Percentage	Annually	Higher	35.1%	38.1%	40.6%					No data available	↑	↑	NA	NA	NA
PBH 014	(PHOF C06) Smoking status at time of delivery	Percentage	Annually	Lower	14.0%	12.9%	10.6%					No data available	↑	↑	NA	NA	NA
PBH 016	(PHOF C02a) Rate of under-18 conceptions	Per 1,000 pop	Annually	Lower	17.1	No data available	No data available					No data available	NA	NA	NA	NA	NA
PBH 018	Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	Percentage	Annually	Higher	99.5%	99.5%	99.3%					No data available	↔	↓	NA	NA	NA
PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)	Number	Annually	Lower	26.2	26.7	23.3					No data available	↓	↑	NA	NA	NA
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)	Number	Annually	Lower	38.7	37.3	35.4					No data available	↑	↑	NA	NA	NA
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Per 10,000 pop	Annually	Lower	146.2	206.5	252.2					No data available	↓	↓	NA	NA	NA
PBH 026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Per 10,000 pop	Annually	Lower	124.7	154.2	149.0					No data available	↓	↑	NA	NA	NA
PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Per 10,000 pop	Annually	Lower	252.1	186.3	127.8					No data available	↑	↑	NA	NA	NA
PBH 031	(PHOF C14b) Emergency Hospital Admissions for Intentional Self-Harm	Per 100,000 pop	Annually	Lower	270.9	197.5	121.0					No data available	↑	↑	NA	NA	NA
PBH 033	(PHOF C18) Prevalence of smoking among persons aged 18 years and over	Percentage	Annually	Lower	10.6%	11.5%	7.9%					No data available	↓	↑	NA	NA	NA
PBH 035i	(PHOF C19a) Successful completion of drug treatment - opiate users	Percentage	Annually	Higher	4.2%	4.4%	7.6%					No data available	↑	↑	NA	NA	NA
PBH 035ii	(PHOF C19b) Successful completion of drug treatment - non-opiate users	Percentage	Annually	Higher	27.8%	15.2%	21.8%					No data available	↓	↑	NA	NA	NA
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment	Percentage	Annually	Higher	27.4%	18.0%	28.1%					No data available	↓	↑	NA	NA	NA
PBH 044	(PHOF C21) Admission episodes for alcohol-related conditions (narrow) (new method)	Per 100,000 pop	Annually	Lower	552	774	659					621	↓	↑	↑	↓	↑

Health and HousingScrutiny Committee2024 - 2025 QUARTER 4												APPENDIX 1					
												Year End data direction of travel			Current Qtr 4 comparison with previous Qtr 4		
Indicator	Title	Return Format	Reported	What is best	2021/2022	2022/2023	2023/2024	2024/2025 - Qtr 1	2024/2025 - Qtr 2	2024/2025 - Qtr 3	2024/2025 - Qtr 4	Qtr 4 - 2022/2023 compared to 2021/2022	Qtr 4 - 2023/2024 compared to 2022/2023	Qtr 4 - 2024/2025 compared to 2023/2024	Qtr 4 - 2024/2025 compared to 2021/2022	Qtr 4 - 2024/2025 compared to 2022/2023	Qtr 4 - 2024/2025 compared to 2023/2024
PBH 046	(PHOF C26b) Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period	Percentage	Annually	Higher	47.4%	45.8%	41.6%					No data available	↓	↓	NA	NA	NA
PBH 048	(PHOF D02a) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Per 100,000 pop	Annually	Higher	1,513	1,972	1,519					No data available	↑	↓	NA	NA	NA
PBH 050	(PHOF D07) HIV late diagnosis (%)	Percentage	Annually	Lower	33.3%	25.0%	No data available					No data available	↑	NA	NA	NA	NA
PBH 054	(PHOF E02) Percentage of 5 year olds with experience of visually obvious dental decay	Percentage	Biennial	Lower	24.8%	No data available	No data available					No data available	NA	NA	NA	NA	NA
PBH 056a	(PHOF E04b) Under 75 mortality rate from circulatory diseases considered preventable (1 year range)	Per 100,000 pop	Annually	Lower	29.5	30.5	31.8					No data available	↓	↓	NA	NA	NA
PBH 058	(PHOF E05a) - Under 75 mortality rate from cancer (1 year range)	Per 100,000 pop	Annually	Lower	136.7	141.6	129.0					No data available	↓	↑	NA	NA	NA
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease (1 year range)	Per 100,000 pop	Annually	Lower	44.6	43.1	No data available					No data available	↑	NA	NA	NA	NA
								Better than =	↑			16	19	6	6	7	6
								Not as good as =	↓			15	11	7	7	4	7
								The same as =	↔			2	0	0	0	2	0
								No comparative data	NA			2	5	22	22	22	22

HEALTH AND HOUSING SCRUTINY COMMITTEE

3 SEPTEMBER 2025

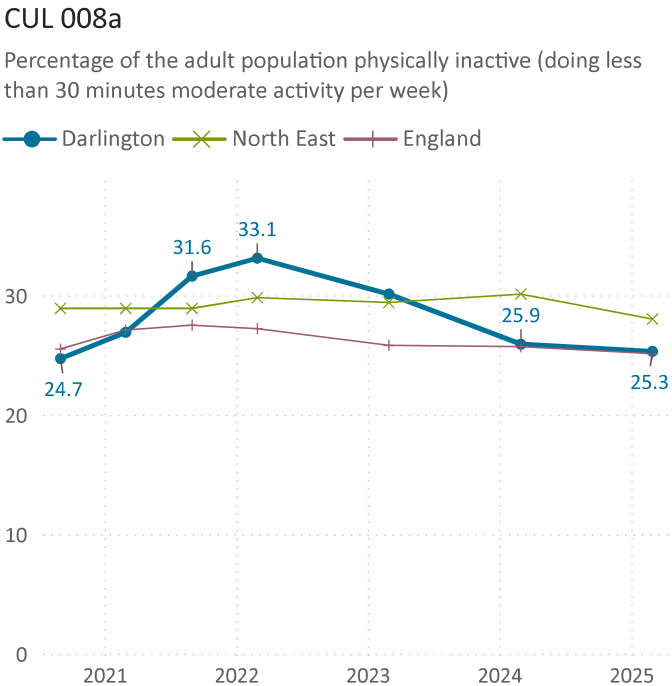
Performance Indicators Year End - Qtr 4 2024/25

Appendix 2

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

The 2023-24 Active Lives survey results show that there has been a slight improvement from the 2022-23 results, from 25.9% to 25.3%, which is continuing the positive trend and Darlington is in line with the national average.

A new 10-year Physical Activity Strategy was developed over the past year and approved by Cabinet on June 10th 2025. It outlines how the council in partnership with other organisations can develop, organise and promote new projects to encourage adult participation in physical activity and support the continuation of the downward trend of adult physical inactivity in Darlington.



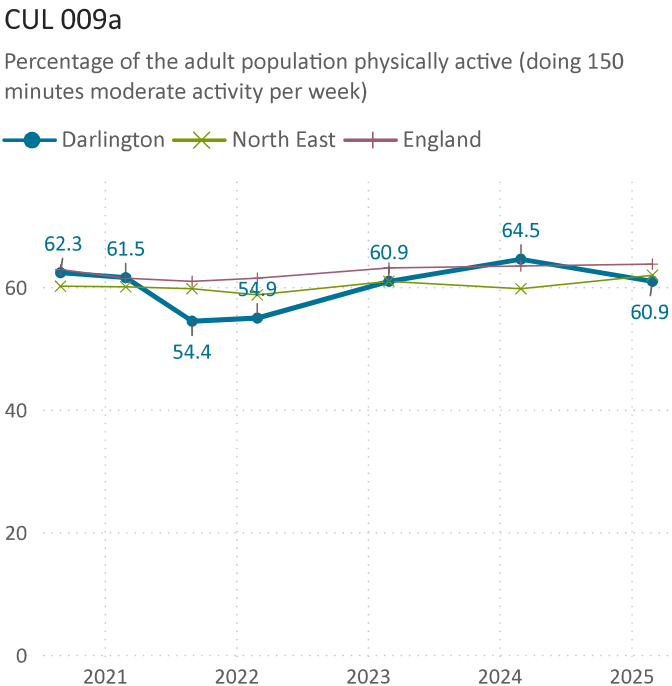
Lead Officer:

Service Area: Leisure

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

The 2023-24 Active Lives survey results show that there has been a small decrease in the amount of adults completing more than 150 minutes of physically active in Darlington (64.5% 2022-23 to 60.9% 2023-24). However we are in line with the north east average.

A new 10-year Physical Activity Strategy was developed over the past year and approved by Cabinet on June 10th 2025. It outlines how the council in partnership with other organisations can develop, organise, and promote new projects to encourage adult participation in physical activity, that will hopefully support an increase in the sustainability of the physical activity levels. We have been chosen as one of the pilot areas for the Sport England Place funding which will target inactivity levels. The aim of this investment is to use what we know about working effectively in places to increase activity, decrease inactivity, reduce inequalities, and improve the experience of sport and physical activity for adults in Darlington.



Lead Officer:

Service Area: Leisure

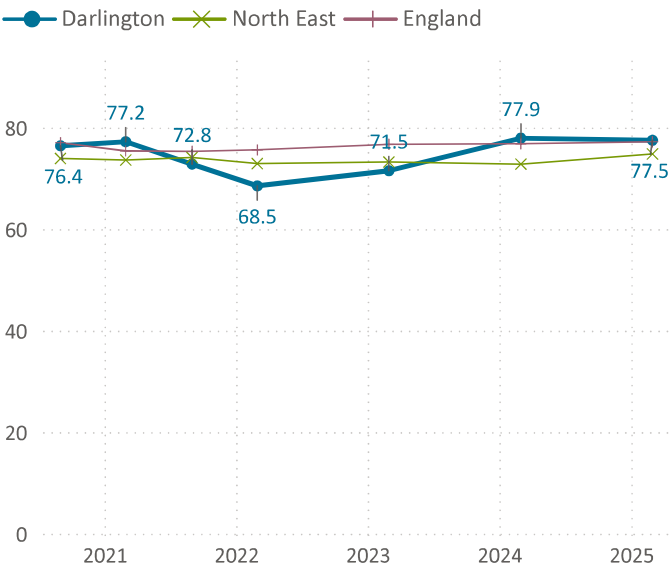
Percentage of the adult population taking part in sport and physical activity at least twice in the last month

The 2023-24 Active Lives survey results show there has been an very small decrease in adults taking part in sport and physical activity at least twice a month in Darlington (77.9% 2022/23 to 77.5% 23/24). This is still a positive trend as it shows we are maintaining this activity at a good level with Darlington still being above both the North East average of 74.5% and the England average of 77.2%.

A new 10-year Physical Activity Strategy was developed over the past year and approved by Cabinet on June 10th 2025. It outlines how the council in partnership with other organisations can develop, organise, and promote new projects to encourage adult participation in physical activity, therefore continue the upward trend of adult physical activity.

CUL 010a

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



Lead Officer:

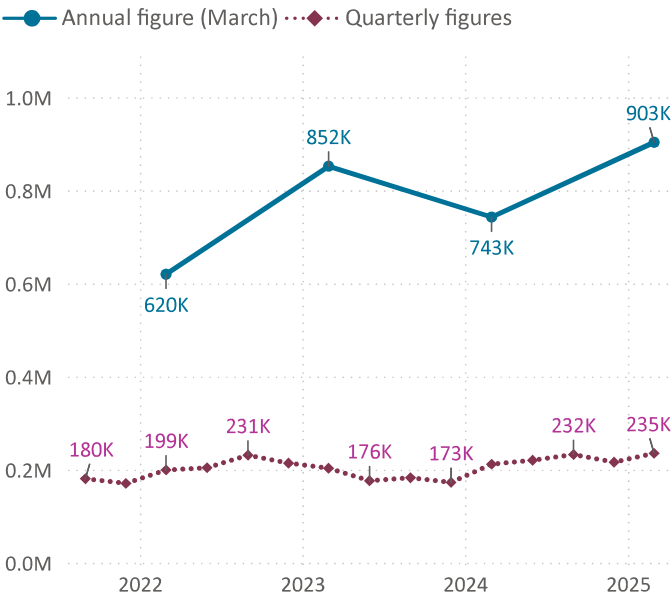
Service Area: Leisure

Total number of visits to the Dolphin Centre (all areas)

Visits to the centre have continued to grow since Quarter 2 with the toddler pool and slides reopening in September 2024, and two very successful half term holidays in October 2024 and February 2025. All quarters are showing higher levels of participation in the centre facilities in comparison to 2023/2024. Memberships have continued to grow, hospitality has continued to thrive and further growth has been experienced in racket sports and swimming lessons. 2024/2025 has been an extremely busy year in the Dolphin Centre.

CUL 030

Total number of visits to the Dolphin Centre (all areas)

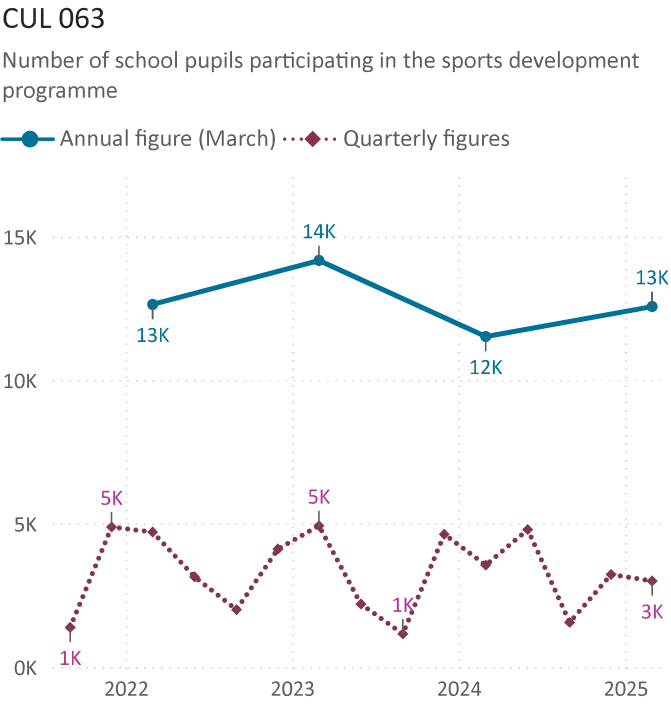


Lead Officer:

Service Area: Leisure

Number of school pupils participating in the sports development programme

A full School Games programme has been delivered this year with an increase in participation from the year 2023/24. The re-opening of Eastbourne Sports Complex has supported this increase of over 1,000 participants from the end of March 2024. New activities are planned for 2025/26 to supplement the existing programme which should support a further increase in 2025/26 with a focus around additional leadership events/girls football and padel tennis events.

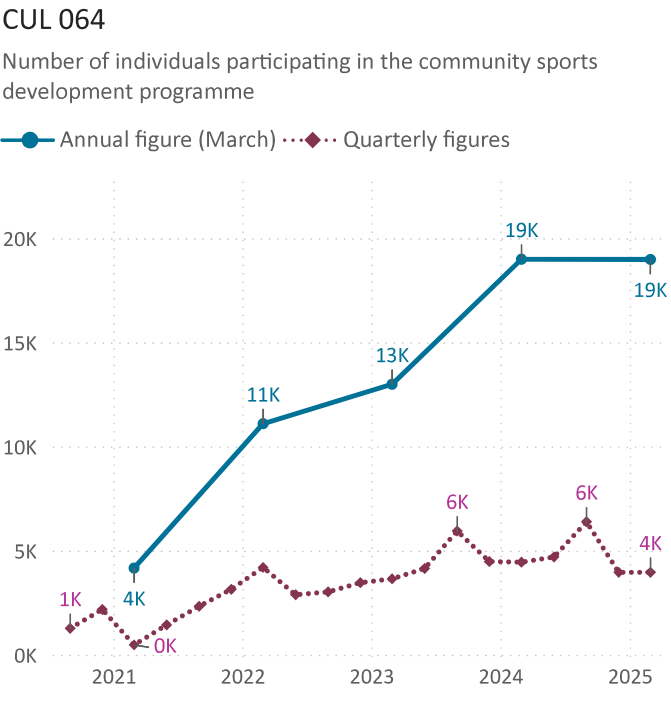


Lead Officer:

Service Area: Leisure

Number of individuals participating in the community sports development programme

The figures have remained consistent to last year with the team delivering sessions and activities that are continuing to sustain participants who attend. A broad community outreach programme has been delivered at various community venues with the team supporting the new Sport and Physical Activity strategy and the application for the Sport England Place funding for Darlington. This will be a key focus in 2025/26 with a view to increasing figures and participation in the town.

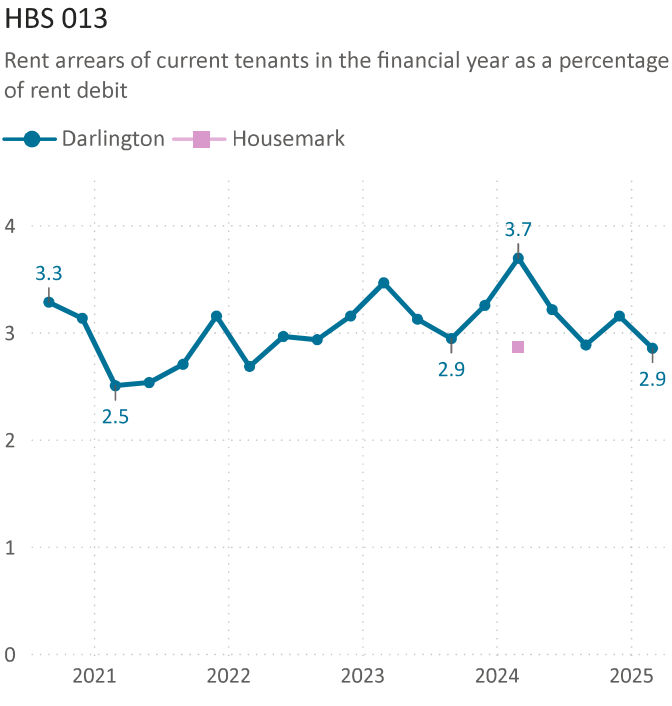


Lead Officer:

Service Area: Leisure

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

Rent arrears levels were better than target in Q4 at 2.85% of annual debit with £30.3M collected throughout the year. The Income team has successfully achieved the highest collection rate for the last 5 years. This has been a huge achievement as over the last year, tenants have faced the continued challenge of the cost-of-living crisis and the nationwide migration from Housing Benefit and other legacy benefits onto Universal Credit (UC). UC is paid in arrears and the Income Team has contacted tenants at the earliest opportunity, providing advice and support to ensure that reasonable and robust payment arrangements are in place.



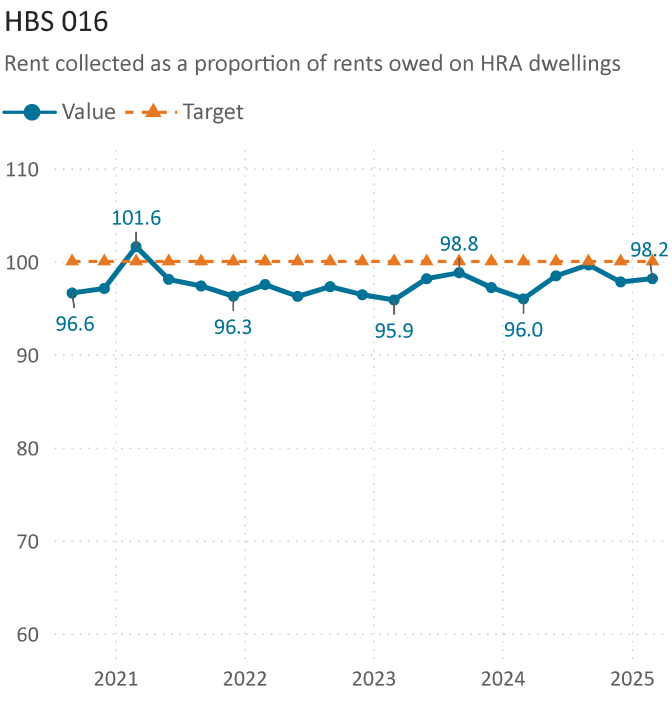
Lead Officer: Anthony Sandys: Assistant Director - Housing & Revenues

Service Area: Revenue & Benefits

Rent collected as a proportion of rents owed on HRA dwellings

Collection rates have significantly increased since Q4 2023/24 from 95.97% to 98.15%. The team has achieved this by contacting tenants at the earliest opportunity and providing robust advice and guidance.

The Income Team will continue to promote help and guidance and making affordable repayment plans with customers throughout their tenancy, only taking court and enforcement action where all other efforts have failed.



Lead Officer: Anthony Sandys: Assistant Director - Housing & Revenues

Service Area: Revenue & Benefits

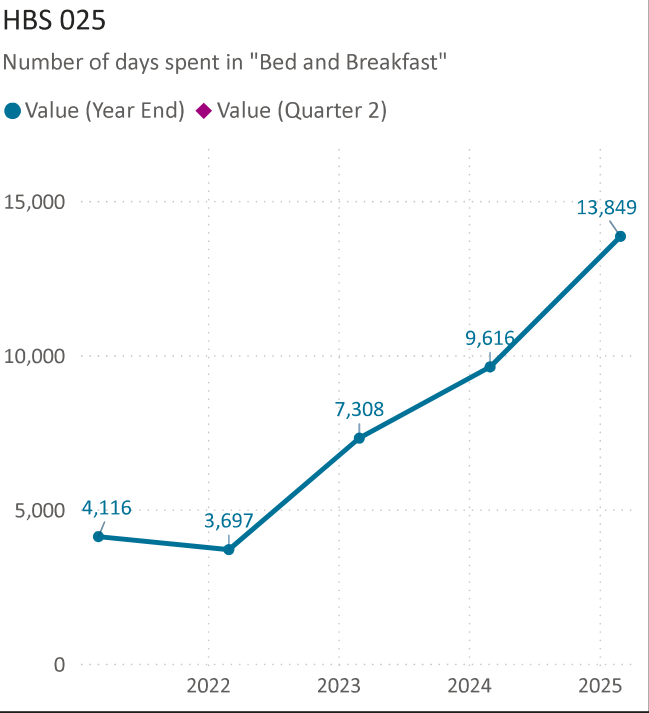
Number of days spent in "Bed and Breakfast"

The number of nights spent in temporary accommodation this quarter has been 2387 which is lower than quarter 4 last year (3969)

For 2024-25 we have had 13,849 days which is an increase of 4233 (44%) from last financial year. This is attributed to the increase in presentations and difficulties in moving clients on to permanent accommodation. This has been due to the high demand for social housing, longer times spent on the waiting list, the changes within the private rented market becoming more expensive to access and availability decreasing.

We have also had periods of severe weather where clients are placed in accommodation regardless of meeting the priority need criteria.

Darlington has also been working with the government on a pilot Ending Rough Sleeping Assessment Tool where clients are placed to prevent rough sleeping.



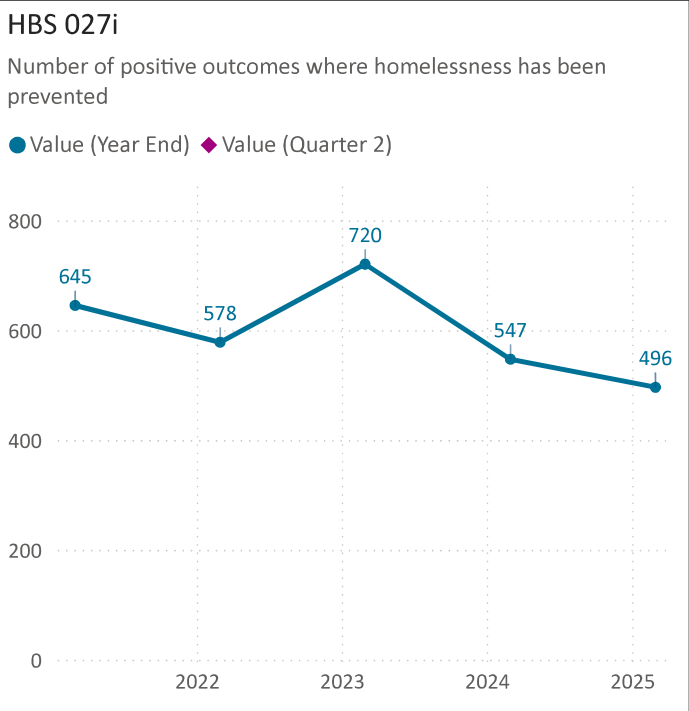
Lead Officer: Anthony Sandys: Assistant Director - Housing & Revenues

Service Area: Housing

Number of positive outcomes where homelessness has been prevented

Positive outcomes where homelessness has been prevented has reduced by 9.3% this year, in comparison with 2023-24. However we have still seen 496 positive outcomes where the Housing Options Team has strived to find long-term solutions for their clients.

The slight reduction in positive outcomes is due to a number of factors including homeless cases being open for longer, as there are delays in moving clients on from temporary accommodation to permanent accommodation and increasing demands on the social and private housing waiting lists with options for move on becoming more difficult. This is also reflected in the increased times spent in temporary accommodation.

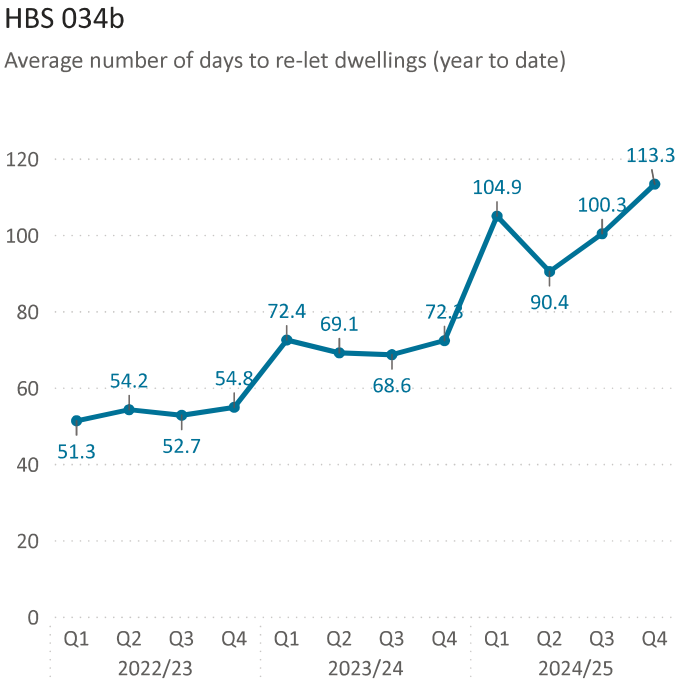


Lead Officer: Anthony Sandys: Assistant Director - Housing & Revenues

Service Area: Housing

Average number of days to re-let dwellings (year to date)

The cumulative average relet time for the year 2024/25 is 113 days, an increase from 2023/24. Nationally, staffing resource for tradespeople continues to be difficult so we are continuing to invest in apprenticeships to increase qualified tradespersons and to build resilience within the team. Our new Repairs Before Letting Manager has conducted a thorough review of processes and resources as well as seeking out best practice. Following this review, an additional void property surveyor has been employed which will reduce the time. A working group of senior managers is looking at improvements and new void standards have been agreed. It is anticipated performance for 2025/26 will improve.

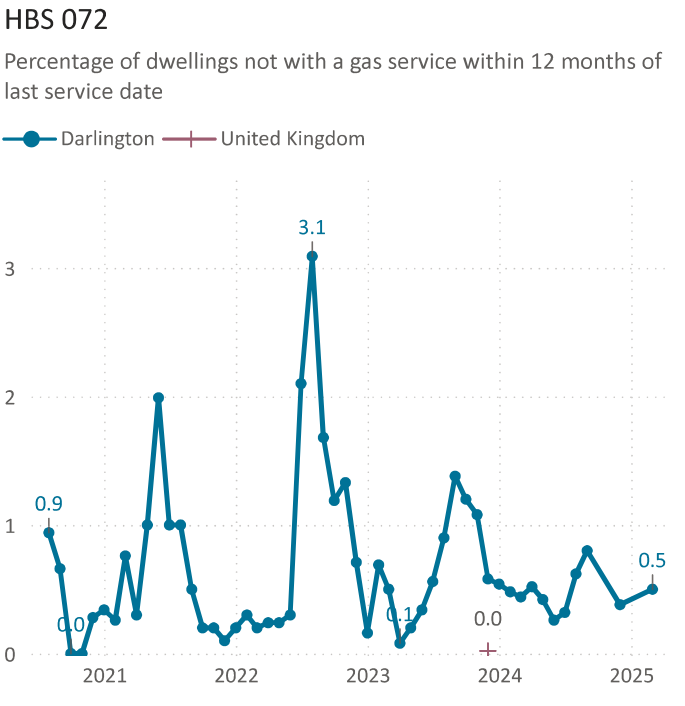


Lead Officer: Anthony Sandys: Assistant Director - Housing & Revenues

Service Area: Housing

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

The percentage of dwellings without a gas service within 12 months of the last service date was 0.5% in quarter 4 of 2024-25. This is slightly higher than the same quarter of 2023-24 at 0.4%. Performance is on target at 0.5% and all Council properties with gas appliances and due a gas safety check will be followed up with appropriate action, to meet our statutory duties.



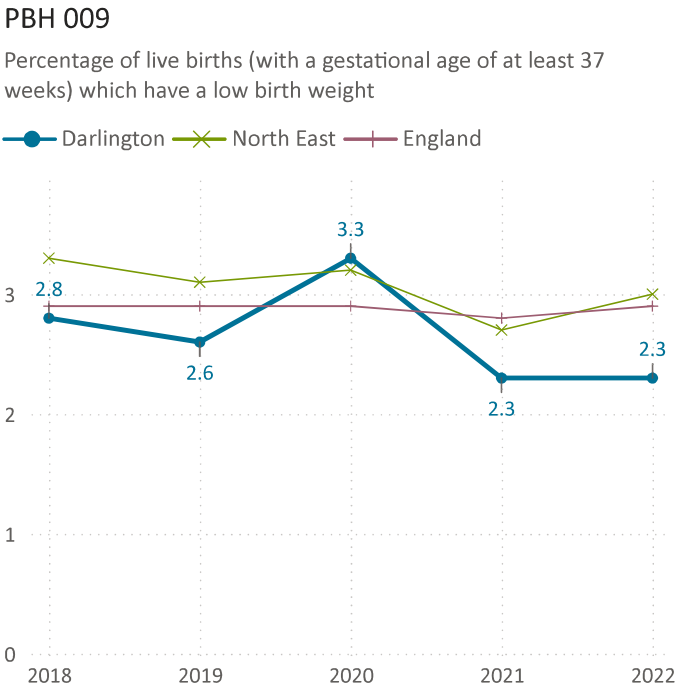
Lead Officer: Anthony Sandys: Assistant Director - Housing & Revenues

Service Area: Housing

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

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

The 0-19 public health service contract includes a specific action for Health Visitors to visit expectant mothers between weeks 28 and 36 of their pregnancy. This visit provides an opportunity to provide information, advice and support to maximise the a healthy pregnancy. There is new investment into stop smoking services to target extra support to more pregnant women quit smoking.



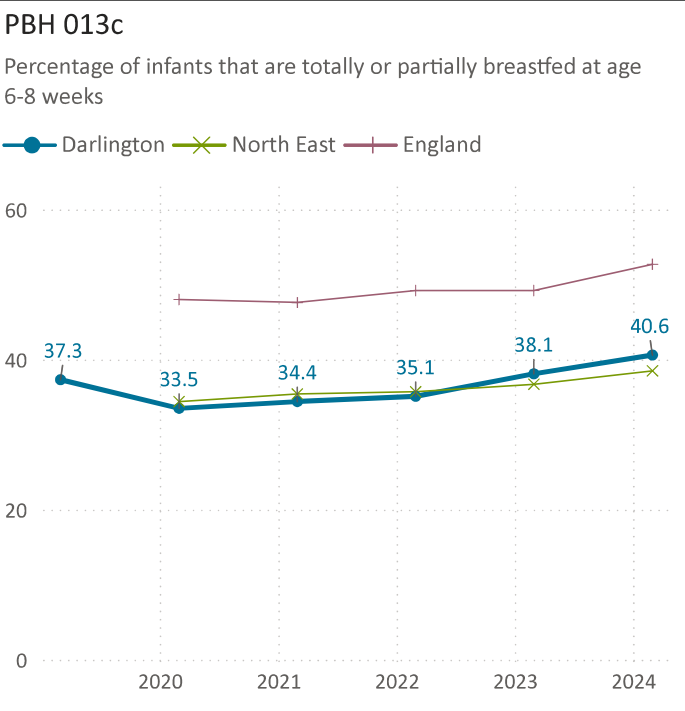
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

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

The latest data from 2023/24 shows that 40.6% of infants in Darlington are totally or partially breastfed at 6-8 weeks after birth. This has steadily risen since 2020 and is now statistically similar to the North East, although statistically lower than across England.

This reflects the multiagency approach in Darlington with the midwifery team in the hospital supporting breastfeeding with new mothers at the time of delivery and handing over to the Health Visiting team at discharge who then provide structured breastfeeding support including peer support. The Health Visiting Service holds UNICEF BFI (Baby Friendly Initiative) Gold Ambassador Status, which demonstrates best practice.



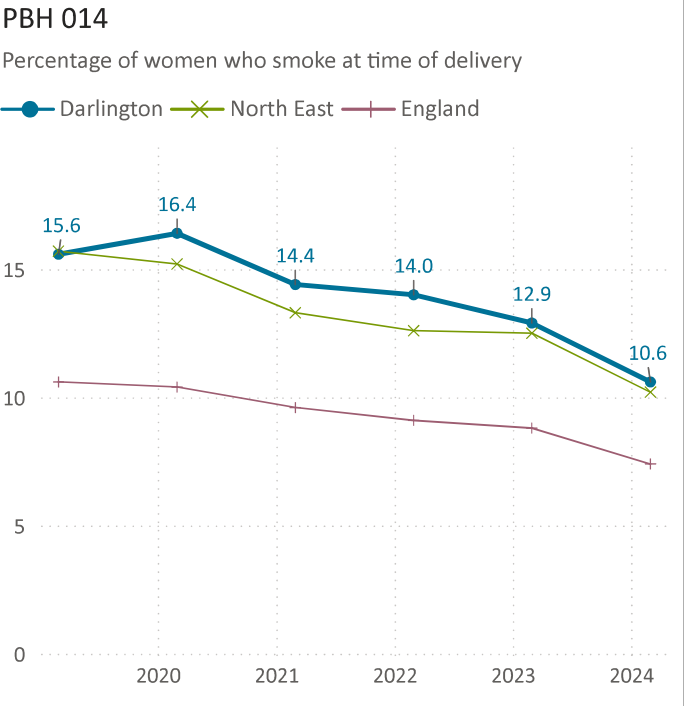
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Percentage of women who smoke at time of delivery

The latest data from 2023/24 shows that only 10.6% of mothers are known to be smokers at the time of delivery. This has been reducing every years since 2020 with Darlington statistically similar to the North East and statistically worse than England. The gap between Darlington and the North East and England has narrowed since 2020.

Stop Smoking support is provided by the NHS provides through local maternity services and the Council, which commissions a specialist stop smoking service that supports women to stop smoking before and after being pregnant. There is new investment into stop smoking services to target extra support to more pregnant women quit smoking at every opportunity.



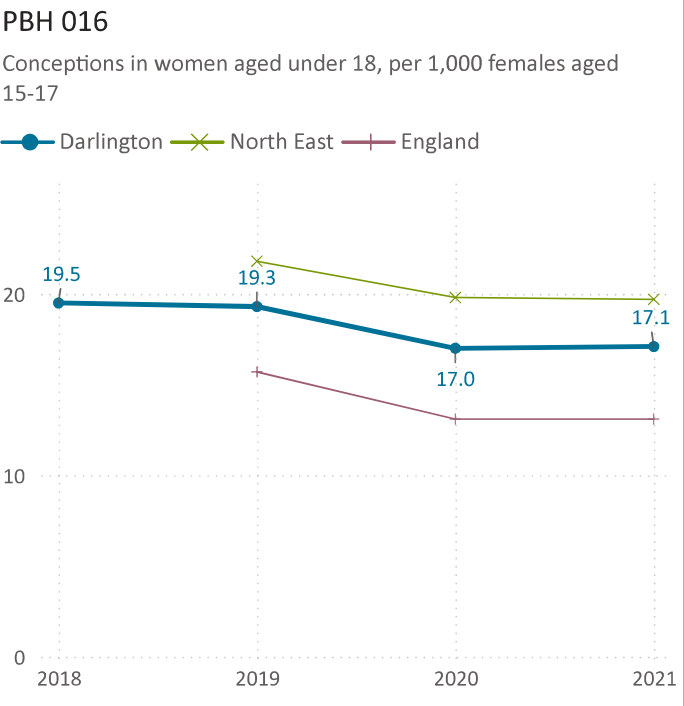
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Conceptions in women aged under 18, per 1,000 females aged 15-17

This most up to date data from 2021 shows that there is no significant change to the trend for under-18s conception rate/1,000. 17.1 per 1,000. Darlington is statistically similar to the North East and England averages.

There is a broad range of ongoing activities and programmes of evidence-based interventions developed and delivered with partners. This includes supporting the delivery of Relationship, Sex and Health Education (RSHE) curriculum with Darlington schools, School Nurses providing drop in sessions in schools and providing information, support and access to contraception. The community contraception service provides young people with access to a full range of contraception.



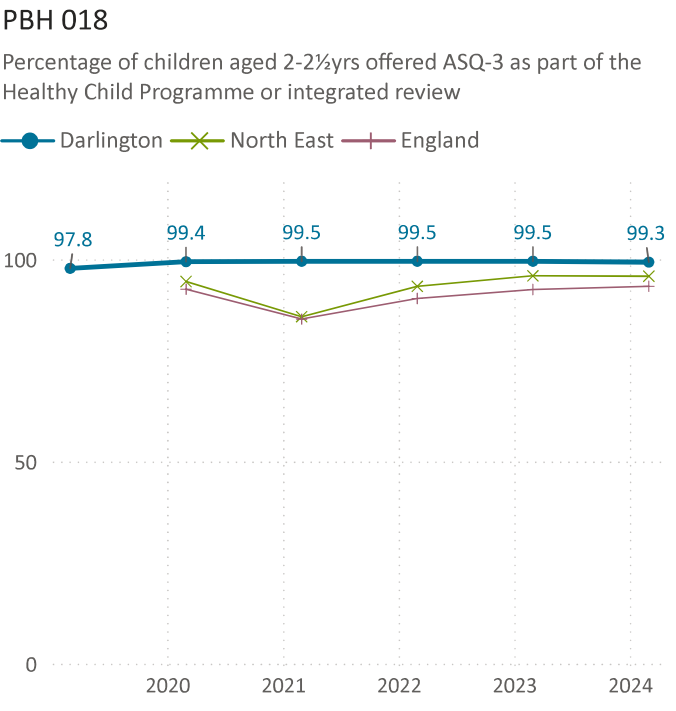
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

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

The latest data from 2023/24 shows that 99.3% of children aged 2-2.5 years were offered an ASQ-3 test as part of the mandated Healthy Child programme contacts (or an integrated assessment). Darlington is statistically better than the North East and England.

ASQ-3 is a comprehensive assessment of child's early development including motor, problem solving and personal development. The Health Visiting team work with Early Years settings and parents to ensure those identified with additional needs are offered an integrated assessment to identify any developmental needs as early as possible so that the child and family can receive appropriate support.



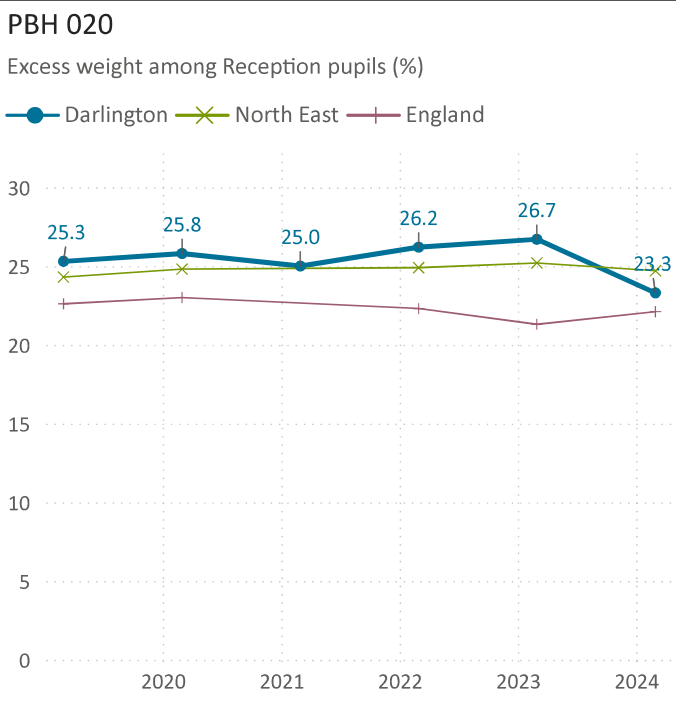
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Excess weight among Reception pupils (%)

The latest data from 2023/24 shows that 23.3% of reception children aged 4-5 years that were measured were found to be overweight or obese. This has reduced from the last period with Darlington is now statistically similar to the North East and England.

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



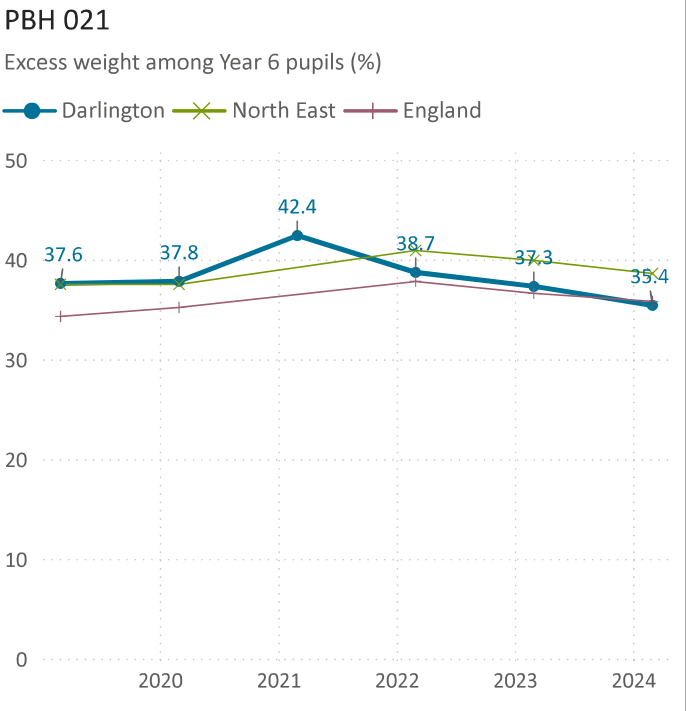
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Excess weight among Year 6 pupils (%)

The latest data from 2023/24 shows that 35.4% of Year 6 children aged 10-11 years who were measured were found to be overweight or obese. There has reduced each year since 2021, with Darlington statistically better than the North East and statistically similar to England.

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



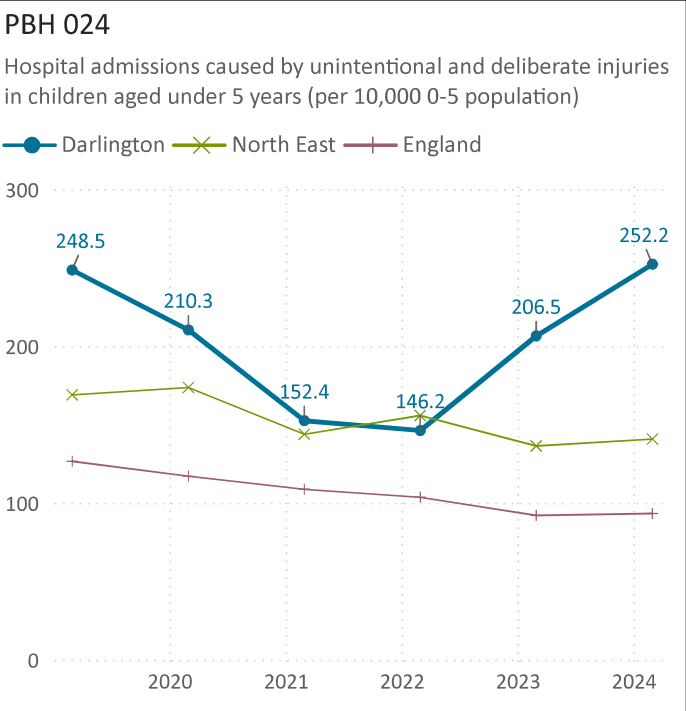
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

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

The latest data shows a significant increase in this rate to 252.2 per 10,000 population for emergency admissions for 0-4 years since 2022. Compared to our North East neighbours, Darlington is ranked the highest and is statistically worse than the North East and England rate.

The reasons for this increase in children's admissions are complex and requires system-wide action. Most are due to accidents. The Public health team is working with the hospital to understand some of these reasons. The Health Visiting team is informed of any child's hospital admission and proactively contact parents providing them with targeted information, guidance and support.



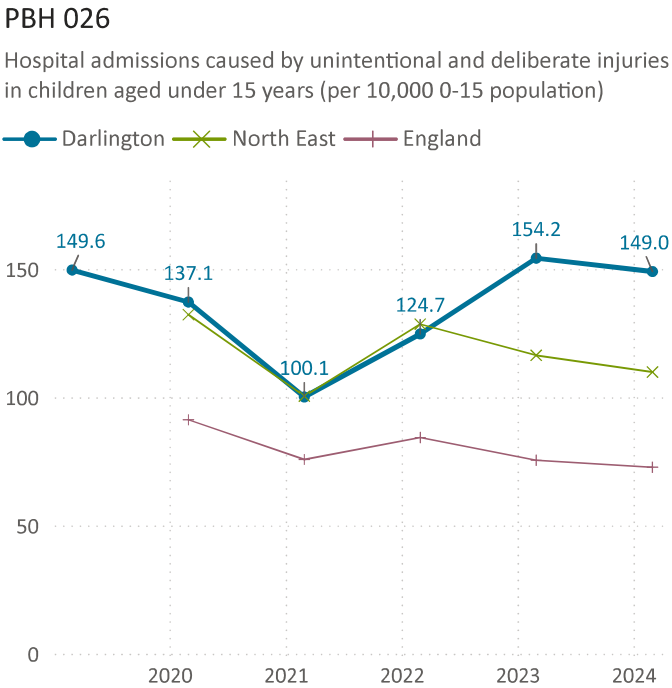
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

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

The latest data from 2023/24 shows that the rate for Darlington is 149 per 10,000 for emergency admissions for those aged 0-14 years. There is a reduction on last year with Darlington statistically worse than the North East and England.

The causes of admissions are complex and requires a system wide approach. A large proportion are due to accidents. The Public Health team is working with the hospital to understand some of these reasons. The Health Visiting team is informed of any child’s hospital admission and proactively contact parents providing them with targeted information, guidance and support.



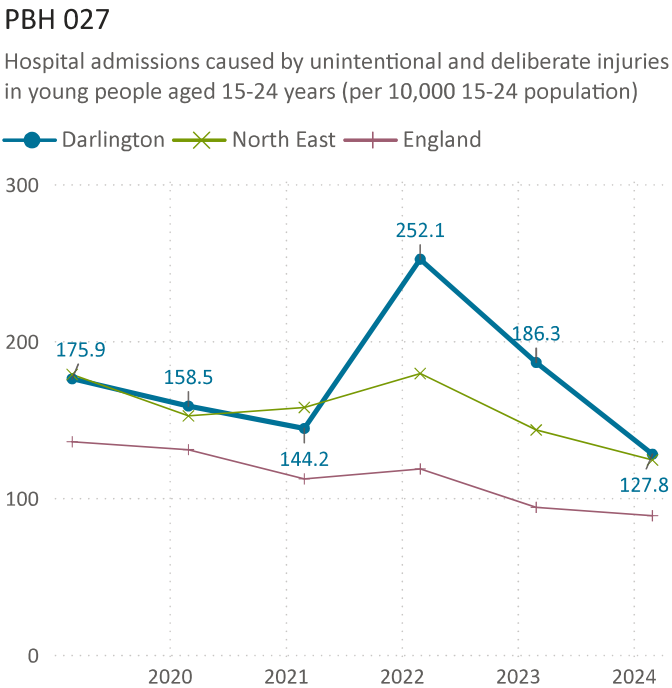
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years (per 10,000 15-24 population)

The latest data from 2023/24 shows that the rate is 127.8 per 10,000 for emergency admissions for 15-24 years. This is statistically similar to the North East, but statistically worse than England. This rate has continued to reduce from a peak in 2022.

The causes of admissions are complex and requires a system wide approach. Most are due to traffic and sporting injuries. This also includes injuries as a result of self-harm for this group. The authority is working with the hospital to understand the data behind these figures. The 0-19 team is informed of any child’s hospital admission and will contact parents of younger children and provide them with information, guidance and support.



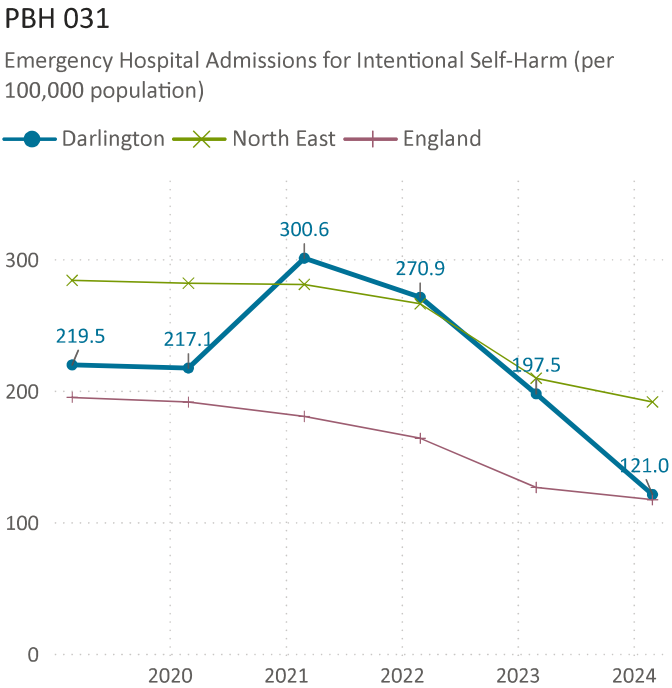
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

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

The latest data for 2024, a rate of 121 per 100,000, which is statistically similar to England and is statistically better than the North East. This data also shows a decreasing trend for Darlington from 2021.

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



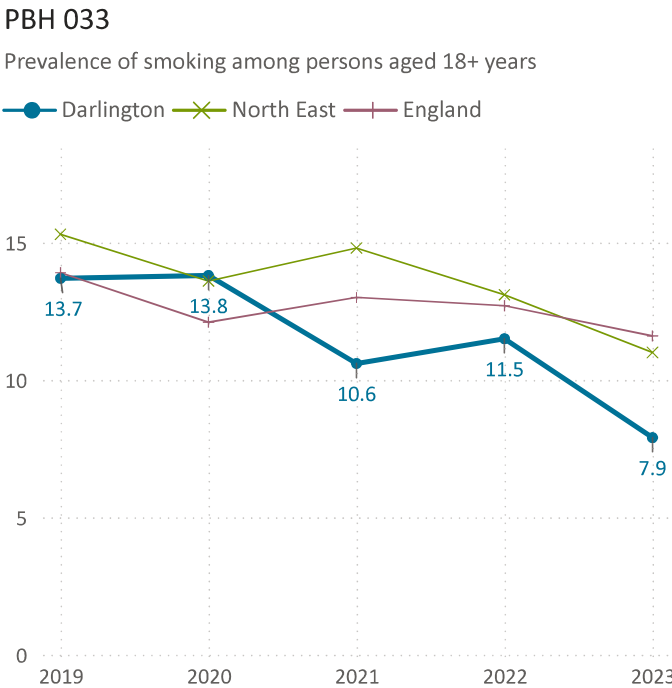
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Prevalence of smoking among persons aged 18+ years

This latest data from the 2023 Annual Population Survey (APS) shows that 7.9% of those who responded aged 18+ self-reported themselves as smokers in Darlington. This is the 3rd year with a reduction from a peak of 13.8% in 2020. Darlington is statistically better than the North East and England.

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



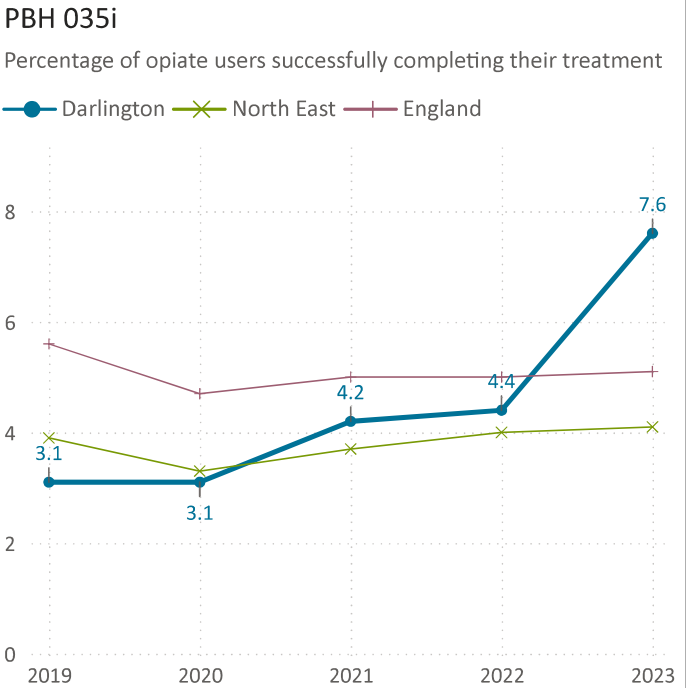
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Percentage of opiate users successfully completing their treatment

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

This rise reflects the increased investment in substance misuse treatment services, which has enabled increased access to better quality treatment. This has increased the numbers in treatment and more positive outcomes. Our local services continue to improve evidence-based interventions, which is effective meets the needs of service users.



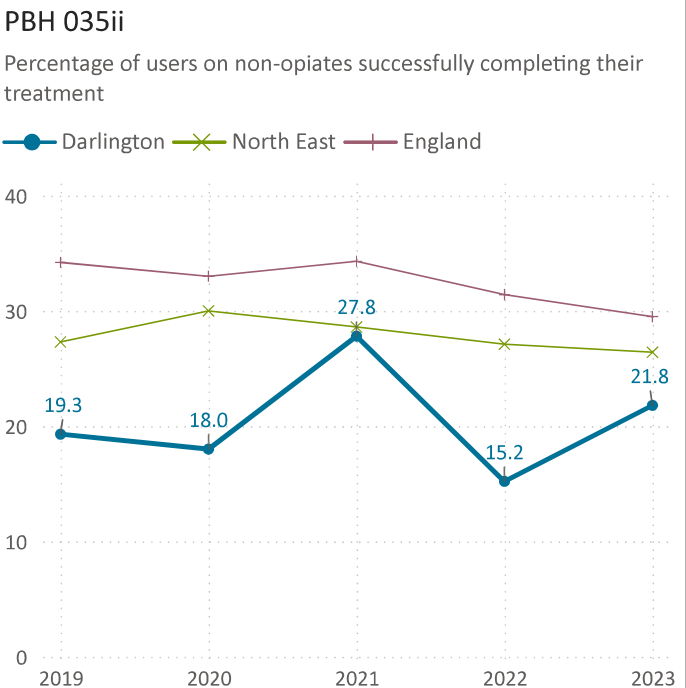
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Percentage of users on non-opiates successfully completing their treatment

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

This rise reflects the increased investment in substance misuse treatment services, which has enabled increased access to better quality treatment. This has increased the numbers in treatment and more positive outcomes. Our local services continue to improve evidence-based interventions, which is effective meets the needs of service users.



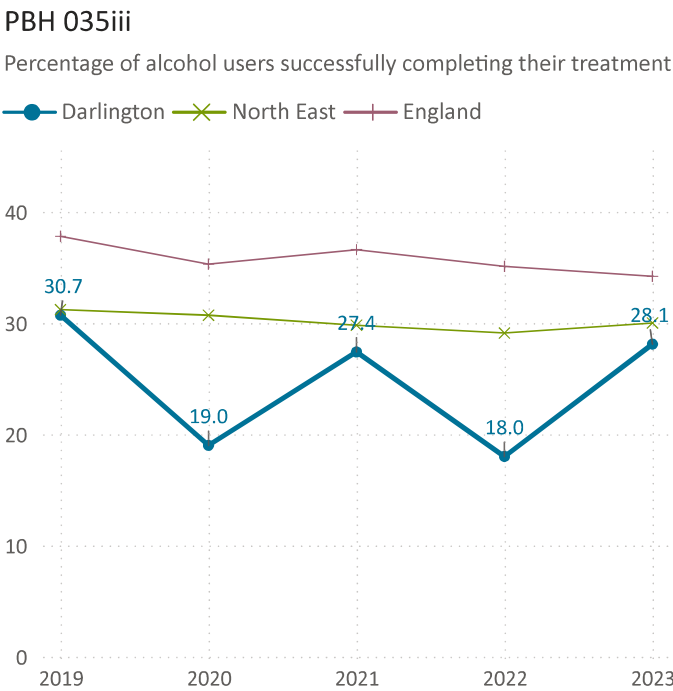
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Percentage of alcohol users successfully completing their treatment

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

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



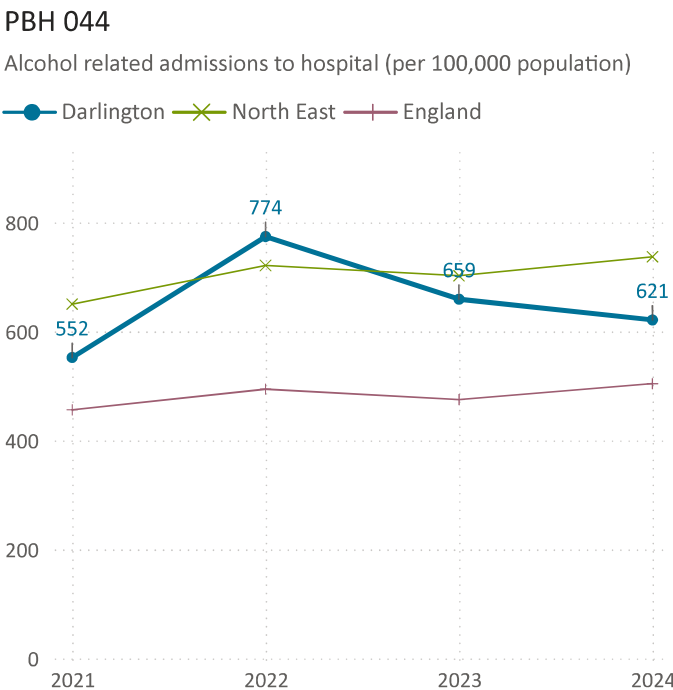
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

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

The latest data for 2023/24 shows the rate of alcohol related admissions was 621 per 100,000. This has reduced from the previous data. with Darlington statistically better than the North East and statistically worse than England.

This indicator represents the burden of disease from alcohol consumption in Darlington which has accumulated over many years. The council commissions treatment services and is working engaged with partners across the system to develop and implement strategies to reduce alcohol consumption and harms from alcohol to contribute to reducing alcohol admissions in the longer term.



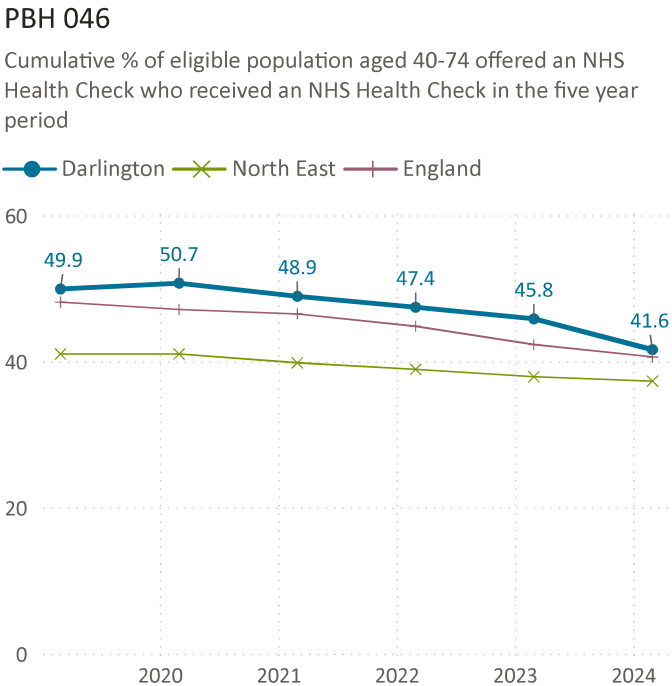
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

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

The latest data shows that 41.6% of those in Darlington who are eligible for an NHS Health Check who have been offered a check are successfully receiving the check. This has reduced in line with England and the North East since the peak in 2020 however Darlington is statistically better than England and the North East.

The authority commissions the GP federation to support individual GP practices to identify offer a health check to all those who are eligible and maximise the proportion who go onto receive a NHS Health Check as set out in the national guidance.



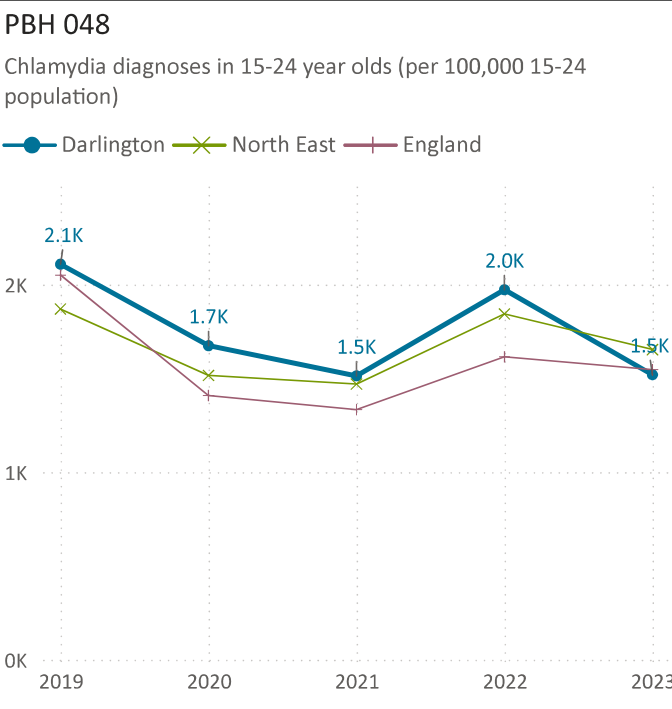
Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

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

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

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



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

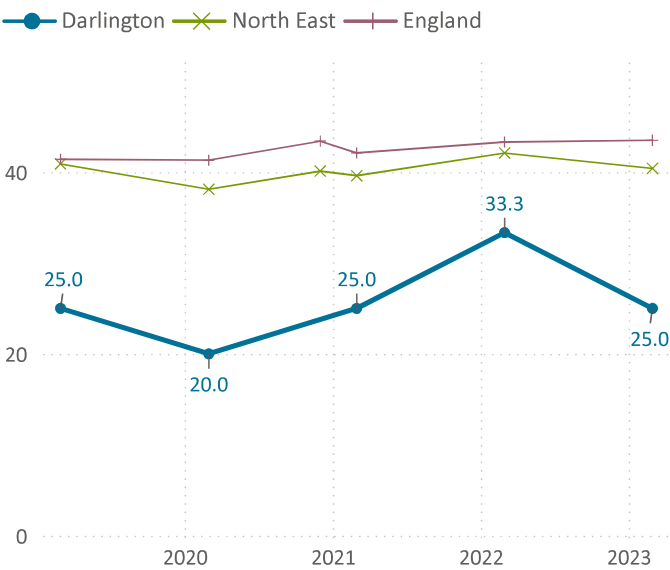
People presenting with HIV at a late stage of infection (percentage of all those presenting with HIV)

Due to the small number of people who are diagnosed with HIV, this data is cumulative from 2021-23. 25% of adults diagnosed with HIV were diagnosed at a late stage. Late diagnosis impacts treatment options and results in poorer outcomes. Compared to North East neighbours, Darlington is statistically similar to the North East and England against the benchmarked goal of <25%.

The Sexual Health Service offers all new patients an HIV risk assessment. They also work with at risk groups to promote early testing and are providing easier routes to access HIV testing through postal testing kits. Partners also work together to reduce HIV stigma to encourage more uptake of testing.

PBH 050

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



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

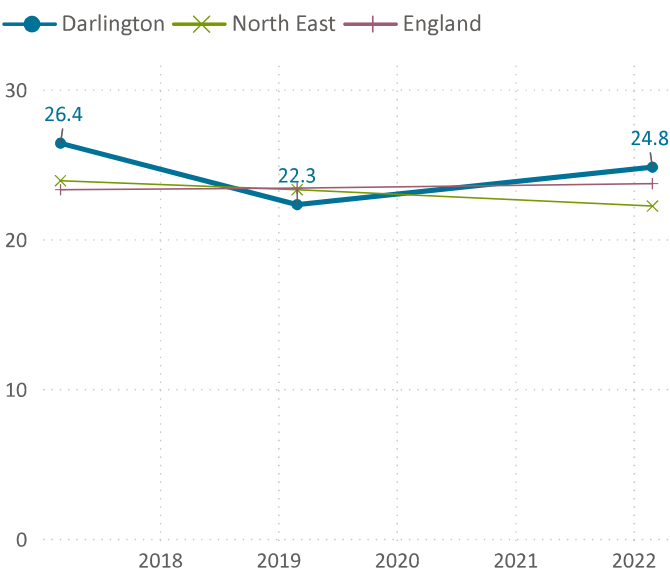
Percentage of 5 year olds with experience of visually obvious dental decay

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

Tooth decay in children is a preventable cause of avoidable pain and illness in children. and the most common cause of hospital admissions for 5 to 9 year olds, and a significant contribution to school absences. Actions include reducing sugar and fizzy drinks in settings such as schools and working with families on healthy weaning for babies and the provision of a supervised toothbrushing scheme in nurseries and reception classes to improve toothbrushing in children.

PBH 054

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



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

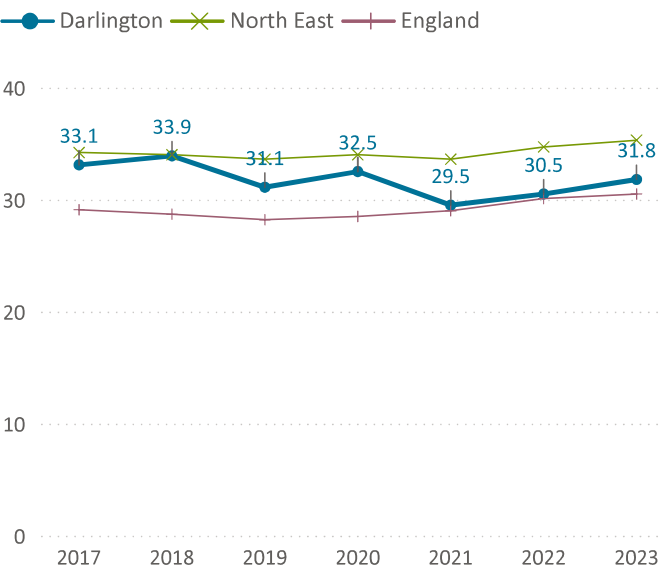
Under 75 mortality rate from cardiovascular diseases considered preventable (per 100,000 population)

The latest data from 2023 indicates that the under 75 mortality rate for preventable cardiovascular diseases in Darlington is 31.8 per 100,000 individuals. This is statistically similar to the England and North East averages. Darlington shows a similar upward trend as England and the North East.

Preventable mortality is that deaths are considered preventable if these could mainly be avoided through effective public health and primary prevention interventions. This reinforces the need to continue to work to reduce avoidable deaths through public health policy and interventions at all levels and emphasises that prevention of circulatory disease is just as important as treatment.

PBH 056

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



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

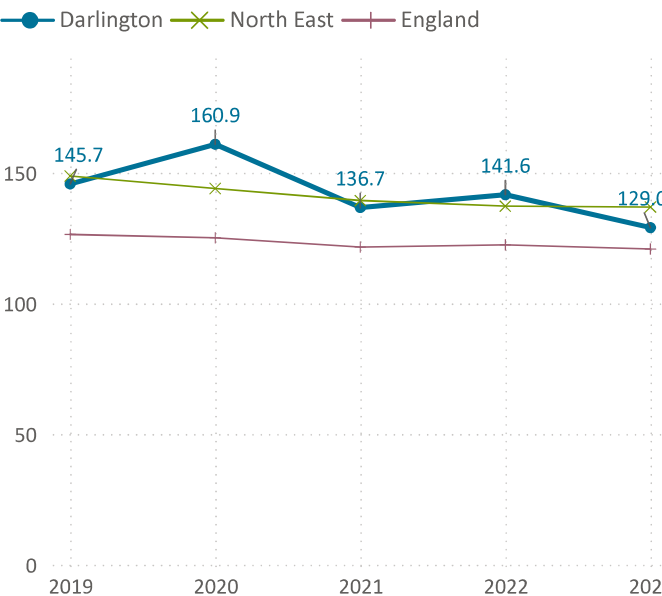
Under 75 mortality rate from cancer (per 100,000 population)

The latest data for 2023, shows that the rate of under 75 mortality from cancer in Darlington has reduced and is 129 per 100,000. Darlington is statistically similar to England and the North East.

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

PBH 058

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



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

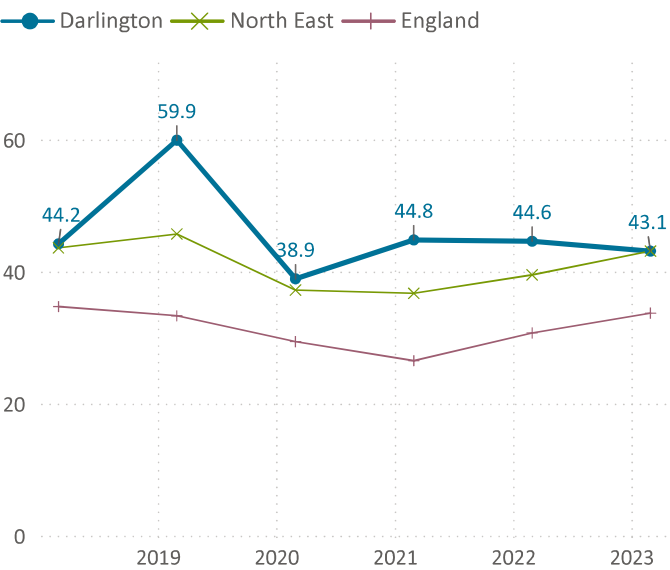
Under 75 mortality rate from respiratory disease (per 100,000 population)

The latest data (for 2022/23) shows that Darlington has a rate of 43.1 per 100,000 of deaths from respiratory diseases in people aged under 75. This is statistically similar to the North East and England.

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

PBH 060

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



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

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HEALTH AND HOUSING SCRUTINY COMMITTEE 3 SEPTEMBER 2025

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee during the 2025/26 Municipal Year and to consider any additional areas which Members would like to suggest should be included.

Summary

2. Members are requested to consider the attached work programme (**Appendix 1**) for the remainder of the 2025/26 Municipal Year which has been prepared based on Officers recommendations and discussions held at the Health and Housing Scrutiny Committee Annual Briefing which took place on 27 May 2025.
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.

Amy Wennington
Assistant Director Law and Governance

Background Papers

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

Author : Hannah Miller 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 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

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Performance Management and Regulation/ Management of Change	Year End – 3 September 2025	Relevant AD		To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Regular Performance Reports to be Programmed	7 January 2026			
Director of Public Health Annual Report	3 September 2025	Lorraine Hughes		Annual Update
Better Care Fund	3 September 2025	Paul Neil		Annual Report
Chronic Illness Prevention	3 September 2025	Ken Ross		
Health and Safety Compliance in Council Housing update	3 September 2025	Cheryl Williams / Anthony Sandys		Annual Update
Homes Strategy	3 September 2025	David Hand		
Housing Services Anti-Social Behaviour Policy update	29 October 2025	Claire Gardner- Queen		Annual Update
Health Protection Assurance Report	29 October 2025	Ken Ross / Cherry Stephenson		Annual Update

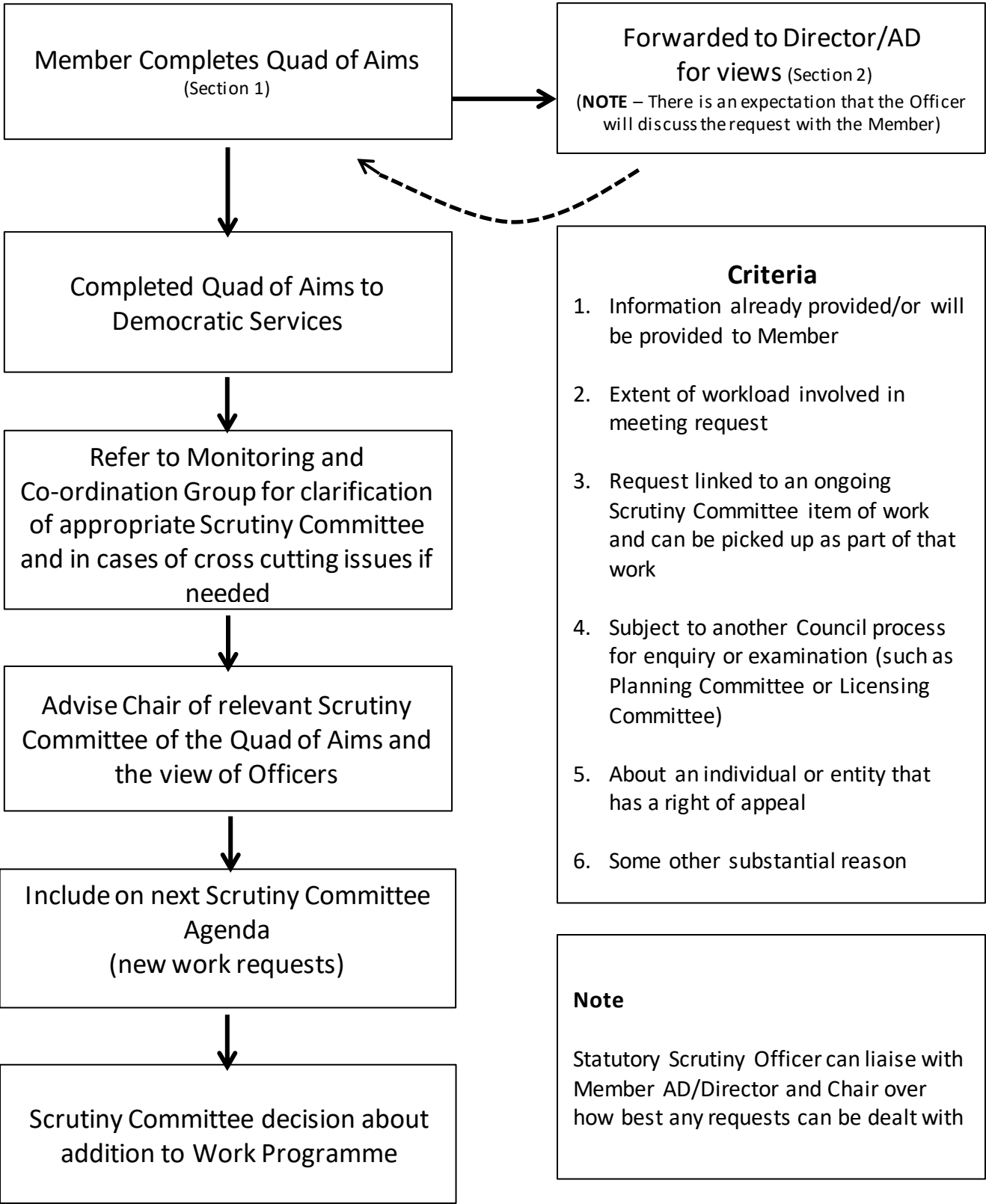
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Housing Services Tenant Involvement Strategy 2024-2029	29 October 2025 Last considered 23/10/2024	Claire Gardner-Queen		Annual Update
Housing Services Tenancy Policy 2025-2030	29 October 2025	Claire Turnbull		
Child Accident Prevention	29 October 2025	Jane Sutcliffe Victoria Cooling, CDDFT		
Housing Revenue Account MTFP	7 January 2026	Anthony Sandys		Prior to submission to Cabinet
MTFP	7 January 2026 TBC	Brett Nielsen		
Suicide Prevention	7 January 2026	TBC		
Quality Accounts – 6 Monthly Update	January 2026 TBC	TEWV/ CDDFT		
Year End Update	May/June 2026			
Preventing Homelessness and Rough Sleeping Strategy 2025-2030	4 March 2026 Last considered 15/01/2025	Janette McMain		Annual Review

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Healthy Weight Plan	4 March 2026	TBC		
Healthcare Associated Infections	4 March 2026			
Housing Services Climate Change Strategy update	15 April 2026 Last considered 02/04/2025	Anthony Sandys		Annual update
Physical Activity Strategy	August 2026	Lisa Soderman		Annual Update
ICB and expected changes	Informal Briefing TBC	Martin Short		

Archived Items

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Waiting lists for NHS services	Last considered 18/06/2025			
Fire Safety Policy for purpose built blocks of flats, Sheltered and Extra Care Schemes 2025 – 2030	Last considered 18/06/2025			

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



PLEASE RETURN TO DEMOCRATIC SERVICES

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

SECTION 1 TO BE COMPLETED BY MEMBERS

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

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

Signed Councillor

Date

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

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

Signed **Position** **Date**

PLEASE RETURN TO DEMOCRATIC SERVICES

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**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**



DARLINGTON
Borough Council

**FORWARD PLAN
FOR THE PERIOD: 6 AUGUST 2025 - 31 DECEMBER 2025**

Title	Decision Maker and Date
Annual Review of the Investment Fund	Cabinet 9 Sep 2025
Blue Badge Application Procedures	Cabinet 9 Sep 2025
Climate Change and Nature Restoration Strategy	Cabinet 9 Sep 2025
Complaints, Compliments and Comments Annual Reports 2023/24	Cabinet 9 Sep 2025
Complaints Made to Local Government Ombudsman	Cabinet 9 Sep 2025
Dolphin Centre – Invest to Save Projects	Council 2 Oct 2025
	Cabinet 9 Sep 2025
Project Position Statement and Capital Programme Monitoring - Quarter 1 2025/26	Cabinet 9 Sep 2025
Regulatory Investigatory Powers Act (RIPA)	Cabinet 9 Sep 2025
Revenue Budget Monitoring 2025/26 - Quarter 1	Cabinet 9 Sep 2025
Single Use Plastic Policy	Cabinet 9 Sep 2025
Treasury Management Annual Report and Outturn Prudential Indicators 2024/2025	Cabinet 9 Sep 2025
Use of Land at Faverdale (Former St Modwen Land) for Biodiversity Net Gain and Nutrient Neutrality Credits	Cabinet 9 Sep 2025
Community Asset Transfer Policy	Cabinet 7 Oct 2025
Land at Ingenium Parc and Morton Palms - Development Proposal	Cabinet 7 Oct 2025
Procurement Plan Update	Cabinet 7 Oct 2025
Schedule of Transactions	Cabinet 7 Oct 2025
Strategic Asset Plan	Cabinet 7 Oct 2025
Woodland Road Waiting Restrictions	Cabinet 7 Oct 2025
Project Position Statement and Capital Programme Monitoring - Quarter 2	Cabinet 4 Nov 2025
Revenue Budget Monitoring - Quarter 2	Cabinet 4 Nov 2025
Town Centre Regeneration	Cabinet 4 Nov 2025
Housing Services Tenancy Policy 2025-2030	Cabinet 2 Dec 2025
Mid-Year Prudential Indicators and Treasury Management 2025/26	Cabinet 2 Dec 2025
MTFP for consultation	Cabinet 2 Dec 2025

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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, 13 March 2025

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Tostevin, Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board), Joanne Dobson (NHSE/ I Locality Director for North East and North Cumbria) (NHS England, Area Team), Alison MacNaughton-Jones (Joint Clinical Director) (Darlington Primary Care Network), Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative), Michelle Thompson (Chief Executive Officer) (Healthwatch Darlington) and Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office)

ALSO IN ATTENDANCE –

APOLOGIES –Councillor Harker (Leader of the Council) (Leader of the Council), Councillor Holroyd, James Stroyan (Executive Director People), Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust), Sam Hirst (Primary Schools Representative) and Councillor Mrs Scott

HWBB19 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB20 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.

HWBB21 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 5 DECEMBER 2024

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 5 December 2024.

RESOLVED – That the Minutes be approved as a correct record.

HWBB22 DARLINGTON SAFEGUARDING PARTNERSHIP ANNUAL REPORT

The Safeguarding Partnership Business Manager attended the meeting to present the report. Members were informed that Local Safeguarding Partnerships are required to produce an Annual Report to account for the Partnerships achievements over the previous year and make an assessment of the effectiveness of multi-agency safeguarding arrangements within the local area. The report summarises and reflects on the work of the Partnership over the 2023/24 period and aims to provide the Health and Wellbeing Board with an understanding of the Partnership's work.

The report explained that Adult Self -Neglect continued to be highlighted as a significant

theme, the Partnership has recognised self-neglect is a complex and challenging area which is not easily identified. A key priority for the partnership is to ensure practitioners have the skills, tools and resources available.

The report outlined the strengths and impacts of multi-agency working to help keep everyone in Darlington safe, with a continued focus to ensure local agency safeguarding practice remains effective for all children and young people and adults with needs for care and support.

Discussion ensued around how to get involved with the partnership report, and what training is available for families around Safeguarding.

AGREED – That Members noted the report.

HWBB23 BETTER CARE FUND

The Assistant Director for Commissioning, performance and transformation submitted a report to provide an update on the progress and Policy Framework of the 2024/25 Better Care Fund Programme.

The report introduced the key changes to the Better Care Fund Programme, these included 'Consolidation of Discharge Funding: Local authority discharge funding had been integrated into the Local Authority Better Care Grant, enhancing flexibility in resource allocation.' 'Streamlined Planning and Reporting: The planning and reporting process had been simplified for most'.

The report stated that for the 2025/26 programme an additional approval stage had been introduced, The Chief Executives of the Integrated Care Board and Local Authority must confirm approval of the plan prior to submission.

Discussion ensued around the metrics of admissions and what were the figures of admissions through social care. The Group also discussed whether the Chair of the Health and Wellbeing Board should sign of the Better Care Fund.

AGREED – That Members note the report.

HWBB24 PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

The Director of Public Health submitted a report to update the Health and Wellbeing Board with regards to the progress of the review and re-write of the Darlington Pharmaceutical Needs Assessment. To also request the board to delegate authority to the Chair of the Health and Wellbeing Board and the Director of Public Health to approve the PNA process.

The report stated that from the 1 April 2013, every Health and Wellbeing Board in England now has a statutory responsibility to publish and to keep up to date a statement of the needs for pharmaceutical services in the population of its area, referred to as a Pharmaceutical Needs Assessment (PNA). The current PNA was published back in October 2022 with a lifespan of three years, the new one is required to be published by September 2025.

The report explained the purpose of the PNA, the progress made to date and the next steps. The final version of the PNA will be published by the 1 October 2025.

Discussion ensued around the document's lifespan of 3 years and whether information and data is regularly updated within the report to reflect the opening and closure of pharmacies. The group went onto discuss whether this document could be reviewed annually by the Health and Wellbeing Board.

AGREED – That Members noted the report and delegated authority to the Chair of the Health and Wellbeing Board and Director of Public Health to manage and approve the PNA process.

HWBB25 NHS PLANNING UPDATE PRESENTATION

The Integrated Care Board Director of Place gave an presentation on the NHS Planning Update to the Members of the Darlington Health and Wellbeing Board.

The contents of the presentation included the summary timeline for planning submissions, Better Care Fund expectations, NHS Operational Planning Priorities and the next steps, joint forward plan and ICS Strategy refresh.

The Better Care Fund expectations gave an overview of the plan submission requirements, planning expectations and the metrics.

The presentation then went on to detail the Neighbourhood Health Guidelines, the six core components, objectives and priorities of the NHS Operational Planning.

The presentation then concluded with the next steps, such as the Government's health mission, NHS 10-year plan and the next steps.

Discussion ensued around the key priorities for the NHS Operational Planning, what the key challenges will be.

HWBB26 JOINT LOCAL HEALTH AND WELLBEING STRATEGY - PUTTING THE STRATEGY INTO ACTION

The Director of Public Health submitted a report for Members to consider the next steps to implement the recommendations of the Joint Local Health and Wellbeing Strategy (JLHWS).

The report explained that at the meeting of the Health and Wellbeing board on the 5th December 2024 the JLHWS was agreed and has now been published. It was agreed at that meeting that the progress against the identified priorities will be shared through a regular cycle of update reports.

There are eight agreed priorities in the JLHWS and it is proposed that each year there will be a deep dive review of two agreed priorities, the first focus of review is on Pregnancy and early years.

It was also explained that the JLHWS will be reviewed every year, to monitor progress and impact so the strategy will remain relevant.

Discussion ensued around agreement in the approach of a deep dive review into priorities.

AGREED - That Members note the report.

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TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 8 May 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillors M Besford, C Cawley, C Cooper, J Coulson, S Crane, L Hall, C Hannaway, B Holroyd, M Layton and A Roy.

OFFICIALS C Breheny, D Dwarakanath, L Garcia, C Jones, G Jones, C Leng, C Lunn, D Monkhouse, D Palmer, R Scrimmour, B Swanson and G Woods.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors S Kay, S Moore, I Morrish and H Scott.

1 APPOINTMENT OF CHAIR FOR 2025/2026

Members were invited to make nominations for the position of Chair, and the following were received:

Councillor Cawley was nominated by Councillor Cooper, seconded by Councillor Besford.

Councillor Kay was nominated by Councillor Hall, seconded by Councillor Coulson.

RESOLVED that as the vote was tied a Vice Chair be nominated to Chair the meeting and the appointment of Chair for 2025/26 be reconsidered at the next Committee meeting, following each Council's Annual General Meeting.

2 APPOINTMENT OF VICE CHAIR FOR 2025/2026

Members were invited to make nominations for Vice Chair and the following nominations were received:

Councillor Cooper was nominated by Councillor Hall, seconded by Councillor Coulson.

RESOLVED that Councillor Cooper be elected as Vice Chair of the Tees Valley Joint Health Scrutiny Committee for 2025/26 and invited to Chair the meeting.

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3 **MINUTES OF THE MEETING HELD ON 13 MARCH 2025**

RESOLVED that the minutes of the meeting held on 13 March 2025 be confirmed and signed by the Chair as a correct record.

4 **DECLARATIONS OF INTEREST**

There were no declarations of interest.

5 **TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - PROTOCOL AND TERMS OF REFERENCE**

The Senior Democratic Services Officer presented a report confirming the Tees Valley Joint Health Scrutiny Committee protocol.

A query was raised regarding the merits of paragraph 14 and continued inclusion of the statement that 'where a review of 'substantial development or variation' will only affect the residents of part of the Tees Valley, Councils where residents will not be affected will not take part in any such review'. The view was expressed that very few NHS services were now delivered on a smaller than Tees Valley footprint thereby negating the need to include this provision. The Senior Democratic Services Officer advised that further legal advice would be sought, and feedback provided at the next meeting.

RESOLVED that the relevant legal advice be sought and the protocol resubmitted to the next meeting for approval.

6 **SOUTH TEES HOSPITALS NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2024/2025 - DIRECTOR OF NURSING SOUTH TEES NHS FOUNDATION TRUST**

The Director of Nursing at South Tees Hospitals NHS Foundation Trust began by providing an overview of the Trust's progress following the establishment of a Group model. Members were advised that the governance arrangements had been formalised in mid-2024, which had allowed clinical boards to operate as a single service model rather than separate entities across multiple sites. It was explained that this approach aimed to address workforce vulnerabilities, improve disparities in patient access, and ultimately deliver consistent, high-quality care across the Group.

In terms of the quality priority setting process for 2025/26 it was highlighted that a strategic shift had taken place to ensure that the cross-cutting priorities set out in 2024/25, which were yielding tangible benefits, were further embedded to improve service delivery. It was noted that infection prevention and control had been added as a priority for the upcoming year, reinforcing the Trust's commitment to enhancing patient

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safety.

The Director of Nursing drew reference to improvements in the Accident and Emergency (A&E) department, noting that concerted efforts to reduce wait times had resulted in a 1.7% decrease, significantly impacting patient outcomes. Ambulance handover times had also improved, allowing for faster turnaround and reducing delays in community response times. In addition, new triage protocols had been implemented to streamline patient flow within the department.

Members were advised that a further performance highlight for 2024/25 was the introduction of Martha's Rule. This enabled relatives and carers to access an independent review team if they believed a patient's care needs were not being adequately met. The Director of Nursing advised that the Trust had been proactive in implementing this initiative, having introduced the Call for Concern process in 2022. It was explained that a key focus had also been on asking patients how they were feeling and taking their response as seriously as altered physiology. Early interventions through this system had allowed for critical care escalations, often identifying patient deterioration up to 24 hours before physiological changes became apparent. It was noted that for patients with cognitive impairments, who may struggle to communicate their symptom's, structured parameters were in place to ensure their needs were not overlooked.

The Director of Nursing advised that digital transformation remained a key priority for the Trust, with Electronic Prescribing and Medicines Administration (EPMA) leading to a reduction in medication incidents. Improvements had also been made in compliance rates for insulin and venous thromboembolism (VTE) assessments. On infection prevention, it was highlighted that ongoing collaborative learning across the Group, had led to notable improvements in antimicrobial stewardship.

The Medical Director drew reference to the Friarage Hospital, outlining its achievements, ongoing challenges, and a recent national evaluation outcome. It was explained that the hospital functioned as a high-volume, low-complexity surgical centre, which delivered efficient procedures without any disruptions from acute emergency pressures.

Members were advised that although previously the Friarage had operated within an aging estate the effective governance measures in place had ensured that ring-fenced surgical pathways were established and that elective surgeries could proceed without interruption. It was advised that the British Association of Day Case Surgery had endorsed the Friarage's approach, confirming it was ideally suited to a high-efficiency, low-complexity surgical environment.

The Medical Director explained that the Getting It Right First Time

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(GIRFT) programme, a national NHS improvement initiative, had also recently conducted an inspection of the Friarage to assess its operational effectiveness. It was advised that the inspection team had been highly impressed, deeming the Friarage to be one of the best sites they had ever evaluated, out of a 60-hospital review cohort.

Members were advised that the national accreditation gained via the GIRFT programme had been received in advance of the official opening, on 1 June 2025, of the Friarage's new £35.5million surgical centre. The Medical Director explained that the national GIRFT team had taken away operational insights from the Friarage, with the intention of applying its governance model to other NHS sites. In addition, plans to implement further improvements were underway and these included a six-day surgical working model to increase procedural capacity. It was emphasised that maintaining over 90% efficiency rates remained a core priority, and the hospital would seek further improvements where feasible.

The Medical Director also provided an update on the Targeted Lung Cancer Screening programme, which had been in operation since August 2022. It was explained that the programme covered 67 GP practices and one prison population and focused on individuals aged 55 to 74 with a history of smoking. A proactive approach had been adopted with telephone health checks undertaken initially, followed by an invitation for screening. It was explained that over the course of the programme 278 incidental cases of lung cancer had been detected. A dramatic shift in cancer diagnosis rates had also taken place and Members were advised that whereas previously 80% of lung cancers were diagnosed at stage 3 or 4, today 80% were being detected at stage 1 or 2. This meant that curative treatments such as surgery and chemotherapy were becoming more viable.

The Medical Director acknowledged that these advancements in early diagnosis had placed additional pressure on oncology services and pathology departments, with a rise in demand of 24% since 2020/21. It was noted that a £1 million funding allocation had been secured to support non-surgical oncology, facilitating enhanced clinical staffing and improved diagnostic pathways.

The Medical Director advised that significant progress had also been made in the management of prostate cancer, with waiting times for treatment reduced from 62 weeks to approximately 25 days, with an expected further reduction to under 20 days. It was explained that the introduction of cancer navigators had proven instrumental in ensuring timely diagnostics and treatment for patients. The navigators primarily operated from administrative backgrounds, tracking each case through radiology, pathology, and multidisciplinary team (MDT) discussions to ensure no delays in treatment decisions. In cases where the initial MRI scan results came back negative patients were now receiving this

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information within 10 to 12 days.

Following the presentation, the Committee engaged in discussion and the following key points were raised: -

Martha's Rule and Patient Advocacy

A Member drew reference to Martha's Rule and reflected on its importance in ensuring patients and their families had a mechanism to escalate concerns when they felt their care needs were not being met. It was acknowledged that, while tragic incidents had led to its introduction, its adoption by many hospitals and trusts was a significant step forward in patient advocacy. It was queried whether the next phase of the implementation would extend to mental health trusts and maternity services. The Director of Nursing advised that maternity services were indeed prioritised in the upcoming rollout, with mental health trusts participating as part of pilot programmes. It was also explained that this initiative complemented existing measures such as the Call for Concern, which had been established at South Tees in 2022 to ensure patients and carers could request an independent review of care concerns.

Targeted Lung Cancer Screening and Oncology Care Expansion

A Member commended the significant improvements in lung cancer diagnosis rates, referencing the shift from 80% of cases being diagnosed at stage 3 or 4, to 80% now being detected at stage 1 or 2, allowing for earlier, more effective treatment.

Vaping and impact on young people

A Member queried whether there was any emerging scientific data on vaping-related cancer risks, given the rise in young people using these products. The Medical Director responded that, while there were no confirmed direct links between vaping and cancer, respiratory specialists had observed an increase in inflammatory conditions and lung-related pathologies among long-term users.

A Member highlighted their further concerns about vaping addiction among young people, emphasising that the current cessation programmes were not effectively addressing nicotine dependency amongst young people. A Member drew reference to a recent Panorama documentary that highlighted alarming statistics on youth vaping habits and associated health risks. The view was expressed that the scale of addiction amongst young people was being underestimated, with disposable vapes hooking young people at an alarming rate and the long-term impact being greater than anticipated.

Mortality Reviews

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A Member raised concerns regarding the current state of the mortality review process, specifically querying how KPIs were being applied to evaluate patient deaths and whether the system was effectively embedded across the Trust. In response, the Medical Director explained that a key aspect of the mortality review process involved Medical Examiners, who conducted initial mortality assessments. It was also explained that the Medical Examiner system was well embedded, having been established in May 2018, but the variability in referrals stemmed from the complex nature of patient eligibility criteria for secondary reviews.

The Medical Director outlined the specific cohorts of patients prioritised for mortality review, including:

- Patients with learning disabilities (LeDeR reviews).
- Patients with serious mental health conditions.
- Patients under the age of 40.
- Deaths following elective surgery.
- Clinical incidents or reported safety concerns flagged within the Trust's incident reporting system.
- Transfers from other hospitals where clinical concerns had been raised.

The Medical Director advised that in addition, when a Medical Examiner met with a deceased patient's family, if any concerns were raised, they could request a second-level review, regardless of whether the case met the standard eligibility criteria.

A Member queried the lack of inclusion of Black and Minority Ethnic (BME) patients as a specific review criterion, despite emerging national discussions about health outcome disparities in BME populations. The Medical Director acknowledged that BME considerations had not been explicitly factored into the Trust's local review criteria and advised that this would be taken back for further evaluation.

Ambulance Conveyance Rates and Urgent Care Access

A Member raised concerns about ambulance conveyance rates, particularly among individuals who did not drive or lacked access to reliable transport options. It was highlighted that certain demographics appeared to experience higher conveyance rates, and it was queried whether the Trust had assessed local transport challenges as a contributing factor to emergency admissions. The Director of Nursing explained that there were clear criteria for how ambulances were triaged and therefore it was not necessarily local demographics that contributed to emergency admissions, although it did have an impact on ease of access.

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A Member highlighted concerns regarding operational inconsistencies in respect of the Redcar Urgent Treatment Centre (UTC). Reference was made to specific cases where patients were directed to James Cook University Hospital (JCUH) despite Redcar's UTC being equipped to handle their treatment. It was queried whether these referrals were necessary, given that at prior meetings assurances had been given to the Committee regarding community-based treatment models, yet in practice some patients were being redirected unnecessarily, increasing pressure on emergency hospital services.

The Medical Director acknowledged the issue and confirmed that there were variations in triage decisions across different UTC sites. It was explained that some of these inconsistencies were influenced by individual clinician discretion, resulting in patients being redirected when, in some cases, treatment could have been provided at the originating UTC. It was explained that a key factor contributing to these variations was differences in individual risk appetite among clinicians. The Medical Director agreed that standardising the triage protocols across the different urgent treatment sites remained a priority and horizontal integration efforts were underway.

The Medical Director emphasised, however, that while standardisation was essential, a cautious approach was still necessary in cases where escalation was genuinely warranted. It was acknowledged that some cases of "failure of nerve" in clinical judgment could contribute to inefficiencies, but it was also highlighted that sometimes over-cautious risk assessment protected patients from potential harm.

RESOLVED that: -

- a) That the Committee considered and commented on the update on performance in 2024-25 and the priorities for quality improvement in 2025-26.
- b) That a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Committee Vice Chair.

7

**NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST
QUALITY ACCOUNT FOR 2024/25 - DEPUTY DIRECTOR OF QUALITY
UNIVERSITY HOSPITALS TEES**

The Committee welcomed the Medical Director for North Tees and Hartlepool NHS Trust, who began by highlighting the Trust's strong performance against key emergency care indicators, particularly in the Accident and Emergency Department (A&E), including wait times and ambulance handover efficiency.

The Medical Director advised that the Trust had achieved 85.6% compliance with the 4-hour A&E wait target, placing the Trust among the

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top three nationally in terms of performance. It was advised that this was significantly above both the regional and national averages, demonstrating the effectiveness of the operational improvements that had been made over the past year. In addition, handover delays were exceptionally low, with 12-hour wait times standing at just 0.5%, compared to the national average of 6.4%. It was explained that this marked a significant achievement, particularly given the steady rise in demand for urgent and emergency care services. In terms of non-elective hospital stay durations the mean had been reduced to an average of six days, which demonstrated improved patient throughput and discharge efficiency.

The Medical Director discussed the operation of the two Urgent Treatment Centres (UTCs) within North Tees, which had been functioning at a consistent level year-round. It was advised that a revised workforce model was in development, ensuring that GP-led urgent care services were aligned with demand. The Trust was actively modelling GP-led workforce structures, assessing how staffing adjustments could optimise patient flow without unnecessary reliance on A&E resources.

In terms of key challenges, the Medical Director drew reference to the growing number of incidents involving violence and abuse toward staff, particularly within A&E departments on Friday and Saturday nights. It was acknowledged that emergency staff were regularly subjected to verbal and physical aggression, which necessitated additional security presence at peak hours.

The Medical Director acknowledged that in terms of challenges, although the Trust maintained good national participation in various audits, Structured Judgement Reviews (SJRs) were not performing all well as expected. The Trust was therefore focused on improvements and ensuring that learning from adverse events was effectively captured and acted upon to improve patient safety outcomes. Reference was also made to the rising burden of diabetes, as 15 per cent of patients admitted to hospital had the condition. It was advised that diabetes care was becoming more complex, with evolving treatment regimes requiring more advanced clinical oversight. It was explained that this formed part of the Trust's wider clinical upskilling strategy, to support staff in recognising early deterioration in patients with complex health conditions.

The Director of Nursing drew reference to the Trust's success stories and the Trust's evolving approach to patient safety, emphasising that the organisation had moved away from traditional incident-reporting frameworks and toward a more holistic and proactive model. It was explained that instead of focusing solely on isolated patient safety incidents, the Trust had adopted a wider learning-based approach, which evaluated systemic factors that could influence patient outcomes. A key aspect of this approach was also the integration of shared learning across

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different care settings, which allowed for best practices to be disseminated more effectively across wards and clinical teams.

The Director of Nursing detailed how the Trust used benchmarking data, comparing national audit results with internal performance metrics to critically evaluate patient safety standards. This ensured that every aspect of service delivery, from infection prevention to acute care responsiveness, was consistently monitored and refined.

Members were advised that one of the major advancements in patient safety at the Trust had been the real-time responsiveness to patient feedback. It was explained that feedback from patients now formed a core part of structured safety reviews, rather than being examined separately from clinical performance. The Director of Nursing explained how data collected from patients across multiple sources including formal complaint systems, family and friends' tests, and national satisfaction surveys was triangulated with clinical audit outcomes to provide a comprehensive view of patient experiences. It was acknowledged that not all feedback was positive and that was precisely why it was so important. It was accepted that even a 3 per cent negative response rate was significant and systems were in place to ensure frontline teams were aware of the feedback in real time.

The Director of Nursing advised that the Trust had adopted a rapid response model, ensuring that issues raised on a Friday were actively reviewed by clinical teams the same afternoon or by Monday morning. This prevented delays in addressing concerns and ensured that patients felt their feedback was acknowledged and acted upon.

Following the presentation, the Committee engaged in discussion and the following key points were raised: -

Maternity Safety Assurance and Ongoing Engagement

A Member expressed concerns about the scale of public dissatisfaction with maternity services at the Trust, citing the petition recently submitted to the Care Quality Commission (CQC), which contained 1,100 signatures from concerned individuals, and queried whether an update from the Trust could be provided.

The Director of Nursing advised that the Trust had actively engaged with the national maternity safety advisor and that discussions regarding maternity concerns were ongoing. It was explained that the Trust was aware of the feedback from service users and had taken action to evaluate concerns raised within the petition.

The Director of Nursing provided further insights into the actions the Trust had taken to improve maternity services, confirming that all objectives

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outlined in the 2022 NHS England maternity safety improvement plan had been met. It was explained that the Trust had undergone visits from NHS England and peer review teams, reinforcing external oversight of progress.

A Member queried whether feedback could be gathered from patients at the point of care through direct engagement with ward teams rather than through third-party evaluations.

The Director of Nursing addressed the importance of direct service-user engagement in maternity care, stating that maternity patients were encouraged to provide feedback at multiple stages of their journey, ensuring real-time evaluation of service quality at the Trust. It was advised that Maternity Voices Partnership representatives were actively involved in reviewing service quality, offering a critical service-user perspective on maternity care policies and decisions.

Support for Young Mothers

A Member raised a specific concern regarding younger mothers aged 19-21, stating that this demographic often struggled to feel heard during their maternity care experiences. It was suggested that introducing a peer-led model, where young mothers could seek reassurance from individuals with similar lived experiences, might improve engagement and confidence during the maternity journey.

The Director of Nursing confirmed that the Trust had been exploring community-led maternity support initiatives, particularly in relation to breastfeeding education and postnatal care. It was acknowledged that while a direct policy for peer mentoring had not yet been formalised, efforts were being made to reflect the needs of younger service users within maternity care planning. The Committee welcomed the updates provided and encouraged the Trust to continue evaluating maternity services, engaging with service users and ensuring transparency in ongoing improvements.

Workforce Safety Concerns

Members expressed concerns regarding workplace violence and the support available to frontline A&E staff. A Member queried whether violence toward healthcare staff had worsened since COVID, to which the Medical Director provided definitive confirmation.

A Member expressed concern over the diminished police presence in Stockton, highlighting that PCSO coverage had been significantly reduced, and queried whether the reduction had impacted the Trust. The Medical Director advised that regular discussions were held with Cleveland Police and briefings were provided to facilitate proactive

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intervention strategies where required.

A Member queried whether incidents of aggression impacted other patients, particularly those witnessing violent outbursts from individuals in distress. The Director of Nursing confirmed that while physical assaults on other patients were rare, psychological distress among bystanders was a known issue. It was advised that the Trust had been working on tailored risk assessments and ensuring cognition-related incidents were managed appropriately.

RESOLVED that: -

- a) That the Committee considered and commented on the update on performance in 2024-25 and the priorities for quality improvement in 2025-26.
- b) That a statement of assurance be prepared and submitted to the Trust, with final approval delegated to the Committee Vice Chair.

8 WORK PROGRAMME FOR 2025/26

The Work programme for 2025/26 was discussed and a further item relating to the impact of waste incinerators on health identified for inclusion.

RESOLVED that: -

- (i) The impact of waste incinerators on health be added to the Committee's 2025/26 work programme.
- (ii) Any further items identified for the work programme for 2025/26 be discussed at the next Committee.

9 ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT

Quality Accounts 2024/25 - TEWV and NEAS

The Senior Democratic Services Officer advised that the Quality Account 2024/25 documents for TEWV and NEAS had recently been circulated, along with the draft third party statements, which had been prepared on behalf of the Committee by the Scrutiny and Legal Support Officer at Hartlepool Council.

Members were invited to provide any feedback or comments on the statements by Friday 9 May 2025, prior to sign off by the Chair / Vice Chair and formal submission to the respective Trusts.

RESOLVED that following receipt of any final comments / amendments the third party statements be submitted to TEWV and NEAS for inclusion in the Quality Accounts for 2024/2025.

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