DARLINGTON
Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am
Wednesday, 29 October 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 3 September 2025 (Pages 3 - 8)

4. Housing Services Anti-Social Behaviour Policy 2022-2026 Update – Report of the Assistant Director – Housing and Revenues (Pages 9 - 26)

5. Health Protection Assurance – Report of the Director of Public Health (Pages 27 - 40)

6. Housing Services Tenant Involvement Strategy 2024-2029 Update – Report of the Assistant Director – Housing and Revenues (Pages 41 - 60)

7. Injury Prevention Update – Report of the Director of Public Health (Pages 61 - 72)

8. Housing Services Tenancy Policy 2025-2030 –
   Report of the Assistant Director – Housing and Revenues
   (Pages 73 - 96)

9. Work Programme –
   Report of the Assistant Director Law and Governance
   (Pages 97 - 112)

10. Health and Wellbeing Board –
    Included for information are the approved Minutes of the meeting held on 19 June 2025. The Board last met on 18 September 2025. The next meeting is scheduled for 4 December 2025.
    (Pages 113 - 116)

11. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at the meeting.

12. Questions

Amy Wennington
Assistant Director Law and Governance

Tuesday, 21 October 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

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 3 September 2025

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

APOLOGIES – Councillors Pease and Mrs Scott

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

HH9 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

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

(1) 11 JUNE 2025

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

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

(2) 18 JUNE 2025

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

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

HH11 CONSULTATION ON A HOMES STRATEGY FOR THE BOROUGH

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

in the 2023-2024 Annual Public Health Report.

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

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

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

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

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

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

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

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

HH14 HEALTH AND SAFETY COMPLIANCE IN COUNCIL HOUSING 2024-25

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

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

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

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

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

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

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

HH15 CHRONIC ILLNESS PREVENTION

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

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

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

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

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

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

areas and how this could be addressed.

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

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

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

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

HH16 PERFORMANCE INDICATORS YEAR END - QUARTER 4 2024/25

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

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

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

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

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

HH17 WORK PROGRAMME

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

RESOLVED – That the work programme be noted.

HH18 HEALTH AND WELLBEING BOARD

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

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

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

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

HH19 REGIONAL HEALTH SCRUTINY

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

Members noted the approved Minutes from the meeting held on 8 May 2025 (previously circulated).

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

HH20 QUESTIONS

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

HEALTH AND HOUSING SCRUTINY COMMITTEE
29 OCTOBER 2025

HOUSING SERVICES ANTI-SOCIAL BEHAVIOUR POLICY 2022-2026 UPDATE

SUMMARY REPORT

Purpose of the Report

1. To provide Members with an update on the Housing Services Anti-Social Behaviour Policy 2022-2026.

Summary

2. Darlington Borough Council provides over 5,200 high quality homes for local residents. We are committed to ensuring that all our tenants enjoy their right to a safe home and community.

3. The Regulator of Social Housing's (RSH) new consumer standards from April 2024, set out their expectations for how social landlords should deter, and tackle Anti-Social Behaviour (ASB) and hate crime in the neighbourhoods where social housing is provided.

4. The Housing Services Anti-Social Behaviour Policy 2022-2026, approved by Cabinet on 6 September 2022 sets out how we will deal with reports of ASB and hate crime effectively and promptly, taking appropriate, swift, proportionate action, including legal action, when necessary.

5. The Housing Services Anti-Social Behaviour Policy Review at **Appendix 1** sets out our progress in 2024-25 against the key priorities of the policy.

Recommendation

6. It is recommended that Members:-

   (a) Consider the contents of the report and the Housing Services Anti-Social Behaviour Policy Review at **Appendix 1**.

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	There are no implications
Tackling Climate Change	There are no implications
Efficient and effective use of resources	There are no implications
Health and Wellbeing	There are no implications
S17 Crime and Disorder	The Housing Services Anti-Social Behaviour Policy 2022-2026 sets out how we will deal with reports of ASB and hate crime effectively and promptly
Wards Affected	All wards with Council housing
Groups Affected	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	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

7. Darlington Borough Council provides over 5,300 high quality homes for local residents. We are committed to ensuring that all of our tenants enjoy their right to a safe home and community.

8. The Housing Services Anti-Social Behaviour Policy 2022-2026 sets out how we will deal with reports of ASB and hate crime effectively and promptly, taking appropriate, swift, proportionate action, including legal action, when necessary.

9. The RSH sets a number of Consumer Standards, which apply to all social housing providers, including Councils. Specifically, in relation to the Neighbourhood and Community Standard, social housing providers must:

   (a) Have a policy on how they work with relevant organisations to deter and tackle ASB in the neighbourhoods where they provide social housing.

   (b) Clearly set out their approach for how they deter, and tackle hate incidents in neighbourhoods where they provide social housing.

   (c) Enable ASB and hate incidents to be reported easily and keep tenants informed about the progress of their case.

(d) Provide prompt and appropriate action in response to ASB and hate incidents, having regard to the full range of tools and legal powers available to them.

(e) Support tenants who are affected by ASB and hate incidents, including by signposting them to agencies who can give them appropriate support and assistance.

10. The Housing Services Anti-Social Behaviour Policy 2022-2026 promotes our continued commitment to tackling ASB and hate crime and the Annual Review at Appendix 1 sets out our progress in 2024-25 against the key priorities of the policy.

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Anti-Social Behaviour Policy Annual Review 2024/2025

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Performance

- In 2024/2025, 383 ASB cases involving Council tenants were opened. This was a decrease from 436 in 2023/2024.
- The average time for a case to be open remained at similar levels to 2023/2024, at 68 days.
- We have found that:
  - Cases are more complex involving a number of issues.
  - The needs of tenants are more complex and involve more agencies.
  - Criminal behaviour forms a larger part of ASB complaints (drug issues, harassment, criminal damage, threatening behaviour).

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Performance

- The 4 main areas for complaints were:
  - Noise – 149 cases.
  - Pets and animal nuisance – 60 cases.
  - Verbal abuse/harassment/intimidation/threatening behaviour – 50 cases.
  - Drug/substance misuse or suspected drug dealing – 45 cases.
- Repeat complaints about the same perpetrator or address were high in 2024/2025 with 185 cases opened where a previous complaint had been made.

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Case Closure Reasons 2024/2025

- Early intervention and advice given remains the highest case closure reason, highlighting that reporting issues early to us can help resolve issues quickly and without a decline in relationships between neighbours and tenants.

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Multi-agency working

- Complainants are key when gathering evidence, and without their input and statements we cannot take court action. We appreciate this can be a slow process but without evidence we cannot take action.
- Where criminal behaviour forms part of the complaint we also rely upon the Police to take criminal action, which we can use as solid evidence to take action against a tenancy.
- We also work closely with colleagues in Civic Enforcement, Probation and the Community Peer Mentors to help resolve issues and ASB within our communities.

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Enforcement Action

Enforcement action is a tool available to us when dealing with high level ASB. It takes significant time and resources to collect evidence and build a strong legal case.

Prior to any court action will consider:

- Is there sufficient evidence and witness statements to support the legal application?
- The likelihood of gaining an order at court and the impact on the community.
- Do any of the victims or perpetrators have any vulnerabilities?
- Are there any alternatives to court action that may avoid a tenant losing their home and becoming homeless.

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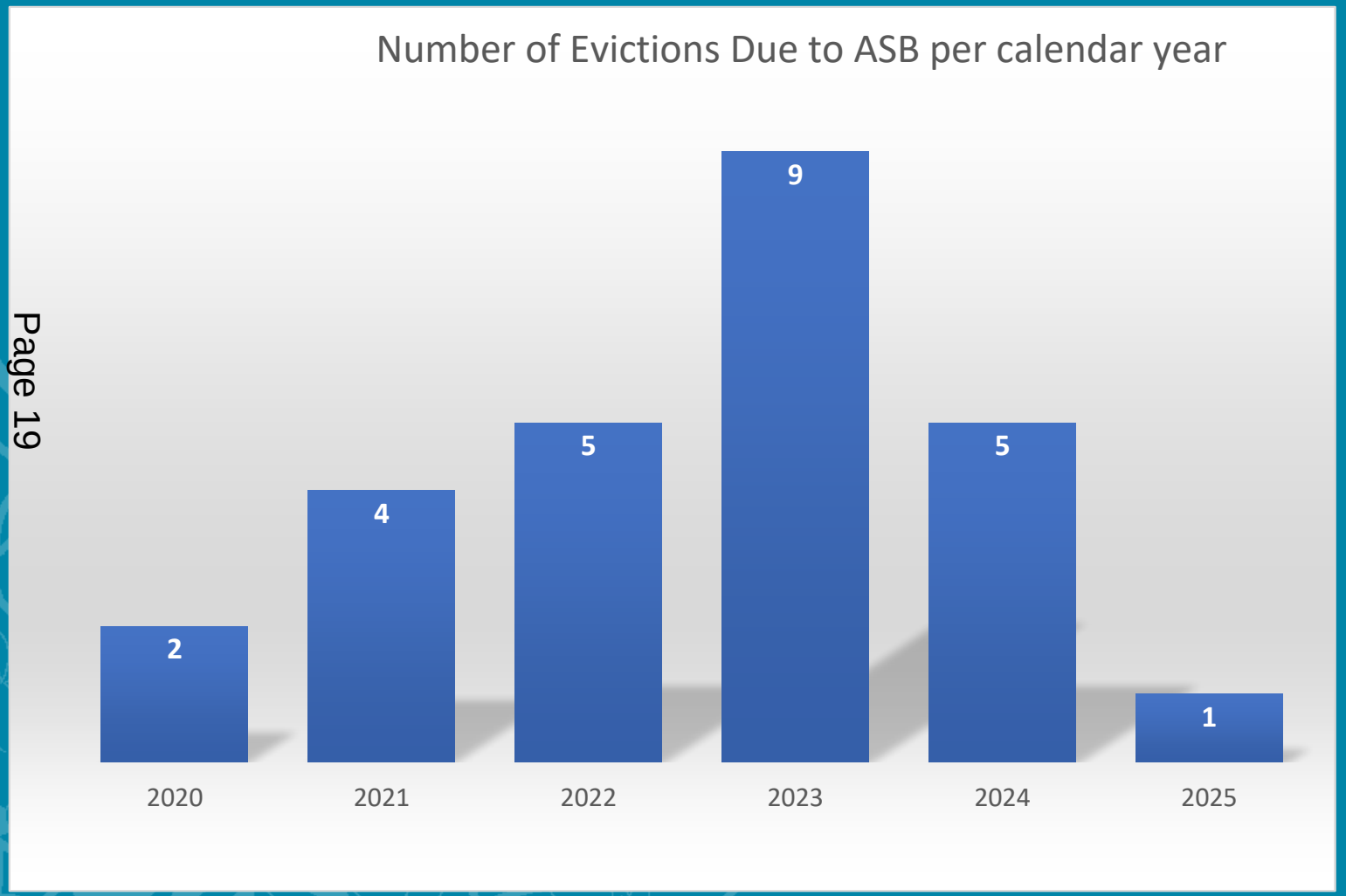
Enforcement Action



Eviction is the last enforcement action taken to resolve an ASB case, however, sometimes is necessary after all other interventions have failed.

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Enforcement Action

- In 2024/2025 we successfully applied and were granted by the Courts:
  - **5** possession orders on tenancies, which resulted in the tenant losing their home through a court eviction.
- Reasons for repossession included:
  - Ongoing and excessive noise.
  - Property conditions.
  - Threatening behaviour.
  - Criminal violence including use of a weapon, drug use and dealing.
  - Failure to reside in the property as their sole and only residence.

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Enforcement Action

Repossession is not the only tool that we can use against those tenants that cause ASB and breach the terms of their tenancy agreement.

In addition to eviction orders in 2024/2025 we were awarded:

- 2 ASB injunctions.
- 2 Suspended possession orders.
- 3 Closure Orders

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Enforcement Action

Enforcement action can also be taken to assist in the safeguarding of tenants, in this case an ASB Injunction with power of arrest was awarded.

- Tenancy Enforcement Officers obtained an ASB Injunction to prevent the keeping of animals. This was due to the excess keeping of animals and Health & Safety concerns, for not only the tenant but the wider community.
- An ASB injunction order was obtained to prevent a known persistent perpetrator attending a property causing ASB within the community. This order also helped us safeguard victims.

The orders reinforced that we will not tolerate ASB and ensures our actions are victim centred, making sure we safeguard our tenants, to feel safe in their homes and communities.

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What have we done in the last 12 months?

- Continued to build effective relationships with communities and agencies to ensure effective resolutions for ASB.
- Completed training for SIA (Security Industry Authority) licence, so we can use body worn cameras; to build tenant confidence and reassurance that appropriate safeguards are in place.
- Increased the number of Housing Officers from 6 to 10, to build relationships with tenants and increase the ability to report issues.
- Introduced a Housing Apprentice to provide additional admin support to Tenancy Enforcement Officers, building additional resilience within the team, to embrace continuous learning from feedback, complaints, compliments and good practice.
- Improved our ASB scrutiny with the Tenant Panel to assist us to look for areas of improvement and involve our tenants in decision-making.

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The next 12 months

We will:

- Introduce and monitor the use of the body cams.
- Review the ASB policy (as the current policy ends in 2026).
- Develop a better understanding of the new ASB legislation and enforcement tools to find out the impacts of these, particularly around cuckooing and respect orders.
- Provide further training to staff, to ensure that they have the skills to be able to use the new legislation effectively.
- Work to improve tenant feedback following a case being closed.
- Provide ASB data directly to the Government.
- Continue to build and maintain good working relationships with partner agencies.

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Any questions?

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HEALTH AND HOUSING SCRUTINY COMMITTEE

29 OCTOBER 2025

HEALTH PROTECTION ASSURANCE

SUMMARY REPORT

Purpose of the Report

1. The purpose of the report is to update the Health and Housing Scrutiny Committee on health protection arrangements in Darlington.

Summary

2. Local authorities in England have statutory health protection duties under the Health and Social Care Act 2012 and related regulations. These responsibilities are primarily exercised through the Director of Public Health (DPH) and are supported by UK Health Security Agency (UKHSA) and the NHS

3. The Director of Public Health produces a health protection assurance report annually to provide an overview of health protection arrangements and any relevant activity in the Borough of Darlington.

Recommendation

4. It is recommended that: -

   (a) Scrutiny receives and note the contents of the report.

   (b) Scrutiny is aware of the shared responsibility for Health Protection.

   (c) Note that the Director of Public Health is assured that the health protection arrangements in Darlington are both appropriate and effective in addressing the various aspects of health protection.

Lorraine Hughes
DIRECTOR OF PUBLIC HEALTH

Background Papers

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

Ken Ross: Extension 6200

Council Plan	This report supports the council plan priority of living well as good health protection arrangements and high uptake of screening and immunisation programmes are important to people's health and wellbeing.
Addressing inequalities	This report considers health protection arrangements, including availability and uptake of screening and immunisation programmes. Inequalities in uptake are considered where data is available, to inform future priorities and / or identify any areas of concern.
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.
Health and Wellbeing	This report has an impact on the Health and Wellbeing of the borough through the provision of the legal duties related to the protection of the health of local communities through preventing harm from communicable and infectious disease.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All
Groups Affected	This report is relevant to 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 an impact on LAC as the authority has a statutory duty to ensure access to related services such as immunisations for children who are Looked After.

MAIN REPORT

Information and Analysis

5. Health protection refers to the coordinated activities and systems in place to safeguard the population from threats to health, including those arising from infectious diseases, environmental hazards, or chemical exposure. It involves three key components: the prevention of harm, the surveillance of potential risks, and the control of incidents when they

occur. Health protection in England is delivered through a complex, multi-agency system with clearly defined responsibilities as set out in Appendix 1.

6. Effective communication is fundamental to all aspects of health protection. Timely, accurate, and authoritative information helps to build public trust, demonstrate accountability, and support coordinated action. This is particularly important during incidents, where clear communication underpins the success of prevention, surveillance, and control efforts.

Duties and responsibilities

7. Local authorities have a legal duty to improve and protect the health of their populations. This includes providing advice on healthy lifestyles, supporting illness prevention, and addressing environmental or housing-related health risks. In line with national legislation, they are also required to deliver specific public health services such as sexual health, substance misuse treatment, and early years health services.

8. The Director of Public Health (DPH) provides strategic leadership and professional oversight of these responsibilities. As the principal advisor on population health, the DPH ensures that local systems are robust, evidence-based, and responsive to both routine and emerging threats. This includes advising elected members and senior officers, coordinating with partners such as the UK Health Security Agency and NHS bodies, and escalating concerns where necessary.

9. Local authorities also contribute to emergency preparedness and response under the Civil Contingencies Act 2004. The DPH plays a pivotal role in ensuring that public health considerations are fully integrated into multi-agency planning and response arrangements.

10. Through this leadership, the DPH ensures that the local authority meets its statutory obligations while maintaining a proactive and resilient approach to safeguarding public health.

11. At a regional and local level responsibility for aspects of health protection are shared across the system including:

    (a) NHS England is responsible for the commissioning of screening and immunisation programmes, although it should be noted that planning is underway for ICB's to take on this responsibility from April 2026.

    (b) UKHSA's Health Protection Teams (HPT) are responsible for the provision of expert functions to respond directly to incidents and outbreaks and to support the Council in understanding and responding to threats. Darlington has an identified link Consultant in Health Protection.

    (c) Local Authority DsPH have responsibility for the health protection of the local population and a local leadership role in providing assurance that robust arrangements are in place to protect the public's health.

12. A range of governance groups, data flows, and reporting mechanisms support local health protection arrangements and provide assurance to the Director of Public Health. These include regional programme boards for screening and immunisation, the Area Health Protection Group for strategic coordination, the Local Resilience Forum for civil emergency response, the Northeast Local Health Resilience Partnership for sector-wide planning, and regular surveillance reports and dashboards from NHS England, UKHSA, and OHID.

13. Given local authority responsibilities for health protection, the Director of Public Health focuses on providing assurance, supporting system planning, offering expert advice and challenge, monitoring key data and reports, and communicating risks to stakeholders and the public when required.

14. Whilst the Director of Public Health plays a key role in assuring that robust health protection plans are in place, effective delivery depends on partner agencies fulfilling their statutory responsibilities, including the commissioning and provision of related services.

Immunisations

15. Immunisation is one of the most effective public health interventions, preventing the spread of infectious diseases, reducing illness and mortality, and protecting vulnerable populations. By achieving high vaccine coverage, immunisation programmes contribute to herd immunity, reduce health inequalities, and lessen the burden on health and care systems. As a core component of health protection, they play a vital role in preventing outbreaks and maintaining population resilience.

16. The UK immunisation schedule offers a universal childhood programme covering 13 vaccine-preventable diseases, adult vaccinations for those at increased risk due to age or health conditions, and selective programmes targeting specific groups, such as for TB, hepatitis B, and pertussis in pregnancy. These programmes are essential components of the wider health protection system.

17. Over the next year, the UK's childhood vaccination schedule is being updated to improve protection and make things simpler for families. The second dose of MMR is being moved earlier to 18 months, to help increase uptake. A new appointment at 18 months will include this and an extra dose of the six-in-one vaccine that protects against diseases like diphtheria and hepatitis B. A new chickenpox vaccine will also be added and given alongside the usual measles, mumps, and rubella (MMR) vaccines at 12 and 18 months. Some other vaccines are being rescheduled to give protection earlier or reduce the number of injections at one time. These changes aim to make the system more efficient and ensure children are protected as early as possible.

18. The latest 2023/24 data (Appendix 2) shows a mixed picture for immunisation uptake in Darlington. Whilst childhood vaccination rates have remained relatively stable, take up of several key vaccines remain below the 95% target required for herd immunity, indicating areas for focused improvement.

19. Immunisation uptake rates in Darlington for 2023/24 indicate high coverage across most early childhood vaccines. The 6-in-1 vaccine (Dtap/IPV/Hib/HepB) shows uptake of 96.9% at 1 year and 97.5% at 2 years. Uptake for the pneumococcal conjugate vaccine (PCV) at one year is at 95.5%.Both of these exceed the 95% threshold, commonly associated with herd immunity.

20. Some vaccinations fall below the 95% uptake needed to ensure herd immunity, including MMR uptake at 2 years at 91.5%, the PCV booster at 2 years at 92.4% and the Hib/MenC booster at 2 years at 91.9%. These lower uptake figures highlight some vaccines where risk of disease clusters or outbreaks remain.

21. There remain challenges in uptake of other vaccines, particularly in school aged children. HPV vaccine uptake in Darlington dropped sharply during the COVID-19 pandemic, reaching a low of 56.1% in 2021/22. Since then, coverage has steadily improved, rising to 71.2% in 2022/23 and 77.1% in 2023/24. This recovery places Darlington above the national average (72.9%) and slightly ahead of the North East (75.0%), though uptake remains below pre-pandemic levels.

22. Although vaccine uptake amongst children in Darlington is similar to, or better than, the rest of the region and England, there are still some trends emerging which are of concern. Uptake of vaccines varies considerably between different GP practices and communities. This means some groups of children are missing out on protection, which puts them at greater risk of catching and spreading diseases that could have been prevented by vaccination. As a result, outbreaks or clusters of illness are more likely to happen in these groups.

23. The NHS, as the commissioner of vaccination programmes, has implemented a range of targeted measures to improve vaccination uptake. These include both broad and focused campaigns designed to raise awareness of the importance of vaccination and address issues related to vaccine hesitancy.

24. The local authority is actively supporting these initiatives through its Public Health and Communications teams, working in partnership with NHS colleagues and stakeholders across Tees Valley. These collaborative efforts are focused on ensuring that vaccination campaigns effectively reach those communities with the greatest need.

25. The public health team has been working alongside NHS England, the Integrated Care Board (ICB), and public health colleagues across Tees Valley to develop targeted actions aimed at increasing vaccine uptake and reducing inequalities.

26. A programme of behavioural insights research was commissioned and has been undertaken with local communities to identify key factors that act as barriers to vaccination for parents and young people. .

27. As a direct outcome of this work, the information leaflets and supporting resources for parents and young people have been comprehensively revised. These updated materials now reflect the specific needs and concerns identified through the research, ensuring greater relevance

and clarity. They have been distributed to providers with clear guidance for use during vaccination discussions and consent processes, supporting more informed and confident decision-making.

28. The ICB has allocated additional funding across Tees Valley to support targeted initiatives aimed at increasing vaccine uptake among vulnerable groups. In Darlington, the public health team is actively collaborating with education partners, the 0–19 service, GP practices, and community representatives to improve vaccination rates within the Gypsy, Roma, and Traveller community.

29. A targeted engagement programme is being developed to work directly with members of the Gypsy, Roma, and Traveller community to identify key barriers and enablers to vaccination. Insights from this work will inform the design and delivery of a pilot initiative launching in the new year, aimed at improving vaccine uptake through community-led solutions.

30. In Darlington, GP practices deliver infant and preschool vaccinations using a family-centred approach. They proactively invite children as they become eligible, send reminders to reduce missed appointments, and run dedicated clinics where staff offer reassurance and answer questions, as well as provide the vaccinations for individual children.

31. The school-based vaccination programme in Darlington is delivered by a specialist team commissioned by NHS England. Working closely with schools and NHS partners, the team organises clinics in schools and other settings to offer scheduled and catch-up vaccinations to eligible children and young people.

32. The local authority contributes to the governance of the vaccination programme through representation at regional and subregional meetings, including the Tees Valley Local Immunisation Group.

Infection Prevention and Control

33. Those in receipt of social care, and particularly older people living in care homes, are amongst the most vulnerable in our population. The closed setting nature of care homes makes them more susceptible to transmission of infectious diseases and the development of outbreaks. Outbreaks of common infections such as COVID-19, influenza, norovirus and Salmonella can cause significant morbidity to care home residents.

34. Outbreaks can be prevented, or their severity reduced, by good Infection Prevention and Control measures. The COVID-19 pandemic highlighted the importance of maintaining a high standard of Infection Prevention and Control (IPC) in care homes.

35. In Darlington care homes are supported by the Public Health protection Officer who works with a range of partners including the Commissioning, Performance and Transformation Team, NHS commissioners and the Care Quality Commission, and provides technical advice, information and guidance to support them in their oversight of and regulation of care homes.

36. The Public Health Protection Officer also supports care home management and staff through the provision of technical advice and support including audit, sharing best practice and dissemination of information across the sector.

37. In the past year the focus of health protection work from the Public Health Protection Officer has been on the care environment, including focusing on cleaning standards and practices, food hygiene practices and the provision and maintenance of key equipment and fixtures and fittings in care settings.

38. The Public Health Protection Officer has worked with key partners including colleagues in Environmental Health and developed and implemented a targeted action plan, emphasising provider collaboration and accountability in addressing identified issues. This work, which facilitated sustainable improvements and best practice adoption, was shared at UKHSA 5 Nations Health Protection Conference as an example of effective partnership and innovation in public health protection via a poster presentation.

39. The Public Health Protection Officer has also supported colleagues from County Durham and Darlington Foundation Trust, NENC ICB and care home providers in developing policies, procedures and actions to prevent and manage Healthcare Acquired Infections and supporting affected residents and their families in managing ongoing care.

Screening

40. The UK National Screening Committee advises on which screening programmes to offer, ensuring they are beneficial and minimise potential harm, and are commissioned by NHS England. These programmes are aimed towards a number of conditions including some cancers, such as breast and cervical, as well as a range of non- cancer conditions such Abdominal Aortic Aneurysm (AAA).

41. Screening programmes are systematic processes that identify individuals at increased risk of specific health conditions within a population. By detecting potential health risks before symptoms appear, these programmes enable early intervention or advice, helping people make informed decisions and potentially reducing the incidence or mortality of certain conditions. It is important to note that screening tests are not diagnostic, but help identify those who may need further testing or treatment.

42. Whilst NHS England have the responsibility for commissioning and managing screening programmes they work with other partners including GPs, NHS trusts and local authorities, to improve overall uptake and address inequalities in the uptake of screening.

43. The uptake of both cancer and non-cancer screening programmes in Darlington remains comparatively good, compared to both England and the North East. The latest data shows that for breast cancer screening Darlington's rate for eligible women is 72.8%, which is statistically

better than both England and the North East region and an improvement on the previous year of 71.7%.

44. Latest data for cervical cancer screening shows that Darlington's uptake is also statistically better compared to both England and the North East region, with 74.3% of eligible women aged 25 to 49 years being screened, which again is an improvement on the last data report of 73.2%

45. An example of a non-cancer screening programme is the Abdominal Aortic Aneurysm (AAA). This is a condition that usually has no symptoms where the aorta, the largest blood vessel that runs from the heart through the chest and abdomen, develops a bulge in its lower part. This bulge can be dangerous because it may grow large enough to rupture, leading to life threatening internal bleeding.

46. Screening for AAA is undertaken in men aged 65 to 74 years who are identified as most at risk. The uptake for Darlington for eligible men at 87.7%, which is statistically better uptake than England and the North East region. This has improved from its lowest point of 54.0% in 202/21 during the COVID 19 Pandemic and almost recovered to the pre pandemic rates.

47. In conclusion, Darlington compares well to both England and the North East region for the uptake of the of cancer and non-cancer screening programmes. Although there has been evidence of a long-term decline in uptake in screening from historical levels nationally, rates in Darlington have shown improvement in recent years.

Surveillance

38. UKHSA has a national and local surveillance system for communicable diseases and produces alerts for exceedances and identification of linked cases. The DPH is informed of outbreaks, incidents, and exceedances via email alerts. The DPH is represented at all local outbreak control meetings and outbreak reports are also shared.

39. Throughout the past year the Local Authority has worked closely with colleagues at the North East Health Protection Team in UKHSA, addressing a number and range of infections including flu, invasive pneumococcal disease (IPD), Group A strep, scabies, syphilis and Hepatitis.

40. The Public Health team also work closely with the UKHSA's Health Protection Team and the Environmental Health Team in the identification and investigation of cases and outbreaks of infectious diseases, particularly food borne, which are notified by GPs, the public, businesses and other local authorities.

Healthcare Associated Infections (HCAIs)

43. Healthcare-associated infections (HCAIs) are infections that people can acquire while receiving care in healthcare settings. Some, such as MRSA, Clostridium difficile (C. difficile), and Carbapenemase-Producing Enterobacteriaceae (CPE), are particularly concerning due to their

resistance to common antibiotics. UKHSA tracks these infections through national surveillance and supports healthcare professionals in tackling antimicrobial resistance.

44. Locally, NHS commissioners and providers such as County Durham and Darlington Foundation Trust work together to prevent and control HCAIs through a range of measures. These include reviewing infection control practices, monitoring antibiotic use, conducting regular audits, and providing ongoing staff training. The Health and Housing Scrutiny Committee also receives reports on HCAIs from CDDFT as part of their Quality Accounts report, to ensure continued progress and accountability.

45. Darlington Memorial Hospital has experienced a significant CPE outbreak since January 2023, with 891 cases reported, mainly affecting specific medical wards. In response, fortnightly Incident Management Team meetings were held, involving CDDFT clinical leads, UKHSA the ICB and Public Health. A comprehensive action plan was implemented, including ward closures, infection control audits, ward refurbishments, environmental monitoring, regular patient swabbing, waterless bathing, enhanced infection control measures, and staff training. Two external peer reviews were also conducted to strengthen the hospital's response. As of this report, case numbers have declined substantially, and the affected wards are now in the post-outbreak surveillance phase.

Outbreak Management

46. At a local level UKHSA plays a supportive and leadership role in infectious disease control, implementation is a shared responsibility involving multiple partners including the local authority. The Northeast Health Protection Team receives notifications of potential cases from the public, GPs, hospitals and labs; assesses the risk; and takes appropriate action to protect public health. This may include providing advice, directing healthcare staff, or convening an Outbreak Control Team (OCT). A 24/7 call system supports rapid response.

47. An OCT will be convened by the UKHSA if they decide that an outbreak or situation has potential to cause significant morbidity. The OCT coordinates an effective response to any incidents, including more serious infections such as Hepatitis, Tuberculosis, and M-Pox. A representative from the public health team would join the OCT.

48. One of the most common causes of outbreak in the UK, and Darlington, is food borne infections due to eating contaminated or unsafe food. This can cause ill health and can be particularly problematic in settings with a vulnerable group such as nurseries, schools, and care homes.

49. The Environmental Health team have a key role in health protection. They have the responsibility for certificating and inspecting over 900 food premises in Darlington. They issue Food Standards Agency (FSA) star ratings and ensure that all food outlets meet hygiene and allergy prevention standards. The team have statutory powers for investigating any complaints or outbreaks and taking any regulatory or enforcement action where required.

50. Last year the team investigated 168 food poising notifications, including 35 allegations linked to food premises and 30 outbreaks linked to care homes. The team work closely with UKHSA in

both the surveillance, investigation and control of outbreaks in Darlington. Appendix 3 shows the numbers of cases of gastrointestinal disease in care homes across the North East region, including Darlington.

51. In Q4 2024, Darlington reported 3 cases of Hepatitis B (11.1 per 100,000), 3 cases of Hepatitis C, 4 notifications of suspected Scarlet Fever (14.8 per 100,000), and 1 case of Invasive Group A Streptococcus. No cases of Hepatitis A, Legionella, Listeria, or Tuberculosis were reported in Darlington this quarter. All rates were comparable to previous quarters and regional averages, except for Scarlet Fever, which was significantly lower than last year.

52. Over the past year, the UK has experienced a rise in vaccine-preventable diseases, particularly measles. This was largely driven by a major outbreak in the North West, followed by further increases in London. As a result, other areas—including the North East and Darlington—also saw more cases and smaller clusters. However, this trend has now stabilised, with case numbers declining over the summer months. National trend data is shown in Appendix 4.

53. In Q4 2024, Darlington reported five measles notifications, resulting in a rate of 18.5 per 100,000 people. This was significantly higher than the North East regional average, where there were 36 notifications and a rate of 5.4 per 100,000, although Darlington's rate was similar to its own figure from Q4 2023

54. Despite the higher notification rate in Darlington, there were no laboratory-confirmed measles cases in either Darlington or Durham this quarter, and only two confirmed cases across the entire North East.

Summary

55. This report has outlined the statutory duties, responsibilities, and current arrangements for health protection in Darlington, with a focus on key areas including immunisation, screening, infection control, and outbreak response.

56. While challenges remain, particularly in addressing inequalities and improving uptake amongst some communities and cohorts, the report highlights strong examples of partnership working and effective leadership that continue to enhance local resilience and protect population health in Darlington.

Appendices

Appendix 1 Health Protection Responsibilities in England

Organisation	Key Responsibilities	Legal/Policy Basis
UK Health Security Agency (UKHSA)	- Lead national response to infectious diseases and environmental hazards - Provide expert advice, surveillance, and outbreak management - Coordinate vaccine procurement and distribution - Support local authorities and NHS with technical guidance	Executive agency of DHSC; Public Health (Control of Disease) Act 1984; Environmental Permitting Regulations 2016
NHS England	- Commission and deliver Section 7A services (e.g. immunisation, screening) - Ensure quality and equity in service provision - Manage contracts and performance of providers - Lead health protection in custodial settings	NHS Act 2006 (Section 7A); Public Health Functions Agreement 2025–26
Integrated Care Boards (ICBs)	- Plan and commission NHS services within Integrated Care Systems - Prepare to take on delegated responsibilities for immunisation and screening from NHS England	Health and Care Act 2022; NHS Act 2006
Local Authorities (including Directors of Public Health)	- Statutory duty to improve and protect public health - Lead local outbreak response and emergency planning - Commission sexual health, drug and alcohol services - Provide environmental health services (e.g. food safety, housing, water sampling) - Assure adequacy of local health protection arrangements	Health and Social Care Act 2012; NHS Act 2006 (Section 2B, 6C); Local Government Act 1972
Environment Agency (EA)	- Regulate high-risk environmental activities (e.g. waste, emissions) - Consult UKHSA and DsPH on permit applications - Monitor compliance and enforce environmental standards	Environmental Permitting Regulations 2016; Pollution Prevention and Control Act
Department of Health and Social Care (DHSC)	- Overall stewardship of the health protection system - Set policy and strategy - Hold NHS England and UKHSA to account - Allocate public health grants to local authorities	NHS Act 2006; Health and Social Care Act 2012

Appendix 2 Childhood and Adolescent Vaccination Coverage in Darlington Compared to Regional and National Benchmarks (2023/24)

Indicator	Period	Darlington			North East	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Population vaccination coverage: Hepatitis B (1 year old)	2023/24	–	0	-	*	*	-		- -
Population vaccination coverage: Dtap IPV Hib HepB (1 year old) <90% 90% to 95% ≥95%	2023/24	→	956	94.7%	95.2%	91.2%	63.6%		97.0%
Population vaccination coverage: PCV <90% 90% to 95% ≥95%	2023/24	–	965	95.5%	96.9%	93.2%	70.4%		97.9%
Population vaccination coverage: Hepatitis B (2 years old)	2023/24	–	3	100%	*	*	-		- -
Population vaccination coverage: Dtap IPV Hib HepB (2 years old) <90% 90% to 95% ≥95%	2023/24	→	1,042	94.7%	95.8%	92.4%	72.4%		97.8%
Population vaccination coverage: Hib and MenC booster (2 years old) <90% 90% to 95% ≥95%	2023/24	→	1,016	92.4%	93.6%	88.6%	64.2%		96.2%
Population vaccination coverage: PCV booster <90% 90% to 95% ≥95%	2023/24	→	1,011	91.9%	93.3%	88.2%	66.8%		95.7%
Population vaccination coverage: MMR for one dose (2 years old) <90% 90% to 95% ≥95%	2023/24	→	1,011	91.9%	93.9%	88.9%	67.7%		96.3%
Population vaccination coverage - Hib / Men C booster (5 years old) <90% 90% to 95% ≥95%	2017/18	→	1,178	96.0%	95.1%	92.4%	79.5%		97.6%
Population vaccination coverage: MMR for one dose (5 years old) <90% 90% to 95% ≥95%	2023/24	→	1,112	93.1%	95.1%	91.9%	78.2%		97.1%
Population vaccination coverage: MMR for two doses (5 years old) <90% 90% to 95% ≥95%	2023/24	↓	1,049	87.9%	89.7%	83.9%	60.8%		94.5%
Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old) <80% 80% to 90% ≥90%	2023/24	→	502	77.1%	75.0%	72.9%	32.9%		89.2%
Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years) <80% 80% to 90% ≥90%	2023/24	↓	1,019	73.9%	68.2%	73.0%	31.9%		97.7%

Appendix 3 Number of gastrointestinal outbreaks in care homes by month and by Local Authority

		County Durham and Darlington				North East					
Year	Month	Norovirus	Sapovirus	No pathogen isolated	Total	Adenovirus	Clostridium perfringens enterotoxin	Norovirus	Sapovirus	No pathogen isolated	Total
2024	January	1	0	4	5	0	0	5	0	23	28
	February	2	0	4	6	1	0	7	0	14	22
	March	2	0	2	4	0	0	9	0	17	26
	April	4	0	1	5	0	0	16	0	26	42
	May	3	0	4	7	0	0	10	0	21	31
	June	0	0	3	3	0	1	3	0	16	20
	July	0	0	5	5	0	0	0	0	18	18
	August	0	0	0	0	0	0	0	0	10	10
	September	1	0	5	6	0	0	2	0	14	16
	October	1	0	6	7	0	0	6	0	25	31
	November	1	0	4	5	0	0	2	0	18	20
	December	1	0	7	8	0	0	5	0	21	26
	Total	**16**	**0**	**45**	**61**	**1**	**1**	**65**	**0**	**223**	**290**
2025	January	2	0	4	6	0	0	11	0	20	31
	February	0	0	2	2	0	0	3	0	16	19
	March	2	1	11	14	0	0	5	1	35	41
	April	3	0	4	7	0	0	8	0	16	24
	May	4	0	3	7	0	0	4	0	14	18
	June	0	0	5	5	0	0	1	0	13	14
	July	0	0	1	1	0	0	1	0	6	7
	Total	**11**	**1**	**30**	**42**	**0**	**0**	**33**	**1**	**120**	**154**

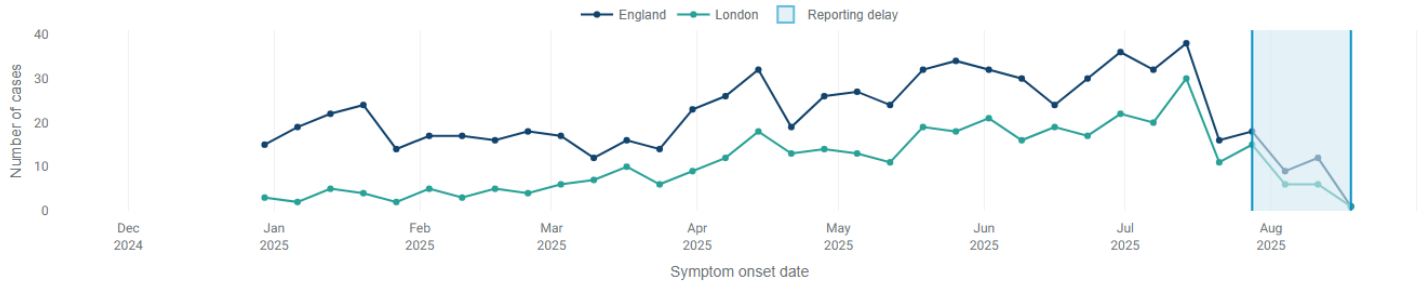
Appendix 4 Measles Cases by week London and England from 1st January 2025

Cases by week of symptom onset

Laboratory confirmed cases of measles by week of onset of rash or symptoms reported, London and England from 1 January 2025. The data reporting lag has greatest impact on the most recent 4 weeks. Reported figures for this period are likely to underestimate activity. These data points are within the "reporting delay" period on the chart. This chart is different to the measles "cases reported" chart on the landing page. Data affected by the reporting delay is not included in the chart on the landing page.

Up to and including week beginning 18 Aug 2025

Chart | Tabular data | Download



HEALTH AND HOUSING SCRUTINY COMMITTEE
29 OCTOBER 2025

HOUSING SERVICES TENANT INVOLVEMENT STRATEGY 2024-2029 UPDATE

SUMMARY REPORT

Purpose of the Report

1. To provide Members with an update on the Housing Services Tenant Involvement Strategy 2024-2029.

Summary

2. Darlington Borough Council Housing Services has a long history of working with our tenants to help shape their communities and influence decisions about their homes and the services we provide. Our approach to tenant involvement is embedded in our culture of openness and honesty, demonstrated through our Tenants Panel.

3. The Regulator of Social Housing's (RSH) new consumer standards from April 2024, set out their expectations for how social landlords must give tenants a wide range of meaningful opportunities to influence and scrutinise their landlord's strategies, policies and services.

4. The Housing Services Tenant Involvement Strategy 2024-2029, approved by Cabinet on 5 November 2024, sets out how we will involve and empower our tenants, including how our engagement activities will be monitored and reported, and how we will involve our tenants in decisions about the services they receive.

5. The Housing Services Tenant Involvement Strategy Annual Review Report at **Appendix 1** sets out our progress over the past 12 months against the key priorities of the strategy.

6. The Tenants Panel has been updated on the report, and they have given positive feedback on the report.

Recommendation

7. It is recommended that Members:-

   (a) Consider the contents of the report and the Housing Services Tenant Involvement Strategy Annual Review Report at **Appendix 1**.

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	The Tenant Involvement Strategy will help the Council to deliver fair and equitable outcomes for our tenants
Tackling Climate Change	As part of our Tenant Involvement Strategy, our tenants have been consulted on our Housing Services Climate Strategy 2024-2029
Efficient and effective use of resources	There are no implications
Health and Wellbeing	There are no implications
S17 Crime and Disorder	There are no implications
Wards Affected	All wards with Council housing
Groups Affected	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	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

8. Darlington Borough Council provides over 5,200 high quality homes for local residents. We are committed to providing the best homes and services to tenants as possible. Involving and engaging our tenants is critical to help achieve this. Our tenants are best placed to let us know how to make improvements and to review our plans and proposals for the future.

9. The RSH sets a number of Consumer Standards, which apply to all social housing providers, including Councils. Specifically, in relation to the Transparency, Influence and Accountability Standard, social housing providers must:

   (a) Take action to deliver fair and equitable outcomes for tenants.

   (b) Take tenants' views into account in their decision-making about how landlord services are delivered and communicate how tenants' views have been considered.

(c) Communicate with tenants and provide information so tenants can use landlord services, understand what to expect from their landlord, and hold their landlord to account.

(d) Collect and provide information to support effective scrutiny by tenants of their landlord's performance in delivering landlord services.

(e) Ensure complaints are addressed fairly, effectively, and promptly.

10. The Council has well established processes in place to involve and engage our tenants in delivering our services. The Housing Services Tenant Involvement Strategy 2024-2029 promotes our continued commitment to tenant involvement and the Annual Review Report at Appendix 1 sets out our progress over the past 12 months against the key priorities of the strategy.

Outcome of Consultation

11. Our Tenants Panel has been updated on the report, and they have given positive feedback on the report. Comments included the following:

(a) "Have had a read through (PDF files so much easier) and from what I remember of the last year looks good. Cheers for forwarding and great job to see the improvements."

(b) "I've just read it and it's long but informative interesting read."

(c) "Read it through seemed really good and informative."

(d) "I am pleased with the progress over the last year and it's definitely something you can see has improved and very it's important that is documented in the strategy."

(e) "It's been a really good year for involvement, and we have such a diversity now and we can get everyone's point of view - the increase of events is better as you are listening to everyone. The fact that the Tenants Panel now has representatives from most parts of the town is a really good thing as means no one's voice isn't heard."

(f) "It looks ok, and its quiet a long document but covers all points well, the engagement has been very good over the last 12 months, and I hope it continues. When I first started on the Tenants Panel, there was only a handful of tenants; it's great to see more people joining."

(g) "I struggle to read information sent by the council, so engagement events are vital for me as a tenant. The monthly hub at Branksome helps me to get my opinion across and engagement events are great, and the strategy helps shape these events."

(h) "It's a long read and I struggle to read it and access it but I think the involvement team have done a great job and we are starting to see improvement."

(i) "Thank you for sharing these documents, I have read through the Tenant Involvement Strategy and overall, I think it is clear, precise and well set out. The focus on tenant involvement is clear for all to see. Keeping tenants informed is key and the last 12

months has obviously been a success."

(j) "The importance of safety is paramount to any community, I am happy that it is a clear priority in this Strategy Review."

DARLINGTON
Borough Council

Housing Services

Tenant Involvement Strategy Annual Review Report

2024-2025

Contents

Introduction

This report reviews the progress of the Tenant Involvement Strategy 2024-2029 and brings together the highlights of 2024/2025. It sets out what the key priorities of the strategy are, shares tenant and staff perspectives, celebrates successes and outlines the next steps for the year ahead.

The Strategy sets out the 4 key priorities for effective tenant involvement which assist us in meeting the regulatory standards set in the Regulator of Social Housing Consumer Standards - Transparency, Influence and Accountability Standard. The key priorities are:

- Providing tenants with the right information.
- Supporting tenants to make their voice heard.
- Making decisions with our tenants.
- Maximizing scrutiny and accountability.

Priority 1: Providing the Right Information

Clear communication underpins effective tenant involvement and measures for success for this priority include promoting online services, reducing telephone calls, and ensuring positive feedback.

What have we done in 2024/2025?

Improved written communication

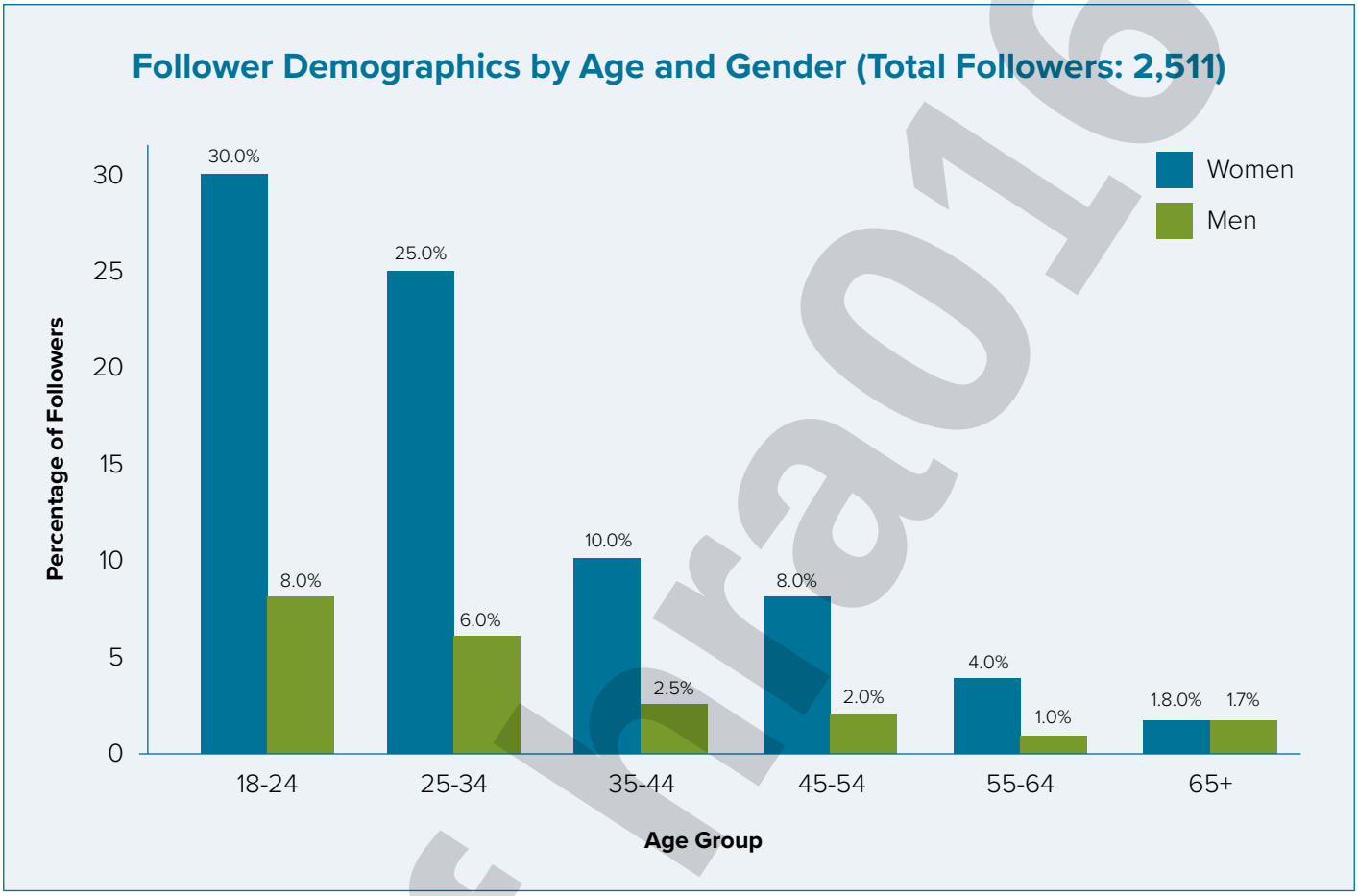
To ensure that all our written communication for tenants is written in a way that they can fully understand, we have had all new policies, strategies, and leaflets approved by the Tenants Panel, with all documents carrying the “Panel Approved” logo. In total in 2024/2025, the Tenants Panel approved 15 documents, these include:

- Local Lettings Policy Neasham Road February 2025.
- Housing Services Preventing Homelessness and Rough Sleeping Strategy 2025-2030.
- Fire Safety Policy.
- Allocations Banding.
- New Tenant Policy.
- A guide to Decants.
- Social Housing Fraud Leaflet.
- Care Leavers Protocol.
- Fire Risk letter.
- Access to your home.

In the strategy we said we would ensure all our written communications would be approved by the Tenants Panel, this a measure of our success over the last year.

Offered more ways for tenants to access information about us

To ensure we offer diverse ways for tenants to find information about our services we aimed to increase website and social media use in 2024/2025. Website visits have been consistent in views; however, this is an area we would like to improve on with a new layout on various pages. Social media (Facebook) followers rose from 2,000 in 2023/2024 to over 2,500 in 2024/2025. Below is a breakdown of the age ranges of our Facebook followers as of September 2025.



In the strategy we said we would increase subscriptions to our Facebook page, the above is a measure of our success over the last year.

Considered ways to improve how we can make it easier for tenants to contact us

We have continued to look at how to make it easier for tenants to contact us and access our services. Whilst we await some changes to our Darlington Home Online service it now has 300 people signed up, which shows the growth in digital engagement by tenants and the need for us to focus on this in coming years.

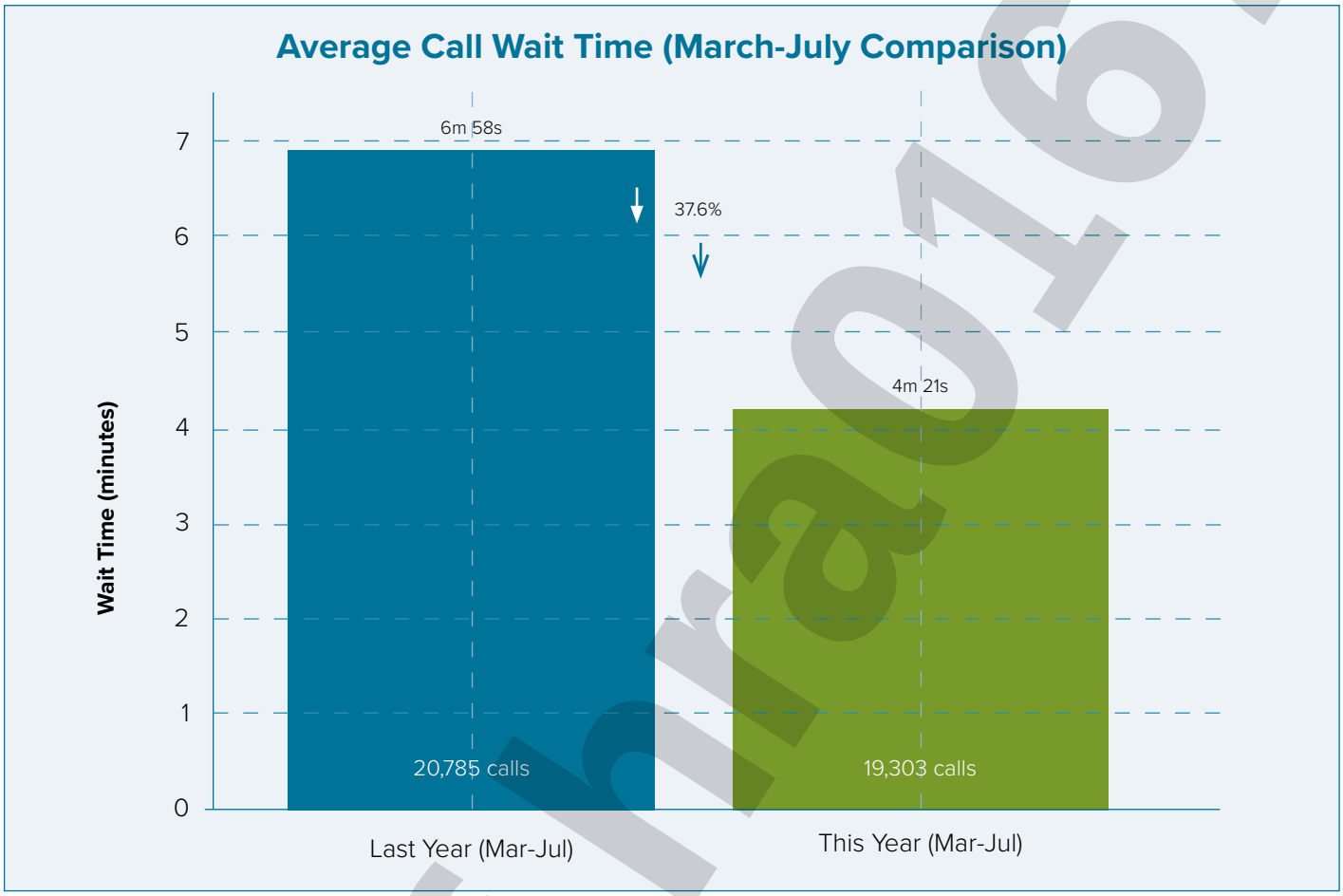
To help us make it as easy as possible for people to contact us we have made several changes to the Housing Contact service.

These include:

- Changing the opening hours to the same each day to make it easier to remember and to allow staff to dedicate admin time to deal with emails and Darlington Home Online messages.
- Introduced the call-back facility to reduce waiting times for callers.
- Promoted online channels to give tenants more ways to contact us.

Results have been good, with average call waiting times reducing and call numbers reducing too.

Call Numbers	
23/24	**24/25**
20,785	19,303



The graph shows the measure of success in our strategy of reducing wait times to our Housing Contact team; helping us to provide more support to the people who need us most.

We have received positive feedback from tenants about these changes, comments from tenants include:

- Embracing more Facebook posts.
- The call-back service.
- More consistent opening hours.

In relation to the new opening hours, Tenants Panel members voted wholeheartedly for this to happen, and their feedback played a key role in shaping the outcome, one member said,

"It made sense to open and close at the same time every day, when everything is in line customers know where they stand." **Carl Bennett, Tenants Panel Member.**

Priority 2: Supporting Tenants to Make Their Voice Heard

This priority focuses on increasing involvement, building skills, improving satisfaction measures, and supporting tenant-led initiatives.

What have we done in 2024/2025?

Reviewed how we can improve opportunities for tenants to be involved

To maximize opportunities for tenants from across all areas where we own properties in 2024/2025, we introduced more engagement events, including in the Borough's rural villages, at schools, and held joint events with Housing Providers. Below are some examples of the existing events and those that we have introduced and held across the Borough.

Patches	Existing Engagement Events	New for 2024 / 2025	Future Plans
Patch 1 Branksome	Branksome Hall Drive	St Mary's Community Hall, Mount Pleasant Primary School	Wyvern Academy
Patch 2 Lascelles and Villages	A Drop in at Rosemary Court	Eastbourne Hub, Village Engagement Day, St John's Primary School	Community Day for Villages
Patch 3 Firthmoor	Roxby Court	Firthmoor Community Centre, Firthmoor Primary School	Community Fun day at school and invite residents
Patch 4 Cockerton, Heighington and Heatherwood	Windsor Court	Cockerton Club, Hopelands and Heatherwood Grove, High Coniscliffe Engagement Day	Pop up gazebo to be in place at Heatherwood so tenants can attend
Patch 5 Rise Carr, North Riverside, Mowden Terrace	Havelock Centre, Rise Carr	The Well, Richard Court, The Edge Centre	Look at increasing engagement in Rise Carr area and Mowden Terrace
Patch 6 Skerne Park, Tennyson Gardens and Parkside		Skerne Park Community Centre, Tennyson Community Centre,	Link in with schools
Patch 7 Haughton, Neasham New Build	Ted Fletcher	Springfield Primary School, Rydal Primary School	Create a community event at the new build site

Patches	Existing Engagement Events	New for 2024 / 2025	Future Plans
Patch 8 Whinfield/Springfield, Hurworth, MSG, Harrowgate Hill and Sadberge	Dinsdale Scheme	Rockwell Court, Oban Court, Springfield Primary School, Salvation Army, Sadberge Village Hall, Kings Church,	Link in with tenants at Hurworth and Middleton St George
Patch 9 Red Hall, Lingfield	Lingfield	Red hall Community Centre, Red Hall School, The Range	Engage with Lingfield Tenants
Patch 10 Albert Hill, Hundens Lane, Park Place and Bank Top	Park Place Community Centre, King William Community Centre, Wesley Court community Centre	Park place Community Centre, King William Community Centre, Wesley Court community Centre, St Jame's Church Hall	Look at increasing engagement with Hundens Lane tenants

Created new opportunities for joint working with other Housing Providers to strengthen communities

In 2024/2025 we created new working partnerships with other Housing Providers to strengthen community engagement and improve services for our tenants. These collaborations have already led to some great joint initiatives:

- **North Star -** Joint community event held at Skerne Park.
- **Railway Housing -** Joint estate inspections and information sharing.
- **Places for People -** Joint community event at Whinfield and joint estate inspection.
- **Hull City Housing -** meetings held as they were highlighted by TPAS (Tenant Engagement Experts) as leading advocates for engagement.

We are excited about the opportunities these partnerships bring and look forward to working with more Housing Providers in the future. By sharing ideas and resources, we aim to provide even more support and information for our tenants.

Increased opportunities for improving skill levels for our Tenants Panel members

One of our measures of success was to increase attendance of our Tenants Panel at training events. We have been successful against this measure and have helped to help increase skill levels in 2024/2025 by setting up several training and skill development sessions for our Tenants Panel, these included:

- Online TPAS training sessions to allow access for those tenants who cannot do face to face.
- Attended national events to gain further insight into what other providers are doing.
- A tailored scrutiny workshop in July improved panel members' confidence and knowledge.
- Setting up access to Academy 10 training so the Tenants Panel can work on their own learning objectives.
- Social Housing White Paper training to help Tenants Panel members understand the legal requirements we must meet as landlords.

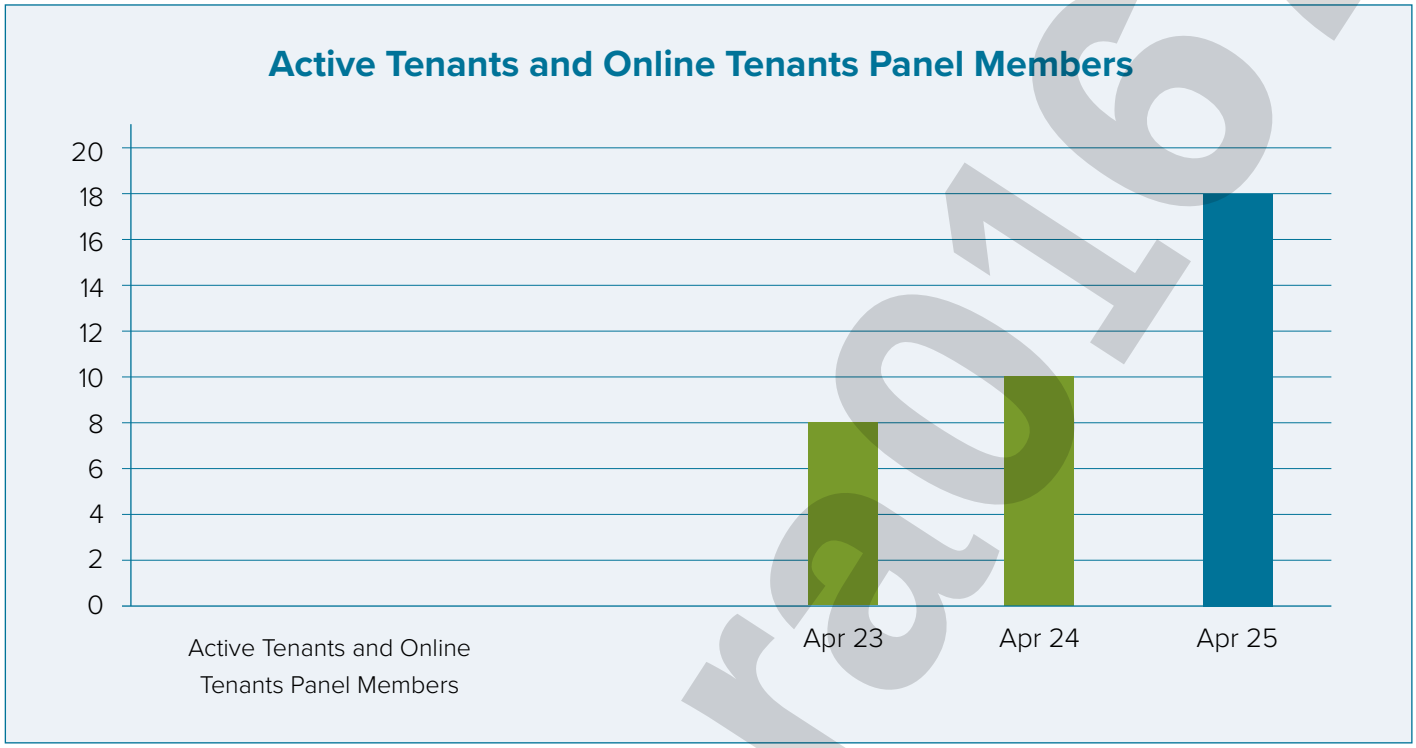
Improved our Tenants Satisfaction Measure results

We were pleased to report that we improved on 2023/2024's survey results for the Tenant Satisfaction Measures (TSM). This has been a measure of success against our Tenant Involvement Strategy; we improved in 11 of 12 categories. We are awaiting the national results for 2024/25 so we can compare ourselves nationally and regionally.

Code	Question	2024	2023	LA Northeast Benchmark	LA National Benchmark
TP01	Overall satisfaction with the Housing Service	79%	76%	67%	68%
TP02	Satisfaction with the overall repairs service	84%	80%	70%	70%
TP03	Satisfaction with time taken to complete the most recent repair	83%	80%	65%	67%
TP04	Satisfaction that the home is well maintained	82%	78%	66%	67%
TP05	Satisfaction that the home is safe	85%	81%	70%	73%
TP06	Satisfaction that views are listened to and acted upon	70%	66%	53%	56%
TP07	Satisfaction with being kept informed	76%	72%	60%	66%
TP08	Agreement that the service treats tenants fairly and with respect	82%	78%	70%	73%
TP09	Satisfaction with complaints handling	35%	38%	29%	31%
TP10	Satisfaction with communal areas being clean and well maintained	71%	68%	58%	62%
TP11	Satisfaction that the service contributes positively to the neighbourhood	66%	65%	54%	60%
TP12	Satisfaction with the approach to handling anti-social behaviour	59%	58%	50%	54%

Increased online opportunities for tenants to be involved

To increase opportunities for tenants to have their voices heard we built on the new Digital Tenants Panel in 2024/2025. The first online tenant meeting was held in summer 2025, and panel members expressed interest in hybrid membership (both virtual and in-person). This has had a profound impact with the numbers of involved tenants increasing as below:



The graph above shows a measure of our success against the Tenant Involvement Strategy.

Assisted in setting up tenant-led activities

Tenant Involvement Officers assisted in the establishment of a tenant darts group which has been successfully continued by the tenants, strengthening local communities and helping to reduce isolation and loneliness.

"I joined the Tenants Panel... there is no point complaining about things if you are not going to look to change things. The panel is important as it asks questions of Darlington Borough Council." **Ivan Sparks, Tenants Panel Member**.

Ted Fletcher Flyers - Darts Team

Priority 3: Making Decisions with Our Tenants

At Darlington Borough Council, we believe that tenants are at the heart of shaping the services they rely on. Through active involvement, feedback, and collaboration, tenants are helping to:

- Influence Policy.
- Tenant Role in Safety.
- Community Champions.
- Design Choices.

What have we done in 2024/2025?

Tenant influence on policy

The Tenants Panel shaped the Darlington Borough Council Care Leavers Housing Protocol, simplifying complex information into accessible formats.

"It sets out the right objectives, clarifies and separates the issues. I do agree that a condensed version could be created for a heavy document."
Tanya C, Tenants Panel Member.

Plans are in place to create simpler versions of policies that highlight key areas allowing tenants to gain a better understanding of a document, this will be a measure of success once it has been implemented.

Tenant role in safety

Fire drills were held across schemes, ensuring tenants and staff understood procedures and their role in safety, visits from the Darlington and Durham Fire Service (DDFS) have also taken place across schemes, with plans to expand this to all schemes and events.

"Several fire alarm tests have been conducted in our schemes, where a stay put policy is in place. This was an opportunity for us to ensure tenants and staff know what to do in an event of a fire."
Cheryl Williams, Housing Asset & Compliance Manager

DDFS at Rockwell House

Estate Champions

New roles were created, including litter pickers, estate inspection participants, and Estate Champions like Karen Wright Tenant Panel Member at Lancaster Close. We are looking to increase these in 2025/2026 to include Fire Safety Champions.

"When I am out and about on the estate, if I notice anything I will just send an email in and report it. I really like Lancaster to look nice and am keen to be actively involved in keeping the area tidy." **Karen W, Tenant Panel Member and Estate Champion.**

Estate Champion	Name
Windsor Court	Stephen Douglan
Windsor Court	Phillip Hardy
Hargreave Terrace	Hugh Mortimer
Earl Carlson Grove	Deborah Carpenter
Earl Carlson Grove	Ray Lockwood
Havelock Street	Lindsay Sinclair
Hopelands Court	Tanya Caenazzo
Bank Top	Suzanne Carter
Branksome Hall Drive	Don Aitchson
Parkside	Carol Bradbrook-Taylor
Branksome Hall Drive	Richard Lax

In the Tenant Involvement Strategy, we said we would increase numbers of Estate Champion, the table above shows we have been successful, and this will continue to grow.

Estate Champions

Tenants were keen to help make decisions about the future housing designs of their home; this includes the selection of worktops and flooring for new properties and porch colours on the SHDF properties. SHDF (Social Housing Decarbonisation Fund) is a government scheme that provides grants to social housing providers for improving energy efficiency and upgrading systems in social homes.

"As a local authority with a large housing stock, tenant involvement plays an integrative part... by working alongside tenants and partner agencies we can listen, act and learn." **Donna Young, Housing Management Officer.**

In the strategy one of our measure of successes was to evidence that tenant's views have informed our future designs and choice of products.

These choices have been put forward and are now in place in tenant's homes.

Priority 4: Maximising Scrutiny and Accountability

This priority ensures transparency, strong governance, and complaint handling

What have we done in 2024/2025?

Decisions shaped by tenants: The Tenants Panel was consulted on the following documents:

- Housing Services Vulnerability Policy 2024-2029.
- Housing Services Domestic Abuse Policy 2024-2029.
- Tenancy Policy 2020-2025.
- Housing Services Climate Strategy 2024-2029.
- Housing Services Allocations Policy 2023-2028.
- Care Leavers Housing Protocol 2025
- Housing Services Preventing Homelessness and Rough Sleeping Strategy 2025-2030.

Tenants Panel members are often asked to give detailed comments on their feedback, so we understand the reasoning behind opinions.

Ivan Sparks reviewed the banding quota in the Allocations Policy and shared *'The division of housing allocation looks great, very good to see the higher allocation of band 1.'* **Ivan Sparks, Tenants Panel Member**

The Tenants Panel scrutinised the new Tenancy Policy and Chrstine shared *'I have re-read the proposed policy and taken on board other Tenants Panel Members comments. I still believe that flexible tenancies should apply to those in new build homes.'* **Christine Fishwick, Tenants Panel Member**

The Tenants Panel met with Anna Ginsberg (Housing Options Team Leader) who came to present the Care Leavers Protocol, and the members were asked to give their feedback. Karen shared *'Although it was a long document and a hard read, I believe everything made sense. One thing I would maybe suggest would be a version which is easier to read and gives the vital information, but I understand if this not an option.'* **Karen Wright, Tenants Panel Member**

In January 2025 Tenant Panel members were asked about the use of the word 'perpetrator' used in the Fire Risk letter sent to tenants. This was following a complaint received that the word was harsh and extreme. The panel members scrutinised the letter.

Tenant Panel member Hugh shared *'Perpetrator seems ok but could use person responsible'.* **Hugh Mortimer, Tenants Panel Member**

Mark also shared *'Add an extra line in to explain the meaning of the word and the legal reason.'* **Mark Hornsby, Tenant Panel Member**

Following scrutiny the letter now reads; 'Items found in the communal areas following this visit will be disposed of and may result in a recharge to perpetrator (person responsible).' The Tenants Panel challenged the work and were successful in the change within our letter which is measure of success in our strategy.

Publishing performance data

Performance measures are regularly reported to tenants, through the webpages and Housing Connect. The Tenants Panel also scrutinise and meet with relevant teams to learn more about our performance. In the strategy we said we would share our key performance measures this is a measure of our success.

Complaints handling

In 2024/2025 the number of Stage 2 complaints reduced which is measure of success from the strategy.

'However, Stage 1 complaints increased with all registered providers and the Housing Ombudsman reporting significant increases too.'

The team and Tenants Panel continue to look for emerging trends learning opportunities and good practice.

Key Focus - Clarity in Stage 1 Responses

To reduce the number of complaints escalating to Stage 2, we must ensure our Stage 1 responses:

- Clearly explain the evidence considered.
- Outline the processes followed.
- Demonstrate how we arrived at our conclusion.
- Use plain language to make decisions understandable to all complainants.

By improving transparency and clarity, we can help complainants feel heard and informed, potentially reducing the need for escalation.

Stage 2 complaints reduced from 30 to 27 in the last year. Only one Ombudsman case was recorded, the same as the year before.

In 2024/25, of the complaints escalated to Stage 2:

- 1 was upheld.
- 3 were partially upheld.
- 11 were not upheld.
- 1 was withdrawn.
- 4 remained open at year-end.

In comparison, 2023/24 saw:

- 5 upheld.
- 8 partially upheld.
- 14 not upheld.
- 2 withdrawn.
- 1 inconclusive.

This year's lower number of upheld and partially upheld Stage 2 complaints may indicate that our Stage 1 responses are becoming more robust and accurate. However, there is still room for improvement in how we communicate our decisions.

Meeting the Ombudsman Code

Complaint handling in line with the Housing Ombudsman's Complaint Handling Code is an area where we unfortunately did not meet the standard this time. However, we recognise its importance and are committed to improving. To support this, we have put a new apprentice in place who is helping the Complaints Officer, and a Team Leader role was also created in place to strengthen our approach and ensure better alignment going forward.

Using complaints to improve

A member of the complaints team attends the Tenants Panel regularly and Panel members review complaints and advise on alternative responses.

Denise shared *'This Tenants Panel has been inciteful as both Lee and Charlotte share difference aspects on complaints. It was interesting to hear what type of complaints are raised and the differences between stage 1 and 2 complaints.'* **Denise Parkin, Tenants Panel Member**

Looking Ahead: The Next 12 Months

To build on current progress, the following strategic actions will be prioritised:

Expanding the Digital Tenant Panel

- **Promotion:** Advertise the Online Panel via social media.
- **Direct Engagement:** Encourage sign-ups during tenant canvassing and estate visits.

Strengthening External Stakeholder Links

- **Partnership Events:** Continue collaborative estate inspections and joint events.
- **Networking:** Increase attendance at external events to build relationships and share best practices.

Increasing Community Presence

- **Council Collaboration:** Work with the Council's events team to attend more local events.
- **Broaden Reach:** Liaise with schools and community groups to take part in their events.

Publishing Accessible Housing Information

- **Website Improvements:** Review and update housing-related web pages to ensure clarity, relevance, and accessibility for tenants.

Boosting Survey Participation

- **Action Plan:** Co-develop a strategy with the Tenants Panel to increase response rates and ensure feedback is representative.
- Look into other social media platforms to expand numbers of involved tenants.

Complaints

- Increase scrutiny by Tenants Panel on upheld complaints to look for areas of improvement in responses, processes and decision making.

Conclusion

The Tenant Involvement Strategy has achieved measurable progress in communication, tenant empowerment, and accountability. By embedding tenant voices into service design, scrutiny, and decision-making, we are building stronger, safer, and more engaged communities. Looking ahead, the strategy will continue to prioritise digital engagement, transparency, and community partnerships.

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HEALTH AND HOUSING SCRUITINY COMITTIEE
29 October 2025

INJURY PREVENTION UPDATE

SUMMARY REPORT

Purpose of the Report

1. This report provides members with a clear overview of the local, regional and national data relating to hospital admissions for unintentional and deliberate injuries for children and young people aged 0-14 years.

2. The information has been prepared in response to a request made following the update in January on performance indicator PBH024 and PBH026. These indicators relate to hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years (PBH 024) and children aged under 15 years (PBH 026). Members requested further detail on these indicators, as well as an update on the findings and recommendations from the recent audit and mapping exercise undertaken in this area.

3. The report also details the current work underway in Darlington on injury prevention and highlights planned actions and the forward work plan.

Summary

4. Nationally hospital admissions caused by unintentional and deliberate injuries in children and young people is the leading cause of death and serious injury in children under the age of 15, many of these injuries are preventable.

5. National indicators show that in 2023/24 the rate of hospital admissions caused by unintentional and deliberate injuries in Darlington was significantly higher than the England average and the highest in England. With a rate of 149 per 10,000 children aged 0-14 years (equating to 275 hospital admissions in 2023/24). However, there are differences in the way that data is collected across the country, which make it difficult to compare data across areas.

6. Unintentional and deliberate injuries contribute to health inequalities as those children in lower socioeconomic groups and those who live in more deprived areas are more likely to be affected. Additionally, children under 5 years, males, children with other health conditions (including autism) and children whose parents have other risk factors (such as drug and alcohol use) are at higher risk of hospital admission due to unintentional and deliberate injuries.

7. A recent audit was undertaken by County Durham and Darlington NHS Foundation Trust to better understand the key reasons for hospital admissions in children for unintentional

and deliberate injuries. This audit also identified that data collection methods in Darlington are contributing to the higher admission rates seen locally.

8. A multi-agency partnership group led by Public Health has been established to take forward a system approach to injury prevention across County Durham and Darlington.

9. A range of actions are being progressed across partner organisations to help prevent injuries in children and young people in Darlington. This work is reported directly to the Darlington Health and Wellbeing Board.

10. A detailed workplan is under-development for the forthcoming year, key areas are described in this report.

11. A new data dashboard has been developed for Darlington to track progress against the relevant national injury indicators.

Recommendation

12. It is recommended that the Health and Housing Scrutiny Committee:-

    (a) Note the current data on childhood injuries and the importance of preventing injuries as a mechanism to improve the health and wellbeing of children and young people.
    (b) Acknowledge the contribution of childhood injuries to health inequalities, as a greater proportion of injuries are experienced by children living in our most deprived communities.
    (c) Support the work already underway with system partners on injury prevention.
    (d) Endorse the system-wide approach and key priorities in the forward workplan.

Lorraine Hughes
DIRECTOR OF PUBLIC HEALTH

Background Papers

- Joint Local Health and Wellbeing Strategy 2025-2029 – Priority in the Best Start in Life section
- Health and Wellbeing Board – Pregnancy and Early Years Deep Dive June 2025 – Key priority (Ambition 5)
- Darlington Health and Wellbeing Board Performance Dashboard (Local fingertips data)

Author: Jane Sutcliffe, Public Health Officer, jane.sutcliffe@darlington.gov.uk

Council Plan	Supports priority of 'Living Well' and 'Children and Young People', outlining a whole systems approach to injury prevention.
Addressing inequalities	Recognises the contribution of injuries to health inequalities in children and young people and focuses on actions to address these.
Tackling Climate Change	N/A

Efficient and effective use of resources	No impact on the Councils efficiency programme. Actions delivered within budgets. Collaborative system-wide approach to share costs and resources to deliver efficiencies.
Health and Wellbeing	Priority in the Health and Wellbeing Strategy, supporting delivery on the Best Start in Life priority.
S17 Crime and Disorder	N/A
Wards Affected	All
Groups Affected	Children and Young People and families in Darlington.
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Impact on Looked After Children and Care Leavers	Injury prevention actions will benefit all children including LAC and care leavers.

MAIN REPORT

Information and Analysis

Background

13. The tables and graphs below highlight the rates of hospital admission by unintentional and deliberate injuries in children 0-4 years and those aged 0- 14 years. Both indicators show that despite a recent reduction in the rates of admission (which could be due to the Covid-19 pandemic), they are rising again. There is a significant difference in the Darlington rates compared to the North East and England, for both age groups.

14. There are a range of indicators related to unintentional injuries included in the Department of Health Public Health Profiles (see appendix one), however this report focuses on rates of hospital admission caused by unintentional and deliberate injuries in children 0-4 years and those aged 0- 14 years, in response to performance information shared previously. It is also to be acknowledged that admission data only accounts for the more serious unintentional and deliberate injuries that lead to an actual hospital admission.

15. Differences in the way that paediatric hospital admission data is collected between hospital Trusts means that caution should be applied when comparing local authority areas on these indicators. A recent audit identified that the way paediatric hospital admissions are recorded locally has contributed to the higher rates of admission seen for Darlington, as some children who attended hospital for injuries, but had relatively short lengths of stay, were coded as an admission (where this may have been coded differently in a different hospital/area). It is anticipated that when new national data collection methods for urgent and emergency care are rolled out to all Trusts the comparability of these indicators will be improved.

16. Despite these data comparability limitations childhood injuries remain a leading cause of childhood admission to hospital and affect the health and wellbeing of children and young people in Darlington, and as such require local action across all partners to support work on injury prevention.

Understanding the issue – data and intelligence

17. The below tables show our regional position regarding hospital admission as a result of unintentional and deliberate injuries in children 0-4 years and those aged 0- 14 years. Darlington is ranked highest in the North East and England, with no significant change in the trend for both age groups.

Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) 2023/24 — Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	28,554	93.2	92.1	94.3
North East region (statistical)	↓	1,865	140.7	134.3	147.1
Darlington	→	140	252.2	212.1	297.6
North Tyneside	→	195	187.4	161.1	214.6
Northumberland	→	240	174.2	152.2	197.0
Newcastle upon Tyne	↓	235	146.3	129.3	167.6
Sunderland	↓	200	142.2	122.5	162.6
Redcar and Cleveland	→	90	135.8	106.5	163.6
Middlesbrough	↓	120	131.8	108.2	156.4
County Durham	→	300	125.0	110.9	139.5
Stockton-on-Tees	→	125	119.0	97.3	139.7
South Tyneside	↓	85	112.7	88.9	137.9
Gateshead	↓	100	101.0	83.1	124.0
Hartlepool	→	40	80.0	57.1	108.9

Better 95% | Similar | Worse 95% | Not compared

Recent trends: – Could not be calculated | → No significant change | ↑ Increasing & getting worse | ↑ Increasing & getting better | ↓ Decreasing & getting worse | ↓ Decreasing & getting better

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years) 2023/24 — Crude rate - per 10,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	72,293	72.7	72.2	73.2
North East region (statistical)	→	4,855	109.8	106.8	113.0
Darlington	→	275	149.0	130.9	166.5
North Tyneside	→	505	145.3	132.4	158.0
Northumberland	→	675	139.8	129.5	150.8
Newcastle upon Tyne	↓	590	117.0	108.0	127.1
Sunderland	→	525	114.7	104.9	124.7
Gateshead	→	345	104.9	93.6	115.9
South Tyneside	↓	245	97.8	86.0	110.9
County Durham	→	800	97.8	91.2	104.9
Redcar and Cleveland	→	220	97.7	84.8	111.1
Middlesbrough	↓	265	90.9	80.0	102.2
Stockton-on-Tees	→	290	80.0	70.5	89.2
Hartlepool	→	130	77.5	65.3	92.6

https://fingertips.phe.org.uk/profile/child-health-profiles

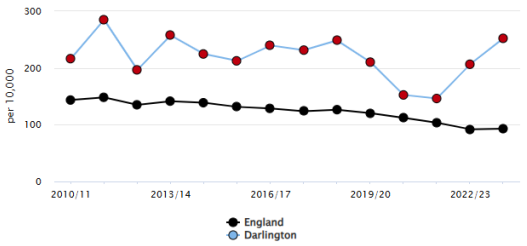
18. The graphs below show the trend data for both age groups between the period of 2010/11 to 2023/24.

Aged 0-4 years - Darlington 252.2, North East 140.7, England 93.2 - per 10,000 population 2023/24. An increase of 22% from the previous year.

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)

Crude rate - per 10,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Period		Darlington Count	Value	95% Lower CI	95% Upper CI	North East	England
2010/11	●	142	216.4	182.3	255.1	197.4	143.4
2011/12	●	187	284.8	245.5	328.7	218.3	148.3
2012/13	●	130	196.7	167.1	236.8	189.6	135.1
2013/14	●	170	257.5	218.9	297.7	199.9	141.5
2014/15	●	145	224.6	190.9	265.9	206.8	138.7
2015/16	●	135	212.5	175.3	248.1	193.5	131.4
2016/17	●	150	239.5	199.7	277.6	184.2	128.8
2017/18	●	140	231.4	197.7	276.7	169.8	123.9
2018/19	●	145	248.5	208.2	290.6	168.9	126.5
2019/20	●	120	210.3	172.7	249.5	175.7	120.4
2020/21	●	85	152.4	118.6	184.5	145.8	112.1
2021/22	●	80	146.2	119.2	186.0	155.7	103.6
2022/23	●	115	206.5	173.7	251.8	136.3	92.0
2023/24	●	140	252.2	212.1	297.6	140.7	93.2

Source: OHID, based on NHS England and Office for National Statistics data

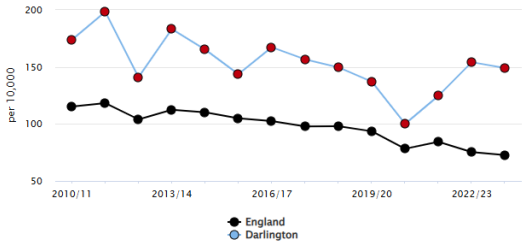
Indicator Definitions and Supporting Information

Aged 0-14 years - Darlington 149.0, North East 109.8, England 72.7 - per 10,000 population 2023/24. An increase of 3% from last year.

Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)

Crude rate - per 10,000

Show confidence intervals Show 99.8% CI values ▶ More options



Recent trend: ➡ No significant change

Period		Darlington Count	Value	95% Lower CI	95% Upper CI	North East	England
2010/11	●	327	173.8	155.5	193.7	158.0	115.2
2011/12	●	375	198.4	178.8	219.5	172.9	118.3
2012/13	●	265	140.9	124.4	158.9	147.0	104.0
2013/14	●	345	183.3	163.9	203.1	158.9	112.5
2014/15	●	310	165.2	147.8	185.2	163.1	110.1
2015/16	●	270	143.7	127.6	162.5	149.5	104.9
2016/17	●	315	167.3	149.3	186.8	147.4	102.4
2017/18	●	295	156.6	139.7	176.1	131.6	97.8
2018/19	●	280	149.6	133.6	169.3	129.1	98.1
2019/20	●	255	137.1	119.8	153.9	134.3	93.6
2020/21	●	185	100.1	85.2	114.5	102.3	78.2
2021/22	●	230	124.7	109.1	141.9	128.5	84.3
2022/23	●	285	154.2	135.8	172.0	116.3	75.4
2023/24	●	275	149.0	130.9	166.5	109.8	72.7

Source: OHID, based on NHS England and Office for National Statistics data

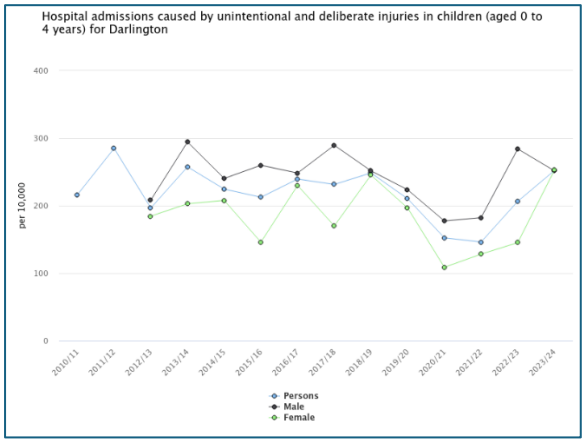
Indicator Definitions and Supporting Information

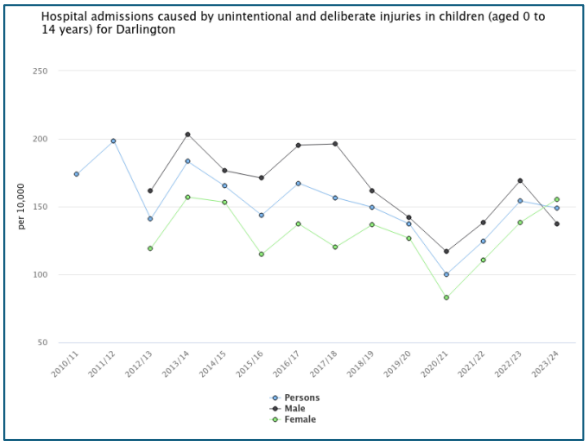
https://fingertips.phe.org.uk/profile/child-health-profiles

Inequalities of Hospital admissions

19. The graphs below show the inequalities regarding hospital admission by unintentional and deliberate injuries in children 0-4 years and those aged 0 - 14 years per 10,000 population (2023/24).

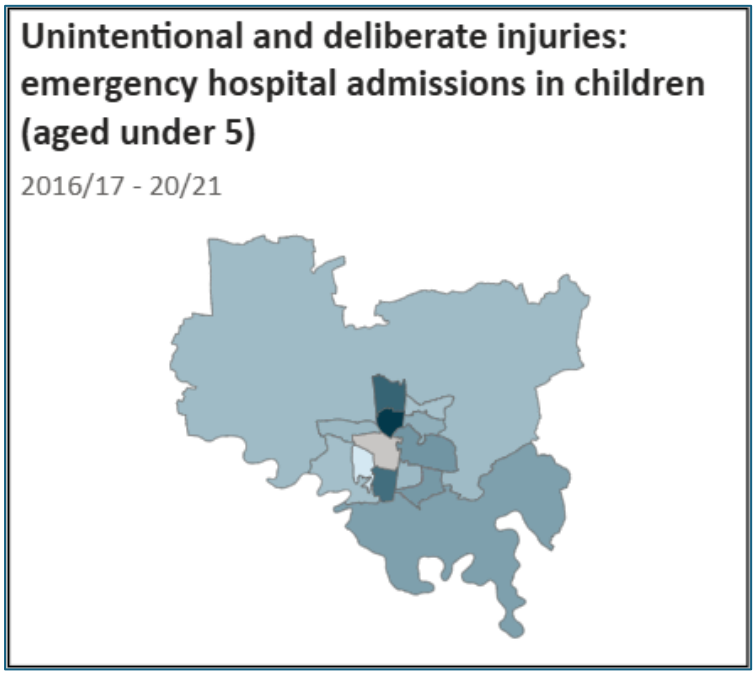
Aged 0-4 years – Darlington Male 251.6, Female 252.7. England Male 103.2, Female 82.0.
Aged 0-14 years - Darlington Male 137.4, Female 155.5. England Male 78.2, Female 66.4.



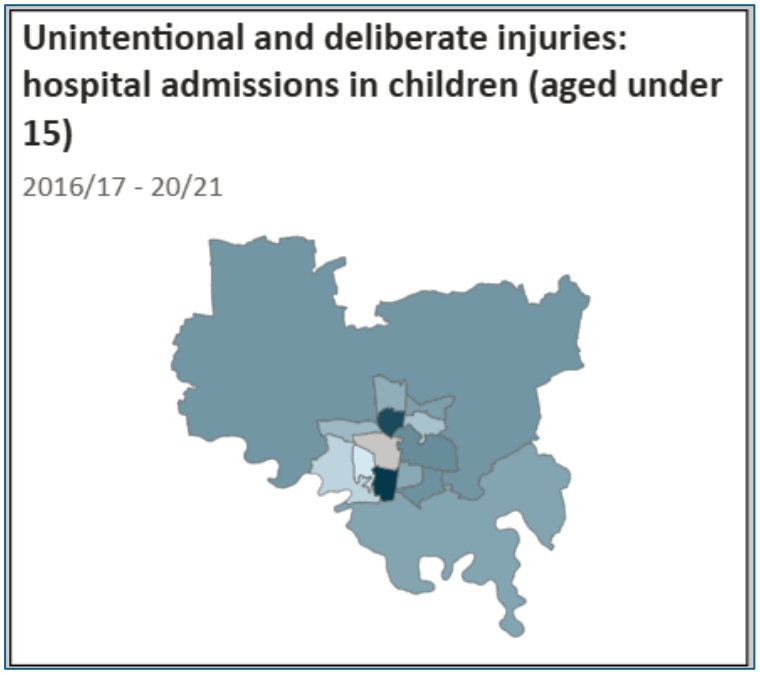


https://fingertips.phe.org.uk/profile/child-health-profiles

20. The maps and tables below show the inequalities within Darlington regarding hospital admission by unintentional and deliberate injuries in children 0-4 years and those aged 0 - 14 years per 10,000 population (2016/17-2020/21). This broad time frame has been used to allow for more meaningful analysis, as the number of admissions in any single year is relatively small and may not accurately reflect trends or inequalities at a local level.



MSOA	Rate per 10,000
Rise Carr	317.92
Harrowgate Hill	272.56
Park East	261.90
Albert Hill & Red Hall	220.82
Firthmoor	216.73
Darlington	212.56
Middleton & Hurworth	209.69
Haughton Le Skerne	194.70
Cockerton & Hopetown	184.56
Bank Top	182.93
Faverdale, Heighington & Sadberge	181.01
Hummersknott	176.68
Whinfield	174.83
College & Park West	133.81



MSOA	Rate per 10,000
Park East	194.76
Rise Carr	184.65
Albert Hill & Red Hall	148.81
Firthmoor	146.30
Faverdale, Heighington & Sadberge	143.70
Darlington	140.42
Whinfield	139.03
Middleton & Hurworth	135.93
Bank Top	133.41
Harrowgate Hill	130.87
Cockerton & Hopetown	125.04
Haughton Le Skerne	119.25
Hummersknott	109.79
College & Park West	99.10

21. Further analysis of hospital admissions data for unintentional and deliberate injuries in children aged 0–4 years revealed that the most common causes of injuries occurring within the home were poisonings and falls. The data presented below is a subset of the broader dataset shown earlier, focusing specifically on these types of incidents.

22. Darlington has the highest rate of emergency admissions for accidental poisoning in children aged 0-4, nationally in 2018/19 - 20/21. A rate of 344.8 per 100,000 for Darlington is statistically worse than every region in England, and significantly worse than the England average (114.1 per 100,000) and the North East average (204.9 per 100,000). There is an increasing inequality in the rate of emergency admissions for accidental poisoning in children aged 0-4, when comparing sex. In 2018/19 – 20/21, the rate of emergency admissions for accidental poisoning (0-4 years) for males increased to 505.3 per 100,000, whereas the rate of emergency admissions for accidental poisoning (0-4 years) for females decreased slightly to 176.6 per 100,000.

23. Between 2016/17 - 20/21, for the rate of poisonings from medicines specifically, Darlington followed the same pattern. The rate for Darlington (184.1 per 100,000) was the highest in England and was statistically worse than the England average (79.7 per 100,000) and the North East average (114 per 100,000). Similarly, there is an increasing inequality in the rate of emergency hospital admissions due to poisonings from medicines in children aged 0-4, when comparing sex. In 2016/17 – 20/21, the rate of emergency hospital admissions for poisoning from medicines (0-4 years) for males increased slightly to 260.7 per 100,000, whereas the rate of emergency hospital admissions for poisoning from medicines (0-4 years) for females decreased to 103.2 per 100,000.

24. Darlington was ranked the 5th highest region in England, 2018/19 – 20/21, for the rate of emergency admissions for falls in children aged 0-4, at 747.2 per 100,000. This has been decreasing but is still statistically worse than the England average (428.6 per 100,000) and the North East average (561.7 per 100,000). The inequality rate for each sex follows a similar pattern to one another. The rates for both sexes are decreasing gradually over time, with a male rate of 842.1 per 100,000 and a female rate of 647.6 per 100,000.

25. Between 2016/17 - 20/21, for the rate of falls from furniture specifically, Darlington followed the same pattern. Darlington is ranked 6th highest region in England, with a rate of 251.1 per 100,000. This rate has slightly increased and is statistically worse than the England average (123.1 per 100,000) and the North East (142.5 per 100,000). The inequality rate for each sex differs slightly for emergency hospital admissions due to falls from furniture (0-4 years), as the rate for females (240.8 per 100,000), has surpassed the rate for males (228.1 per 100,000) in the most recent time period of data collection.

26. In Darlington the rate of emergency admissions for exposure to inanimate mechanical forces, for example crushing or lacerations (see appendix two for more detail) in children aged 0-4, was 344.8 per 100,000, in 2018/19 – 20/21. This is statistically worse than England (208.6 per 100,000) but similar to the North East (352.1 per 100,000). The inequality rates between sexes is narrowing, with the rate for males increasing to 280.7 per 100,000, and the rate for females decreasing to 412.1 per 100,000.

27. Whereas the rate of emergency admissions for exposure to animate mechanical forces, for example bites and stings (see appendix two for more detail) in children aged 0-4 for Darlington, was 57.5 per 100,000, in 2018/19 – 20/21. This is statistically similar to England (39.3 per 100,000) and the North East (71.8 per 100,000). Numbers are too small for a sex split for animate mechanical forces.

Findings from local audit data

28. An audit has been undertaken by County Durham and Darlington NHS Foundation Trust (CDDFT) to better understand the key reasons for hospital admissions in children for unintentional and deliberate injuries. The audit reviewed hospital admission data for 2023/24, for children aged 0-14 years who were admitted to Durham and Darlington hospitals.

29. Key messages and trends from the 2023/24 injury admission audit for all children aged 0-14 years who were admitted to CDDFT included the following:
    - Hospital admissions for unintentional and deliberate injuries remained an important reason for under 18 admissions to hospital (over 10% of all paediatric admissions).
    - More male than female children were admitted for unintentional & deliberate injuries; this is in line with national trends.
    - Hospital admissions for childhood injuries were higher in our most deprived communities, when compared to our least deprived communities. In line with national trends.
    - Hospital admissions for injuries were higher in the summer months between May and September.
    - Rates of injury admission varied by geographical areas, with some areas having higher rates of children admitted to hospital for injuries.
    - The top 3 diagnosis codes used for injury admissions were ‘injuries to the head’, ‘poisoning by drugs, medicaments and biological substances’ and ‘injuries to the elbow and forearm’.

30. To better understand the key reasons for injuries within the local population and identify opportunities for prevention, the audit also provided a deep dive into 100 records.

31. The deep-dive audit of 100 records (aged 0-14 years) for admissions to CDDFT identified the following:
    - 47% of the injuries occurred within the home (53% outside of the home);
    - 89% of the children were admitted for unintentional injuries (10% were admitted for deliberate injuries, which includes self-harm and assault);
    - Overall cause of injury:
        - 39% were due to falls (including falling from an object);
        - 12% were due to sporting injuries;
        - 10% were due to poisonings;
    - the most common causes of injuries taking place inside the home were: poisonings, falls (which includes falls from objects), foreign body injuries and crush injuries;
    - the most common causes of injuries taking place outside the home were: falls (including falls from something) and sporting injuries;
    - 34% of the children included in the audit had attended CDDFT Accident and Emergency (A&E) within 12 months of their injury admission and many had multiple A&E attendances;
    - 10% of the admissions reviewed in the audit were classified as deliberate injuries, with the majority of these being for self-harm, poisoning or overdose. All of these occurred in the home setting.

32. The key findings from the audit have now been shared with partner organisations, including Darlington Borough Council Public Health Team, Durham County Council Public Health Team and the 0-19 public health service (heath visitors and school nurses). Work is underway to take forward key actions to contribute to the whole-systems approach and support injury prevention.

Key actions to support injury prevention

33. System-approach to injury prevention

    - A multi-agency partnership group led by Public Health has been established to take forward a system approach to injury prevention across County Durham and Darlington. The injury prevention group work together to agree accident prevention priorities, identify the evidence base for interventions and agree a joint approach to reducing unintentional injuries. This joint approach has been adopted in recognition of shared priorities and common stakeholders, including CDDFT and Harrogate and District NHS Trust, which provides the 0-19 public health services in both areas.
    - A range of actions are being progressed across partner organisations to help prevent injuries in children and young people in Darlington. This work is reported directly to the Darlington Health and Wellbeing Board.
    - A detailed delivery plan is under development based on the key areas described above.

34. Health promotion and service development

    - A system-wide injury prevention campaign is being developed jointly between Darlington Borough Council, Durham County Council and CDDFT, alongside other partners, utilising the data from the local audit to develop key messages and resources. This will then be used by all partners to amplify key prevention messages in target population groups.

- Provide a bespoke training offer for reducing unintentional injuries, delivered by the Child Accident Prevention Trust (CAPT). This training offer has initially been offered to the Early Help Team, 0-19 public health service and Fostering Team. These teams have provided positive feedback highlighting their staff are more vigilant when visiting homes with regards to hazards and potential risks.
- Making Every Contact Count (MECC) proposal to include an injury prevention focus in the MECC gateway.
- CDDFT are working with partners to develop a training package for frontline staff to raise awareness of injury prevention in key services including Paediatrics, A&E and Maternity.
- Work is underway to improve pathways between CDDFT and the 0-19 public health service to improve the flow of information and target interventions to support families who experience a hospital admission due to unintentional and deliberate injuries.

35. Data intelligence and evidence

- A new Darlington Health and Wellbeing board performance dashboard has been developed and published to track progress of key indicators, including the relevant national injury indicators.
- CDDFT has undertaken a further deep-dive audit focusing on self-harm injury admissions in under 18 year olds, to identify trends, opportunities for improved care or prevention. This is informing work in the multi-agency groups working on mental health, safeguarding and suicide prevention.
- A literature review has been undertaken on what works to reduce unintentional injuries and this is now being reviewed by Darlington and County Durham public health teams, to help inform their local action plans.

Appendix One: Unintentional injuries indicator list within the Child and Maternal Health Profile

https://fingertips.phe.org.uk/profile/child-health-profiles

Better 95% | Similar | Worse 95% | Not compared

Indicator	Period	England	North East region (statistical)	County Durham	Darlington	Gateshead	Hartlepool	Middlesbrough	Newcastle upon Tyne	North Tyneside	Northumberland	Redcar and Cleveland	South Tyneside	Stockton-on-Tees	Sunderland
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)	2023/24	93.2	140.7	125.0	252.2	101.0	80.0	131.8	146.3	187.4	174.2	135.8	112.7	119.0	142.2
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)	2023/24	72.7	109.8	97.8	149.0	104.9	77.5	90.9	117.0	145.3	139.8	97.7	97.8	80.0	114.7
Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)	2023/24	88.6	124.1	82.9	127.8	123.4	123.3	117.8	103.7	222.5	196.5	131.6	135.6	100.7	138.8
Emergency admissions for falls in children aged 0-4	2018/19 - 20/21	428.6	561.7	626.4	747.2	348.8	510.4	488.3	454.2	659.0	622.4	490.5	647.0	438.8	657.6
Emergency admissions for exposure to animate mechanical forces in children aged 0-4	2018/19 - 20/21	39.3	71.8	94.9	57.5	47.6	95.7	69.8	70.7	58.6	67.9	93.4	80.9	73.1	68.0
Emergency admissions for exposure to inanimate mechanical forces in children aged 0-4	2018/19 - 20/21	208.6	352.1	310.0	344.8	332.9	191.4	366.2	464.3	322.2	373.5	280.3	384.2	204.8	487.6
Emergency admissions for exposure to heat and hot substances in children aged 0-4	2018/19 - 20/21	76.1	91.9	82.3	57.5	95.1	63.8	34.9	151.4	131.8	101.9	46.7	101.1	43.9	102.0
Emergency admissions for accidental poisoning in children aged 0-4	2018/19 - 20/21	114.1	204.9	246.8	344.8	142.7	159.5	209.3	111.0	219.7	237.7	140.1	182.0	175.5	249.4
Emergency hospital admissions due to inhalation of food or vomit (aged 0-4 years)	2016/17 - 20/21	14.2	18.1	14.9	33.5	18.5	*	62.1	12.0	*	13.5	40.9	*	*	*
Emergency hospital admissions due to falls from furniture (aged 0-4 years)	2016/17 - 20/21	123.1	142.5	163.5	251.1	120.5	113.0	155.2	95.9	140.2	148.1	122.7	144.7	128.8	154.0
Emergency hospital admissions due to hot tap water scalds (aged 0-4 years)	2016/17 - 20/21	5.4	4.9	*	*	*	0.0	*	*	*	*	*	*	*	*
Emergency hospital admissions due to burns from food and hot fluids (aged 0-4 years)	2016/17 - 20/21	44.4	50.8	55.7	33.5	64.9	37.7	41.4	83.9	61.4	40.4	27.3	48.2	17.2	53.6
Emergency hospital admissions due to poisoning from medicines (aged 0-4 years)	2016/17 - 20/21	78.7	114.0	159.8	184.1	92.7	75.3	124.2	53.9	96.4	87.5	122.7	108.5	128.8	133.9
Children killed and seriously injured (KSI) on England's roads	2020 - 22	16.5	21.4	21.5	18.5	18.3	28.3	31.0	17.9	16.0	21.9	28.9	18.8	19.8	22.0
Children aged 5 and under killed or seriously injured in road traffic accidents	2020 - 22	7.5	8.4	12.2	0.0	2.7	11.0	15.2	7.0	5.0	9.6	16.1	7.0	2.5	7.9
Children aged 6-10 killed or seriously injured in road traffic accidents	2020 - 22	12.3	18.7	13.9	31.0	5.9	29.2	33.6	21.7	11.1	25.5	16.6	19.4	15.6	17.1
Children aged 11-15 killed or seriously injured in road traffic accidents	2020 - 22	30.6	38.0	38.7	25.2	48.3	45.1	46.8	26.9	33.1	30.8	54.6	31.5	41.4	41.9
Emergency admissions for pedestrians (aged 0-24)	2016/17 - 20/21	11.7	15.5	13.2	10.0	15.9	18.2	14.6	14.6	23.6	12.6	10.6	19.4	13.7	20.4
Emergency admissions for pedal cyclists (aged 0-24)	2016/17 - 20/21	13.0	17.5	19.2	16.6	15.9	14.5	18.8	17.3	18.1	16.3	15.9	16.9	15.4	19.1
Emergency admissions for motorcyclists (aged 0-24)	2016/17 - 20/21	10.4	10.0	13.9	10.0	8.8	14.5	8.4	6.4	5.4	10.0	10.6	12.1	8.5	10.2
Emergency admissions for car occupants (aged 0-24)	2016/17 - 20/21	14.1	15.5	25.2	20.0	10.6	18.2	10.4	9.1	12.7	25.1	10.6	12.1	12.0	8.9
Fatal casualties from road traffic accidents (aged 0-24)	2016 - 20	1.7	1.7	2.6	0.0	2.1	1.5	0.8	1.5	0.7	2.5	2.7	1.0	1.7	0.8
Serious casualties from road traffic accidents (aged 0-24)	2016 - 20	35.7	32.7	38.6	32.6	33.2	32.0	24.2	28.8	29.4	43.2	27.6	26.6	26.3	34.2
Slight casualties from road traffic accidents (aged 0-24)	2016 - 20	205.0	167.7	170.8	209.0	197.8	138.2	172.6	151.7	145.0	202.2	136.4	143.7	147.0	177.7
Pedestrians killed or seriously injured in road traffic accidents (aged 0-24)	2016 - 20	10.1	11.4	10.5	8.7	12.0	15.3	12.5	14.4	15.6	9.3	9.6	8.2	8.5	11.2
Pedal cyclists killed or seriously injured in road traffic accidents (aged 0-24)	2016 - 20	4.5	4.3	3.6	6.0	3.5	5.1	3.8	4.6	2.5	3.3	6.4	4.8	4.8	5.9
Motorcyclists killed or seriously injured in road traffic accidents (aged 15-24)	2016 - 20	22.1	14.2	13.1	9.0	17.9	18.8	14.0	8.3	11.8	20.2	16.5	12.4	18.4	18.5
Car occupants killed or seriously injured in road traffic accidents (aged 15-24)	2016 - 20	28.4	23.2	39.8	23.4	23.9	15.0	5.0	9.2	13.8	50.7	13.8	19.8	15.7	19.8
Percentage of pedestrians killed or seriously injured in road traffic accidents taking place on a 30mph road (aged 0-24)	2016 - 20	78.7	78.6	79.7	92.3	58.8	95.2	63.3	70.9	79.1	86.5	88.9	94.1	92.0	79.5
Percentage of pedal cyclists killed or seriously injured in road traffic accidents taking place on a 30mph road (aged 0-24)	2016 - 20	75.4	80.1	77.8	88.9	90.0	100	44.4	76.0	71.4	69.2	83.3	80.0	85.7	91.3
Percentage of motorcyclists killed or seriously injured in road traffic accidents taking place on a 30mph road (aged 0-24)	2016 - 20	64.4	72.9	63.3	80.0	63.6	100	66.7	85.7	76.9	41.9	66.7	90.9	90.5	90.0
Percentage of car occupants killed or seriously injured in road traffic accidents taking place on a 30mph road (aged 0-24)	2016 - 20	35.3	35.2	32.5	57.9	18.2	62.5	83.3	56.3	55.6	21.7	13.3	38.9	36.8	47.4

Appendix Two

Emergency admissions for exposure to inanimate mechanical forces in children aged 0-4.

Definition: Rate of emergency hospital admissions caused by exposure to inanimate mechanical forces in children aged 0-4 years per 100,000 resident population. This includes crushing, lacerations and impact injuries due to inanimate objects, explosions, accidental discharge of a firearm, exposure to noise, exposure to hypodermic needles and foreign bodies entering through the skin. https://fingertips.phe.org.uk/profile/child-health-profiles

Emergency admissions for exposure to animate mechanical forces in children aged 0-4.

Definition: Rate of emergency hospital admissions caused by exposure to animate mechanical forces in children aged 0-4 years per 100,000 resident population. This includes accidental injuries caused by another person, as well as contact (bites, stings and impacts) from animals and plants. https://fingertips.phe.org.uk/profile/child-health-profiles

HEALTH AND HOUSING SCRUTINY COMMITTEE
29 OCTOBER 2025

HOUSING SERVICES TENANCY POLICY 2025-2030

SUMMARY REPORT

Purpose of the Report

1. For Members to consider the draft Housing Services Tenancy Policy 2025-2030, before approval by Cabinet on 2 December 2025.

Summary

2. The Housing Services Tenancy Policy 2025-2030 at **Appendix 1** sets out the type of tenancies we offer for our Council housing and aims to:

   (a) Help those in housing need access a home that meets their needs

   (b) Help to build sustainable and healthy communities

   (c) Help to make decisions about who lives where, in what type of tenancy and for how long.

3. The Regulator of Social Housing's (RSH) Consumer Standards state that Registered Providers of social housing must "offer tenancies or terms of occupation which are compatible with the purpose of the accommodation, the needs of individual households, the sustainability of the community, and the efficient use of their housing stock".

4. The Tenants Panel has been consulted on the draft policy, and they have given their full support, apart from the issue of tenancies for new build properties, which is set out in paragraph 10 of the report.

Recommendation

5. It is recommended that Members:-

   (a) Consider the report and draft Housing Services Tenancy Policy 2025-2030 at **Appendix 1** and agree its onward submission to Cabinet.

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	An equality impact assessment screening form has been completed on the draft policy, but no adverse impacts have been identified
Tackling Climate Change	The Council is actively improving the energy efficiency of our Council homes, through our Housing Services Climate Change policy, ensuring we offer tenancies for warm and energy efficient properties
Efficient and effective use of resources	This policy will ensure we make the most efficient use of our housing stock
Health and Wellbeing	Providing the right accommodation to meet the needs of individual households will support 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
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

6. The Housing Services Tenancy Policy 2025-2030 sets out the type of tenancies we offer for our Council housing and aims to:

   (a) Help those in housing need access a home that meets their needs

   (b) Help to build sustainable and healthy communities

   (c) Help to make decisions about who lives where, in what type of tenancy and for how long.

7. The type of tenancies that we offer for our Council housing are as follows:

   (a) **Introductory tenancies** for those who are not already a secure tenant for the first 12 months of the tenancy.

(b) **Secure tenancies** for most tenants who have completed an introductory tenancy.

(c) **Flexible tenancies (or fixed term tenancies)** in some circumstances, such as adapted properties, properties within a regeneration area, rent to buy properties and rural properties, once an introductory tenancy has been completed. Flexible tenancies allow the Council to review a tenancy (usually every 5 years) to ensure the property continues to meet the housing needs of the household.

8. The Tenancy Policy also covers other areas, such as mutual exchanges, succession rights, transfers and tenancy assignments.

9. The Housing Services Tenancy Policy 2025-2030 proposes a number of changes to the existing tenancy policy, as follows:

(a) **Adapted Properties**. Under the existing Tenancy Policy, properties with adaptations costing £7,500 or more are allocated as flexible tenancies. These are properties with adaptations that cannot be easily reversed, such as through floor lifts and extensions. Under the Tenancy Policy 2025-2030, this amount has been amended to £6,500.

(b) **Rent to Buy Properties**. Rent to Buy properties, which have been built with Homes England grant, will be allocated by offering a flexible tenancy, with an expectation that the tenant will purchase the property at the end of the 5-year period. This requirement to purchase is also a term of the tenancy.

(c) **New Build Properties**. Under the existing tenancy policy, new build properties are not separately identified as being allocated a flexible tenancy, and this is the same under the Tenancy Policy 2025-2030 (so no change in policy). However, Local Lettings Policies, introduced for our recent new build schemes have stated that these properties are allocated as a flexible tenancy (unless the new tenant is a pre-2012 tenant with a secure tenancy). Therefore, tenancies for any future new build properties, will be offered as secure tenancies. Existing tenants of new build properties will be offered a secure tenancy when their flexible tenancy expires.

(d) **Rightsizing**. A new Rightsizing offer is for tenants living in larger homes to move to smaller homes and free up these larger homes for families. For tenants that are interested, we can offer a wide range of support and a choice of housing that better suits their needs. Rightsizing is an option available and is not mandatory.

Outcome of Consultation

10. Our Tenants Panel were consulted about the new policy and the proposed changes in July 2025. Overall, the Panel have given their full support. However, on the question of flexible tenancies for new builds, all barring one Panel member (85%) have stated their support for flexible tenancies for new build properties. Comments included the following:

(a) “I still believe that flexible tenancies should apply to those in new build homes.”

(b) “I strongly believe that flexible tenancies should be included to new build properties and that this shouldn’t be changed.”

(c) “I don’t think this should change, I think flexible tenancies work, I moved into a new build 5 years ago, as did my neighbours, and I know that their circumstances have changed. I believe Lancaster (Close) is a good working example of flexible tenancies.”

(d) “I can see the logic but 'flexible' means to me that the Council would not force anyone to move after a fixed term period and should treat each case by looking into the tenant’s circumstances.”

Equalities considerations

11. An equality impact assessment screening form at **Appendix 2** has been completed on the draft policy, but no adverse impacts have been identified.

Housing Services Tenancy Policy 2025-2030

Introduction

We are committed to building sustainable communities, providing high-quality affordable housing to our tenants and meeting local housing need. Our tenants are at the heart of everything we do and they are involved in decision making, improving and scrutinising our services.

The Localism Act 2011 placed a duty on local authorities to publish a Tenancy Policy and this is supported by the Regulator of Social Housing's consumer standards.

Aims of Policy

The aim of this policy is to ensure that we offer tenancies or terms of occupation which are compatible with the purpose of the accommodation, the needs of individual households, the sustainability of the community and the efficient use of our housing stock.

This policy sets out:

- The type of tenancies we will grant.
- Where we grant tenancies for a fixed term, the length of those terms.
- The circumstances in which we will grant tenancies of a particular type.
- Any circumstances in which we will grant fixed term tenancies for a term of less than five years in general needs housing, following any probationary period.
- The circumstances in which we may or may not grant another tenancy on the expiry of the fixed term, in the same property or in a different property.
- The way in which a tenant or prospective tenant may appeal against or complain about the length of a fixed term tenancy offered and the type of tenancy offered, and against a decision not to grant another tenancy on the expiry of the fixed term.
- How we take into account the needs of those households who are vulnerable by reason of age, disability or illness, and households with children, including through the provision of tenancies, which provide a reasonable degree of stability.
- The advice and assistance they will give to tenants on finding alternative accommodation, in the event that they decide not to grant another tenancy.
- Our policy on granting discretionary succession rights, taking account of the needs of household members with vulnerabilities.
- Our rightsizing offer to tenants in larger homes who wish to downsize.

Relevant Legislation and Internal Policies

- Localism Act 2011.
- Housing Act 1985.
- Housing Act 1996.
- Housing Act 2004.
- Data Protection Act 2018.
- Equality Act 2010.
- Homelessness Reduction Act 2017.
- Regulator of Social Housing Consumer Standards 2024.
- Housing Services Allocation Policy 2023-2028.

- Housing Services: Housing Management Policy 2022-2026.
- Housing Services Tenancy Agreement.
- Housing Services Vulnerability Policy 2024-2029.
- Housing Services Domestic Abuse Policy 2024-2029.
- Darlington Borough Council Low Cost Home Ownership Policy 2022.
- Housing Services Anti-Social Behaviour Policy 2022-2026.

Tenancy Types

The types of tenancy Housing Services offer are:

Introductory Tenancies

All new tenants of the Council, apart from those who are existing tenants of another council or a registered social housing provider, will be given an introductory tenancy.

An introductory tenancy is a trial period lasting 12 months. Introductory tenancies provide an opportunity for new tenants to ensure they understand their rights and obligations under the terms of the tenancy agreement and are able to maintain their tenancy satisfactorily. If there are no problems during the trial period, then the tenancy automatically becomes either a secure or flexible tenancy.

Introductory tenancies do not have all the rights of a secure tenant. They do not have the right to:

- Mutually exchange with another tenant.
- Carry out improvements to the property.
- Sub-let the property.
- Succeed the tenancy.
- Buy the property (but the introductory tenancy period will count towards the entitlement period if they choose to buy later).

In some circumstances, an introductory tenancy may be extended by a further 6 months, up to 18 months. This will occur if there are concerns about how the tenancy is being conducted and a condition of the tenancy has potentially been breached. The intention for this extension is to allow tenants to resolve any issues, with support if required, and succesfullly complete their Introductory Tenancy period. Examples would be repaying any arrears and maintaining a payment pattern, or improving the condition of their property and maintaining this. A notice of the intention to increase the introductory period will be given by the 10th month of the tenancy.

Where a tenant has not satisfactorily completed an introductory tenancy, a Notice of Possession Proceedings will be served. The tenant will have a right to review this decision, as set out within the Tenancy Agreement.

Notice of Possession Proceedings Appeal Hearings involve a face-to-face hearing (wherever possible) and are chaired by a member of the senior management team, usually the Head of Housing. The panel is made up of Tenants Panel members and legal representatives from the Council and any other relevant agencies such as Social Services.

An appeal hearing allows allows Council Officers the opportunity to state the case and evidence against the tenant and for the tenant (and their representative) the opportunity to state the reasons why, in the tenant's opinion, the Council should not take legal action to end their tenancy.

The Council may apply for a Court Order at any time during the tenancy to end the tenancy if any of the grounds for possession can be proved.

Secure Tenancies

The vast majority of our tenancies are let as secure tenancies. A secure tenancy allows tenants to live in their home with no time limit as long the conditions of the tenancy are not broken.

Secure tenants have a range of rights and security of tenure, which can only be challenged for specific reasons set out in law. The Council supplies all new tenants with a new tenancy pack, which includes a written tenancy agreement explaining the rights and responsibilities they have as a tenant.

The Localism Act 2011 introduced changes to the rights of tenants. Those who became tenants after 1st April 2012 have a limited right to succession, and the right to retain their status as a secure tenant no longer applies if they transfer to a property that has been designated for a flexible tenancy.

Flexible Tenancies

The Council has a stock of around 5,300 properties and has an ambitious plan to increase the number of affordable social rented properties throughout the Borough. Demand for our properties has always been high and the development of new properties and acquisition of properties has opened up a new demand.

The scale of the new-build ambitions means that the Council needs to consider how new communities are formed as well as supporting existing communities. Accessibility to Council housing therefore forms an important element of achieving balanced sustainable communities. As a consequnce, the Council has used it's powers under the Localism Act 2011 to introduce flexible tenancies in certain circumstances.

Table 1: Where flexible tenancies apply

Property type	**Reason**
Properties with adaptations over £6,500	There are a small number of properties where very expensive adaptations costing more than £6,500 have been completed that cannot easily be reversed, such as a "through floor" lift or a major extension. A fixed term tenancy allows a review of the tenancy to ensure the property continues to meet the

	housing needs of the household and ensures adapted properties are allocated effectively and to those that need them.
Properties within a regeneration area	When large scale regeneration is planned and properties become void, which are identified for future demolition, a short term flexible tenancy will prevent properties standing empty for longer than necessary.
Rent to Buy Properties	Rent to Buy properties, which have been built with Homes England grant, will be allocated by offering a Flexible Secure Rent to Buy Tenancy*, with an expectation that the tenant will purchase at the end of the 5 year period. This requirement to purchase is also a term of the tenancy. *Please note that applicants that are not transferring from a secure tenancy will initially be offered an Introductory Tenancy prior to a Flexible Secure Rent to Buy Tenancy after 12 months.
Rural Properties	All properties in rural locations (villages) are flexible tenancies, to ensure that properties are allocated effectively and to those with a local village connection.

The regulatory guidance indicates that generally, flexible tenancies should be a minimum of 5 years, although the Localism Act 2011 states that the minimum period that can be offered is 2 years.

Anyone being offered a flexible tenancy will be first offered a one year introductory tenancy, followed by a 5 year flexible tenancy. There are exceptions to this (see below).

The Localism Act states tenants with a "flexible fixed term tenancy" will have the following rights:

- Right to exchange with limited exceptions
- Right to buy after the qualifying period of 3 years.
- Right to take in lodgers and to sub-let part of the property (with our permission).
- Right to have repairs carried out.
- Right to consultation and information.
- Right to one succession to the spouse or partner of the deceased tenant.

The Localism Act 2011 states that the shortest length of time a flexible tenancy can be given is 2 years and then only in exceptional circumstances. The Council will only consider the use of shorter flexible tenancies where:

- There are major changes taking place to the housing stock. It is often difficult to make the best use of the stock that becomes vacant prior to works starting. There may be circumstances where the use of shorter flexible tenancies will help address those particular and exceptional circumstances. The decision will be based on the project delivery plan and will be specific to that particular project.
- If there is a signifcant change in circumstances, such as the impact of the Welfare Reforms that may increase the risk of certain affected groups not being able to maintain their tenancy.
- For our Rent to Buy properties, we may offer 2 year flexible tenancies to any appliants that requires an Introductory Tenancy period to ensure we meet the 5 year purchase period.

Starting a flexible tenancy

All properties offered as a flexible tenancy will be clearly identified as such when the property is advertised, and it will be explained in the offer letter.

All those being offered a flexible tenancy will be first offered a one year introductory tenancy, followed by a flexible tenancy. The exception to this is those who became a secure tenant after 1st January 2013, as they will not have to enter an introductory tenancy first.

Reviewing a flexible tenancy

It is a legal requirement that we notify the tenant that the flexible tenancy will be coming to an end at least 6 months prior to the termination of tenancy. However, we will write to the tenant between 9 and 12 months before the end of a tenancy to inform them that we are beginning a review of their tenancy. Our aim will be to give the tenant as much notice as possible about our intentions for their tenancy.

In addition to confirming the start of a review in writing, a home visit will also be arranged, to ensure the tenant is aware that their tenancy is due to end and to take the opportunity to discuss their housing needs and future housing options. In the review we will consider:

- Any change in circumstances, such as the size of the family that may be leading to under or over occupation, or changes in health.
- The financial situation of the household (for those on a flexible rent to buy tenancy the expectation is they will purchase the property at the end of the fixed term tenancy).
- Any social issues, including children's education.
- Any tenancy breaches such as rent arrears, anti-social behaviour complaints and any concerns around property conditions.
- Where appropriate, the continuing need for major adaptations.

- Where appropriate, if the family are continuing to foster.
- The number of applicants on the waiting list in need of that type of accommodation.
- The availability of similar properties in that area.
- The tenant's views on continuing the tenancy.

Once the review has been completed, we will again write to the tenant as soon as possible but at least 6 months before the end of the tenancy. The letter will explain our decision and set out what will happen next. This will be followed by either a telephone call or a visit depending on the outcome of the review.

Ending a flexible tenancy

Tenants with a flexible tenancy will have the same protection from eviction as tenants with a secure tenancy. Throughout the term of the tenancy, secure tenancy status is conferred, and so if possession is required during the term of the tenancy, such as due to anti-social behaviour or rent arrears, then possession action has to be taken at court, proving grounds of possession and in most cases the reasonableness of regaining possession in the circumstances. This is the same process as would be taken in respect of a secure tenancy.

The circumstances when a decision is made not to grant another flexible tenancy may include:

- The tenant is not in a position to purchase the property now or is not likely to be in the near future, as originally agreed in the tenancy agreement signed at the beginning of occupancy.
- Affordability.
- We plan to sell the home and having given the tenant the right of first refusal they have been unable to purchase.
- A breach of tenancy occurred.
- Tenancy fraud has been identified.
- The tenant has not engaged in the review process.
- The tenant does not wish to accept the terms of the new tenancy being offered.
- The tenant, or a member of their household, has come into legal ownership of another residential property, or it has been brought to our attention that the tenant owns or rents another property.

If at the end of the tenancy the tenant has not vacated the property and requires a short period of time whilst they wait for alternative accommodation to become available, we may agree not to start court proceedings. Each circumstance will be assessed on their own merits. We will, however, always serve the 6-month notice and 2-month notice period before the end of the tenancy.

Where the Council decides to not offer a further flexible tenancy and terminate the tenancy, we will confirm this with the tenant with at least 6 month's notice in writing, followed by a visit as soon as possible after the decision.

The notice will set out:

- Why we have made this decision.
- What the appeals process is (see below).
- What advice and support we will provide should alternative accommodation be required.

Where a tenancy is being terminated we will provide advice on alternative housing options including:

- Access to the Housing Options Team.
- Support to apply for alternative social housing, if appropriate, including other Council housing.
- Advice on privately rented accommodation.
- Advice on shared ownership and owner occupation.
- Advice on moving house.
- Information on other advice and support agencies.

A formal notice seeking possession will be served two months before the end of the tenancy.

Other circumstances where a flexible tenancy may end

The Council may apply for a Court Order at any time during the tenancy to end the tenancy, if any of the grounds for possession can be proved. The grounds for possession remain the same as for secure tenancies.

If the tenant wishes to bring the tenancy to an end before the end of the flexible tenancy, they may do so by issuing a notice of termination that provides 4 week's notice. For the surrender to take effect, it must be accepted in writing by the Council.

Appeals

The Flexible Tenancies (Review Procedures) Regulations 2012 sets out the procedure for a review of decisions relating to flexible tenancies. There are only two circumstances in which a review can take place:

- A tenant can seek a review of the length of tenancy on offer if it does not comply with the Tenancy Policy.
- They can also apply for a review if, at the end of the flexible tenancy they are refused a further tenancy (which will generally be because the tenant has not exercised the option to purchase or is in breach of tenancy).

Other concerns to do with the tenancy, such as repairs, will be dealt with through the Council's Complaints procedure.

Any written request for a review must be made bedore the end of:

- The period of 21 days beginning with the day on which the person(s) concerned receive the notice.

On receipt of the written request for review, we will review the decision. The person(s) concerned has the opportunity to request an oral review for the review which will normally be held in person but could be held virtually (such as through Teams or Zoom) and will:

- Be chaired by a senior member of Housing Sevices, who was not involved in the original decision.
- Will include members of the Tenants Panel in the decision making panel.
- Require officers from Housing Services and any other relevant agency to present details relating to the original decision.
- Require the person(s) concerned to attend, with any such representation they request (such as a support worker or family member).

If the person(s) concerned fail to attend an oral review, the panel will decide whether to hold in their absence.

The decision of the review will be provided both at the oral hearing and in writing, which will be hand-delivered to the property within 5 working days. This will include:

- The reasons for the decision.
- If the original decision is upheld, the help and support available from Housing Services to assist in finding alternative accommodation.
- Details of how, should they wish, to terminate the tenancy prior to the ending of the flexible tenancy period.

<u>The conditions for each type of Council tenancy</u>

Table 2: Types of tenancy

Tenancy Type	Who can be offered	Property Type	Length of Tenancy
Introductory tenancy	Those who are not already a secure tenant with the Council or other registered provider. Will apply to flexible and secure tenancies.	All properties	12 months, with the option to extend to 18 months in certain circumstances.
Secure tenancy started before 1st April 2012	Those who were either Council or Registered Providers' secure tenants before 1st April 2012	All properties	There is no limit on the length of tenancy.
Secure tenancy started after 1st April 2012	Those who have successfully completed an introductory tenancy.	All properties except where a flexible tenancy applies (see below).	There is no limit on the length of tenancy.

Flexible tenancy	Those who have successfully completed an introductory tenancy	Properties with adaptations over £6,500. Properties within regeneration areas. Rent to Buy properties. Rural properties	5 years for most properties 2 years in exceptional circumstances

Mutual Exchanges

A mutual exchange is the process whereby Council, or Housing Association tenancy can swap homes, with the permisson of their lanlords.

The rights of tenants who have flexible tenancies are in most respects the same as those tenants with secure tenancies, including the right to a mutual exchange. However, the process is different. There are also some differences between those who were secure tenants before 1st January 2013 and those who became tenants after that date.

Where a mutual exchange takes place with someone who was:

- **A secure tenant with a tenancy that started before 1st April 2012**: If a mutual exchange is entered into with someone with a flexible tenancy, then both the tenancies have to be terminated and new ones set up. The secure tenant will retain their right to a secure tenancy, regardless of the type of property involved. However, as a new tenancy has been started they will have the rights of a secure tenant with a tenancy started after 1st April 2012.
- **A secure tenant with a tenancy that started after 1st April 2012**: If a mutual exchange is entered into with someone with a flexible tenancy, then both tenants will simply swap places and both parties will take over each other's property and tenancy. The existing secure tenant must bear this in mind as the tenancy terms will be different under a flexible tenancy.
- **A tenant with a flexible tenancy exchanges to a property that falls into the category of a flexible tenancy**: In these cases, the tenant will be offered a new flexible tenancy. However, the tenancy length will be the remaining period of the exchanged flexible tenancy.
- **A tenant with a flexible tenancy exchanges to a property that does not fall into the category of a flexible tenancy**: In these cases, the tenant will be offered a secure tenancy and they will have the rights of a secure tenant with a tenancy started after 1st April 2012.

An exchange may be refused if:

- The tenant has a Court Order.
- The tenant has legal action pending, which may end their tenancy because of rent arrears, breach of tenancy conditions, neighbour nuisance, or damage to the property, or because they have obtained the tenancy by deception or by paying someone to exchange with them.
- The property is unsuitable for the tenant(s) wanting to move to it, or significantly larger than they need.
- The property has been adapted or has conditions attached to the property that the tenant does not meet (such as older persons' housing).

If there are rent arrears which have not yet led to a Court Order or Notice of Seeking Possession, then we will usually give conditional approval for the exchange to take place after the arrears have been cleared. In exceptional circumstances, we will consider allowing someone with rent arrears to exchange, for example, where the arrears are as a direct result of restrictions to Housing Benefit or Universal Credit because of under occupation and the exchange will result in a move to smaller, more affordable accommodation.

If the property conditions are poor, we may give conditional approval for the exchange to take place but only after the property conditions have been brought to an acceptable standard, as agreed by us.

We may also consider allowing a tenant to exchange in other special circumstances, such as domestic abuse and these will be considered on the facts of each individual case.

Transfers

Tenants holding a flexible or secure tenancy can apply for a transfer, this is when a current tenant applies to move or transfer to another Council home. They will have their priority assessed in the same way as other applicants.

Succession Rights

Succession rights are the right to take over the tenancy or inherit it when the main tenant dies. In the case of joint tenancies, the right to succeed applies to the other tenant named on the agreement.

The right to succession is the right to remain in the property as a tenant when the tenant dies. There can legally only be one succession per tenancy.

<u>Types of succession</u>

The Localism Act 2011 introduced changes to the right to succession. The rights of succession for tenants with tenancies that started before 1st January 2013 will not be affected.

Table 3: Right of Sucession

Tenancies started before 1st April 2012	Tenancies started after 1st April 2012
• Married couples and registered civil partners automatically succeed providing they are living in the property at the time of the bereavement and there has not been a previous succession. • If there is no spouse or registered civil partner, another family member who has been living with the tenant continuously aa their sole or main residence for at least 12 months prior to the tenants death may qualify to succeed. However, they may be asked to move if the property is not suitable for their needs. In these circumstances, alternative accommodation will be offered, and they need not move until 6 months after the date of death. • If a couple are not married or civil partners, then legally the surviving partner has to be treated as a family member, not as a spouse.	• Succession to a secure or flexible Tenancy entered into after 1st November 2012 only applies to the spouse or civil partner, but also includes a person who was living with the tenant as if they were married or civil partners of the deceased tenant, and there has not been a previous succession. • Another family member who has been living with the tenant cannot succeed to the tenancy on the death of the tenant.

Assignment

Assignment is when a tenant transfers their tenancy to another person. A tenancy is assigned using a deed.

A secure or flexible tenant can only assign their tenancy if either:

- They assign by mutual exchange.
- They assign to a potential successor
- The court orders assignment in family law proceedings

In some circumstances a tenant may assign their tenancy to another person who complies with certain criteria as laid out in their tenancy agreement. Generally, the right to assign is limited to the same people who can succeed a tenancy.

There are also a limited number of other forms of assignment permitted by statute:

- Mutual exchange (except where a Flexible Tenancy is involved).
- Where a Court has made an order to transfer the tenancy under:
    - Matrimonial Causes Act 1973, Section 24.
    - Matrimonial and Family Proceedings Act 1984, Section 17(1).
    - Paragraph 1 of Schedule 1 to the Children Act 1989.
    - Part 2 of Schedule 5 or Paragraph 9(2) or (3) of Schedule 7 to the Civil Partnership Act 2004.

Affordable Rents

Affordable rents were introduced as part of the Government's Affordable Rent programme for 2015-2018. Most new build properties developed through the programme were required to be offered on an affordable rent. An affordable rent is calculated on 80% of rents in the private rental market.

Housing providers who had made successful bids for funding through the affordable rents programme also agreed to transfer a proportion of re-lets of existing properties from social rents to higher affordable rents. The intention was to generate extra income that could be used to support new developments.

All Rent to Buy properties are let on an affordable rent to maxmise affordability.

Rightsizing

We recognise that some households may be living in a home, which for one reason or another, is too large or does not have the communal facilities that they require or is too expensive for them to run. Larger homes especially 3, 4 and 5-bedroom homes are in high demand in Darlington, with lots of families on the waiting list.

The Rightsizing offer is for tenants living in larger homes to move to smaller homes and free up these larger homes for families. For tenants that are interested, we can offer a wide range of support and a choice of housing that better suits their needs. Rightsizing is an option available and is not mandatory.

Rightsizing can help tenants:

- Have more disposable income because the rent or bills on a smaller property can be less.
- Feel safer in their home because it meets their needs better.
- Have more free time because a smaller home can be easier to manage, clean and maintain.
- Improve their health and wellbeing; their new home could be closer to local community centres, nearer to resident groups and activities.
- Provide them with more support; their new home may benefit from our Lifeline service.
- Feel content knowing their home meets their current and future needs better.

We recognise that some tenants cannot afford to move house and so, for those that are looking to downsize from a 2-bedroom or larger house to a 1-bedroom flat or bungalow, the Rightsizing offer allows us to help financially (up to a reasonable cost) for items for their new home, such as new carpets, removals or to replace built-in furniture, to help make the move easier.

Rightsizing applicants will be given priority banding on Darlington HomeSearch to move to smaller accommodation, which gives them opportunity to move. Automatic bidding can match them to the type of home and area they would like to move to.

The following eligibility criteria applies for Rightsizing:

- You are a current tenant of Darlington Borough Council.
- Your current home has one or more bedrooms spare.
- Ideally, you would not be in current arrears, but where there are arrears, a repayment plan must be in place and being maintained, and a court order must not be in place.
- You are not in breach of any part of your tenancy agreement.

Rightsizing only applies when tenants move to a smaller home; it does not apply if they are moving to a larger property.

Tenant Involvement

Our tenants are at the heart of what we do, and our Tenants Panel help us to improve our services through scrutiny, challenge and reviewing of policies and procedures.

We have ensured that our Tenants Panel have been involved in reviewing this policy review and they will be involved in the review of processes and any complaints relating to this policy.

Implementation & Staff Training

We will ensure effective implementation and advertising of this policy through our website and Housing Connect magazine. We will ensure appropriate training and support is given to colleagues and that all Housing staff regularly complete Corporate mandatory training. We will use both internal and external training resources to ensure staff training is as up to date as possible. We will carry out training, sharing good practice and case reviews with our staff in team meetings and will ensure support is available for staff through 1:1's and an open-door policy to Team Leaders and Managers.

Equality and Diversity

We are committed to ensuring that we do not discriminate against any of our tenants, and we want to provide excellent service to our tenants. This means that for all our policies and strategies, we will consider any specific issues that might be faced by tenants with vulnerabilities or those in protected groups. We ensure we have regard to our Vulnerability Policy throughout our interactions with tenants and through our policies.

We will make reasonable adjustments to our policies to assist our tenants, wherever possible. We will ensure that we support any individual; irrespective of age, gender, sexuality, disability, race or ethnicity, sex, religion, social background, or any other protected characteristics identified in the Equality Act 2010.

Performance Monitoring

To assist in our continuous improvement, we will use tenant feedback, complaints, and compliments to look for improvements and will involve our Tenants Panel and Council Members in monitoring this.

Review of Policy

This policy will be reviewed every five years unless business need, regulation or legislation prompts an early review.

Initial equality impact assessment screening form
This form is an equality screening process to determine the relevance of equality to an activity, and a decision whether or not a full EIA would be appropriate or proportionate.

Directorate:	RESOURCES & GOVERNANCE
Service Area:	HOUSING SERVICES
Activity being screened:	HOUSING SERVICES TENANCY POLICY 2025-2030
Officer(s) carrying out the screening:	CLAIRE GARDNER-QUEEN
What are you proposing to do?	A full review of the Tenancy Policy to ensure it assists Housing Services to meet new consumer standards, expectations and legislative requirements, as set out by the Regulator of Social Housing and government.
Why are you proposing this? What are the desired outcomes?	The review is required to ensure that it continues to meet legislative and regulatory standards in relation to the types of tenancy we offer new Council tenants. Regulatory standards state we must publish clear and accessible policies in relation to tenure which set out: • The type of tenancies we offer. • Where we grant tenancies for a fixed term, the length of those. • The circumstances in which we grant tenancies of a certain type. • Any exceptional circumstances in which we grant fixed term tenancies for a term of less than 5 years in general needs accommodation following any probationary period. • The circumstances in which we will grant tenancies of a particular type. • The circumstances in which we may or may not grant another tenancy on the expiry of the fixed term, in the same property or in a different property. • The way in which a tenant or prospective tenant may appeal against or complain about the length of fixed term tenancy offered and the type of tenancy offered, and against a decision not to grant another tenancy on the expiry of the fixed term.

	• Our policy on taking into account the needs of those households who are vulnerable by reason of age, disability or illness, and households with children, including through the provision of tenancies which provide a reasonable degree of stability. • The advice and assistance we will give to tenants on finding alternative accommodation in the event that we decide not to grant another tenancy. • Our policy on granting discretionary succession rights, taking account of the needs of vulnerable household members. Further types of properties have been added to the list of those where a flexible tenancy (a tenancy for a fixed term) is offered as standard. This has increased from properties with adaptations over £6,500 and those within a regeneration area to also include the following: • Rent to Buy Properties (homes which must be bought after a 5-year tenancy period) • Rural properties. This is to ensure that we can make the most efficient and effective use of our accommodation stock and to ensure that reviews are completed every 5 years to ensure they still meet the requirements of the household. We must also develop and deliver services that seek to address under-occupation and overcrowding in our homes and focussed on the needs of our tenants. This review includes the addition of the new "Rightsizing" offer to tenants who live in larger properties and who may wish to downsize, and the support and assistance offered to them.
Does the activity involve a significant commitment or removal of resources? Please give details	No, this is a review of the existing policy. Resources are already in place.

Is there likely to be an adverse impact on people with any of the following protected characteristics as defined by the Equality Act 2010, or any other socially excluded groups?

As part of this assessment, please consider the following questions:

- **To what extent is this service used by particular groups of people with protected characteristics?**
- **Does the activity relate to functions that previous consultation has identified as important?**
- **Do different groups have different needs or experiences in the area the activity relates to?**

If for any characteristic it is considered that there is likely to be a significant adverse impact or you have ticked 'Don't know/no info available', then a full EIA should be carried out where this is proportionate.

Protected characteristic	Yes	No	Don't know/ Info not available
Age		**x**	
Disability		**x**	
Sex (gender)		**x**	
Race		**x**	
Sexual Orientation		**x**	
Religion or belief		**x**	
Gender reassignment		**x**	
Pregnancy or maternity		**x**	
Marriage or civil partnership		**x**	
Other			
Carer (unpaid family or friend)		**x**	
Low Income		**x**	
Rural Location		**x**	
Does the activity relate to an area where there are known inequalities/probable impacts (e.g. disabled people's access to public transport)? Please give details.		**Yes, this policy review impacts all prospective and current Council tenants, however there is no adverse effects on them, with flexible, secure and introductory tenancies being protected by Housing law.** **The introduction of the "rightsizing" offer is not a mandatory requirement for tenants in larger homes to downsize but more an incentive to do so. It may also apply more to older tenants; however this is not a mandatory requirement and will assist us to meet the needs of older tenants better and help us to deal with under-occupation, so would have a positive impact across the waiting list and to those under-occupying.** **Adapted properties will be offered on a flexible tenancy basis, however if the property continues to meet the household needs, we will always renew the tenancy.** **Rural properties will be offered on a flexible tenancy basis, however if the property continues to meet the household needs, we will always renew the tenancy.**	

Will the activity have a significant effect on how other organisations operate? (e.g. partners, funding criteria, etc.). Do any of these organisations support people with protected characteristics? Please explain why you have reached this conclusion.		**No**		
Decision (Please tick one option)	EIA not relevant or proportionate:	**x**	Continue to full EIA:	
Reason for Decision		**Whilst the policy effects all prospective and current tenants there are no adverse impacts on them.**		
Signed (Assistant Director)				
Date		**26/08/25**		

HEALTH AND HOUSING SCRUTINY COMMITTEE
29 OCTOBER 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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APPENDIX 1

HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
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
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		
Quality Accounts – 6 Monthly Update **Year End Update**	7 January 2026 May/June 2026	TEWV/ CDDFT		

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Suicide Prevention	7 January 2026	Rebecca Morgan		
Performance Management and Regulation/ Management of Change **Regular Performance Reports to be Programmed**	7 January 2026	Relevant AD		To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Preventing Homelessness and Rough Sleeping Strategy 2025-2030	4 March 2026 Last considered 15/01/2025	Janette McMain		Annual Review
Healthy Weight Plan	4 March 2026	TBC		
Healthcare Associated Infections	4 March 2026	Ken Ross		
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
Director of Public Health Annual Report	Last considered 3 September 2025	Lorraine Hughes		Annual Update

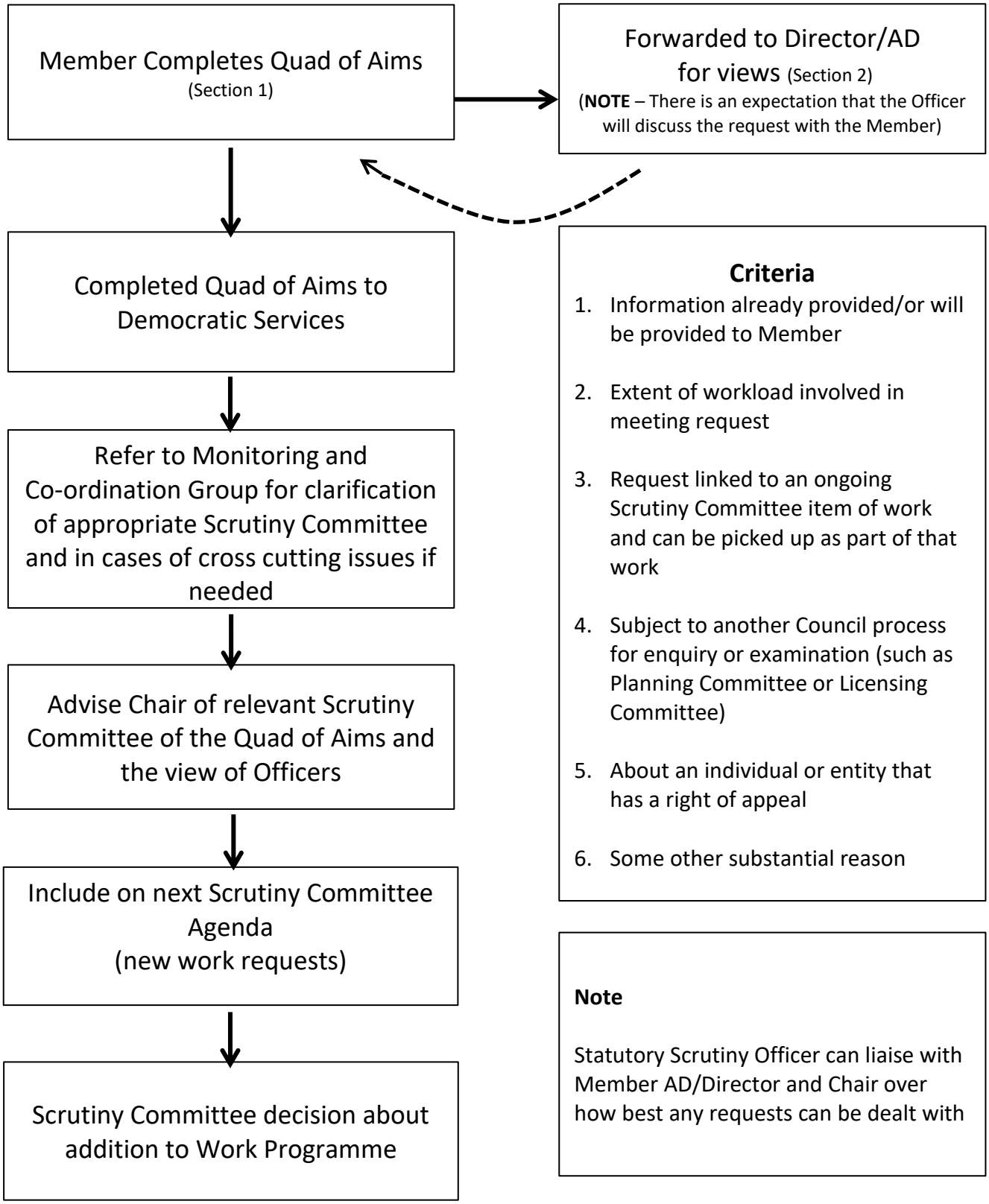
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Better Care Fund	Last considered 3 September 2025	Paul Neil		Annual Report
Health and Safety Compliance in Council Housing update	Last considered 3 September 2025	Cheryl Williams / Anthony Sandys		Annual Update

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			
Chronic Illness Prevention	3 September 2025	Ken Ross		
Homes Strategy	3 September 2025	David Hand		
ICB and expected changes	Informal Briefing 16 October 2025	Martin Short		

Appendix 2

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)

1. (a) Is the information available elsewhere? Yes …….. No ……..

   If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services)

   ……

   (b) Have you already provided the information to the Member or will you shortly be doing so?

   ……

2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff?

   ……

3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that?

   ……

4. Is there another Council process for enquiry or examination about the matter currently underway?

   ……

5. Has the individual or entity some other right of appeal?

   ……

6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme?

   ……

Criteria

1. Information already provided/or will be provided to Member
2. Extent of workload involved in meeting request
3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work
4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)
5. About an individual or entity that has a right of appeal
6. Some other substantial reason

Signed …… Position …….. Date ……

PLEASE RETURN TO DEMOCRATIC SERVICES

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DARLINGTON BOROUGH COUNCIL
FORWARD PLAN

DARLINGTON
Borough Council

FORWARD PLAN
FOR THE PERIOD: 1 OCTOBER 2025 – 28 FEBRURARY 2026

Title	Decision Maker and Date
Procurement Plan Update	Cabinet 7 Oct 2025
Tees Valley Energy Recovery Facility (TVERF) Update	Cabinet 7 Oct 2025
Council Tax Support Scheme 2026-27	Cabinet 4 Nov 2025
Project Position Statement and Capital Programme Monitoring - Quarter 2	Cabinet 4 Nov 2025
Revenue Budget Monitoring - Quarter 2	Cabinet 4 Nov 2025
Use of Land at Faverdale (Former St Modwen Land) for Biodiversity Net Gain and Nutrient Neutrality Credits	Cabinet 4 Nov 2025
Housing Revenue Account MTFP	Cabinet 2 Dec 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
Schedule of Transactions	Cabinet 2 Dec 2025
Climate Change Progress	Cabinet 6 Jan 2026
Council Plan Performance Report - Quarter 4	Cabinet 6 Jan 2026
Council Tax Calculation of Tax Base 2026/27	Cabinet 6 Jan 2026
Land at Ingenium Parc and Morton Palms - Development Proposal	Cabinet 6 Jan 2026
Maintained Schools Capital Programme Summer 2025	Cabinet 6 Jan 2026
Year End Performance Report - Quarter 4	Cabinet 6 Jan 2026
Calendar of Council and Committee Meetings	Cabinet 3 Feb 2026
Capital Strategy	Cabinet 3 Feb 2026
MTFP 2025/26 - Final Version Post Consultation	Cabinet 3 Feb 2026
Project Position Statement and Capital Programme Monitoring - Quarter 3	Cabinet 3 Feb 2026
Prudential Indicators and Treasury Management Strategy	Cabinet 3 Feb 2026
Revenue Budget Monitoring - Quarter 3	Cabinet 3 Feb 2026
Schools Admissions 2025/26	Cabinet 3 Feb 2026
Town Centre Regeneration	Cabinet 3 Feb 2026

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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, 19 June 2025

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Mammolotti, Lorraine Hughes (Director of Public Health), Councillor Harker (Leader of the Council) (Leader of the Council), Councillor Tostevin, Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust), Joanne Dobson (NHSE/I Locality Director for North East and North Cumbria) (NHS England, Area Team), Carole Todd (Darlington Post Sixteen Representative) (Darlington Post Sixteen Representative), Rachel Morris (Head of Department for Nursing and Midwifery, School of Health and Life Sciences) (Teesside University), Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office), Michael Conway (Mayoral and Democratic Officer), Katie McLeod (Deputy Director of Delivery) (NHS Darlington Clinical Commissioning Group), Deborah Robinson (St Teresa's Hospice) and Jenny Steel (County Durham and Darlington NHS Foundation Trust)

ALSO IN ATTENDANCE – Councillors Curry (Cabinet Member for Adults) and Holroyd

APOLOGIES –Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) (North East and North Cumbria Integrated Care Board), Dean Lythgoe (Principal, St Aidan's Academy) (Secondary School Representative) and Councillor Mrs Scott

HWBB1 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB2 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.

HWBB3 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 13 MARCH 2025

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 13 March 2025.

RESOLVED – That the minutes are approved as a correct record

HWBB4 PREGNANCY AND EARLY YEARS - HEALTH AND WELLBEING STRATEGY DEEP DIVE

The Portfolio Holder for Children and Young People introduced Board members to the report which aims to facilitate meaningful discussion regarding Pregnancy and Early Years priorities as identified in the Joint Local Health and Wellbeing Strategy.

The report is intended to support a deep dive review into the thematic priority of pregnancy and early years, with a focus on:

a) Agreed priorities

b) Related performance indicators
c) Health inequalities
d) Stakeholder engagement
e) Key actions taken and / or planned
f) Issues of concern or risk
g) Ask(s) of Health and Wellbeing Board partners

Officers highlighted the ambitions of the report and gave thanks to those who were involved in its production. Data on smoking in early pregnancy was presented to Board members with Darlington tending more positively than other North East regions but similar to national averages.

Board members were provided with a presentation covering the various areas of the deep dive, which included:

- The reasons why smoking during pregnancy is an important public health issue, such as lower birth weights and miscarriages and sudden infant death being 3 times more likely to occur.
- The drivers and results so far, including 727 fewer antenatal complications, 154 fewer missed appointments and 109 fewer non-scheduled overnight stays in hospitals.
- The actions of CDDFT to reduce smoking in pregnancy
- The focusses of the 0-19 service
- Delivery rates at Darlington Memorial Hospital by ward – showing a synergy with the deprivation map
- Age group analysis and variations
- Inequalities
- Tobacco dependency treatment service referrals
- Opportunities available, including closer working with partner organisations and stop smoking support before pregnancy

Discussions took place including the Chair highlighting that pinpointing inequalities remains the first step in an effective strategy and praising officers on the work conducted and data gathered thus far.
Further discussions included how to progress from this point – with officers informing Board members that they are currently utilising data to share across the trust and working with sexual health teams. In terms of using data effectively, targeting specific patient groups is taking place, such as diabetic women. "Listening events" focussed on areas with highest tobacco dependency will now take place in Darlington

A Board member informed those present that the "Bump, Baby and Beyond" scheme is present and would be willing to collaborate.

Questions were raised with a member stating that 10% smoking while pregnant is still too high and asking what approaches are being taken in clinics with the response that huge variations can be present as smoking is an addiction not simply a change of lifestyle alongside many pregnancies being unplanned. Smoking wasn't managed as a clinical pathway in the past (like e.g. diabetes). Incentive Schemes are now established and numbers are shown to be reducing. Although officers agree that 10% of pregnant women being smokers is still too high, they are confident it can be reduced.

It was asked as to whether data on the impact of vaping is available with the response that vaping is promoted to smokers and that data is being collected on those who have only ever vaped (without smoking) but is hard to track due to the nature of patient record collation.

A Board member asked as to whether smoking data is tracked following the birth date to determine what percentage of women return to smoking for example. Officers responded that initiatives are in place to try and prevent women from returning to smoking, including gathering data on household members with incentive schemes which also cover partners with everyone in the home being offered CO monitoring. The overall goal is for women to be non-smokers at the start of the their next pregnancy should this occur.

It was asked whether alcohol and drugs are also a focus and it was confirmed that a multi-agency approach is present to ensure this. In addition, a Chair for the Tobacco Alliance is currently being recruited with the establishment of the group.

AGREED – Board members noted the content of the update, and the work carried out in the production of the deep dive, offering praise to those involved for the quality of the work produced. Member organisations agree to consider actions that could be taken to better support health during pregnancy and identify opportunities to develop partnership work.

HWBB5 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2024-2025 ACROSS THE LIFE COURSE: THE HEALTH OF DARLINGTON

The Director of Public Health presented this annual 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 acknowledging the good work happening across the Borough. The 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.

The report covers the areas of:

1. Starting Well, considering the importance of a good start in life
2. Living Well, considering the importance of staying healthy in adulthood
3. Ageing Well, considering the importance of staying healthy as we age

Discussions were held in which members were encouraged to work jointly with the Director of Public Health should there be any areas for which they believe their expertise could be of use.

Questions were asked which included a member querying that 25% of 5 year olds suffer from tooth decay and stating that no more fast-food outlets should be opened in the town. Officers responded that schemes are in operation to combat this including the ICB's Oral Health Strategy, supervised tooth-brushing schemes and Council-led oral health strategies which intend to target the most deprived wards.
It was questioned as to why only 1% of GP patients are listed as suffering from dementia with the response that only those with a full diagnosis are included and this is similar to the national average.

The Chair commended the Director of Public Health for the quality of the report and the depth and breadth of knowledge displayed in all areas covered.

AGREED – The Board members approve the report and the areas covered. Member organisations will identify any areas for which they can be of assistance in delivery of the recommendations and contact the Director of Public Health for such cases.

HWBB6 POLICE CRIME AND JUSTICE PLAN 2025-2029

Board members welcomed the OPCC Chief of Staff who presented the Police Crime and Justice Plan 2025-29. A summary of the role of the Police Crime Commissioner was provided along with how the plan can be linked into the goals of the Health and Wellbeing Board and Council Plan, namely "Best Start in Life", "Staying Healthy" and "Healthy Places.

The goals of the plan were highlighted which included targeting the numbers of drink drivers, the recruitment of additional PCSOs, the desire to provide young people with opportunities to thrive, targeting those who look to exploit the vulnerabilities of others, the production of the Youth Police and Crime Plan and working towards creating healthier work environments where possible.

A Board member expressed their gratitude for the plan targeting the use of off-road motorcycles.

AGREED – The Board approved the plan and expressed approval towards the areas of focus highlighted.

HWBB7 DARLINGTON HEALTH AND WELLBEING BOARD FORWARD PLAN

The Chair proposed that the next meeting of this Board will include the items:

1. The Better Care Fund
2. 10 Year Plan
3. First Annual Review of the Health and Wellbeing Board Strategy.

It was also proposed that the December 2025 meeting of this Board will include:

1. Deep Dive on Mental Health

AGREED – Board members agreed the proposed agenda items for upcoming meetings.