



Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 7 January 2026

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 29 October 2025 (Pages 5 - 10)
4. County Durham and Darlington NHS Foundation Trust - Q2 Quality Account Update – Verbal Update by Senior Associate Director of Assurance and Compliance and Associate Director of Nursing, Patient Safety, Patient Experience and Legal and Chief Nursing Information Officer
(Pages 11 - 34)
5. Tees, Esk and Wear Valley NHS Foundation Trust - Quality Account Quality Priorities Progress (Q3 25/26) – Presentation by Head of Quality Governance and Compliance, Tees, Esk and Wear Valley NHS Foundation Trust
(Pages 35 - 40)
6. Medium Term Financial Plan 2026/27 - 2029/30 – Report of the Assistant Director Resources
(Pages 41 - 114)

7. Housing Revenue Account - MTFP 2026-27 to 2029-30 –
Report of the Assistant Director – Housing and Revenues
(Pages 115 - 134)
8. Deep Dive: Suicide Prevention –
Report of the Director of Public Health
(Pages 135 - 154)
9. Performance Indicators - Quarter 2 - 2025/26 –
Report of the Assistant Director – Housing and Revenues, Head of Leisure and Director of Public Health
(Pages 155 - 200)
10. Work Programme –
Report of the Assistant Director – Law and Governance
(Pages 201 - 216)
11. Health and Wellbeing Board –
Included for information are the approved Minutes of the meeting held on 18 September 2025. The Board last met on 4 December 2025. The next meeting is scheduled for 19 March 2026.
(Pages 217 - 222)
12. Regional Health Scrutiny (Pages 223 - 244)
13. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at the meeting.
14. Questions



Amy Wennington
Assistant Director Law and Governance

Monday, 29 December 2025

Town Hall
Darlington.

Membership

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

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

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Agenda Item 3

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 29 October 2025

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

APOLOGIES – Councillor Pease

ALSO IN ATTENDANCE – Councillor Roche

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

HH21 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH22 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 3 SEPTEMBER 2025

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 3 September 2025.

RESOLVED – That, with the suggested amendment to HH16, the Minutes of the meeting of this Scrutiny Committee held on 3 September 2025 be approved as a correct record.

HH23 HOUSING SERVICES ANTI-SOCIAL BEHAVIOUR POLICY 2022-2026 UPDATE

The Assistant Director Housing and Revenues submitted a report (previously circulated) to provide Members with an update of the Housing Services Anti-Social Behaviour (ASB) policy 2022-2026. A presentation accompanied the report (also previously circulated).

It was reported that the policy was approved by Cabinet in 2022, setting out how the Council would deal with reports of ASB and hate crime effectively and promptly, taking appropriate, swift, proportionate action, including legal action, when necessary; and reference was made to the expectations of the Regulator of Social Housing's consumer standards.

Members were provided with details of performance, noting that 383 cases involving Council tenants were opened in 2024/25; with the main areas of complaints being noise, pet nuisance, verbal abuse/harassment/intimidation/threatening behaviour and drug/substance misuse; and that repeat complaints were high, with 185 cases opened where a previous complaint had been made. It was reported that the majority of complaints were closed as a result of advice given and early intervention.

The presentation outlined the multi-agency working, enforcement action undertaken, and

work undertaken in the last 12 months along with planned work for the next 12 months.

Discussion ensued regarding the processes involved with a court eviction, this included safeguarding referrals and referral to the Housing Options team if required; and following a question Members were informed that once a case had been closed, tenants would receive a case closure letter and survey and non-responders would be contacted via telephone for feedback.

Members sought clarification regarding 'Failure to reside in the property as their sole and only residence' as a reason for repossession and requested further information regarding age demographics for those responsible for anti-social behaviour in council housing.

RESOLVED – That the report and Housing Services Anti-social Behaviour Policy review be noted.

HH24 HEALTH PROTECTION ASSURANCE

The Director of Public Health submitted a report (previously circulated) updating Members on the health protection arrangements in Darlington.

It was reported that Local Authorities in England had statutory health protection duties under the Health and Social Care Act 2012 and related regulations; these responsibilities are exercised primarily by the Director of Public Health and are supported by the UK Health Security Agency (UKHSA) and the NHS; and an annual health protection assurance report was produced to provide an overview of health protection arrangements and relevant activity in the Borough of Darlington.

Members were informed that 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; and involved three key components namely prevention of harm, surveillance of potential risks and control of incidents when they occur.

Members were informed that NHS England was responsible for the commissioning of screening and immunisation programmes; and that UKHSA's Health Protection Teams (HPT) were 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.

Reference was made to the duties and responsibilities of local authorities and in particular the role of Directors of Public Health in supporting health protection work; and information was provided on the performance and activity in relation to immunisations, infection prevention and control, screening, surveillance, healthcare associated infections and outbreak management.

Discussion ensued regarding the CPE outbreak at Darlington Memorial Hospital, with Members seeking assurance that the Trust were being responsive to public concerns. The Director of Public Health informed Members that the Trust had undertaken work around infection prevention control measures and building work to relocate sinks to corridors, and that it was the Trusts decision to introduce waterless bathing.

Further discussion ensued regarding uptake of vaccinations and the importance of clear information leaflets and supporting resources to encourage vaccine uptake; that the Tees Valley Local Immunisation Steering Group would be undertaking work to identify learning from GP practices with higher uptake rates; and additional funding had been allocated by NHS England to support targeted work to understand barriers and improve vaccination rates within the Gypsy, Roma, and Traveller Community.

Members raised concerns regarding wait times for screening; and discussions were held regarding herd immunity and work to support care homes with infection prevention and control.

RESOLVED – (a) That the contents of the report be noted.

(b) That the shared responsibility for Health Protection be noted.

(c) That it be noted that the Director of Public Health is assured that the health protection arrangements are appropriate and effective in addressing the various aspects of health protection.

(d) That the Chair of this Scrutiny Committee writes to the Chief Executive, CDDFT on behalf of the Members of this Scrutiny Committee requesting an update on the reintroduction of washing facilities at Darlington Memorial Hospital to enable patients to clean themselves with water.

HH25 HOUSING SERVICES TENANT INVOLVEMENT STRATEGY 2024-2029 UPDATE

The Assistant Director – Housing and Revenues submitted a report (previously circulated) providing Members with an update on the Housing Services Tenant Involvement Strategy 2024-2029. An annual review report 2024-25 (also previously circulated) accompanied the report.

The submitted report stated that the Strategy was approved by Cabinet on 5 November 2024, setting out how the Council would involve and empower its tenants, including how the Council's engagement activities would be monitored and reported, and how the Council would involve its tenants in decisions about the services they receive; and the Regulator of Social Housing's new consumer standards 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.

It was reported that the strategy promotes the Council's continued commitment to tenant involvement; details were provided of the annual review report which sets out the progress over the past 12 months against the key priorities of the strategy; and reference was made to the positive feedback from the Tenants Panel on the report.

Members queried accessibility of information for tenants, noting that a note would be added to the system for any residents requiring information in a different format; and following a question regarding tenant satisfaction in relation to complaints handling, Members were informed that a feedback survey was provided to residents who had submitted complaints

and work had been undertaken to improve information on the council's web page regarding housing complaints.

RESOLVED – That the report be noted.

HH26 INJURY PREVENTION UPDATE

The Director of Public Health submitted a report (previously circulated) providing Members with a clear overview of the local, regional and national data relating to hospital admissions for unintentional and deliberate injuries amongst children and young people aged 0-14 years, in response to a request made following the update in January on performance indicator PBH024 and PBH026. The submitted report also detailed the current work underway in Darlington on injury prevention, highlighting current actions and the forward work plan.

It was reported that nationally hospital admissions caused by unintentional and deliberate injuries in children and young people was the leading cause of death and serious injury in children under 15 years of age and that many of the injuries were preventable; and that 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. Members were informed however that differences in the way that paediatric hospital admission data was collected between hospital Trusts means that caution should be applied when comparing local authority areas on these indicators.

The submitted report provided details on the inequalities regarding hospital admissions by unintentional and deliberate injuries in children 0-4 years and those aged 0 - 14 years per 10,000 population for 2023/24; highlighted that the most common cause of injuries within the home were poisoning and falls, with Darlington having the highest rate of emergency admissions for accidental poisoning in children aged 0-4, nationally in 2018/19 to 2020/21; and that Darlington was ranked fifth highest local authority in England in 2018/19 to 2020/21 for the rate of emergency admissions for falls in children aged 0-4.

Members were informed that an audit had been undertaken by County Durham and Darlington NHS Foundation Trust (CDDFT) to understand the key reasons for hospital admissions in children for unintentional and deliberate, including a deep dive audit of 100 records and the key messages were outlined.

The submitted report outlined the key actions to support injury prevention in relation to system-approach to injury prevention, health promotion and service development and data intelligence and evidence.

Discussion ensued on the impact of data quality on the figures for Darlington and Members queried how many admissions resulted in safeguarding referrals. Members noted that whilst there were inconsistencies in how data was collected between hospital trusts, the hospital admissions caused by unintentional and deliberate injuries in children and young people for Darlington was showing an increasing trend and there was a need to understand the reasons for this increase.

Members sought clarification regarding the new national data collection methods for urgent and emergency care and how this would affect the figures for Darlington.

RESOLVED – (a) That 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, be noted.

(b) That the contribution of childhood injuries to health inequalities, as a greater proportion of injuries are experienced by children living in our most deprived communities, be acknowledged.

(c) That the work already underway with system partners on injury prevention, be supported.

(d) That the system-wide approach and key priorities in the forward work plan be endorsed.

HH27 HOUSING SERVICES TENANCY POLICY 2025-2030

The Assistant Director- Housing and Revenues submitted a report (previously circulated) requesting that consideration be given to the draft Housing Services Tenancy Policy 2025-2030 (also previously circulated) prior to consideration by Cabinet on 2 December 2025.

It was reported that 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”; and the aims of the Housing Services Tenancy Policy 2025-2030 were outlined.

The submitted report stated that the types of tenancies offered for Darlington's Council housing were introductory tenancies, secure tenancies and flexible tenancies (or fixed term tenancies); and the tenancy policy also covered mutual exchanges, succession rights, transfers and tenancy assignments.

The proposed changes to the existing tenancy policy were outlined and reference was made to the outcome of consultation, in particular, the Tenancy Panel's support for flexible tenancies for new build properties.

Members voiced their support for the rightsizing offer and secure tenancies for new build properties; and requested figures for the number of flexible tenancies. Discussion ensued regarding the review process for flexible tenancies.

RESOLVED – That Health and Housing Scrutiny Committee agree to the onward submission of the draft Housing Services Tenancy Policy 2025-2030 to Cabinet.

HH28 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.

Members requested that a site visit be arranged for Darlington Memorial Hospital, following

the recent staffing changes.

RESOLVED – (a) That the work programme be noted.

(b) That a site visit of Darlington Memorial Hospital be arranged for Members of this Scrutiny Committee.

HH29 HEALTH AND WELLBEING BOARD

It was reported that the Board last met on 18 September 2025 and that the next meeting of the Board was scheduled for 4 December 2025.

The Cabinet Member for Health and Housing informed Members that items discussed at the last meeting included a review of the Joint Local Health and Wellbeing Strategy and the updated Pharmaceutical Needs Assessment for approval. The next meeting of the Board would focus on mental health and suicide.

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

Darlington Borough Council – Health and Housing Overview and Scrutiny Committee

Quality Accounts 2025/25

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Warren Edge, Senior Associate Director of Assurance and Compliance

Lisa Ward, Associate Director of Nursing, Patient Safety, Patient Experience and Legal and Chief Nursing Information Officer

Agenda Item 4

Introduction

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- Quality Matters – is our strategy to 2025/26 .
- Our priorities for 2025/26 reflected the priorities in Quality Matters and priorities brought forward from 2024/25 where there was further work required
- Our Quality Accounts priorities were also set as we were launching our Breast Service review, which has remained a key focus throughout the current year.
- In the slides that follow, a 'Red' rating means we have not met our goal and Amber, that we have risks to be managed; and yellow that we continue to target further improvements.



The slide is titled 'Quality Matters – Our Quality and Clinical Services Strategy - 2022/23 to 2025/26'. It features three main goals with corresponding images and descriptions:

- Keeping you safe**: We will recognise risks of harm and prevent them from arising through safe processes and environments. (Image: Two healthcare workers in scrubs and masks).
- Compassionate care, personally delivered**: We will get to know our patients and their carers and loved ones. We will listen to them, care for the patient's individual needs and involve them in all decisions affecting their care. (Image: Two healthcare workers in scrubs).
- Treating you well, throughout your journey**: We will provide fair access to joined-up care, across our teams and wider networks, based on evidence and standards, delivering favourable outcomes and / or effective and valued ongoing support. (Image: A patient in a hospital bed with a healthcare worker).

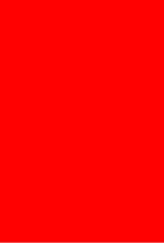
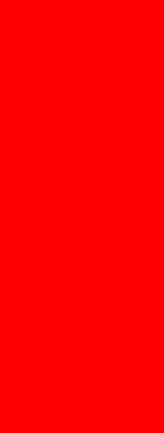
At the bottom, there is a row of icons representing diverse patient groups, the text '#TeamCDDFT', and social media links for YouTube, Facebook, and Twitter.

- The Trust has reported significant issues with its Breast Service in previous years (up to early 2025) and there is a significant programme of work underway in respect of these.
- The accompanying paper sets out improvements in the service over the last year, to ensure that it operates in line with modern standards, with support from the Northern Cancer Alliance and regional partners, particularly Newcastle Hospitals
- The external governance review, commissioned by the Trust to help identify and learn wider lessons from the Breast Service issue has flagged issues with corporate and clinical governance, culture, leadership, management and support of doctors and management of insourcing and outsourcing that are being taken forward within a detailed improvement programme
- Undertakings have been agreed with NHS England in respect of the above improvements and CQC – having inspected Surgery, Community Services and Well-Led arrangements - have issued warning notices which, in effect, require us to accelerate some aspects of the improvement plan and / or actions set out in this presentation.

Summary - Safe

Priority	Rating	Trend	Overall summary note
Being a highly reliable organisation / rolling out or patient safety strategy			We have experienced delays in completing incident investigations and closing down incidents, and in implementing resulting system improvement plans, along with never events involving retained objects and wrong site surgery. We are recruiting two patient safety investigators and increasing our patient safety partners. Matrons have been released from supporting patient flow to focus on quality.
Reducing Falls and harm from falls			Falls in the acute sector (per 1,000 bed days) have reduced to around 5.3, which is within prior benchmarks. Falls per 1,000 bed days in community hospitals have increased; however, this reflects a change in the mix of patients at community sites and remains within SPC limits.
Minimising harm from pressure ulcers			We have moved away from a zero tolerance for Grade 3 and 4 pressure ulcers involving 'lapses in care' to focusing on embedding compliance with core practice. Audit results show compliance at around 90% overall with pockets requiring improvement. The audit results will allow us to agree improvement trajectories.
Reducing harm from healthcare associated infections			Positively, there has been a significant reduction in CPE outbreaks at DMH (one ward, at the present time). However, reportable infections, particularly C-Diff will breach NHSE-set thresholds and MRSA cases are well above our zero tolerance. Similar pressures are being seen regionally and nationally. Monthly audits of all fundamental practices take place, with focused work on departments needing improvement. Our IPC Nursing service is now seven days per week.

Summary - Safe

Priority	Rating	Trend	Overall summary note
Improving maternity services			Staffing is now in line with Birth Rate Plus (albeit some new appointees are still in training). We are maintaining 1 to 1 care and supernumerary status for our coordinators and expect to declare full compliance with the safety actions in the national maternity incentive scheme.
Minimising harm from invasive procedures			We have improved version control and control over stock management but have not yet developed LocSSIPs in our EPR system. Whilst audits have shown slight improvements in compliance, there remain gaps in most areas, and we have experienced never events when LocSSIPs have not been followed. A Task and Finish Group is in place to lead remedial work.
Recognising and acting on patient deterioration, including sepsis			Compliance with completion of patient risk assessments and taking of observations, measured in our EPR system, is relatively strong. We have continued to roll out Martha's Rule building on our Call for Concern initiative. However, timely taking of further observations for patients with high early warning scores and escalation in line with protocol, require significant reinforcement. Sepsis screening is strong, but we continue to need to focus on improving timeliness re: taking of blood cultures and antibiotic treatment. Improvement actions are tied to our response to CQC inspections.
Ensuring prompt and effective patient follow up			Previously included in Quality Accounts with issues (at the time) relating to Ophthalmology addressed. We have, however, found gaps in follow up records in EPR for a number of services. Typically, these relate to administration but are being systematically followed up to identify any actual cases of missed follow up.

Summary – Experience

Priority	Rating	Trend	Overall summary note
Improving services for patients with additional needs			We continue to strengthen joint working with TEWV, both at the strategic and operational level. Our LD services and approach have been commended by the regional network, whilst patient stories have identified important areas for further improvement that have been, or are being, acted on. We are rolling out Oliver McGowan training and developing further training on personalised approaches to care. Our network of LD and Dementia champions allows Trust-wide practice to be shared with local teams.
Improving patients' experience of discharge			The change in rating reflects a shift in our ambition with respect to enabling patients to go home earlier in the day (where we are working with the national GIRFT Further Faster Programme). We continue to work well with social services, using a trusted assessment model and to monitor and learn from Section 42 referrals.
Improving the experience of patients with cancer			<p>We have:</p> <ul style="list-style-type: none"> Developed resources and shared these regionally to support engagement with cancer services by veterans Continued to engage patients through our 'experts by experience group' Started to develop a psycho-oncology service. <p>Our current focus is on developing plans by tumour group to respond to the national survey and on making the case for longer-term investment in the psycho-oncology service.</p>

Summary – Experience

Priority	Rating	Trend	Overall summary note
Improving how we engage with patients and families and understand their experience in our care			We are increasing the number of patient safety partners, building patient experience into our breast service response and have recruited volunteers for patient councils. Engagement at service levels remains variable. We need to improve our responsiveness to, and learning from complaints, and patient surveys.
Improving the experience of patients at end of life			We continue to strengthen capacity in the service and the support of the palliative care service to mainstream services. We have strengthened monitoring of access to side rooms, but this remains a challenge. We continue to develop a new End of Life Care strategy.
Maintaining single sex accommodation			We have continued to closely monitor adherence to current NHS rules through our site management meetings and processes.
Improving nutrition and hydration			Over the life of the strategy, we have increased compliance with completion of nutritional risk assessments for patients to around 90% or more. There remain some areas of risk, which are subject to ongoing work, relating to placement of nasogastric tubes and compliance with fluid balance monitoring, which are subject to a system improvement plan.

Summary – Outcomes

Priority	Rating	Trend	Overall summary note
A&E waiting times			<p>We continue to meet national ambitions with respect to the A&E waiting times standard (4 hours) and have maintained improvements in ambulance handover times – other than at times of surge – and seen some reduction in patients spending 12 or more hours in the department. The last of these is, however, an area where we need to go much further, supported by the national GIRFT Further Faster Programme and the Finance and Performance Committee has requested Executive Directors to set out the actions needed to drive further improvement.</p> <p>The Urgent and Emergency Care Service is rated Good by CQC.</p>
Cancer Patients – Increasing uptake in Prehabilitation (helping patients be ready for surgery)			<p>Cancer Services have commenced roll out initiatives such as prehabilitation in line with regional pilots and reviewed pathways in line with best practice guidelines. There remains a need to substantiate cancer care coordinators, and the Breast Service Review has highlighted the need to review the workings of MDTs. At the present time there are pressures on waiting times because of the issues in the Breast Service, demand and capacity pressures in Dermatology and some challenges with pathways in Colorectal, all of which have bespoke action plans.</p>

The accompanying paper provides more detail on longer term aims in the strategy including reducing long waits and strengthening community and frailty services.

Resetting our Quality Strategy

- We will be resetting our quality strategy moving forwards
- This may be done on an interim basis to allow a full review of clinical services
- Sustaining improvements in the Breast Service and undertaking the improvement actions from the Aubrey Report will be an essential focus.

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Health and Housing Scrutiny Committee Meeting – 7th January 2026

Item 4 – Quality Strategy and Quality Accounts Update

1. Introduction

The Trust's Quality Strategy – Quality Matters, runs to 31st March 2026. The tables below summarise the aims of the strategy, for each key objective (split by patient safety, patient experience, clinical effectiveness and underlying enablers), the progress made and current position, and further actions being taken. The table notes where there is regular reporting to the Board's Quality Committee or Finance and Performance Committee, and the commentary draws on the evidence in these reports.

The Trust will be refreshing its strategy for the period from 1st April 2026, and the tables include recommendations for work to be carried forward within that new strategy.

As has been articulated in Board meetings, Quality Matters included some objectives relating to improvement in clinical services but should not be considered a clinical services strategy. There is separate work taking place, to review clinical services supported by a Board Advisor, Hugo Mascie Taylor.

Before considering progress on individual objectives, however, it is important to set out the current context and challenges being faced by the Trust. These relate to the well-publicised failings in the Trust's Breast Service and subsequent, wider, failings in governance – particularly clinical governance – set out in the report on the external governance review pertaining to the Breast Service by Mary Aubrey, which the Trust published in November 2025. The link below will enable any Committee seeking the full detail to read the report and the Trust's response.

[\[Link\]](#)

2. Context and challenges

Assurance in respect of the Breast Surgery Service

We have taken significant action to develop a safe service and to ensure that patients referred and accepted into our breast service receive care within the national expected guidelines.

To enable these changes, it has been necessary to reduce, as a temporary measure, the number of patients that we see on a weekly basis. We are sorry to you as our patients for the impact this has had. We are very grateful to our neighbouring Trusts within the North East and North Cumbria for the support they have given the Trust in managing our patients we cannot see safely.

The reduction in our capacity has impacted the timeliness of care provision not only to County Durham and Darlington patients but also to the wider North East and North Cumbria population and therefore patients may not be seen and treated in the timescales that they were prior to our actions in March of this year. We are sorry for these delays; we are working closely across the region to collaborate on a model of care that is safe but also sustainable in providing timely care.

Changes to the service are as follows:

- Improvement actions began during the latter half of 2024, with an intensive programme of work to make improvements to the breast services from March 2025.
- We have stopped all insourcing and outsourcing arrangements within our breast service.
- Two new oncoplastic Breast Surgeons started in Spring 2025 along with an experienced Oncoplastic Breast Surgeon from Newcastle Hospitals NHS Foundation Trust who is leading improvements to the service and chairing the multi-disciplinary team. Subsequently, a Breast Radiologist from Newcastle's Breast Screening team is also supporting the team.
- The service now provided at CDDFT reflects national guidelines and patients receive the same treatment options as patients being treated in other hospitals in our region. This includes, when appropriate, immediate free-flap reconstruction with a plastic surgeon or oncoplastic breast surgery, which is a specialised approach to treat breast cancer while also reshaping the breast to improve cosmetic outcomes.
- Surgical care is currently being delivered by our newly appointed surgeons whilst we ensure that other members of the team have the appropriate skills and training to provide the level of care that we expect.
- Our Breast assessment clinics are now run in line with modern accepted standards, and patient appointments are longer to enable this and to offer compassionate care.
- Changes have been made to how patients are assessed in these clinics. Mammograms are now reviewed by two Radiologists independently of each other and in line with practice within the screening units. Improvements to the mammography equipment have been made to help identify microcalcifications (these are very small calcium deposits which can be a sign of early cancer), and our Ultrasound scanners have been replaced and now providing much better image quality.
- Consultant Radiographers from across the region are supporting diagnostic clinics meaning that there is support to allow image guided core biopsies instead of clinical biopsies (biopsies undertaken freehand). The practice of using fine needle aspirations (FNA) has ceased except in the exceptional circumstances where the guidelines allow it.

- Decisions about treatment are now made by a single multi-disciplinary team which is regularly attended by all members of the team including surgeons, oncologists, radiologists, pathologists and breast care nurses with an assigned chair and consistent coordinator, leading to a more functional and robust meeting.
- Where patients have a benign (non-cancerous) lump they are offered minimally invasive treatment, instead of unnecessary surgery. This is currently taking place at Newcastle Hospitals but staff at CDDFT are training to provide this within the Breast Service at Durham and Darlington.
- We have put additional equipment in place to reduce unnecessary further operations. Faxitron machines at each hospital mean we can examine tissue that is removed during surgery to immediately check that the breast lesion has been fully removed. This reduces the need for women to have further operations (re-excisions). KliniTrays are used to improve the accuracy of the pathologist's assessment of whether all cancer cells have been removed. Improvements to how implants are used have been put in place to ensure care is in line with guidance and helps to minimise infection.
- Breast governance specific arrangements are now in place to review audits, guideline implementation, complaints and morbidity and mortality data on a monthly basis. Data is routinely collected in real time to inform audit key quality indicators such as mastectomy rates, re-excision rates, immediate reconstruction rates and complications.

These changes have already improved outcomes for the patients we have provided care to. We have audited our outcomes against national expectations for symptomatic units between March 2025 and October 2025 which show that:

- 69.5% of women had breast conserving surgery. This compares to 53% for the year ending June 2024. 69.5% is better than the GIRFT expected rate of 65%.
- 21.4% of women had an immediate reconstruction. This compares to 14% for the year ending June 2024, and is moving closer to the GIRFT expected standard of 30%
- The re-excision (re-operation) rate was 13.4%. This compared to 26% for the year ending June 2024 and is better than the GIRFT standard of 17%.

Governance Issues and Response

The Aubrey Report highlights gaps and weaknesses in leadership, corporate governance, clinical governance, organisational culture, management of and support for doctors and management of insourced and outsourced services, all of which enabled issues with the Breast Service to persist for several years. These were not confined to the Breast Surgery specialty, or the General Surgery directorate in which they operated, but were more pervasive, requiring action to prevent similar issues with the service. The Trust's response sets out five programmes of work, with actions phased as follows, to tackle the underlying issues:

- Completed actions;
- Three to six months;
- Six to twelve months; and
- Twelve to 18 months.

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Programmes of work	Executive Lead	Non-Executive Lead	Our commitment
Leadership and corporate governance	Chief Executive	Chair	Patients will be cared for in a Trust that is well led and governed, and operating effectively to achieve long-term success. Staff will see and work with leaders who are determined in pursuing safe, sustainable high-quality services.
Clinical governance	Medical Director Executive Director of Nursing	Chair of Integrated Quality and Assurance Committee	Our clinical services will be safer and more effective through stronger clinical governance, closer collaboration, better use of data and by truly listening to our patients and staff. Risks to services will be recognised and escalated promptly and acted upon.
Culture	Chief Executive	Chair of People and Culture Committee	Our culture will be open, transparent and compassionate for patients and staff. We will be responsive to staff and patient views, and staff will be empowered to deliver and improve high-quality services
Management of, and support for, doctors	Medical Director Director of Workforce & OD	Chair of People and Culture Committee	Medical staff will be more open and collaborative, supported by effective training, supervision and appraisals; services to patients will be clinically led and job plans aligned to service needs.
Financial governance and contract management	Executive Finance Director	Chair of Finance and Performance Committee Chair of Audit Committee	To best meet the needs of patients, staff and the taxpayer we will ensure the highest standards of financial governance, bringing clinical work back in house wherever possible and ensuring any contracted-out services meet the high-quality standards we will set for ourselves.

The Trust is under new leadership and has made a number of appointments to strengthen the Board. Highly experienced Board advisers have been appointed to support the transformational change required. The response document set out a range of completed actions, which were further consolidated in December, with the establishment of a People and Culture Committee reporting to the Board and the recruitment of five new Non-Executive Directors who will commence in post during January 2026.

Committee members are encouraged to read the full response, which can be found using the link in the introduction above.

The Aubrey Report led to the Trust agreeing a range of regulatory undertakings with NHS England in order to implement the above programmes of work and to address the wider need to strengthen leadership capacity and capability.

Ongoing CQC inspections

CQC have completed fieldwork for inspections of the Trust's Surgery and Community-based services, and a full review of the Trust's well-led arrangements. Findings for Surgery and the well-led inspection are consistent with the themes in the Aubrey report and have led to Section 29 Warning Notices being issued to require significant improvements over the next quarter in:

- Governance and risk management arrangements – aligned to issues raised within the Aubrey Report relating to risks not being escalated and acted upon appropriately, and inconsistent specialty governance.
- Clinical audit – aligned to issues raised within the Aubrey Report with respect to completion and oversight of audits and follow through on improvement actions.
- Closedown of, and learning from, incidents including duty of candour.
- Similarly, closedown of, and learning from complaints.
- Embedding compliance with respect to recognition and action re: the deteriorating patient.

The last three issues were captured in the Trust's risk registers with action plans in place. In effect, CQC have judged that the Trust needs to accelerate actions within its response to the Aubrey Report or within risk registers, so that 'significant improvements' are evident by April 2026.

Overarching improvement plan

Actions are already underway in all areas, as set out in the Trust's response to the Aubrey report and in response to CQC feedback. All of the actions from the Aubrey Report, feedback from CQC and the regulatory undertakings agreed with NHS England are now being pulled together into a single improvement plan, progress against which will be reported at each Trust public board meeting.

3. Quality Strategy / Accounts – Progress

Introduction

A subjective RAG-rating has been used to assess progress as follows:

Objective achieved / largely achieved – improvements need to be sustained	Green	Further work needed to consolidate and sustain improvements made	Yellow
Some improvements, but not yet achieved and further work, which will take time, is in progress	Amber	More significant remedial action is needed and is in progress	Red

In keeping with the challenges outlined above, we will be reviewing each area rated red or amber, to understand why previous approaches have failed to

Patient Safety Priorities

Objective	Aims / Progress	Current position	Supporting report	RAG rating	Further actions
Restoring our focus on being 'highly reliable'	We aimed to embed a safety culture resulting in no recurring never events, reduced Regulation 28 Notices and improved system learning. Key actions have included the roll out of the Trust's Patient Safety Strategy and System Improvement Plans.	Despite actions taken, the Board's Quality Committee has been advised of delays in completion of incident investigations and actions, challenges in securing engagement in completing system improvement plans, and examples of recurring never events (involving wrong site surgery or retained objects). A recent internal audit could provide only limited assurance with respect to learning from never events.	Patient Safety & Experience Report to the Board's Quality Committee	Red	<ul style="list-style-type: none"> Recruitment of increased patient safety partners Releasing matron capacity tied up in flow to focus on safety and quality Recruitment of two patient safety investigators. This objective will be carried forward to the new strategy
Reducing falls and harm from falls	Through targeted education and improvement plans, we aimed to reduce the incident of falls and associated harm. The Falls team has supported wards and community hospitals with interventions – such as 'zonal nursing' – resulting in reduced numbers and severity of falls.	Over the strategy period falls in the acute sector (per 1,000 bed days) have reduced to around 5.3, which is within prior benchmarks. Falls per 1,000 bed days in community hospitals have increased; however, this reflects a change in the mix of patients at community sites and remains within SPC limits.	Quarterly Falls Report to Quality Committee.	Yellow	<ul style="list-style-type: none"> Ongoing targeted education and improvement support. Continued monitoring and auditing of performance at ward / team level
Minimising pressure ulcers and associated harm	We aimed to implement audits of compliance with tissue viability protocols and to expand education through champion networks, both of which have been achieved.	It is difficult to measure comparable performance as the previous 'zero tolerance' for ulcers with lapses in care was found to be an unreliable measure. However, compliance audits are now in place allowing improvement trajectories to be set. The latest quarter's audit results range from 89% compliance to 91%.	Quarterly Tissue Viability Report to Quality Committee	Amber	<ul style="list-style-type: none"> Agreement of improvement trajectories. This objective will be carried forwards in the new strategy

Objective	Aims / Progress	Current position	Supporting report	RAG rating	Further actions
Reducing healthcare associated infections and related harm	The aims of the strategy were to reduce cases of C-Diff and CPE, eliminate cases of MRSA, expand IPC capacity and effect ongoing auditing and improvement activity	There is now a seven day IPC service and there are no remaining CPE outbreaks at DMH. Audits across seven core dimensions of IPC take place monthly, with results showing improvement over time (generally over 90% for the last six months). However, the Trust is a regional outlier for high numbers of C-Diff and MRSA cases and above trajectory for all mandatory-reportable infections. Audits show pockets of poor compliance, hence mystery shopper audits and a protocol for professional conversations have also been implemented.	Bi-monthly Infection Prevention and Control Report to Board Quality Committee	Red	<ul style="list-style-type: none"> Ongoing audits, targeted education and improvement activity Investigation and learning from cases of infection <p>This objective will be carried forwards in the new strategy</p>
Embedding safe practice in invasive procedures	<p>The aims of the strategy were to ensure that all LocSSIPs required by NatSSIPs 2 were in place and to embed adherence to their use.</p> <p>We also planned to migrate LocSSIPs into the EPR system.</p>	There have been improvements in document management and version control, and in ensuring that documents are in date. A Task and Finish (T&F) Group is in place and has undertaken campaigns to promote LocSSIPs and their use. However, a recent compliance audit of all LocSSIPs in use found that an incorrect LocSSIP version had been used in 55% of cases, there was some missing data in 32% of completed LocSSIPs and, in over 20% of cases, LocSSIPs were not present. LocSSIPs have not yet been migrated into EPR.	Quarterly Task and Finish Group and clinical audit reports to Board Quality Committee.	Red	<ul style="list-style-type: none"> New clinical lead for the T&F Group to be identified. Care Group Directors to lead on actions to drive up compliance with existing LocSSIPs in their services. Benchmarking with neighbouring trusts, and comparison to NatSSIPs 2, to ensure all required protocols are in place. Rolling out observational, as well as compliance audits. Developing LocSSIPs in EPR. <p>This objective will be carried forwards in the new strategy</p>

Objective	Aims / Progress	Current position	Supporting report	RAG rating	Further actions
Improving recognition and action on patient deterioration	The aims of the strategy were to: reduce incidents associated with deterioration through education and training; meet NICE guidance for sepsis screening and treatment and to embed the Trust's AKI pathway.	The AKI pathway is now well-established and there is good compliance (over 90%) with taking of observations and completion of risk assessments. Call for Concern (meeting two of the Martha's Rule requirements) is embedded. However, recent reports to the Board's Quality Committee have highlighted issues with repeat observations for patients with High Early Warning Scores, escalation of out of range observations, training and other related issues. Sepsis screening rates are high, but audits identify continuing challenges in timely taking of blood cultures and provision of antibiotics.	Patient Safety & Experience Report to Board Quality Committee and specific updates on patient deterioration	Red	<ul style="list-style-type: none"> All of the actions in the monthly reports on observations and deterioration. These include dedicated support and training from the Acute Intervention and Cardiac Arrest teams and monitoring and improvement of adherence to observation and escalation protocols. This objective will be carried forwards in the new strategy. Whilst significant improvements, as required by CQC are being targeted by March 2026, more time will be needed to fully embed changes required.
Improving safety in maternity services	The aims of the strategy were to embed improvements in governance, triage process and sustainable staffing, as well as to meet the requirements of all 10 Safety Actions in the MIS.	Staffing reports show high fill rates at DMH and increasing fill at UHND. 1 to 1 care and supernumerary coordinator status is being maintained. The Trust is set to declare compliance with the 10 MIS Safety Actions for the second year.	Maternity Updates to Board Quality Committee and Board (monthly)	Green	<ul style="list-style-type: none"> Continued auditing to ensure that actions from CQC inspections, Ockenden peer reviews and other reports are embedded and sustained.
Ensuring prompt and effective patient follow up	The aim of the strategy was to prevent further incidents of loss to follow up, particularly in Ophthalmology.	Prior to the roll out of EPR, the object was rated as achieved. IQAC has been advised of ongoing work to check entries on 'missing to follow up' lists to ensure that EPR is updated correctly and to trigger follow up, where necessary.	Periodic update on Missing to Follow Up reviews to Board Quality Committee.	Amber	<ul style="list-style-type: none"> Follow through of ongoing work on missing to follow up lists Remedial actions for any action loss to follow up identified. This objective will be carried forwards in the new strategy if work has not concluded by March 2026.

Patient Experience Priorities

Objective	Aims / Progress	Current position	Supporting report	RAG rating	Further actions
Improving our understanding of patients' experience in our care	We aimed to increase our use of patient stories and patient representatives, to learn from trusts that fare well in national surveys, to provide 'customer care' training to staff and see reductions in complaints, particularly those relating to staff attitudes.	We will shortly have recruited four patient safety partners and have used patient representatives in work on the Breast Service and in quality panels. The Board's Quality Committee makes use of patient stories and seeks to follow through on learning identified. However, we have seen increases in complaints, and delayed responses and learning and we continue to need to improve how we learn from national surveys, including good practice elsewhere.	Monthly Patient Safety and Experience Report to Board Quality Committee Patient Surveys reported to the Board's Quality Committee.	Amber	<ul style="list-style-type: none"> Ongoing work within the Patient Experience team to strengthen learning from patient surveys, and to routinely collect qualitative patient feedback, which is then shared with front-line teams and used to drive improvements. Better use of patient stories for learning at all levels in the Trust. Improving responsiveness to complaints (engagement with complainants and timeliness) and learning from complaints. This objective will be carried forwards in the new strategy
Implementing NICE guidance on shared care	We aimed to implement and audit compliance with the NICE guideline in line with the ICS-wide personalised care programme.	Whilst individual areas have reviewed adherence to the guideline and MacMillan have provided some independent validation that principles such as 'What Matters to Me' are acted upon, we have not undertaken a systematic survey / audit of compliance and need to do so.	Assurance gap – survey required	Amber	<ul style="list-style-type: none"> Full survey of position and action plan (Quarter 4, 2025/26)
Supporting patients with additional needs (Mental Health, LD and Autism)	Through the following actions, the aim of the strategy was to improve recognition and fulfilment of additional needs and thereby provide a better experience for patients with wider needs: <ul style="list-style-type: none"> Roll out of training programmes Targeted education and champion networks Developing appropriate joint care pathways and plans with partners Learning from service users and their carers 	A service level agreement, and supporting arrangements, are in place with TEWV leading to the development of joint care plans, which has proved successful especially in Paediatrics. A review from the regional LD Network in Autumn of 2024 commended the Trust for its specialist LD services and for recognition / provision for reasonable adjustments in clinical areas visited. A network of LD and Dementia Champions is in place. Training programmes such as the Oliver McGowan training have been mandated and rolled out and we are developing training on personalised approaches to care and Trauma-Informed Practice.	Periodic reporting to Board Quality Committee – cycle needs to be formalised.	Yellow	<ul style="list-style-type: none"> Consolidation of improvements through ongoing work programmes Learning from patient stories where reasonable adjustments have not been made, to ensure good practice seen by the LD network can be embedded in all areas.

Objective	Aims / Progress	Current position	Supporting report	RAG rating	Further actions
Improving how we listen to patients and families	The aim of the strategy was to increase patient engagement activity and to embed engagement in support of service development and co-design in services.	Patient engagement activity is well-established in some areas such as maternity and cancer services and arrangements are in place to use patient representatives to support activity such as quality panels. Over 400 volunteers have been recruited for Patient Councils or similar forums, but these are not yet in place and patient engagement is not well embedded in a number of services.	Monthly Patient Safety and Experience Report to Board Quality Committee.	Amber	<ul style="list-style-type: none"> Establish trust-wide engagement forums / patient councils Implement membership strategy Develop patient engagement activity across all services and demonstrate resulting service improvements. This objective will be carried forwards in the new strategy
Improving experience on discharge	The aim of the strategy was to improve the experience of patients on discharge, by providing more timely discharge, with good communication to the patient, their family and onward agencies, measured through patient feedback and a reduction in Section 42 Referrals around discharge.	We have been unable to materially improve the timeliness of discharge during the day, with many patients still going home in the evening. Improved arrangements are in place (including the Trusted Assessor model) which have helped to minimise unnecessary delays in hospital. Whilst we have, at times, seen reductions in Section 42 referrals and incidents reported by primary care, the picture is variable and there are gaps and quality issues with discharge communications issued to GP practices.	Monthly Quality Report to Board Quality Committee	Amber	<ul style="list-style-type: none"> Work with the external GIRFT Further Faster programme on planning and supporting more timely discharge (on the day of discharge) Ongoing learning from themes from S42 referrals and incidents flagged by primary care Address issues with complete transmission and quality of discharge letters This objective will be carried forwards in the new strategy
Nutrition and Hydration	Whilst not included within our strategy, we added aims with respect to nutrition and hydration to our quality account priorities in previous years.	Over the life of the strategy, we have embedded our AKI service and increased compliance with completion of nutritional risk assessments for patients to around 90% or more. There remain some areas of risk, which are subject to ongoing work, relating to placement of nasogastric tubes and compliance with fluid balance monitoring	Quarterly Quality Accounts updates to Board Quality Committee	Amber	<ul style="list-style-type: none"> Improvement plan with respect to fluid balance (captured in risk register) Work led by Dietetics on safety protocol for nasogastric tubes (clinical audit in progress).
Cancer Services – Experience Objectives	Whilst not included within our strategy, we added aims with respect to nutrition and respect to the experience of patients with cancer to our Quality Accounts in 2024/25 and brought forward key objectives to 2025/26. These related to improving engagement with veterans, providing access to a Psycho-oncology service and learning from patients' experiences.	We have shared resources developed to support veterans in engaging with cancer services with partner organisations and across the region and have started to track levels of engagement. We have appointed a Psychologist to pilot and lead the development of a Psycho-oncology service (over several years). We continue to seek views from our Cancer Experts by Experience Group and have developed action plans to respond to the 2024 national survey.	National Cancer Patient by Experience Survey 2024 – results reported to Board Quality Committee with Action Plan to follow	Yellow	<ul style="list-style-type: none"> Action plans by tumour group / service to be developed, quality-assured and shared with the Board Quality Committee for the National Cancer Patient Experience Survey.

We have maintained the good progress noted in our 2024/25 quality accounts with respect to End of Life / Palliative Care and adherence to the current version of national guidance on single sex accommodation.

Clinical Services and Clinical Effectiveness

Objective	Aims / Progress	Current position	Supporting report	RAG rating	Further actions
Improving Urgent and Emergency Care	The aim of the strategy was to introduce and expand same day emergency care; improve pathways for the care of children in A&E; and to improve waiting times, achieving reductions in the numbers of patients spending over 12 hours waiting for admission, or in the department in total. We also aimed to reduce ambulance handover delays and to increase the resilience of our staffing.	Same Day Emergency Care provision is in place on both sites but needs to be further expanded at UHND. Pathways of care for children in A&E are different between the two sites but are appropriately staffed. The resilience of medical staffing rotas has improved and waiting times have also improved, with fewer lengthy handover delays and reductions in the percentage of patients spending over 12 hours in the department. However, the percentage is still well above the level which we would wish to tolerate.	Reporting on A&E services to OPAC and to Board within the IQPR.	Amber	<ul style="list-style-type: none"> Further development of SDEC services at UHND Work as part of the GIRFT Further Faster collaborative on flow, discharge and admissions The FPC has requested a paper to set out 'what would it take' to significantly reduce long waits in our A&E Departments to inform further action planning. This objective will be carried forwards in the new strategy
Reducing long waits for elective care	The aim of the strategy was for the Trust to eliminate waits over 65 weeks, to significantly reduce waits over 52 weeks and to support patients with their wellbeing whilst waiting for a procedure.	We have, essentially, eliminated waits over 65 weeks and made (compared to 2022) significant in-roads into the backlog of patients waiting over 52 weeks. Patients have received wellbeing support whilst waiting. However, the number of over-52 week waits remains too high and there are challenges matching capacity to demand to achieve levels of activity needed to work towards restoration of the RTT waiting times standard.	Elective waiting times reporting in the IQPR.	Amber	<ul style="list-style-type: none"> Demand and capacity planning, linked to job plans to optimise capacity Looking to make better use of capacity at Bishop Auckland Looking to increase PIFU and day case activity where appropriate. This objective will be carried forwards in the new strategy
Improving cancer services	The main aims of the strategy were to adapt services to meet the requirements of the NHS Long-Term Plan and to develop sustainable staffing.	Cancer Services have commenced roll out initiatives such as prehabilitation in line with regional pilots and reviewed pathways in line with best practice guidelines. There remains a need to substantiate cancer care coordinators, and the Breast Service Review has highlighted the need to review the workings of MDTs. At the present time there are pressures on waiting times because of the issues in the Breast Service, demand and capacity pressures in Dermatology and some challenges with pathways in Colorectal, all of which have bespoke action plans.	Cancer Services Report to OPAC.	Amber	<ul style="list-style-type: none"> Continued development of services to meet the long-term plan objectives Substantiation of posts for cancer care coordinators Ongoing work on pathways, working with the Northern Cancer Alliance and regional partners This objective will be carried forwards in the new strategy

Objective	Aims / Progress	Current position	Supporting report	RAG rating	Further actions
Enhancing community services	The aim of the strategy was to expand 'hospital at home' and similar services to enable patients to be treated in their own homes rather than needing to attend hospital.	Community Services have continued to develop care for patients in their own homes, for example through the community respiratory service, OPAT, the crisis response team (performance on which exceeds the national target) and close working between the Palliative Care Team and Care Homes. The Co Durham Care Partnership renewed the Trust's Adult Community Services contract based on performance during the first contract term and the ability of the Trust to work with partners on improved services.	Current reporting gap – assurance being built into Board Committee work plans	Yellow	<ul style="list-style-type: none"> Consolidation of existing improvement plans in Community Services
Consolidating other services	The aims of the strategy were to consolidate improvements in Frailty / Elderly Care and work towards seven day services, particularly in Medicine.	The Frailty Service, particularly at DMH, has demonstrated improvements across a range of clinical indicators and is now rolling out a 'Hospital at Home' model. Whilst the Trust has not fully implemented seven day rotas, coverage of weekends has, for most specialties, significantly improved.	Current reporting gap – assurance being built into Board Committee work plans	Yellow	<ul style="list-style-type: none"> Further roll out of frailty hospital at home model Evaluation of seven day service provision.

Enablers in the Quality Matters Strategy

Increasing capacity and time to care	Developing a Safe and Supportive Culture	Developing capability
<p>The aim was to increase capacity through:</p> <ul style="list-style-type: none"> • Recruitment to substantive posts; • Streamlining processes; • Implementing our EPR system (which was expected to release time); and • Working with system partners to reduce demand. 	<p>The aim was to embed a safe and supportive culture through:</p> <ul style="list-style-type: none"> • Increased support and visibility from senior leaders • Fostering a culture, based on kindness, wellbeing and success • Maintaining an honest dialogue. 	<p>The aim was to increase capability for quality oversight and improvement through:</p> <ul style="list-style-type: none"> • Developing skills through training • Improving systems and information • Listening to patients, families and carers • Improving our infrastructure for quality improvement.
Amber	Red	Amber
<p>Action taken We successfully recruited increased numbers of nursing and medical staff, albeit with the issues regarding 'locum consultant' training pathways noted in the Aubrey Report.</p> <p>Ward audit processes were streamlined and ward staff now only complete audits in one month in each quarter, compared to the previous monthly requirement. Audits in intervening months are completed by senior nurses and buddy teams.</p> <p>Work has taken place with partners on alternatives to A&E admission / unscheduled care demand.</p> <p>EPR was rolled out and did reduce time in some areas (e.g. removing the need to double-clerk patients in A&E and then in AMU due to different systems).</p>	<p>Action taken Attempts were made to improve the culture through the Civility Saves Lives campaign and latterly the Kindness Matters training and follow up</p>	<p>Action taken See 'Patient Experience priorities' above for listening to patients and families.</p> <p>We established a Quality Improvement Approach (IMPS), but it is not a core 'CDDFT way'. A Quality Improvement Network and hub were also established. Over 1,000 IMPS novices have been trained.</p> <p>A quality improvement senior sister was appointed to support small-scale local QI projects e.g. on wards.</p> <p>We have begun to roll out a ward accreditation framework underpinned by a core set of information around quality.</p>
<p>Current position Whilst we have increased capacity, we need to ensure that we use it efficiently, by streamlining meetings and complex structures to make it easier for staff to 'get things done' in their own areas.</p>	<p>Current position As is now well documented through the Aubrey Report and Trust Response, a reset of culture and of the behaviours, framework is needed, which will be a significant piece of work.</p>	<p>Current position We need to significantly increase patient engagement activity and improve how we listen to patients and families. We need to enhance our ward assurance framework and work with front-line teams to best support their skills development and empowerment to make improvements in their own services.</p>

All of the above enablers will need to be evaluated and considered for carry forward, in some form, in the refresh of the Trust's strategy.

Conclusion

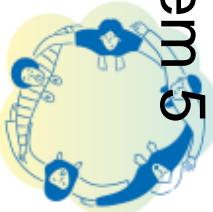
Whilst the Trust has made some improvements over the life of the Quality Matters Strategy, in areas such as maternity, A&E and community services, there are some significant areas of under-achievement where urgent and / or focused action is needed, particularly in respect of patient safety priorities and culture, and there is further work needed in all areas, particularly those RAG-rated amber.

The further work required will need to be evaluated and, as appropriate, taken forwards in the Trust's refreshed strategy, from early 2026/27.

Tees, Esk and Wear Valleys NHS Foundation Trust

Quality Account Quality Priorities Progress (Quarter 3 25/26)

Darlington Health and Housing Scrutiny Committee
07 January 2026



Quality Priorities Progress



Background:



In April 2024, the Trust's Quality Assurance Committee endorsed a new co-creation approach to developing Quality Priorities, with each priority co-led by people with lived experience. This ensures that the voice of service users, carers and families is at the heart of quality improvement.

The quality priorities will be sustained and carried forward over a three-year timeline to ensure sustained continuous improvement and a steadfast commitment to delivering of high-quality care. These are some of the most important priorities for people who use our services, and we are therefore committed to supporting a strategic approach that aims to embed these priorities over the next 3 years, within our operational framework.

Quality Priority 1 Patient Experience: Promoting education using lived experience



Quality Priority 2 Patient Safety: Relapse Prevention



Quality Priority 3 Clinical Effectiveness: Improving Personalisation in Urgent Care



Why is this important?

This priority is focused on improving accessibility of services and early intervention. Through the identification and review of themes of patient feedback regarding access to services; the use of the Recovery College and patient stories, we will establish a cycle of learning, which will be shared with key Partners.



Measures already delivered to support this Quality Priority:

- ✓ A Training Lead was recruited to the Involvement and Engagement Team and commenced in post October 2024. Their role is focused on consolidating existing training packages that the Trust currently use about lived experience and coproduction. This review will incorporate training on personalised care planning. Another function of the Training Lead role will be supporting the training roll out across the Trust.
- ✓ The Trust Safeguarding and Public Protection Team have been working with groups of young people via Participation Groups and schools to look at what young people think about feeling safe. The voice of the young people will be collated and used in Safeguarding Training and other key work in relation to the impact of parental mental health on children to increase awareness and support early identification of needs for families.
- ✓ Training and development sessions have been co-created on the new 'Co-creation Framework' and are available to all teams.
- ✓ The induction and training programme for Involvement and Engagement members has been re-designed and rolled out. Work continues into the new year to co-create a development programme for Involvement and Engagement members.
- ✓ Partnerships with local acute Trusts have been strengthened and a range of training opportunities have been made available to enhance care for patients. Health and Justice also continue to deliver training to HMPs and Partner organisations.

Quality Priority 1

Patient Experience: Promoting education using lived experience

Further areas in progress to support delivery of this Quality Priority:

Strategic Carer Involvement

- During Quarter 3 25/26, conversations across Patient Experience and Patient Safety.
- The Working Carers Network, Peer Support, Nursing, and Care Group leadership identified that significant carer-focused work is already taking place, but that it is fragmented and insufficiently connected at a strategic level.
- As a direct response, an introductory Trust-wide workshop on carer involvement was convened on the Thursday 27 November with Carers from the Trust involvement register, external carer organisations and Internal teams spanning patient experience, patient safety, involvement & engagement, peer support, nursing, and care groups
- The purpose of this session was to begin a collaborative conversation about how carers' voices can more meaningfully inform strategic decision-making, and how existing work can be better aligned and strengthened.
- This approach reflects a shared decision-making (SDM) perspective, recognising carers as partners in shaping improvement rather than consultees at the end of the process.

Clear Mapping of Existing Carer-Related Activity

- In preparation for this work, a comprehensive overview of **current carer involvement across the Trust** has been developed and shared, drawing together:
 - Patient Experience activity (including carer awareness training, Triangle of Care accreditation, metrics and reporting)
 - Patient Safety work (PSIRF, family involvement in After Action Reviews, bereavement support and language guidance)
 - Involvement & Engagement structures (Co-Creation Boards, locality involvement groups, Trustwide forums)
 - Care Group delivery (Triangle of Care self-assessments, carer champions, local initiatives across DTVF and NYYS)
 - Workforce support through the **Working Carers Network**
- This mapping exercise has been critical in **making visible both the scale of existing effort and the inconsistency of strategic oversight**, which was a key concern raised in earlier assurance discussions.

Strengthening Assurance Through Strategic Dialogue

- Rather than treating carer awareness as solely a training issue, Quarter 3 has reframed this as a governance and assurance challenge:
 - How carers are involved in decisions about care, safety, and service change
 - How learning from carers is captured, shared and acted upon
 - How assurance moves beyond accreditation or attendance metrics to consider quality and influence
- The November workshop is therefore positioned as the first step in a longer-term strategic approach, enabling clearer next steps around governance routes, leadership ownership, and alignment with Quality Priorities.

Co-Creation Group Quarter 3 25/26 assurance review:

Assurance for this priority remains **reasonable**, with improved confidence that the gap around carers has been explicitly recognised rather than minimised, action being taken is **system-wide and collaborative** and not isolated, and carers are being engaged as contributors to strategy, not only service-level feedback. However, assurance is **not yet full**, as this work is at an early stage and will require follow-through to demonstrate impact on experience and decision-making.

Why is this important?

This priority is focused on timely and proactive access to support, for patients who experience relapse, in order to minimise harm, particularly through the effective use of well-being plans.



Measures already delivered to support this Quality Priority:

- ✓ A review of Wellbeing Plans has been progressed, and further work continues on best practice examples for people using community services. Relapse prevention will be further supported through the implementation of the new Personalising Care Planning Policy, which will be live from February 2025. A communication and engagement campaign is currently in development and will last 6 months to embed the new policy. Practice guidance, best practice approaches and documentation to support clinicians and staff is also being developed to help embed the policy.
- ✓ Outline guidance for wellbeing plan content is also now available to all staff via the 'Ask Cito' robot.
- ✓ The Quality Assurance and Improvement Programme tools include regular review of patient's safety plan and its co-production with the patient (or significant person involved in their care where they are unable to). This is where wellbeing and relapse prevention needs are documented on the electronic patient record.

Quality Priority 2

Patient Safety: Relapse Prevention



Tees, Esk and Wear Valleys
NHS Foundation Trust

Further areas in progress to support delivery of this Quality Priority:

During Quarter 3, work under this priority has focused on **embedding the foundations for improved relapse prevention**, strengthening governance challenge, and preparing for more detailed assurance work in Quarter 4.

Key areas of progress include:

Coproduced training resources and animations on relapse prevention and safety planning have been launched, aligned to the Personalising Care Planning and Safety & Risk Management policies.

Ongoing use of the **Quality Assurance & Improvement Programme** continues to demonstrate improving compliance with safety planning requirements, while also surfacing variability in quality and consistency.

Co-Creation Board discussions have provided clear and constructive challenge, highlighting:

- The risk of over-reliance on tick-box safety plans
- Inconsistent post-discharge follow-up
- The need to strengthen meaningful involvement of carers and support networks

These discussions have supported a deliberate shift in focus from *whether plans exist* to *whether plans are personalised, accessible and effective in preventing relapse*.

National Alignment and Governance Development

During Quarter 3, exploratory work has also begun to align local practice with the emerging **NHS England Personalised Care Framework (Modern CPA)**, which places personalised safety assessment, formulation and management at the centre of care delivery.

Key developments include:

- Initial discussions with senior clinical leaders and business case development regarding the **transition of the Personalised Care Framework into business as usual**, with proposed future oversight through the **Executive Clinical Triumvirate**.
- Agreement that further work is required to clarify governance, accountability and assurance arrangements, ensuring this does not recreate process-heavy CPA practices.
- Planned Care Group Director and Executive Development sessions to inform formal consideration by in Quarter 4.

This provides a strong strategic foundation for addressing the quality and consistency issues already identified through local assurance and co-creation.

Co-Creation Group Quarter 3 25/26 assurance review:

Assurance for this priority remains **reasonable**, with clear caveats:

- Policy, training and strategic alignment are in place.
- Evidence of consistent, high-quality practice is still emerging.
- Post-discharge support, plan usability and carer involvement remain key areas for improvement.

Importantly, these gaps are now **explicitly recognised and informing next steps**, rather than being obscured by aggregate compliance measures.

Why is this important?

This priority is focused on improving the effective use of the 'my story once' approach. The priority will be linked with the community transformation work and also aims to improve patient experience when accessing urgent care services.



Measures already delivered to support this Quality Priority:

- ✓ The 'My Story Once' principles have been incorporated into the Personalising Care Planning Policy and the approach is modelled in the training that has been developed.
- ✓ The Policy was circulated for Trust wide and external consultation and is due for approval and launch (supported by communication and training campaigns).
- ✓ The training package has been reviewed and updated.
- ✓ Planning of the training programme has commenced including a face-to-face training day. This is instead of the online training module on personalising Care Planning previously delivered. The new face-to-face training will reflect the interdependency of the policies mentioned previously and will include training on the new Safety and Risk Management Policy, Personalising Care Planning Policy and Working with People being in distress. Roll out of the training programme will continue into 2026 for all applicable staff.
- ✓ Personalised Care Planning webinars have been held to provide staff with valuable insights and all the tools, approaches and skills required to develop meaningful and personalised care plans for those we care for.

Quality Priority 3

Clinical Effectiveness: Improving Personalisation in Urgent Care

Further areas in progress to support delivery of this Quality Priority:

During Quarter 3, activity under this priority has focused on **targeted workforce development, system enablers for information sharing, and strengthening clinical leadership oversight**.

Key areas of progress include:

- **Targeted training for urgent care teams** has been accelerated, with a specific focus on validating existing care plans and patient narratives rather than re-assessing by default.
- **Digital prompts within the Electronic Patient Record (EPR)** have been introduced to remind staff to check for existing care plans, safety plans and patient narratives before initiating further assessment.
- **Culture of Care sessions for medical staff and delivery to leadership** have been launched, focusing on compassionate, person-centred practice in urgent and inpatient settings. These sessions explicitly reinforce the principles of personalisation, shared understanding and appropriate information use. Early feedback indicates increased awareness among clinicians of the impact of repeated questioning and the importance of validating what patients have already shared.

Information Sharing and "One Person, One Assessment"

During Quarter 3, progress has been made in developing **Trust-wide Information Sharing Guidance**, co-produced with VCSE partners facilitated by Teesside Mind and people with lived experience, to support more personalised and effective urgent care. The guidance responds to persistent challenges that undermine personalisation, including variable information sharing between organisations, unnecessary repeat assessments and referrals, and limited feedback to individuals about referral outcomes.

It promotes a "**One Person, One Assessment**" approach, grounded in shared principles of common language, proportionate and purposeful information sharing, trauma-informed conversations, and professional confidence in information gathered by partner services.

Work is now underway to seek **organisation-wide agreement and adoption through combined governance structures**, supporting consistent implementation across urgent, community and inpatient pathways.

Culture of Care and Urgent Care Interfaces

Culture of Care work in inpatient services continues to make an important contribution to this priority, particularly at the **interface between urgent, inpatient and discharge pathways**.

This work reinforces:
The importance of relational continuity, especially when people move rapidly between services.

Practices that reduce distress and harm caused by fragmented communication and repeated questioning.

The role of compassionate, trauma-informed care in improving both patient experience and clinical effectiveness at moments of crisis. The integration of Culture of Care principles into medical and leadership development strengthens the conditions for more consistent personalisation in urgent care settings.

Co-Creation Group Quarter 3 25/26 assurance review:

Assurance for this priority remains **reasonable**, with clear evidence of action and early impact.

The combination of **Information Sharing Guidance** and **Culture of Care workstreams** provides a strong and coherent foundation for improvement. Further work is required to achieve consistent personalisation in urgent care, particularly in embedding information sharing practices and ensuring all staff reliably validate what has already been shared by patients.

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**HEALTH AND HOUSING SCRUTINY COMMITTEE
7 JANUARY 2026**

MEDIUM TERM FINANCIAL PLAN 2026/27 – 2029/30

SUMMARY REPORT

Purpose of the Report

1. To consider the Medium Term Financial Plan (MTFP) for 2026/27 to 2029/30.

Summary

2. Attached at **Appendix 1** is the MTFP report which has been approved by Cabinet as a basis for consultation at their meeting on 2 December 2025.
3. Members received a briefing on the MTFP by the Assistant Director Resources, on 15 December 2025.

Recommendations

4. It is recommended that:
 - (a) Members are requested to consider the MTFP 2026/27 to 2029/30 and forward any views and comments, in particular those in relation to the services and finances within the remit of this Scrutiny Committee, to a Special meeting of the Economy and Resources Scrutiny Committee.
 - (b) That the Chair, in consultation with the Lead Scrutiny Officers supporting this Scrutiny Committee, be given authority to agree the Minutes of this Scrutiny Committee, to enable the Minutes to be considered at a Special Meeting of the Economy and Resources Scrutiny Committee scheduled to be held on 20 January 2026.

**Brett Nielsen
Assistant Director Resources**

Background Papers

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

Brett Nielsen: Extension 5403

Council Plan	The Council's MTFP contributes to all priorities in the Council Plan. Consultation with Members in the MTFP contributes to the delivery of the Plan.
Addressing Inequalities	The report does not contain any proposals that impact on equality issues.
Tackling Climate Change	There are no specific climate change impact issues in this report.
Efficiency & Resources	This report contains updated information regarding efficiency savings and use of resources contained in the MTFP.
Health and Wellbeing	There are no specific issues relating to health and wellbeing in this report.
S17 Crime and Disorder	This report has no implications for crime and disorder.
Wards Affected	This report has no specific impact on individual wards.
Groups Affected	This report has no specific impact on individual groups.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This report does not require a key decision.
Urgent Decision	This report does not require an urgent decision.
Impact of Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

5. Cabinet at its meeting held on 2 December 2025, approved the attached Medium Term Financial Plan as a basis for consultation.
6. As part of consultation process, the MTFP will be presented to each of the Council's Scrutiny Committees to discuss and consider the overall contents of the MTFP, particularly those contents in relation to the services and finances falling within the remit of that Scrutiny Committee.
7. Members are asked to forward any views and comments from this Committee to a Special Meeting of the Economy and Resources Scrutiny Committee for consideration.
8. Once all the Scrutiny Committees have met, a Special Meeting of the Economy and Resources Scrutiny Committee will be held on 20 January 2026, to agree a formal response to Cabinet on behalf of all the Scrutiny Committees as part of the consultation process. The Chairs of the Scrutiny Committees will be invited to attend this meeting to present their findings and answer any questions.

9. In view of the timescales involved in responding to the consultation, it is not possible for the individual Scrutiny Committees to formally approve their Minutes prior to the Special Meeting of the Economy and Resources Scrutiny Committee on 20 January 2026, and it is therefore being suggested that authority be given to the Chairs, in consultation with the Lead Scrutiny Officers, to agree the Minutes in advance of the next Ordinary Meetings. The Minutes will still be an item on the agenda of the next meeting for formal approval as usual.

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CABINET
2 DECEMBER 2025

**MEDIUM TERM FINANCIAL PLAN (MTFP)
FOR CONSULTATION**

**Responsible Cabinet Member - Councillor Stephen Harker
Leader and all Cabinet Members**

Responsible Director – Strategic Leadership Team

SUMMARY REPORT

Purpose of the Report

1. To propose a Medium Term Financial Plan (MTFP) for 2026/27 to 2029/30 for consultation, including setting a budget and Council Tax increase for 2026/27.

Summary

2. After years of austerity the Council's Medium Term Financial Plan remains in a fragile position. The reduction in public spending between 2010 and 2019 where the Council's budget was reduced by £46m in real terms, the significant increase in demand for services in the aftermath of Covid along with the unstable economic climate where the country saw the cost of living increasing, high inflation and poverty rising, is a challenge for all. The Council is facing a spiralling increase in cost and demand for services in Children's and Adults' Social Care which have a direct impact on the Council's contracted expenditure.
3. The Council has previously met the challenges faced head on through value for money service delivery, shared services, economic growth, and strong financial management and has utilised built up reserves to continue to provide vital services for the residents of Darlington.
4. The Government has recognised the inherent unfairness in the current funding model for local government along with the significant pressures faced in public services, and on 20 June 2025 published a comprehensive consultation on the reform of local government funding. The Government have committed to a policy statement at the end of November which will outline final policy positions, however, the draft local government finance settlement will not be published until late December, which is not helpful for planning purposes. Encouragingly, the Government has committed to a three-year finance settlement which will allow for more effective planning in the future.
5. Analysis of the consultation indicates Darlington should benefit from the redistribution of funding given our low Council Tax base and relative needs.

These changes are long overdue, and the Council has been lobbying for these reforms for many years, so the funding reforms are welcome news. Whilst initial assessments are encouraging, the position remains challenging with reserves required over the next two years to meet the sustainability gap and continued demand pressures need to be stemmed.

6. Over two thirds of our expenditure is on Adult and Children's Social Care, looking after our most vulnerable residents and children. Inflation, the national living wage and interest rate levels directly impact on the cost of our adult care contracts; in addition, there has been a continual rise in the demand for children's care services. We are seeing more vulnerable children with increasingly complex needs requiring help and support; last year we saw a 50% increase in contacts from partner agencies and people concerned for a child's welfare, a 45% increase in referrals and an 11% increase in children in our care since pre pandemic levels. These are our largest budgets, and we have a statutory requirement to provide these services. This consequently impacts on the funding available for all other Council services, in particular discretionary areas which keep our town clean, vibrant and safe.
7. Darlington is not alone in facing these pressures, councils across the country are struggling with the same issues, which have been widely reported in the media over the last year with a significant percentage indicating the inability to balance their books. The Government acknowledge the pressures councils are facing, and fair funding reforms are a step to improving the position.
8. In addition to the anticipated increase in government funding and to protect services as far as possible, the Council continues to review its cost base and challenge all service areas to ensure Value for Money. The transformation programmes identified in the 2025/26 MTFP are progressing well and the savings anticipated have been realised. In addition, further transformation programmes have been identified and if agreed will progress on a spend to save basis.
9. As part of the funding reform consultation, the Government confirmed the intention and expectation that councils would increase their Council Tax by 5% per annum, including the Adult Social Care precept. This MTFP therefore proposes a Council Tax increase of 2.99% and an Adult Social Care precept of 2% which will generate £2.126m and £1.422m respectively. Adult Social Care is by far our largest overall budget with a spend of £59.7m and the precept is crucial to meet the overall costs and pressure faced in this service area.
10. The Council Plan vision is for Darlington to be one of the best places to live, learn, work and invest in the UK, with a strong and sustainable economy, healthy and thriving communities and opportunities for all. There are three core principles running through everything we do: addressing inequalities, tackling climate change and the efficient and effective use of resources. The Council's priorities are:
 - (a) Economy – a strong and stable economy and highly skilled workforce with opportunities for all.
 - (b) Homes – affordable and secure homes that meet the current and future needs of residents.
 - (c) Living Well – a healthier and better quality of life for longer, supporting those who need it most.

- (d) Children and Young People – the best start in life, realising the potential and raising aspirations.
- (e) Communities – safer, healthier and more engaged communities.
- (f) Local Environment – a well-connected, clean and sustainable borough.

11. This MTFP is shaped to help meet these priorities, despite the financial challenges faced, by directing the resources available to the areas where most impact can be made. Darlington has some significant inequalities across the borough from a financial as well as a health perspective. The best thing you can do to improve health is to have a good home, a good job, and a good friend. The Council is determined to address inequalities, and to have the best possible chance of doing this we need to continue to grow the Darlington economy, attract businesses and companies to the area helping to create more better paid jobs and to provide a good mix and range of homes for our residents to benefit from.

12. However, this ambition is not an overnight fix, inclusive economic growth takes time, particularly in this economic climate. Over the last decade, the structural landscape of Darlington has changed, new businesses and government departments have relocated to the town bringing high quality jobs, and 365 new Council houses have been built providing good quality affordable housing. Significant investment has gone into Darlington station paving the way for improved rail services for the town and wider area, as well as a significant development occurring across the borough, all of which boosts regeneration, job opportunities and revenue. But more needs to be done and we will allocate the resources we do have into realising this ambition.

13. This report has necessarily been prepared before the Chancellor's budget announcement on the 26 November 2025, and the 2026/27 Local Government Finance Settlement (LGFS), consequently, several assumptions have been made in this draft. The fair funding consultation offers a direction of travel, however, the proposals are open to interpretation with regards to the scale of the reforms to be implemented. There is a commitment to implement the reforms from 1 April 2026, although they are likely to be phased in across three years given the funding envelop is not increasing and some councils by necessity will see a reduction in funding levels.

14. The MTFP has an eye to future years but does not seek to presume what the future will look like. It aims to ensure that the Council can set a legal budget in 2026/27 and continue to provide our core offer level of services to the residents of Darlington.

15. The Council operates a core offer which is at a statutory service level with a small provision for discretionary services and this is the base level the new MTFP has been prepared on. Reserves have been maintained for medium term stability, and this is now a crucial component of the budget strategy given the pressures faced in the coming year. It is proposed general fund reserves are utilised to meet the 2026/27 and 2027/28 funding gap whilst the full effect of the reforms come into play.

16. This is a prudent position to ensure our statutory services are maintained along with a small proportion of discretionary services, which are important to the vitality of the town and residents in the borough and continue some preventative services which stop the need for more costly service provision in the future.

At this conjuncture it would be unwise to reduce much needed discretionary and preventative services, which are key to enabling our Council Plan priorities, before funding levels are clarified.

17. In summary, if the recommendations are agreed, the Council can deliver a 2026/27 budget which will allow net revenue investment in Darlington and its residents of £149m and new capital investment of £84m to add to the current capital programme of £340m.

Recommendations

18. It is recommended that Cabinet approve for consultation the Revenue MTFP as set out in **Appendix 6** and the Capital Programme as set out in **Appendix 7**, including the following:
 - (a) A Council Tax increase of 2.99% plus a 2% Adult Social Care Precept to help fund social care for 2026/27.
 - (b) The Schedule of Charges as set out in **Appendix 3**.
 - (c) The efficiency savings and transformation programme proposed.

Reasons

19. The recommendation is supported by the following reasons:
 - (a) The Council must set a budget for the next financial year.
 - (b) To enable the Council to continue to plan services and finances over the medium term.
 - (c) To ensure decisions can be made in a timely manner.
 - (d) To reduce the pressures on the MTFP in the medium term.
 - (e) To ensure investment in our assets is maintained.

STRATEGIC LEADERSHIP TEAM

Background Papers

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

Elizabeth Davison: Extension 5830

Council Plan	The MTFP proposals direct resources to the priorities of the Council Plan.
Addressing inequalities	The MTFP proposals direct resources to assist in reducing inequalities.
Tackling Climate Change	The MTFP proposals seek to continue to support the Council's responsibilities and ambitions to reduce carbon impact in the Council and the Borough.

Efficient and effective use of resources	The MTFP proposals include savings to ensure the efficiency and effective use of resources.
Health and Wellbeing	The report contains proposals to continue to allocate resources in support of the Council's Health and Well Being responsibilities.
S17 Crime and Disorder	The report contains proposals to continue to allocate resources in support of the Council's Crime and Disorder responsibilities.
Wards Affected	All wards are affected.
Groups Affected	All groups are affected by the Council Tax increase.
Budget and Policy Framework	The MTFP, Budget and Council Tax must all be decided by full Council.
Key Decision	The MTFP, Budget and Council Tax must all be decided by full Council.
Urgent Decision	The MTFP, Budget and Council Tax must all be decided by full Council.
Impact on Looked After Children and Care Leavers	Children's social care continues to be resourced to provide good outcomes for Looked after Children or Care Leavers.

MAIN REPORT

Background and context

20. After years of austerity the Council's Medium Term Financial Plan remains in a fragile position. The reduction in public spending between 2010 and 2019 where the Council's budget was reduced by £46m in real terms, the significant increase in demand for services in the aftermath of Covid, along with the unstable economic climate where the country saw the cost of living increasing, high inflation and poverty rising, is a challenge for all. The Council is facing a spiralling increase in cost and demand for services in Children's and Adults' Social Care, which have a direct impact on the Council's contracted expenditure.
21. Over two thirds of our expenditure is on Adult and Children's Social Care, looking after our most vulnerable residents and children. Inflation, the national living wage and interest rate levels directly impact on the costs of our adult care contracts, in addition, there has been a continual rise in the demand for children's care services. We are seeing more vulnerable children with increasingly complex needs requiring help and support, last year we saw a 50% increase in contacts from partner agencies and people concerned for a child's welfare, a 45% increase in referrals and an 11% increase in children in our care since pre pandemic levels. These are our largest budgets, and we have a statutory requirement to provide these services, this consequently impacts on the funding available for all other Council services, in particular discretionary areas which keep our town clean, vibrant and safe.
22. The Council has previously met the challenges faced head on through value for money service delivery, shared services, economic growth, and strong financial management and has utilised built up reserves to continue to provide vital services for the residents of Darlington.
23. Darlington is not alone in facing these pressures, councils across the country are struggling with the same issues, which have been widely reported in the media over the last year, with a significant percentage indicating the inability to balance their books.
24. The Government has recognised the significant pressure in public services and on 20 June 2025 published a comprehensive consultation on the reform of local government funding. The Government have committed to a policy statement at the end of November, which will outline final policy positions, however, the draft local government finance settlement won't be published until late December, which is unhelpful for planning purposes. Encouragingly, the Government has committed to a three-year finance settlement which will allow for more effective planning in the future.
25. Analysis of the consultation indicates Darlington should benefit from the redistribution of funding given Council Tax equalisation and relative needs. These changes are long overdue, and the Council has been lobbying for these reforms for many years. Whilst initial assessments are encouraging, the position remains challenging with reserves required over the next two years to meet the sustainability gap and continued demand pressures to stem.

26. Income and resource levels are discussed in detail later in this paper, however, as the Local Government Financial Settlement will not be received until late December, it makes it challenging to predict expenditure and income levels moving forward. Consequently, best estimates have been used and assumptions made on the impact of inflation and demand in 2025/26 going into 2026/27 and the income and resources we will receive in future years.

Financial Analysis

Projected Expenditure

27. As noted previously the core offer budget is the level of service provision the MTFP is based upon. Estimates attached at **Appendix 1** have been prepared based on current service levels and include known pressures and the savings proposed which are summarised below and detailed in **Appendix 2**. The most significant are discussed in the following paragraphs. The assumptions used when preparing the estimates are set out at **Appendix 4**.

Summary of Pressures	2026/27 £m	2027/28 £m	2028/29 £m	2029/30 £m
Service Demand	4.989	4.810	2.724	1.979
Price Inflation	0.344	0.499	0.581	2.169
Reduced Income	0.420	0.345	0.345	0.345
Pay Award	0.980	1.002	1.024	1.059
Other	1.044	0.823	0.538	0.883
Total	7.777	7.479	5.212	6.435

Pressures

28. There are some significant pressures emerging which fall into one of five categories, being: increased service demand, price inflations, reduced income, pay award and other.

29. **Service Demand** – the largest pressure area regarding increased demand in 2026/27 is Children's Social Care, accounting for £3.928m in 2026/27 and £10.618m across the MTFP. This is a continuation of the pressure we are seeing in the 2025/26 budget, in particular the growth in children with complex cases and the significant rise in the cost of residential placements. The children's sufficiency programme is helping to alleviate these costs, however, there is a fundamental and nationwide issue regarding the availability and cost of children's residential placements.

30. The second largest pressure is in the Adult Social Care budget where there has been an increase in the number of residential and care packages required at a cost of £0.855m in 2026/27 and £3.329m across the MTFP. A spend to save transformation programme is proposed which will review care for working age adults, with the aim of improving outcomes as well as providing savings to the MTFP.

31. **Price Inflation** – the main driver of inflation in the 2026/27 budget is energy costs, whilst gas prices are holding the electricity charges have increased above the 2% provided for.
32. **Reduced Income** - the main area of reduced income is at Hopetown where the anticipated car parking income is £0.220m lower than the original business case. Now the main celebrations are finished, a full review of the Hopetown business case is being undertaken to see how this pressure can be mitigated.
33. There will also be reduced income at the Dolphin Centre whilst the Phase 3 Mechanical and Electrical works are completed during next year.
34. **Pay Award** – the 2025/26 pay award was settled at 3.2%, 0.2% higher than budgeted for creating an in-year pressure. In addition, given the current inflation rate it is felt prudent to budget for a 3% pay award in 2026/27 as opposed to the 2% currently in the estimates.
35. **Other** – this includes several pressures across all service areas, however, the largest is financing costs with a pressure of £0.801m in 2026/27. This is due to interest rates remaining at higher levels than previously forecast, which impacts on the cost of borrowing for new capital schemes such as the Dolphin Centre refurbishment. In addition, the closure of one of the Council's property funds has reduced dividend income, however, the funds returned have been used to repay maturing loans, therefore saving on interest whilst options are considered for future investment opportunities.

Savings

<u>Summary of Savings</u>	2026/27 £m	2027/28 £m	2028/29 £m	2029/30 £m
Back-Office Efficiencies	(0.422)	(0.301)	(0.274)	(0.298)
Energy Savings	(0.085)	(0.085)	(0.085)	(0.085)
Increased Income	(0.190)	(0.197)	(0.339)	0.328
Other	(2.040)	(2.124)	(2.133)	(2.135)
Pressure Offset	(0.200)	(0.200)	(0.160)	(0.160)
Transformation Review	(0.000)	(0.750)	(0.750)	(0.750)
Total	(2.937)	(3.657)	(3.741)	(3.100)

36. To protect front line services to our residents as far as possible we continually work to maximise savings and efficiencies across the Council. In total £2.937m has been identified in 2026/27 totalling, £13.435m across the MTFP.
37. **Back Office** - by reducing costs in back office, general housekeeping and process review, £0.422m has been identified in 2026/27, and £1.295m over the life of the MTFP. These savings come from staffing vacancies through redesign of service provision, removal of historic underspends and reduction in general running costs.
38. **Energy** – whilst electricity prices are rising there is a slight reduction in gas through pricing and usage.

39. **Increased Income** - income returns from our Joint Venture companies have been slightly increased and reprofiled due to the demand for the homes and sales earlier than anticipated.
40. **Other** – following a triannual review of the Durham Pension fund, the actuaries have reduced the contributions the Council needs to make for pension provisions providing a general fund saving of £1.9m per annum. In addition, there has been a reduction in contributions required for concessionary fares of £0.140m per annum.
41. **Transformation** – in addition to the programmes initiated last year, all of which are progressing well, there is a spend to save transformation proposal in Adult Social Care which is discussed in detail earlier on the Cabinet agenda.

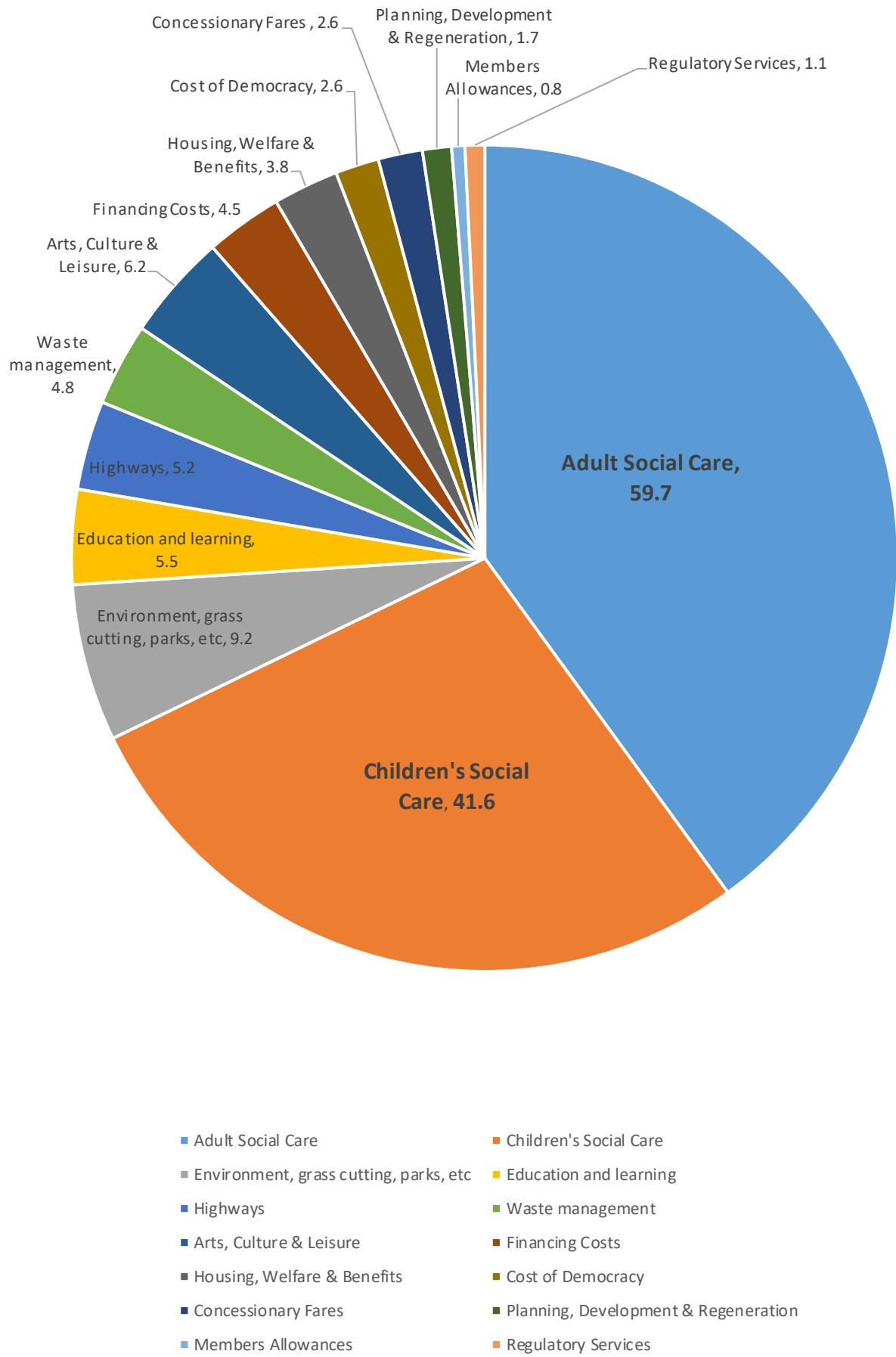
Total Expenditure

42. Taking the above savings, pressures and the transformation proposal into account the summarised projected expenditure is shown in the table below:

Service	2026/27 £m	2027/28 £m	2028/29 £m	2029/30 £m
Chief Executives Office	0.342	0.349	0.356	0.364
People Services	100.743	102.676	104.215	106.665
Economy & Public Protection	2.208	2.145	2.052	2.124
Environment, Highways and Community Services	27.792	28.319	28.888	29.818
Resources & Governance	16.824	17.339	17.823	18.184
Financing costs	4.507	4.057	4.157	4.473
Investment Returns - Joint Venture	(2.188)	(1.942)	(1.855)	(1.188)
Council Wide Savings	(1.169)	(1.153)	(1.137)	(1.120)
Council Wide Contingencies	0.278	0.202	0.202	0.202
Total Expenditure	149.337	151.992	154.701	159.522

43. This proposed net investment in services of £149m in 2026/27 covers a wide range of areas from adult residential care to refuse collection, from children's services to street lighting and grass cutting to our leisure and culture provision. The chart below shows the split of investment and as can be seen social care, both children's and adults, are the most significant proportion of funding, accounting for two thirds of the overall budget.

WHERE THE MONEY WILL BE SPENT ON SERVICES FOR 2026/27 £m



Projected Income

Fair Funding Review 2.0 (FFR 2.0) and the Local Government Finance Settlement

44. The Government has recognised the inherent unfairness in the current funding model for local government and on 20 June 2025 published a comprehensive consultation on the reform of local government funding. The consultation was referred to by the Government as Fair Funding Review 2.0 which distinguishes it from the previous Government's review in December 2018 which did not result in any meaningful change to local authority funding allocations. The changes represent the first major overhaul to the funding formula since 2013/2014, and one Darlington has been calling upon for years.
45. The Government have committed to a policy statement at the end of November which will outline final policy positions, however, the draft Local Government Finance Settlement will not be published until late December, which is once again unhelpful for planning purposes. The consultation papers do however confirm that local authorities will receive a 3-year settlement covering the period 2026-27 to 2028-29, which is the first time this will have occurred for ten years and is welcome from a financial planning perspective.
46. The consultation contains a large amount of detail around the new relative needs and weighting of different components of the proposed new formula but does not include the detail that underpins the calculations of relative needs, rather it provides an outline of the datasets and formulae being applied. The consultation is however reasonably transparent on the proposed methodology to be used to distribute funding in 2026-27 and over the next 3 years, with the proposal being under-written by a commitment to try and simplify the formulae through a combination of consolidating a range of specific grants into the general grant formula and by simplifying and reducing the number of Relative Needs Formulae used to distribute funding.
47. Significantly, the proposals include a commitment to 100% Council Tax resource equalisation, the first time this will have been reset since 2013/14.
48. The consultation does not include any provisional allocations at local authority level at this stage. However, officers have worked through the principles and details that have been set out in the FFR 2.0 Consultation documents to estimate the allocation Darlington could receive. This work has been informed by colleagues at Pixel, the Society of Municipal Treasurers and through discussions with colleagues across the region.
49. The funding reforms as set out are likely to have significant implications for local government, with some winners and losers at a regional and national level and in different types of authorities across the sector. There is an emphasis on linking funding to deprivation and to account for Council Tax bases given the huge variation across the country.
50. Analysis of the consultation indicates Darlington should benefit from the redistribution of funding, however, whilst initial assessments are encouraging, the position remains challenging with reserves required over the next two years to meet the sustainability gap and continued demand pressures to stem.

51. The broad principles of the FFR 2.0 proposals are

- (a) **Needs Assessments:** The Government will use Relative Needs Formulae (RNF) to assess differences in demand between councils for different functional service areas. Some of these service areas are existing and there are some new proposed ones. As with previous reviews of funding allocations, an Area Cost Adjustment (ACA) is then be applied to each RNF to account for the different costs of delivering services in different places. The RNFs and ACAs are then combined to give each council an overall “relative needs share”, by weighting each RNF according to the size of (national) expenditure on that functional service area.
- (b) **Resources Adjustment:** In order to account for differing Council Tax raising abilities by councils, the Government is proposing to multiply each council’s tax base (the number and band of properties) by a notional level of Council Tax. The notional Council Tax available to be raised is added to the current quantum of grant funding available to local government and the level of retained business rates available nationally, to give the total notional amount of funding available to local government. This funding resource is then allocated according to each council’s needs share. Each council’s notional tax contribution is deducted from their resources, to give each council a Settlement Funding Assessment (SFA), which indicates how much a council needs relative to one another.

52. A local authority’s Settlement Funding Assessment is driven by a combination of the strength of their taxbase and their measure of relative need.

Transitional Support

- 53. As there will be winners and losers in the redistribution of funding, the government have proposed that the transition to the new formula will take place over 3 years. The consultation papers refer to this time-period being “*gradually over 3 years*” and in one third increments across that period.
- 54. The Government is proposing to fund the cost of the transition by top slicing the national funding and through scaling-back gains expected by other authorities. This means it may take up to three years for the Council to see the benefits of this funding transition perpetuating the current inequities for a further two years. The Council has argued in its consultation response that it is unfair to scale back the gains of councils in the first two years (2026/27 and 2027/28) to pay for the phasing for those councils losing out, and these transition costs should be funded separately.
- 55. Our funding assumptions have assumed the phasing will happen over three years so any changes following consultation would be of benefit.

Core Grant funding to Local Government

- 56. **Revenue Support Grant (RSG)** - after years of significant reductions, the RSG will become the second largest revenue stream for the Council after Council Tax. This grant has increased to reflect resource adjustments through the fair funding reforms consultation and also will subsume a number of grants currently received, including the Recovery Grant, Social Care Grant and the Market Sustainability and Improvement Fund.

57. **Better Care Fund (BCF)** - the fund supports local systems to successfully deliver the integration of health and social care in a way that supports person centred care, sustainability and better outcomes for people and carers. The BCF grant is pooled with the NHS BCF grant and is agreed annually by the Health and Wellbeing Board and signed off by the Department of Health and Social Care.
58. **Extended Producer Responsibility Grant (EPR)** – to try and reduce packaging the Government introduced an EPR levy on organisations responsible for producing packaging in the first place. Fees are paid by those organisations with the revenue being passed to local authorities to help mitigate the cost of waste collection and disposal of household waste from kerbside and communal collections, brought to Household Recycling Centres. Darlington has received a draft allocation of £2.7m for 2026/27 and it has been estimated to reduce by 20% per annum as producers make changes to their packaging.
59. **Children and Families Grant** - this grant was paid outside of the Core Spending Power calculations in 2025/26 and consolidated a number of previous Department for Education grants including the Supporting Families, Virtual Headteacher grants. Within the fair funding reforms consultation this grant is expected to be consolidated with other Children's grants to be paid as one grant for children in addition to the RSG. It has been assumed that this funding will remain at the 2025/26 allocation level.

Council Tax Income

60. Council Tax is the largest single funding stream to provide Council services in Darlington and will increase further as a percentage over the coming years representing 56% of projected resources anticipated by 2029/30. The ongoing increases reflect the Cabinet's view that income from Council Tax needs to increase to protect key service provision and enable investment in vital services. Members will recall that a 1% increase in Council Tax equates to an annual revenue of circa. £0.711m.
61. As part of the consultation on the reform of local government funding, the Government confirmed the intention and expectation that councils increase their Council Tax by 5% per annum, including the Adult Social Care precept. This MTFP therefore assumes a Council Tax increase of 2.99% across the life of the MTFP and an Adult Social Care precept of 2%. As can be seen in the chart in paragraph 43, Adult Social Care is by far our largest overall budget with a spend of £59.7m. The precept will raise circa. £1.422m which is crucial to meet the overall costs and pressure faced in this service area.
62. Darlington currently has the second lowest Council Tax in the North East. To put this in perspective, if Darlington had the average North East Band D level, the Council would generate an additional £3.3m per annum, and if we had the average England band D level, we would generate an additional £8.7m per annum.
63. Darlington has a low Council Tax Base with 43% of our properties in Band A and 78% of our homes in Band A – C, which means significantly less Council Tax is generated for each 1% raised than in some other more affluent areas and highlights the disparity in how local government is funded. However, as mentioned previously, the Government is looking to adjust resource levels to take this into account and this adjustment has been included in our RSG assumptions.

64. Despite some turbulent years in house building due to Covid, Nutrient Neutrality and high interest rates, Darlington's house building remains stable. Planning estimates anticipate growth levels to be an average of 461 Band D equivalent properties over the period of this plan, which is a growth on the tax base of 1.25% per annum. This growth is helping to address the national housing shortage and the increasing demand for homes in Darlington. These figures have been used to prepare the estimates; clearly should this be any different, income levels will differ. The collection rate (of collectable debt) is anticipated to remain at 99% in 2026/27.

National Non-Domestic Rates (NNDR)

65. The Council retains 49% of NNDR collected and can gain or lose depending on whether the net tax collected increases or decreases. The Government via the valuation office sets rateable values and the rate paid in the pound is increased each year in line with the Consumer Price Index (CPI). The business tax-base is far more volatile than the Council Tax base and requires very close monitoring. In addition to the potential to "lose" income due to business closures, the Council also carries the risk of losing appeals by businesses against valuations.
66. Growing the economy is a key priority for the Council and the Economic Strategy gives priority to increasing business within the borough and significant effort has been put into achieving growth. This has been rewarded with a positive net increase in NNDR collection. Sites such as Symmetry Park and Central Park are all contributing to the growth and work has begun on the new Darlington Economic campus at Brunswick Street which will house His Majesty's Treasury Department along with several other government departments including the Ministry for Housing, Communities and Local Government. This is providing a boost to the town with other employers looking to relocate to Darlington.
67. Notwithstanding these major developments, attracting businesses into the town by their very nature takes time and upfront investment and therefore is an area which needs continued prioritisation and pump prime funding so growth can continue. It needs to be remembered that net growth in NNDR collected relies on growth outstripping revaluations and reductions which can be very challenging in the current economic climate.
68. As anticipated, along with FFR 2.0 the Government have also announced plans to undertake a full reset of the baselines for the Business Rates Retention Scheme, which will result in a resetting of the target collection baseline for the Council's Business Rates and an associated adjustment of the Council's Top-up Grant. The estimated impact of these changes is reflected in the financial planning assumptions set out in this report, with further clarity required from Government on these impacts over the coming months.
69. The in-year collection rate target for NNDR is 98.0% and as at the end of October 2025 is 66% and on track to achieve the target.

Collection Fund

70. The Collection Fund account reflects the statutory requirements for the Council to maintain a separate fund in relation to the operation of Council Tax and the Business Rates Retention Scheme (BRRS).

The Fund records all the transactions for billing in respect of National Non-Domestic Rates (NNDR) and Council Tax, exemptions and discounts granted, provision for bad debts and appeals and payments made to the Council's General Fund, the Police and Fire and Rescue precept authorities and Central Government.

Other Grants

71. Set out below are the estimated specific grants which as the title suggests are for specific areas of expenditure as dictated by the Government and cannot be used for other areas; the main areas being the Dedicated Schools Grant which funds Darlington's maintained schools, special educational needs and early years provision and Public Health Grant, both which are ring-fenced. These grants are included in service estimates at Appendix 1.

Description	2026/27 £m
Housing Benefits	0.410
Public Health Grant	10.343
PFI Grant	3.200
Youth Justice Board	0.292
Local Reform & Community Voices	0.071
Adult & Community Learning	0.992
Garden Village	0.093
Pupil Premium	1.130
Dedicated Schools Grant	37.767
Heritage Lottery Fund	0.127
Unaccompanied Asylum-Seeking Children	1.026
Homeless	0.594
War Pensions	0.060
DFE Phonics	0.004
Children's Prevention Grant	0.617
Bikeability	0.028
	<hr/>
	56.754
	<hr/>

Fees and charges

72. The proposed fees and charges of the Council are set out in **Appendix 3**. The increases proposed are based on the cost of providing the services and take account of inflation and market conditions. Overall, the proposed increases are anticipated to generate approximately £0.213m of income to help offset the cost of service provision.

Total Income

73. The table below summarises the Council's estimated income for the period of this plan, which thanks to continued economic growth and house building activity, and the subsequent increases in Council Tax and NNDR, confirms a much-needed increase in income given our expenditure pressures.

Resources - Projected and Assumed	2026/27 £m	2027/28 £m	2028/29 £m	2029/30 £m
Council Tax	74.633	79.308	84.334	89.671
Business Rates	25.886	26.202	26.544	26.884
Revenue Support Grant	35.376	36.302	37.431	37.157
Better Care Fund	5.537	5.537	5.537	5.537
Extended Producer Responsibility Grant	2.704	2.163	1.730	1.384
Children and Families Grant	0.922	0.922	0.922	0.922
Total Resources	145.058	150.434	156.498	161.555

Projected MTFP

74. Set out in the table below are the projections based on the income and expenditure analysis discussed in the previous sections, as can be seen there is a funding gap for the next two years whilst the funding reforms are fully established. We are anticipating having £6.517m reserves which can be utilised to support the plan over that period, however, it is clear the financial position is fragile and reliant on the funding reform predictions along with Council Tax increases to ensure sustainability.

75. It is encouraging that predictions for future years put the finances back on an even keel, however, caution should be taken at this conjuncture given the continued demand pressures placed on the Council.

	2026/27 £m	2027/28 £m	2028/29 £m	2029/30 £m
Projected Total Expenditure	149.337	151.992	154.701	159.522
Projected Total Resources	(145.058)	(150.434)	(156.498)	(161.555)
Projected budget deficit	4.279	1.558	(1.797)	(2.033)

Revenue Balances

76. The projected revenue outturn for 2025/26 is detailed at **Appendix 5**, and after taking into account the Risk Reserve of £6.0m, it is anticipated we will have £6.517m of usable reserves which will be required to cover the sustainability gap in 2026/27 and 2027/28. As previously mentioned, this is a fragile position and not a sustainable if funding reform estimates do not come to fruition. Savings and efficiencies have been found for 2026/27 which will continue into future years, through transformation, back office efficiencies, economic and income growth and a review of fees and charges.

Revenue Balances	2026/27 £m	2027/28 £m	2028/29 £m	2029/30 £m
Opening balance	6.517	2.238	0.680	2.477
Contribution to/(from) balances	(4.279)	(1.558)	1.797	2.033
Closing balance	2.238	0.680	2.477	4.510

Capital Expenditure

77. The Council has an extensive capital programme with significant resources invested to purchase, improve, protect, and maintain our assets, to enable the Council to deliver its priorities, for example purchasing land to enable road improvements or investing in modernising school buildings and housing. The Council continues to deliver a significant capital investment programme in the main funded from the Housing Revenue Account (HRA) and grant or other external funding which is targeted at specific schemes and programmes such as Transport and Schools. Furthermore, investment from the Tees Valley Combined Authority (TVCA) along with other external funding sources are being used for economic growth initiatives.

78. The Council can also supplement these funding sources with its own resources such as capital receipts or prudential borrowing where there is a need, however, as capital receipts are limited, and prudential borrowing comes with future revenue implications there must be a strong case for doing so.

79. In recent years there has been acceleration of economic investment some of which is funded or has been pump primed by the Council; examples of such schemes include key road infrastructure that facilitated developments at Symmetry Park, and Central Park that now house the College, two University buildings, the National Biologics Centre and two Business Incubator buildings with further developments on the horizon. The Council owned and funded Feethams House in the Town Centre has been the catalyst in attracting the Darlington Economic Campus, and recent Town Centre investment funded from the Towns Fund and Indigenous Growth Fund are both reinvigorating key parts of the Town Centre and, importantly, enabling the Council to be well positioned for the future and to reshape the Town through its next phase of private sector redevelopment.

The Council's Investment Fund is vital in helping to stimulate more private sector economic investment across the town that ultimately increases business rates and contributes to the finances of the Council, thereby helping to fund vital services

80. The current capital programme stands at £340m as summarised in Table 1 below. The programme is monitored monthly and reported to Cabinet on a quarterly basis; the latest available monitoring report for 2025/26 was presented to Cabinet on 4 November 2025 and noted there was a projected £0.607m underspend on the approved capital programme.

Table 1

	Construction				Non construction	Capital investment fund	Housing New Build - not yet allocated	Total
	Live Schemes 75k & Over	Annualised Schemes	Completed Schemes awaiting review	Live Schemes under 75k				
Area	£m	£m	£m	£m	£m	£m	£m	£m
Housing	43.551	26.945	0.000	0.033	2.097	0.000	15.925	88.551
Economic Growth	33.057	0.099	0.440	0.348	8.284	77.834	3.476	123.538
Highways/Transport	50.023	15.687	2.756	1.304	2.418	17.977	1.512	91.677
Leisure & Culture	22.026	0.125	2.545	0.310	0.000	3.974	0.000	28.980
Education	3.768	0.509	1.061	0.177	0.079	0.000	0.000	5.594
Adult Social Care	0.000	0.000	0.000	0.000	0.071	0.000	0.000	0.071
Other	0.000	0.000	0.000	0.000	1.581	0.000	0.000	1.581
Total	152.425	43.365	6.802	2.172	14.530	99.785	20.913	339.992

81. In addition to the current agreed programme the Council looks ahead to future capital requirements based on the principles of the capital strategy. A four-year timeframe has been adopted to fall in line with the revenue Medium Term Financial Plan. Attached at **Appendix 7** are the priority proposals for addition to the plan along with the funding methods. Most schemes are focused on 'Housing and Transport, funded via the HRA and government grants respectively; there are also a number of Council funded corporate schemes that have already been approved.

82. The following paragraphs describe the major elements of the capital programme priorities for approval. Specific scheme funding release will be subject to detailed reports to Cabinet.

Corporate Schemes – funding required.

83. As noted previously, the Council can supplement government capital funding, albeit options are limited in the current financial climate. Funding can come from prudential borrowing, repaid via revenue, which puts additional pressure on the revenue account or from capital receipts. Given the financial position of the Council, only schemes that are a health and safety risk or that are self-funding have been considered while there is uncertainty over the overall funding envelope.

84. The risk assessed usable capital receipts over the next four years are in the region of £11m although they are not guaranteed so caution needs to be taken when allocating.

85. There are likely to be many competing priorities against the available resources for both regeneration and refurbishment these schemes will emerge over the coming year/s. At this stage, Members are requested to make capital provision for three schemes with a total value of £2.050m, which will be subject to full reports to Cabinet in due course, these are:

- (a) **Capitalised Repairs - £0.250m** – capitalised repairs of £0.250m have been included in the MTFP until for repairs on the Council building stock until 2028/29 to ensure it is fit for purpose, however it is clear with inflation and the age of some of our building that this is not sufficient. An additional £0.250m has been included for the next three years and the full £0.500m continue into 2029/30. This is a rolling programme and details on specific areas of spend will be brought to Cabinet for consideration.
- (b) **Energy Performance Certification compliance - £0.200m** - the Council has an extensive commercial estate which generates income from rents and leasing. Energy performance regulations which are to be introduced in 2028 will mean works are likely to be required in some of our commercial buildings. EPC surveys will need to be undertaken before any work is carried out, so this is a provisional estimate at this stage.
- (c) **Advanced Design Fees - £0.150m** - per annum is requested to ensure that resources are available to work up any new schemes brought forward in relation to Economic Growth including site investigations on development sites, industrial and housing land. This funding has been invaluable in the past in enabling the Council to be site ready and without this it is likely schemes would stall and not progress.

Government Funding

86. Set out below are details of the levels of Government funding available for investment by the Council in 2026/27 and an outline of the proposed use of these funds.

	2026/27 £m
Children's Services	
School Condition Allocation	0.154
Transport	
Local Transport Plan	3.068
Other	
Disabled Facilities Grant	1.319
Total Capital Grant Available	4.541

School Condition Allocations

87. The Local Authority now only receives school condition funding for Maintained Schools. Maintenance funding for Academies is available through other routes. The funding received by the Local Authority will be spent in line with key priorities identified with each maintained school through the locally agreed asset management planning (LAMPA) process, carried out each January. There are no strict spend deadlines for these small-scale condition related projects, which are prioritised and completed as funding becomes available.

Transport and Highways

88. A Local Transport Plan for the Tees Valley was endorsed by the Tees Valley Cabinet in 2021. This will help set the spending plans for the funding allocations from the Department for Transport and from the Devolution deal. The Integrated Transport Programme (ITP) of TVCAs Investment plan identifies £256.7m of investment over the next 10 years. There will be projects and initiatives delivered in Darlington from this fund.

89. The Tees Valley Local Transport Plan has several accompanying documents that set the strategy and vision for different modes of transport. Each Local Authority is required to produce a Local Implementation Plan, which will effectively replace the Local Authority Local Transport Plan. In Darlington, the Darlington Transport Plan 2022-2030 was approved by Council in November 2022 and covers local priorities and maintenance requirements. Previously the Council received funding via TVCA that was based on needs formula. However, all the funding has now been merged into the new City Region Sustainable Transport Settlement (CRSTS), which is a 5-year allocation of funding. The Tees Valley have been allocated £310m. The details of this allocation have been finalised, and the Council has been awarded £15.340m over the 5 years to 2026/27. The annual amount of £3.068m is based on the following breakdown which includes £0.893m for the Integrated Block, £1.206m for the Highways Maintenance Block plus £0.969m for the Pothole action programme. In the Budget 2024 a further £500m was pledged nationally for Road Maintenance, of which Darlington were awarded £0.902m. Currently no additional Road Maintenance funding has been confirmed for 2026/27. From 2027/28 highway maintenance funding will form part of the Transport for City Regions (TCR) funding to TVCA. TVCA have been allocated £978m and in January 2024 TVCA Cabinet approved £83m for Local Highway Authority Consolidated Funding, of which Darlington will receive £15.340 over the five year period.

Disabled Facility Grants

90. These grants are available if you are disabled and need to make changes to your home, with examples being:

- widen doors and install ramps;
- improve access to rooms and facilities – e.g., stair lifts or a downstairs bathroom;
- provide a heating system suitable for your needs, and
- adapt heating or lighting controls to make them easier to use.

Housing

91. All Housing capital schemes are funded fully from the Housing Revenue Account. The priorities identified through the Housing Business Plan will be funded from the estimated capital resources for 2026/27. Further detail is given in the Housing Revenue Account financial plan but in summary includes:

- (d) Adaptations and lifts - £0.153m
- (e) Heating Replacement - £1.352m
- (f) Structural Works - £0.250m
- (g) Lifeline Services - £0.379m
- (h) Repairs before Painting - £0.069m
- (i) Roofing and Repointing work - £1.000m
- (j) Garages - £0.329m
- (k) External Works - £0.214m
- (l) Pavements - £0.028m
- (m) Window & Door Replacement - £2.025m
- (n) Internal planned maintenance (IPM) - £3.672m
- (o) Communal Works - £0.204m
- (p) Energy Efficiency Improvements - £5.237m
- (q) New Build and acquisitions - £1.000m
- (r) Fees - £0.386m

Consultation

92. This report will be available for public viewing from the 25 November 2025 with official consultation running from 3 December 2025 to 21 January 2026.

Conclusion

93. The Council has faced significant financial challenges over the last decade, with substantial reductions in government funding followed by the financial instability during the pandemic, but to date has risen to these challenges well which has previously enabled a balanced MTFP. 2025 has presented further challenges with increased demand for services particularly in social care where complexity and costs are rising significantly.

94. Until the outcome of the Fair Funding Reform 2.0 is known, the future of local government financing remains uncertain; there have been several councils issuing a Section 114 notice and even more requesting exceptional financial support with evidence of more to come if funding isn't forthcoming.

95. However, on current assumptions, the Council can deliver a balanced MTFP, by achieving the savings and transformation programmes in train and by utilising reserves in 2026/27 and 2027/28 as per our financial strategy, followed by an in year balanced position in the following years.

96. In summary, the Council continues to face significant budget pressures, however, the savings identified in this MTFP and proposed Council Tax rise have reduced the sustainability gap.

Due to the previous actions to protect reserves where possible, the Council can afford a 2026/27 budget and have reserves available to meet the funding requirement until the Government's FFR 2.0 is initiated. If estimates prove incorrect and no funding is forthcoming, making savings to meet the gap will be extremely challenging. There are no easy options without significantly reducing our discretionary services and preventative services which, as previously highlighted, assist towards making our town, clean, safe, vibrant and a place where people want to live and work, and businesses want to relocate to.

97. As the Council's Statutory Chief Financial Officer, the Executive Director of Resources and Governance must advise the Council on the robustness of the budget and adequacy of reserves. In assessing the robustness of the estimates, the Chief Finance Officer has considered the general financial standing of the Council; the underlying budget assumptions in the financial strategy; the adequacy of budget monitoring and financial reporting in place; the assumptions made on budget pressures and savings proposals; the adequacy of the Council's internal control systems relying on the assurance statements provided in the Annual Governance Statement for the 2024/25 Statement of Accounts; and the level of reserves to cover any potential financial risks faced by the Council.
98. The budget presented to Members in this report has been based on the most accurate information available at the time of writing and the assumptions made based on the interpretation of the Government's Fair Funding Reform 2.0. On that basis, the Director is confident that they are an accurate reflection of the Council's financial position. Notwithstanding this there is a significant degree of uncertainty about the future economic position and Local Government funding, so the position presented whilst as accurate as possible will change, however, at this conjuncture I cannot be sure if that will be for the better or worse.
99. General Fund reserves are adequate for the coming financial year; however, the position is fragile and if funding is not forthcoming changes in service provision and/or increased income will be required. It is essential we maximise income where possible, ensure we are providing our services in the most efficient manner, and address the growing pressures in social care through transformation.

APPENDICES

Appendix 1	Detailed Revenue Estimates 2026/27
Appendix 2	Budget Pressures/Savings
Appendix 3	Fees and Charges Proposals 2026/27
Appendix 4	Assumptions used to prepare estimates
Appendix 5	Projected Revenue Outturn 2025/26
Appendix 6	Proposed MTFP 2026/27 to 2029/30
Appendix 7	Capital Medium Term Financial Plan 2026/27 – 2029/30

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REVENUE ESTIMATES 2026/27 -SUMMARY

Appendix 1

	2025/26 Net Budget	2026/27			
		Gross Budget	Income	Grants	Net Budget
	£000	£000	£000	£000	£000
Chief Executive's Office	349	423	(81)	0	342
People Services	92,248	178,242	(21,997)	(55,502)	100,743
Environment, Highways & Community Services	28,217	66,570	(38,623)	(156)	27,792
Resources & Governance	16,101	48,740	(30,913)	(1,003)	16,824
Economy & Public Protection	2,299	4,936	(2,635)	(93)	2,208
Service Total	139,214	298,911	(94,249)	(56,754)	147,909
Financing Costs	4,028	4,507	0	0	4,507
Investment Returns - Joint Ventures	(1,977)	(2,188)	0	0	(2,188)
Council Wide	(15)	(1,169)	0	0	(1,169)
Contingencies	272	278	0	0	278
Grand Total	141,522	300,339	(94,249)	(56,754)	149,337

PEOPLE SERVICES - Revenue Estimates 2026/27

	2025/26 Net Budget	2026/27			
		Gross Budget	Income	Grants	Net Budget
	£000	£000	£000	£000	£000
Executive Director of People	195	205	0	0	205
People Support Services					
Transformation & Performance	820	910	(68)	0	842
Business Support	1,767	1,744	(14)	0	1,730
Children's Services					
Children's Services Management & Other Services	679	700	0	0	700
Assessment Care Planning & LAC	4,449	4,525	0	0	4,525
First Response & Early Help	4,303	5,071	(30)	(617)	4,424
Adoption & Placements	21,981	26,333	0	(1,026)	25,307
Disabled Children	1,643	1,775	(239)	0	1,536
Youth Offending	312	768	(142)	(292)	334
Quality Assurance & Practice Improvement	101	200	(99)	0	101
Development & Commissioning					
Commissioning	2,373	2,854	(213)	0	2,641
Voluntary Sector	292	355	0	(57)	298
Education					
Education	992	42,911	(2,884)	(39,053)	974
Schools	0	4,040	0	(4,040)	0
Transport Unit	3,416	3,452	(52)	0	3,400
Public Health					
Public Health	0	10,343	0	(10,343)	0
Adult Social Care & Health					
External Purchase of Care	40,860	60,838	(15,280)	(60)	45,498
Intake & Enablement	762	3,101	(2,338)	0	763
Older People Long Term Condition	2,117	2,483	(327)	0	2,156
Physical Disability Long Term Condition	6	30	(24)	0	6
Learning Disability Long Term Condition	2,361	2,449	(24)	0	2,425
Mental Health Long Term Condition	1,252	1,544	(249)	(14)	1,281
Service Development & Integration	966	1,063	0	0	1,063
Workforce Development	601	548	(14)	0	534
Total People Services	92,248	178,242	(21,997)	(55,502)	100,743

ENVIRONMENT, HIGHWAYS & COMMUNITY SERVICES - Revenue Estimates 2026/27

	2025/26 Net Budget	2026/27			
		Gross Budget	Income	Grants	Net Budget
	£000	£000	£000	£000	£000
Executive Director - Environment, Highways & Comm. Services	191	195	0	0	195
Highways & Capital Projects					
AD - Highways & Capital Projects	117	119	0	0	119
Building Design Services	(14)	621	(643)	0	(22)
Capital Projects	468	710	(302)	0	408
Car Parking R&M	613	597	0	0	597
Concessionary Fares	2,767	2,591	(2)	0	2,589
Flood and Water Act	323	91	0	0	91
Highways	4,347	5,476	(1,217)	(28)	4,231
Highways - DLO	(344)	9,131	(9,568)	0	(437)
Investment and Funding	503	177	(70)	0	106
Sustainable Transport	127	161	(62)	0	99
Community Services					
AD - Environmental Services & Community Safety	173	147	0	0	147
Allotments	21	27	(8)	0	19
Building Cleaning - DLO	37	446	(446)	0	(0)
Cemeteries and Crematorium	(711)	1,185	(1,927)	0	(742)
Street Scene	7,361	10,509	(2,197)	0	8,312
Transport Unit - Fleet Management	6	0	0	0	0
Transport Unit - Fleet Management, MOT & Private	(14)	33	(69)	0	(36)
Waste Management	4,492	4,572	0	0	4,572
Winter Maintenance	645	708	(26)	0	682
Community Safety					
CCTV	341	421	(107)	0	314
Community Safety	926	898	(83)	0	815
Parking	(2,424)	357	(2,927)	0	(2,570)
Parking Enforcement	17	318	(294)	0	24
Leisure and Culture					
Dolphin Centre	1,219	4,726	(3,762)	0	964
Eastbourne Complex	75	306	(254)	0	52
Hippodrome	220	5,908	(5,818)	0	90
Hopetown Darlington	498	2,430	(1,635)	0	795
Stockton & Darlington Railway NLHF	2	127	0	(127)	(0)
Indoor Bowling Centre	32	17	0	0	17
Libraries	1,065	1,117	(21)	0	1,096
Move More	0	116	(116)	0	0
Outdoor Events	492	443	(30)	0	413
Community Catering	0	358	(358)	0	0
Culture and Heritage Fund	133	127	0	0	127
Building Services					
Construction - DLO	(346)	4,599	(4,871)	0	(272)
Corporate Landlord					
Corporate Landlord	4,649	6,593	(1,808)	0	4,785
General Support Services					
Works Property & Other	78	79	0	0	79
Joint Levies & Boards					
Environment Agency Levy	132	135	0	0	135
Total Environment, Highways & Community Services	28,217	66,570	(38,623)	(156)	27,792

RESOURCES & GOVERNANCE - Revenue Estimates 2026/27

	2025/26 Net Budget	2026/27			
		Gross Budget	Income	Grants	Net Budget
		£000	£000	£000	£000
Executive Director Resources & Governance	142	241	(94)	0	147
Resources					
AD Resources	129	135	0	0	135
Financial Services	1,689	2,448	(773)	0	1,675
Financial Assessments & Protection	325	432	(43)	0	389
Xentrall (D&S Partnership)	2,144	2,965	(734)	0	2,231
Human Resources	846	896	(161)	0	735
Health & Safety	213	254	(47)	0	207
Head of Strategy Performance & Communications					
Communications & Engagement	1,125	1,276	(188)	0	1,088
Systems	1,344	1,332	(3)	0	1,329
Law & Governance					
AD Law & Governance	142	128	0	0	128
Complaints & FOI	387	331	0	0	331
Democratic Services	1,593	1,681	(17)	0	1,664
Registrars	(33)	272	(318)	0	(46)
Administration	445	478	(54)	0	424
Legal	1,912	2,122	(153)	0	1,969
Procurement	257	316	(40)	0	276
Coroners	334	394	0	0	394
Xentrall Shared Services					
ICT	768	1,301	(204)	0	1,097
Maintenance					
Maintenance DLO	(718)	8,228	(9,039)	0	(811)
Housing & Revenues					
Local Taxation	517	1,197	(584)	0	613
Rent Rebates / Rent Allowances / Council Tax	1,061	18,033	(16,834)	0	1,199
Housing Benefits Administration	728	1,093	(10)	(410)	673
Customer Services	261	471	(201)	0	270
Homelessness	334	2,404	(1,262)	(593)	549
Service, Strategy & Regulation and General Services	156	312	(154)	0	158
Total Resources & Governance	16,101	48,740	(30,913)	(1,003)	16,824

CHIEF EXECUTIVES OFFICE - Revenue Estimates 2026/27

	2025/26 Net Budget	2026/27			
		Gross Budget	Income	Grants	Net Budget
		£000	£000	£000	£000
Chief Executive	225	233	0	0	233
Darlington Partnership	124	190	(81)	0	109
Total Chief Executives Office	349	423	(81)	0	342

ECONOMY & PUBLIC PROTECTION - Revenue Estimates 2026/27

	2025/26 Net Budget	2026/27			
		Gross Budget	Income	Grants	Net Budget
	£000	£000	£000	£000	£000
Executive Director of Economy and Public Protection	196	200	0	0	200
Emergency Planning	97	99	0	0	99
Building Control	174	429	(257)	0	172
Development Management	73	809	(727)	0	82
Economy	389	345	0	0	345
Environmental Health	380	411	(27)	0	384
Place Strategy	697	734	(26)	(93)	615
Property Management and Estates	(225)	934	(1,195)	0	(261)
Head of Public Protection	78	83	0	0	83
Private Sector Housing	128	185	(45)	0	141
General Licensing	32	192	(157)	0	35
Taxi Licensing	2	226	(196)	0	30
Trading Standards	278	290	(6)	0	284
Total Economy & Public Protection	2,299	4,936	(2,635)	(93)	2,208

Analysis of Pressures/Savings	Estimate	Estimate	Estimate	Estimate
	26/27	27/28	28/29	29/30
	£m	£m	£m	£m
SAVINGS				
Savings - Back Office				
People Services - Reduced running costs across services	(0.276)	(0.225)	(0.241)	(0.260)
Resources & Governance - Reduced running costs across services	(0.138)	(0.068)	(0.025)	(0.030)
E,H & CS - Reduced running costs across services	(0.008)	(0.008)	(0.008)	(0.008)
	(0.422)	(0.301)	(0.274)	(0.298)
Savings - Energy				
Corporate Landlord - Reduced gas prices	(0.085)	(0.085)	(0.085)	(0.085)
	(0.085)	(0.085)	(0.085)	(0.085)
Savings - Increased Income				
Investment Returns - Reprofile JV income	(0.182)	(0.189)	(0.331)	0.336
Registrars - Increased fee income from weddings	(0.008)	(0.008)	(0.008)	(0.008)
	(0.190)	(0.197)	(0.339)	0.328
Savings - Other				
Concessionary Fares - Reduced contributions to TVCA	(0.140)	(0.140)	(0.140)	(0.140)
Democratic Services - Reduction in Councillors following review	0.000	(0.084)	(0.093)	(0.095)
Council Wide - Reduction in pension fund contributions	(1.900)	(1.900)	(1.900)	(1.900)
	(2.040)	(2.124)	(2.133)	(2.135)
Savings - Offset Pressures				
Waste Management - Reduced Tonnages	(0.200)	(0.200)	(0.160)	(0.160)
	(0.200)	(0.200)	(0.160)	(0.160)
Savings - Transformation Projects				
People Services - Review of working aged adult packages of care	0.000	(0.750)	(0.750)	(0.750)
	0.000	(0.750)	(0.750)	(0.750)
TOTAL SAVINGS	(2.937)	(3.657)	(3.741)	(3.100)

	Estimate 26/27 £m	Estimate 27/28 £m	Estimate 28/29 £m	Estimate 29/30 £m
PRESSURES				
Increased Demand				
Adults - Packages of Care - Increased overall packages costs	0.841	0.748	0.842	0.842
Adults - Other service demand pressures	0.014	0.014	0.014	0.014
Children's - Packages of Care - Increased overall packages costs	3.590	3.596	1.404	0.630
Children's - Other service demand pressures	0.338	0.347	0.353	0.360
Homeless - Loss of Housing Benefit Subsidy	0.115	0.014	0.019	0.007
Waste Disposal - Increased growth from new builds	0.000	0.000	0.000	0.024
Community Safety - Abandoned cars removal and disposal	0.030	0.030	0.030	0.030
Street Scene - Changes in the law to introduce food waste collection	0.036	0.036	0.037	0.037
Street Scene - Increased service to new build property	0.000	0.000	0.000	0.010
Tree Team - Borough wide tree inspections.	0.025	0.025	0.025	0.025
	4.989	4.810	2.724	1.979
Price Inflation				
Adults - Change in budgeted inflation from 25/26 MTFP	(0.236)	(0.140)	(0.112)	1.094
Economic Growth - Contractual inflation & fixed rental income	0.007	0.010	0.010	0.039
Children's - Change in budgeted inflation from 25/26 MTFP	0.025	0.114	0.204	0.233
Corporate Landlord - Water charges	0.018	0.032	0.047	0.063
Coroners - Increase recharges from Durham CC	0.049	0.051	0.052	0.053
Resources & Governance - Revised inflation from 25/26 MTFP & contractual inflation	0.047	0.047	0.050	0.050
E, H & CS - Contractual inflation & fixed rental income	0.000	0.000	0.000	0.120
Waste Disposal - Contractual inflation	0.089	0.085	0.082	0.128
Corporate Landlord - Increased electricity prices	0.290	0.250	0.197	0.336
Estates - Increased electricity prices	0.021	0.015	0.015	0.016
Corporate Management - Impact of NI changes	0.034	0.035	0.036	0.037
	0.344	0.499	0.581	2.169
Reduced Income				
Hopetown - Lower car parking patronage	0.220	0.220	0.220	0.220
Licensing - Lower take up of licenses	0.065	0.065	0.065	0.065
Land Charges - Realignment of budget based on previous receipts	0.028	0.027	0.027	0.027
Dolphin Centre - Reduced room hire and income during Phase 3 M&E works	0.107	0.033	0.033	0.033
	0.420	0.345	0.345	0.345
Other				
Adult Services - Staff changes	0.112	0.134	0.137	0.164
Street Scene - Vandalism to play areas	0.020	0.020	0.020	0.020
Estates - Feethams House - Reprofile of income	0.000	0.131	0.034	0.034
Financing Costs - Capital financing and lower property fund returns	0.801	0.425	0.232	0.548
Audit Fees - Increases following PSSA	0.043	0.044	0.045	0.045
Cultural Services - Staff changes	0.068	0.069	0.070	0.072
	1.044	0.823	0.538	0.883
Pay Award				
Pay Award 2025/26 - Additional cost of agreed award	0.199	0.205	0.211	0.229
Pay Award 2026/27 - Additional 1% to cover estimated pay award	0.781	0.797	0.813	0.830
	0.980	1.002	1.024	1.059
TOTAL PRESSURES				
	7.777	7.479	5.212	6.435
TOTAL NET PRESSURES				
	4.840	3.822	1.471	3.335

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
REGISTER OF ELECTORS, OPEN REGISTER AND MONTHLY UPDATES - SALE				
The following fees do not incur VAT.				
Register – Printed Form	N	10.00	10.00	
Per 1,000 Names – Printed	N	5.00	5.00	
Register – Data Form	N	20.00	20.00	
Per 1,000 Names – Data	N	1.50	1.50	
LIST OF OVERSEAS ELECTORS – SALE				
The following fees do not incur VAT.				
List – Printed Form	N	10.00	10.00	
Per 1,000 Names – Printed	N	5.00	5.00	
List – Data Form	N	20.00	20.00	
Per 1,000 Names – Data	N	1.50	1.50	
MARKED COPY OF THE REGISTER OF ELECTORS AND MARKED ABSENT VOTERS LIST - SALE				
The following fees do not incur VAT				
Register – Printed Form	N	10.00	10.00	
Per 1,000 Names – Printed	N	2.00	2.00	
Register – Data Form	N	10.00	10.00	
Per 1,000 Names – Data	N	1.00	1.00	
Proof Life Certificate - for those who claim pension abroad	L	20.00	20.00	
				8,000

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
TOWN HALL Hire of Committee Rooms – all charges shown exclusive of VAT. Charges will be made plus the appropriate VAT rate. All rooms are to be charged by the hour, rather than by session Committee Rooms per hour Council Chamber per hour	L L	38.00 48.00	38.00 48.00	NIL
LAND CHARGES The following fees are inclusive of VAT				
Con 29 Required				
Residential Property CON29 Additional Parcels	L L	87.60 26.28	111.00 30.00	
Commercial Property CON29 Additional Parcels	L L	139.20 26.28	156.00 30.00	
Con 29 Optional				
Optional Questions Own Questions	L L	8.40 8.40	15.00 30.00	
Personal Search	L	No charge	No charge	Minimal

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
FINANCIAL PROTECTION SERVICES				
Category				
Work up to and including the date upon which the court makes an order appointing a deputy for property and affairs	N	944.00	944.00	
Annual management fee where the court appoints a local authority deputy for property and affairs, payable on the anniversary of the court order:				
a) for the first year	N	982.00	982.00	
b) for the second and subsequent years	N	824.00	824.00	
c) where the net assets are below £20,300, the local authority deputy for property and affairs will take an annual management fee not exceeding 3.5% of the net assets on the anniversary of the court order appointing the local authority as deputy	N	See Description	See Description	
d) Where the court appoints a local authority deputy for health and welfare, the local authority will take an annual management fee not exceeding 2.5% of the net assets on the anniversary of the court order appointing the local authority as deputy for health and welfare up to a maximum of £703.	N	See Description	See Description	
Annual property management fee to include work involved in preparing property for sale, instructing agents, conveyancers, etc or the ongoing maintenance of property including management and letting of a rental property	N	380.00	380.00	
Preparation and lodgement of an annual report or account to the Public Guardian	N	274.00	274.00	
Conveyancing Costs	N	See Description	See Description	
Travel Rates are allowed at a fixed rate per hour for travel costs	N	51.00	51.00	
Please note that these rates are set by The Office of Public Guardian and are the rates as of 1st April 2025, these may be amended during 2026/27				
Administration Fee				
Administration fee for arranging the care and support needs for those with capital in excess of the upper capital limit or those who have chosen not to disclose their financial information.	L	133.00	140.00	
				Minimal
DEFERRED PAYMENT FEES				
Administration cost for setting up a Deferred Payment Agreement plus cost of valuation (this will be dependant on property type)	L	410.00 Actual cost of valuation	425.00 Actual cost of valuation	
				Minimal

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
LIBRARIES				
Fines On Overdue Items				
Adults – per day	L	No charge	No charge	
Maximum charge per book	L	No charge	No charge	
Senior Citizens – per day	L	No charge	No charge	
Children – per day	L	No charge	No charge	
Reservation Fees for Books Obtained from Outside the Authority				
Single charge for all books obtained from other libraries	L	6.00	7.50	
Repeat Fee for Renewal of Books from Outside the Authority				
Single Charge for all books obtained from other local authorities	L	6.00	6.00	
Replacement Tickets				
Adults	L	1.50	1.50	
Senior Citizens	L	1.50	1.50	
Children/Unemployed	L	1.50	1.50	
Local History Research				
Look Up Service	L	5.00	5.00	
Photocopies				
A4 B&W	L	0.20	0.20	
A3 B&W	L	0.40	0.40	
A3 Colour	L	N/a	1.20	
Printing				
A4 B&W	L	0.20	0.20	
A3 B&W	L	0.40	0.40	
A4 colour	L	0.60	0.60	
Reproduction of Images from Stock				
Digital copies for Private/Study purposes – per photo	L	5.50	5.50	
Digital copies for small local commercial use – per photo	L	5.50 + 2 copies of publications	5.50 + 2 copies of publications	
Digital copies for local commercial use - per photo	L	10.50 + 2 copies of book	10.50 + 2 copies of book	
Digital copies for national/international commercial	L	110.00	110.00	
Internet Use				
Library members First 60 minutes FREE, £1.00 per 30 minutes hereafter	L	1.00	1.00	
Lost & Damaged Items				
Room Hire				
Per hour	L	20.00	20.00	
Partner organisations per hour	L	15.00	15.00	Minimal

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
PLANNING FEES Planning fees are set nationally				
PLANNING – PRE APPLICATION ADVICE All charges include VAT at 20%				
Large Major Development (200+) for a written response, including up to 2 meetings	L	2,500.00	2,500.00	
Small Major Development (10-199) for a written response, including up to 2 meetings	L	800.00	800.00	
Minor Development for a written response to include a meeting if necessary	L	400.00	400.00	
Other Developments				
Minerals Processing	L	Based on areas above	Based on areas above	
Change of use for a written response to include a meeting if necessary	L	50.00	50.00	
Householder developments	L	50.00	50.00	
Advertisements	L	25.00	25.00	
Listed Building consents (to alter/extend/demolish)	L	50.00	50.00	
Certificates of lawful development	L	Application advice not appropriate	Application advice not appropriate	
Telecommunications Notifications	L	126.00	126.00	
Other Charges				
Pre-Application meeting involving Planning Committee Members	L	2,000.00	2,000.00	NIL

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
LICENSING The following fees do not incur VAT				
Prosecution Costs Hourly rate for Preparation of Case Reports	L	62.00	65.00	
General Licensing				
Pavement Café Licence, per person				
1-20	L	210.00	210.00	
21-40	L	242.00	242.00	
41-60	L	273.00	273.00	
61-80	L	305.00	305.00	
81-99	L	320.00	320.00	
100 or over	L	350.00	350.00	
Duplicate licence fee	L	53.00	53.00	
Transfer of licence	L	53.00	53.00	
Change of detail	L	32.00	32.00	
Variation of Covers	L	105.00	105.00	
Goods on Highway Licence	L	163.00	163.00	
Sex Shop Grant of application	L	4,080.00	4,080.00	
Sex Shop Renewal	L	1,323.00	1,323.00	
Sex Shop transfer	L	1,323.00	1,323.00	
Cosmetics				
Premise Grant	L	309.00	309.00	
Personal Grant	L	71.00	71.00	
Variation	L	71.00	71.00	
Scrap Metal Dealers				
Collectors Licence (3 years) - grant	L	166.00	166.00	
Collectors Licence (3 years) – renewal	L	166.00	166.00	
Major Variation	L	56.00	56.00	
Minor Variation	L	17.00	17.00	
Site Licence (3 years) Grant	L	386.00	386.00	
Additional Sites (per site per year of licence)	L	215.00	215.00	
Site licence (3 years) – renewal	L	298.00	298.00	
Additional sites (per site per year of licence)	L	215.00	215.00	
Minor Variation Site	L	17.00	17.00	
Major Variation Site	L	56.00 + 72.00 per additional site per year	56.00 + 72.00 per additional site per year	

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Caravan Sites				
New Application for a permanent residential site licence;	L			
1-5 pitches	L	220.00	220.00	
6-20 pitches	L	248.00	248.00	
21-50 pitches	L	265.00	265.00	
Greater than 50 pitches	L	287.00	287.00	
Annual Fees associated with administration and monitoring of site licences;	L	No charge	No charge	
1-5 pitches	L	243.00	243.00	
6-50 pitches	L	287.00	287.00	
Greater than 50 pitches	L	27.00	27.00	
Cost of Laying Site Rules	L	110.00	110.00	
Cost of Variation/Transfer				
Zoo Licensing Act				
New Application (4 years) or renewal (6 years) for a Zoo Licence (excluding the inspection costs of appointed inspector)	L	497.00	497.00	
Animal Welfare				
Breeding of Dogs - Grant of Licence				
1 Year Licence	L	271.00	271.00	
2 Year Licence	L	320.00	320.00	
3 Year Licence	L	370.00	370.00	
Breeding of Dogs - Renewal of Licence				
1 Year Licence	L	237.00	237.00	
2 Year Licence	L	287.00	287.00	
3 Year Licence	L	336.00	336.00	
Pet Vending Commercial - Grant of Licence				
1 Year Licence	L	278.00	278.00	
2 Year Licence	L	328.00	328.00	
3 Year Licence	L	377.00	377.00	
Pet Vending Commercial - Renewal of Licence				
1 Year Licence	L	245.00	245.00	
2 Year Licence	L	294.00	294.00	
3 Year Licence	L	343.00	343.00	
Pet Vending Home - Grant of Licence				
1 Year Licence	L	271.00	271.00	
2 Year Licence	L	320.00	320.00	
3 Year Licence	L	370.00	370.00	
Pet Vending Home - Renewal of Licence				
1 Year Licence	L	237.00	237.00	
2 Year Licence	L	287.00	287.00	
3 Year Licence	L	336.00	336.00	
Keeping or Training Animals for Exhibition - Grant of Licence				
3 Year Licence	L	259.00	259.00	
Keeping or Training Animals for Exhibition - Renewal of Licence				
3 Year Licence	L	237.00	237.00	
Hiring Out of Horses - Grant of Licence				
1 Year Licence	L	292.00	292.00	
2 Year Licence	L	341.00	341.00	
3 Year Licence	L	391.00	391.00	
Hiring Out of Horses - Renewal of Licence				
1 Year Licence	L	259.00	259.00	
2 Year Licence	L	309.00	309.00	
3 Year Licence	L	358.00	358.00	
Boarding of Dogs and Cats Commercial - Grant of Licence				
1 Year Licence	L	337.00	337.00	
2 Year Licence	L	386.00	386.00	
3 Year Licence	L	436.00	436.00	
Boarding of Dogs and Cats Commercial - Renewal of Licence				
1 Year Licence	L	303.00	303.00	
2 Year Licence	L	353.00	353.00	
3 Year Licence	L	402.00	402.00	

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Boarding of Dogs and Cats Home - Grant of Licence				
1 Year Licence	L	271.00	271.00	
2 Year Licence	L	320.00	320.00	
3 Year Licence	L	370.00	370.00	
Boarding of Dogs and Cats Home - Renewal of Licence				
1 Year Licence	L	237.00	237.00	
2 Year Licence	L	287.00	287.00	
3 Year Licence	L	336.00	336.00	
Boarding of Dogs Day Care Up to 7 Dogs - Grant of Licence				
1 Year Licence	L	271.00	271.00	
2 Year Licence	L	320.00	320.00	
3 Year Licence	L	370.00	370.00	
Boarding of Dogs Day Care Up to 7 Dogs - Renewal of Licence				
1 Year Licence	L	237.00	237.00	
2 Year Licence	L	287.00	287.00	
3 Year Licence	L	336.00	336.00	
Boarding of Dogs Day Care 8+ Dogs - Grant of Licence				
1 Year Licence	L	336.00	336.00	
2 Year Licence	L	385.00	385.00	
3 Year Licence	L	435.00	435.00	
Boarding of Dogs Day Care 8+ Dogs - Renewal of Licence				
1 Year Licence	L	303.00	303.00	
2 Year Licence	L	353.00	353.00	
3 Year Licence	L	402.00	402.00	
Dog Boarding Franchise in Darlington - Grant of Licence		144.00 + 12.00 per host + 71.00 per host inspection fee + 49.00 annual enforcement fee per year	144.00 + 12.00 per host + 71.00 per host inspection fee + 49.00 annual enforcement fee per year	
Dog Boarding Franchise in Darlington - Renewal of Licence		105.00 + 11.00 per host + 68.00 per host inspection fee + 47.00 annual enforcement fee per year	105.00 + 11.00 per host + 68.00 per host inspection fee + 47.00 annual enforcement fee per year	
Dog Boarding Franchise out of Darlington - Grant of Licence	L	66.00 + 66.00 per host	66.00 + 66.00 per host	
Dog Boarding Franchise out of Darlington - Renewal of Licence	L	61.00 + 66.00 per host	61.00 + 66.00 per host	
Additional Fees				
Cost per additional licensable activity - Grant and Renewal (each)	L	71.00	71.00	
Mandatory mid licence inspection fee - Grant and Renewal (each)	L	34.00	34.00	
Variation of licence where no inspection is required (each)	L	39.00	39.00	
Variation of licence where inspection is required (each)	L	100.00	100.00	
Application for Re-Rating (each)	L	78.00	78.00	
Copy Licence	L	17.00	17.00	
Administration Fee	L	39.00	39.00	
Dangerous Wild Animals (not including vets fee)	L	132.00	132.00	

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Street Trading				
November / December - Full Calendar Month	L	1,075.00	1,075.00	
- Week	L	424.00	424.00	
- Day (minimum of 4 days)	L	93.00	93.00	
January / October - Full Calendar Month	L	728.00	728.00	
- Week	L	298.00	298.00	
- Day (minimum of 4 days)	L	66.00	66.00	
Note- The above to apply to Itinerant traders. For regular all year round traders - fees as follows				
Annual Consent - Town Centre	L	7,717.00	7,717.00	
If Paying Monthly	L	684.00	684.00	
If Paying Weekly	L	188.00	188.00	
Buskers selling CD's – Half Day	L	26.00	26.00	
Full Day	L	47.00	47.00	
Mobile vehicles (moving or lay-by)	L	287.00	287.00	
New Vendor Permits	L	37.00	37.00	
Skips, Scaffolding and Hoardings				
Place a skip on the highway (less than 3 days notice)	L	42.00	42.00	
Place a skip on the highway (more than 3 days notice)	L	26.00	26.00	
Erection of scaffolding	L	63.00	63.00	
Hoardings	L	63.00	63.00	
Administration Charge (per hour or part thereof)	L	39.00	39.00	
Statutory Fees				
Petroleum Licences				
Less than 2,500 litres	N	48.00	48.00	
2,500 – 50,000 litres	N	65.00	65.00	
More than 50,000 litres	N	137.00	137.00	
Gambling Act				
Statutory Fees- The following gambling fees are set within statutory bands and will be revised as changed nationally.				
Adult Gaming Centres – Annual Fee	N	600.00	600.00	
New Application	N	1,300.00	1,300.00	
Variation	N	1,300.00	1,300.00	
Transfer	N	1,200.00	1,200.00	
Provisional Statement	N	1,300.00	1,300.00	
Licence Reinstatement	N	1,200.00	1,200.00	
Betting Shops - Annual Fee	N	550.00	550.00	
New Application	N	1,300.00	1,300.00	
Variation	N	1,300.00	1,300.00	
Transfer	N	1,200.00	1,200.00	
Provisional Statement	N	1,300.00	1,300.00	
Licence Reinstatement	N	1,300.00	1,300.00	
Bingo Halls - Annual Fee	N	600.00	600.00	
New Application	N	1,300.00	1,300.00	
Variation	N	1,300.00	1,300.00	
Transfer	N	1,200.00	1,200.00	
Provisional Statement	N	1,300.00	1,300.00	
Licence Reinstatement	N	1,200.00	1,200.00	
Family Entertainment Centres – Annual Fee	N	550.00	550.00	
New Application	N	1,300.00	1,300.00	
Variation	N	1,300.00	1,300.00	
Transfer	N	950.00	950.00	
Provisional Statement	N	1,300.00	1,300.00	
Licence Reinstatement	N	950.00	950.00	
Betting (tracks) – Annual Fee	N	550.00	550.00	
New Application	N	1,300.00	1,300.00	
Variation	N	1,300.00	1,300.00	
Transfer	N	950.00	950.00	
Provisional Statement	N	1,300.00	1,300.00	
Licence Reinstatement	N	950.00	950.00	

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Large Scale Events				
5,000 to 9,999 - Initial fee	N	1,000.00	1,000.00	
- Annual fee	N	500.00	500.00	
10,000 to 14,999 - Initial fee	N	2,000.00	2,000.00	
- Annual fee	N	1,000.00	1,000.00	
15,000 to 19,999 - Initial fee	N	4,000.00	4,000.00	
- Annual fee	N	2,000.00	2,000.00	
20,000 to 29,999 - Initial fee	N	8,000.00	8,000.00	
- Annual fee	N	4,000.00	4,000.00	
30,000 to 39,999 - Initial fee	N	16,000.00	16,000.00	
- Annual fee	N	8,000.00	8,000.00	
40,000 to 49,999 - Initial fee	N	24,000.00	24,000.00	
- Annual fee	N	12,000.00	12,000.00	
50,000 to 59,999 - Initial fee	N	32,000.00	32,000.00	
- Annual fee	N	16,000.00	16,000.00	
60,000 to 69,999 - Initial fee	N	40,000.00	40,000.00	
- Annual fee	N	20,000.00	20,000.00	
70,000 to 79,999 - Initial fee	N	48,000.00	48,000.00	
- Annual fee	N	24,000.00	24,000.00	
80,000 to 89,999 - Initial fee	N	56,000.00	56,000.00	
- Annual fee	N	28,000.00	28,000.00	
> 90,000 - Initial fee	N	64,000.00	64,000.00	
- Annual fee	N	32,000.00	32,000.00	
Other Licensing Act 2003 Fees & Charges				
Minor Variations	N	89.00	89.00	
Personal Licence	N	37.00	37.00	
Provisional Statement	N	315.00	315.00	
Temporary Event Notice (TEN)	N	21.00	21.00	
Theft / Loss of Licence / Notice	N	10.50	10.50	
Variation of DPS	N	23.00	23.00	
Transfer of Premises Licence	N	23.00	23.00	
Change of Name / Address	N	10.50	10.50	
Notification of Interest	N	21.00	21.00	
Notification of Alteration of Club Rules	N	10.50	10.50	
Interim Authority Notice	N	23.00	23.00	
Explosives Act/Fireworks Annual Registration	N	52.00	52.00	
				Minimal

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
HACKNEY CARRIAGES Taxi Licensing Taxi licensing fees are agreed annually by licensing committee and will be published separately as part of this process. Existing licence holders will be notified accordingly.				
ENVIRONMENTAL HEALTH Pest Treatment Charges – All charges shown exclusive of VAT. Charges will be made plus the appropriate VAT rate Insects – per Treatment Rodents in Private Premises Re-rating Food Hygiene Inspections	L L L	58.50 8.33 150.00	58.50 8.33 180.00	
Prosecution Costs Hourly Rate for preparation of case reports and carrying out works in default of legal notices	L	62.00	65.00	
Environmental Searches Environmental search includes environmental information held by the Council on a site (additional charges apply for sites larger than 10,000m2 and distance buffer greater than 250m radius)	L	90.00	90.00	
Additional photocopying for example copies of site investigation reports; A4 B&W A3 B&W A4 Colour A3 Colour Scanned Copy	L L L L L	0.10 0.20 1.00 2.00 Free	0.10 0.20 1.00 2.00 Free	
LAPPC and LAIPPC Permits Charges are set by Defra and are subject to change. Current charges as known are;				
LAPPC Charges Application Fee; Standard process (includes solvent emission activities) Additional fee for operating without a permit PVRI, SWOBs and Dry Cleaners PVR I & II combined VRs and other Reduced Fee Activities Reduced fee activities: additional fee for operating without a permit Mobile plant** for the third to seventh applications for the eighth and subsequent applications Where an application for any of the above is for a combined Part B and waste application add an extra to the above amounts	N N N N N N N N N N N N N N N	1,650.00 1,188.00 155.00 257.00 362.00 71.00 1,650.00 985.00 498.00 310.00	1,650.00 1,188.00 155.00 257.00 362.00 71.00 1,650.00 985.00 498.00 279.00	

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Annual Subsistence Charge;				
Standard process Low*	N	772.00	772.00	
Standard process Medium*	N	1,161.00	1,161.00	
Standard process High*	N	1,747.00 (+207.00)	1,747.00 (+207.00)	
*the additional amounts must be charged where a permit is for a combined Part B and waste installation				
PVRI, SWOBs and Dry Cleaners Low	N	79.00	79.00	
PVRI, SWOBs and Dry Cleaners Medium	N	158.00	158.00	
PVRI, SWOBs and Dry Cleaners High	N	237.00	237.00	
PVR I & II combined Low	N	113.00	113.00	
PVR I & II combined Medium	N	226.00	226.00	
PVR I & II combined High	N	341.00	341.00	
VRs and other Reduced Fees Low	N	228.00	228.00	
VRs and other Reduced Fees Medium	N	365.00	365.00	
VRs and other Reduced Fees High	N	548.00	548.00	
Mobile plant, for the first and second permits Low**	N	626.00	626.00	
for the third to seventh permits Low	N	385.00	385.00	
eighth and subsequent permits Low	N	198.00	198.00	
Mobile plant, for the first and second permits Medium**	N	1,034.00	1,034.00	
for the third to seventh permits Medium	N	617.00	617.00	
eighth and subsequent permits Medium	N	316.00	314.00	
Mobile plant, for the first and second permits High**	N	1,551.00	1,551.00	
for the third to seventh permits High	N	924.00	924.00	
eighth and subsequent permits High	N	473.00	473.00	
Late payment fee	N	52.00	52.00	
Where a Part B installation is subject to reporting under the E-PRTR Regulation add an extra to the above amounts	N	104.00	104.00	
Transfer and Surrender;				
Standard process transfer	N	169.00	169.00	
Standard process partial transfer	N	497.00	497.00	
New operator at low risk reduced fee activity	N	78.00	78.00	
Surrender: all Part b activities	N	0.00	0.00	
Reduced fee activities: transfer	N	0.00	0.00	
Reduced fee activities: partial transfer	N	47.00	47.00	
Temporary transfer for mobiles;				
First transfer	N	53.00	53.00	
Repeat following enforcement or warning	N	53.00	53.00	
Substantial change;				
Standard process	N	1,050.00	1,050.00	
Standard process where the substantial change results in a new PPC activity	N	1,650.00	1,650.00	
Reduced fee activities	N	102.00	102.00	
**Not using simplified permits				

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
LA-IPPC charges				
Every subsistence charge below includes the additional £103 charge to cover LA extra costs in dealing with the E-PRTR Regulation				
Application	N	3,363.00	3,363.00	
Additional fee for operating without a permit	N	1,188.00	1,188.00	
Annual Subsistence Low	N	1,447.00	1,476.00	
Annual Subsistence Medium	N	1,611.00	1,610.00	
Annual Subsistence High	N	2,334.00	2,333.00	
Late Payment Fee	N	52.00	52.00	
Variation	N	1,368.00	1,368.00	
Transfer	N	235.00	235.00	
Partial Transfer	N	698.00	698.00	
Surrender	N	698.00	698.00	
Subsistence charges can be paid in four equal quarterly instalments paid on 1st April, 1st July, 1st October and 1st January. Where paid quarterly the total amount payable to the local authority will be increased by £38.00				
Newspaper adverts may be required under EPR at the discretion of the LA as part of the consultation process when considering an application. This will be undertaken and paid for by the LA and the charging scheme contains a provision for the LA to recoup its costs				Minimal
TRADING STANDARDS				
Please note that VAT may be added to some charges. Check with the service before the work is agreed.				
Prosecution Costs				
Hourly rate for Preparation of Case Reports	L	62.00	65.00	
Measures				
Linear measures not exceeding 3m each scale	L	16.50	16.50	
Not exceeding 15kg	L	44.00	44.00	
Exceeding 15kg but not exceeding 100kg	L	76.50	76.50	
Exceeding 100kg but not exceeding 250kg	L	91.50	91.50	
Exceeding 250kg but not exceeding 1 tonne	L	159.00	159.00	
Exceeding 1 tonne but not exceeding 10 tonnes	L	254.50	254.50	
Exceeding 10 tonnes but not exceeding 30 tonnes	L	533.50	533.50	
Exceeding 30 tonnes but not exceeding 60 tonnes	L	792.00	792.00	
Charge to cover any additional costs involved in testing incorporating remote display or printing facilities based on the above fee plus a charge per hour (minimum charge of 2 hours)	L	76.00 per hour	76.00 per hour	
Measuring Instruments for Intoxicating Liquor				
Not exceeding 150ml	L	25.50	25.50	
Other	L	29.50	29.50	

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Measuring Instruments for Liquid Fuels and Lubricants Container Type (un-subdivided)				
Multi-grade (with price computing device):	L	110.50	110.50	
Single Outlets	L	151.00	151.00	
Solely Price Adjustment	L	275.50	275.50	
Otherwise				
Other Types – Single Outlets				
Solely Price Adjustment	L	121.00	121.00	
Otherwise	L	164.00	164.00	
Other Types – Multi Outlets:				
1 Meter Tested	L	176.00	176.00	
2 Meters Tested	L	288.50	288.50	
3 Meters Tested	L	394.00	394.00	
4 Meters Tested	L	502.00	502.00	
5 Meters Tested	L	606.50	606.50	
6 Meters Tested	L	712.50	712.50	
7 Meters Tested	L	805.00	805.00	
8 Meters Tested	L	929.50	929.50	
Charge to cover any additional costs involved in testing ancillary equipment such as payment acceptors based on the above fee plus a charge per hour (minimum of 2 hours)	L	76.00 per hour	76.00 per hour	
Special Weighing and Measuring Equipment For all specialist work undertaken by the service which is not included above a charge per hour on site (minimum charge of 2 hours) plus cost of provision of testing equipment applies	L	76.00 per hour	76.00 per hour	
Discounts Fees from Measures to Certification Calibration will be discounted as follows :- a) Where more than a single item is submitted on one occasion the second and subsequent fees will be reduced by 20% b) Where tests are undertaken using appropriately certified weights and equipment not supplied by the Borough Council the fees will be reduced by 20% c) Special rates can be negotiated for multiple submissions or where assistance with equipment or labour is provided NB – Where different fees are involved the highest fee will be charged in full and any discounts calculated from the remaining lesser fees				
Licensing – VAT not applicable				
Explosives and Fireworks Licences (Statutory Fee) Licence for the storage of explosives Licence for the sale of fireworks all year round	N N	**See Note **See Note	**See Note **See Note	Minimal
**These are statutory rates that are set centrally in April				

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
PARKING – all off-street charges are inclusive of VAT at 20%				
Car Parks (Short Stay) – per hour (Mon to Sun)				
Abbotts Yard, Commercial Street East & West, Feehams MSCP, Winston Street North & South & West				
1hr	L	1.20	1.20	
2hrs	L	2.40	2.40	
3hrs	L	3.60	3.60	
4hrs	L	4.80	4.80	
5hrs	L	5.00	5.00	
6hrs	L	6.00	6.00	
7hrs	L	7.00	7.00	
8hrs	L	8.00	8.00	
9hrs	L	9.00	9.00	
10hrs	L	10.00	10.00	
Car Parks – (Long Stay) (Mon to Sat)				
Archer Street, Garden Street, Kendrew Street East & West, Hird Street, St Hilda's & Park Place East & West				
1hr	L	1.20	1.20	
2hrs	L	2.40	2.40	
3hrs	L	3.60	3.60	
All day	L	5.00	5.00	
2 days	L	10.00	10.00	
3 days	L	15.00	15.00	
7 days	L	20.00	20.00	
Sunday	L	2.00	2.00	
Car Parks – Long Stay (Mon to Sat)				
Park Lane				
All day	L	5.00	5.00	
Sunday	L	2.00	2.00	
East Street MSCP				
Per hour	L	1.20	1.20	
All day	L	3.00	3.00	
Sunday	L	2.00	2.00	
Chestnut Street				
All day	L	2.00	2.00	
7 days	L	8.00	8.00	
Sunday	L	2.00	2.00	
On Street Parking Mon to Sun (up to 2 hours no return within 1 hour EXCEPT for Grange Road & Northumberland Street up to 3 hours no return within 1 hour and East Row 30 minutes maximum no return within 1 hour)				
Per 30 mins	L	0.70	0.70	

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Car Parks – Contract Parking – all charges are inclusive of VAT at 20%				
Parking locations as determined by the Director of Services.				
Per year one space	L	950.00	950.00	
Per year two spaces	L	900.00	900.00	
Per year three spaces	L	860.00	860.00	
Per year four spaces	L	830.00	830.00	
Per year five to nine spaces	L	800.00	800.00	
Per year ten or more spaces	L	700.00	700.00	
Four Riggs				
Per calendar month	L	64.00	64.00	
Morton Palms				
Per year one space	L	300.00	300.00	
Silver Street				
Per year one space	L	600.00	600.00	
Car Parks – Staff & Members per year	L	173.04	173.04	
Residents Parking Permits (excluding Town Centre)				
3 month temporary permit	L	12.00	12.00	
6 month permit	L	24.00	24.00	
12 month permit	L	40.00	40.00	
Residents Parking Permits (Town Centre only)				
12 month permit	L	350.00	350.00	
Tradesmen Parking Permits				
Daily Waiver	L	5.00	5.00	
3 month permit	L	100.00	100.00	
6 month permit	L	150.00	150.00	
12 month permit	L	250.00	250.00	
				NIL

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
BUILDING CONTROL Items inclusive of VAT at 20% Letter confirming exemption Letter confirming enforcement action will not be taken Copy of historic completion/approval certificates	L L L	20.00 20.00 20.00	20.00 20.00 20.00	
Decision/Approval Notice (Building Control) Responding to request for historical information from electronic databases (email response) Responding to request for historical information from electronic databases (letter response) Responding to request for historical information from manually recorded data (email response) Personal searches (email response)	L L L L	20.00 20.00 20.00 20.00	20.00 20.00 20.00 20.00	
The Building (Local Authority Charges) Regulations 2010 plus VAT at the appropriate rate Work charged on individual job basis	L	As agreed with client	As agreed with client	NIL

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
DOLPHIN CENTRE				
Pricing based on the introduction of a leisure card.				
Swimming				
Adult swim				
Card holder	L	4.85	5.00	
Non card holder	L	5.40	5.55	
Concession	L	3.70	4.15	
Junior Swim	L	3.10	3.25	
Family swim junior rate discount (up to 4 children accompanying 1 adult)				
Per card holder	L	2.45	2.55	
Per non card holder	L	2.75	2.85	
Under 12 months	L	Free	Free	
Lessons	L	55.00	60.00	
Fitness Areas				
The Gym				
Card holder	L	5.95	6.10	
Non card holder	L	6.55	6.75	
Concession	L	4.60	5.05	
Junior Gym	L	4.60	4.70	
Concession	L	3.50	3.60	
Health & Fitness Classes				
Health & Fitness Classes				
Card holder	L	5.15	5.40	
Non card holder	L	5.70	6.00	
Concession	L	4.30	4.50	
Half Main Hall				
Adult				
Card holder	L	49.50	50.00	
Non card holder	L	55.00	56.00	
Junior (1 hour courts only)	L	33.50	34.50	
Weekday lunchtime				
Card holder	L	40.00	41.00	
Non card holder	L	45.00	46.00	
Badminton				
Adult				
Card holder	L	9.65	9.90	
Non card holder	L	10.70	11.00	
Concession	L	8.05	8.25	
Junior (1 hour courts only)	L	5.65	5.80	
Concession (1 hour courts only)	L	5.00	5.00	
Equipment Hire				
Footballs		Free	Free	
Footballs – Deposit (FOC for card holders)	L	5.00	5.00	
Badminton		Free	Free	
Badminton – Deposit (FOC for card holders)	L	5.00	5.00	
Table Tennis Bats		Free	Free	
Table Tennis Bats – Deposit (FOC for card holders)	L	5.00	5.00	
Pram Lock		Free	Free	
Pram Lock – Deposit (FOC for card holders)	L	5.00	5.00	

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Children's Activities Soft play admissions Parent/toddler (Soft play)	L L	5.95 5.95	6.25 6.25	
Other Activities Showers Card holders Non card holders	L L	3.00 3.00	3.10 3.10	
Fit 4 Life Packages 12 month Full Membership 12 month Seniors 12 month Student 6 Month Full 12 Month Upfront	L L L L L	299.40 228.00 180.00 195.00 275.00	323.40 252.00 204.00 205.00 296.50	
Swimming Pools Main Pool - per hour Diving Pool - per hour Teaching Pool - per hour	L L L	120.00 70.00 70.00	130.00 76.00 76.00	
Gala - per hour Swimming Galas - whole complex Normal opening hours - per hour Outside normal opening hours - per hour	L L	370.00 195.00	400.00 211.00	
Swimming Galas - Schools, Junior Clubs and Organisations Main Pool - Peak Main Pool - Off Peak Main Pool and Teaching Pool - Peak Main Pool and Teaching Pool - Off Peak Electronic Timing	L L L L L	257.00 185.00 216.00 222.00 110.00	277.00 200.00 233.00 240.00 119.00	
Ten Pin Bowling Adult Standard - 1 game Juniors (under 16) - 1 game Students & Seniors - Off Peak - 1 game Family Package - Peak - 1 game Family Package - Off Peak -1 game	L L L L L	7.95 6.30 6.30 26.00 24.00	8.25 6.60 6.60 28.00 26.00	
Adult, Students, Seniors - Peak - 2 game Adult, Student, Seniors - Off Peak - 2 game Juniors (under 16) - Peak - 2 game Juniors (under 16) - Off Peak - 2 game	L L L L	15.90 12.30 12.60 12.10	16.50 12.50 13.20 12.50	
Disabled and carer - Off Peak - 1 game (per person) Disabled and carer - Off Peak - 2 game (per person)	L L	5.50 11.00	5.70 11.40	
Dry Sports Hall Main Sports Hall - per hour Special Events - per hour Weekends Preparation - per hour Weekends Special Events - Schools - per hour off peak Function Room Seminar Room/Stephenson Suite meeting rooms Pease Suite/Studio	L L L L L L L	121.00 385.00 204.00 55.00 30.00 41.00 51.00	127.00 405.00 215.00 58.00 31.50 43.00 53.55	
Central Hall All Events (except commercial, exhibitions and local societies) Exhibitions - commercial - per hour Local Societies event - per hour	L L L	127.00 165.00 88.00	135.00 175.00 95.00	88.000

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
EASTBOURNE SPORTS COMPLEX				
3G Pitch				
Non Charter Standard Pay and Play				
1/2 3G Pitch - Adult (1 hour)	L	55.00	60.00	
1/2 3G Pitch - Junior (1 hour)	L	45.00	50.00	
Full 3G Pitch - Adult (1 hour)	L	85.00	90.00	
Full 3G Pitch - Junior (1 hour)	L	60.00	65.00	
Charter Standard and Partner Clubs				
1/2 3G Pitch (1 hour)	L	30.00	30.00	
Full 3G Pitch (1 hour)	L	55.00	60.00	
Grass Pitch Matches - Club				
Adult per match 11 v 11	L	30.00	32.50	
Junior per match 9 v 9	L	20.00	22.50	
Junior per match 7 v 7	L	20.00	22.50	
Junior per match 5 v 5	L	15.00	17.50	
3G Matches - Club				
Junior per match 5 v 5	L	20.00	22.50	
Junior per match 7 v 7	L	25.00	27.50	
Junior per match 9 v 9	L	30.00	32.50	
Junior per match 11 v 11	L	30.00	32.50	
Changing room	L	20.00	25.00	
3G Matches - Adults				
AGP 1 without changing rooms	L	45.00	50.00	
AGP 1 with changing rooms	L	65.00	70.00	
AGP 2 without changing rooms	L	65.00	70.00	
AGP 2 with changing rooms	L	105.00	110.00	
Athletics Track				
Non club rate				
Adult	L	5.20	5.40	
Junior	L	4.20	4.40	
Full track per hour	L	120.00	120.00	
Club rate				
Adult	L	4.20	4.40	
Junior	L	4.20	4.40	
Full track per hour	L	85.00	90.00	
Other				
Shower	L	2.60	2.80	
Function room and pavilion hire per hour (exclusive of VAT)	L	24.00	25.00	
Multi Purpose Studio per hour (exclusive of VAT)	L	18.00	19.00	
				10,000

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
HIPPODROME & HULLABALOO				
Restoration Levy (per ticket excluding children's shows)	L	2.00	2.00	
Booking Fee (per ticket)	L	1.00	1.00	
Hire & Conferencing (all pricing exclusive of VAT)				
John Wade Group Lounge - max capacity 40 (theatre style) - per hour	L	38.75	38.75	
John Wade Group Lounge - max capacity 40 (theatre style) - day hire**	L	231.75	231.75	
Living Water Tower Room - max capacity 18 - per hour	L	33.25	33.25	
Living Water Tower Room - max capacity 18 - day hire**	L	198.50	198.50	
Hippo Lounge - max capacity 70 - per hour	L	46.25	46.25	
Hippo Lounge - max capacity 70 - day hire**	L	277.75	277.75	
Hippo Education Space - max capacity 40 (workshop of approx. 25) - per hour	L	38.75	38.75	
Hippo Education Space - max capacity 40 (workshop of approx. 25) - day hire**	L	231.75	231.75	
Hullabaloo Rehearsal Space - max capacity 35 - per hour	L	38.75	38.75	
Hullabaloo Rehearsal Space - max capacity 35 - day hire**	L	231.75	231.75	
Hullabaloo Café - max capacity 70 - per hour	L	46.25	46.25	
Hullabaloo Café - max capacity 70 - day hire**	L	277.75	277.75	
Hippodrome Theatre Hire - max capacity 1,000 - w/end full day	L	2,310.00	2,425.50	
Hippodrome Theatre Hire - max capacity 1,000 - w/end half day	L	1,155.00	1,212.75	
Hippodrome Theatre Hire - max capacity 1,000 - w/day full day	L	2,126.25	2,232.50	
Hippodrome Theatre Hire - max capacity 1,000 - w/day half day	L	1,065.00	1,118.25	
Hullabaloo Theatre Hire - max capacity 150 - per hour	L	75.00	78.75	
Hullabaloo Theatre Hire - max capacity 150 - day hire**	L	546.25	573.50	
**day hire - 9am to 5pm				
Community Rate may be applicable for charities, NHS, children's groups and local artists if qualifying criteria met. This equates to 30% reduction on the above charges.				5,000

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
HOPETOWN DARLINGTON				
General Admission Donations welcome	L	Free	Free	
Wagon Woods Adventure Play Children over 1 - 1 hour peak (weekends & school holidays) Children over 1 - 1 hour off peak (weekdays term time)	L L	5.00 3.50	5.00 3.50	
Experiment! immersive ride	L	5.00	5.00	
Private Hire The Stephenson Room - per hour The Pease Room - per hour The Carriage Works - half day The Carriage Works - full day The Carriage Works - per hour, after hours The Goods Shed/Clocktower Café - 3 hours 6-9pm The Goods Shed/Clocktower Café - per hour after 9pm Charity/Partner rate on all above hires - 30% discount	L L L L L L L	50.00 38.75 300.00 500.00 100.00 500.00 100.00	50.00 38.75 300.00 500.00 100.00 500.00 100.00	
Study at The Stores Historical research by Collections Manager - per hour Family history short research - up to 10 mins (including scans) Photographic reproduction - private use	L L L	30.00 5.00 6.50	30.00 5.00 6.50	
Commercial Photographic Reproduction Small local charitable, educational incl. websites Local commercial incl. websites Specialist magazines, journals & newspapers incl. websites Regional TV/Video/Film/DVD National/international TV/Video/Film/DVD	L L L L L	6.50 15.00 30.00 50.00 100.00	6.50 15.00 30.00 50.00 100.00	
School Visits Package 1 - Price per pupil Includes led workshop, Wagon Woods play, self guided time in museum and stores plus dedicated lunch area	L	4.00	4.00	
Package 2 - Price per pupil Includes led workshop, Wagon Woods play, Experiment! immersive ride, self guided time in museum and stores plus dedicated lunch area	L	7.50	7.50	
Both packages reduced by £2 per child for Darlington school children on free school meals				NIL
STRAY DOGS				
Dog held at Allington Way Statutory Fee Kennelling Fee	L L	25.00 20.00	25.00 20.00	
Dog held offsite Fees incurred at Allington Way (as above) plus Kennelling Fee per day Handling Fee	L L	30.00 50.00	30.00 50.00	
				NIL

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
REFUSE COLLECTION AND DISPOSAL				
Refuse sacks (per 25) (Exclusive of VAT)	L	131.50	137.60	
Garden Waste Sacks (Non VATable) (for collection of 10 bags)	L	14.20	14.90	
Bulky Household Collection up to 6 items	L	23.80	24.90	
Garden Waste Service	L	47.00	48.00	
Cost of replacement (inclusive of 20% VAT)				
360L Wheeled Bin	L	67.20	70.30	
240L Wheeled Bin	L	26.60	27.80	
Caddie	L	8.80	9.20	
Glass Box	L	6.50	6.80	
55L Box	L	6.50	6.80	
Lid for recycling box	L	2.60	2.70	
Lid for 240L bin	L	7.80	8.20	
Wheeled bin wheel	L	2.10	2.20	
				13,000

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
CEMETERIES				
Burial fees without exclusive right of burial (these fees will be tripled where the deceased is a non-resident of Darlington at time of death)				
Individual foetal remains	N	No Charge	No Charge	
Stillborn or child not exceeding 12 months	N	No Charge	No Charge	
Person over 12 months up to 18 years	N	No Charge	No Charge	
Person over 18 years	L	1,160.00	1,250.00	
Burial fees with exclusive right of burial (these fees will be doubled where the deceased is a non-resident of Darlington at time of death)				
Individual foetal remains	N	No Charge	No Charge	
Child not exceeding 12 months	N	No Charge	No Charge	
Person over 12 months up to 18 years	N	No Charge	No Charge	
Person over 18 years	L	1,160.00	1,250.00	
Cremated remains	L	250.00	300.00	
Exclusive rights of burial (these fees will be doubled if the purchaser is a non-resident of Darlington if not purchased at time of first interment).				
Exclusive burial rights (50 years) - Full Plot	L	1,200.00	1,300.00	
Exclusive burial rights (50 years) - Half Plot	L	600.00	650.00	
Exclusive burial rights (50 years) - Quarter Plot	L	300.00	325.00	
Exclusive burial rights for a bricked grave	L	2,400.00	2,600.00	
Extension to burial rights (20 years)	L	N/a	500.00	
Extension to burial rights (30 years)	L	N/a	700.00	
Extension to burial rights (40 years)	L	N/a	850.00	
Other charges				
Scattering of cremated remains	L	50.00	50.00	
Indemnity form (to produce duplicate grant)	L	50.00	50.00	
Transfer of burial rights	L	N/a	30.00	
Use of Cemetery Chapel	L	150.00	150.00	
Use of Crematorium Chapel for burial/memorial service	L	300.00	300.00	
After post mortem remains	L	250.00	300.00	
Exhumation of a body (excl. re-interment)	L	2,500.00	2,700.00	
Exhumation of cremated remains (excl. re-interment)	L	600.00	600.00	
Grave Maintenance (inclusive of 20% VAT)				
Initial payment	L	60.00	70.00	
Annual Maintenance	L	45.00	50.00	
Memorials (fees will be doubled where the deceased to whom the memorial/inscription refers was non-resident of Darlington at time of death)				
Memorial rights including first inscription (30 years)	L	250.00	250.00	
Provision of kerbs – traditional sites only)	L	120.00	120.00	
Vases not exceeding 300mm	L	100.00	100.00	
Additional inscription	L	100.00	100.00	
Total financial effect for Cemeteries				15,000

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
CREMATORIUM				
Crematorium fees (inclusive of certificate of cremation, use of organ and scattering of remains in Gardens of Remembrance at an unreserved time)				
Individual foetal remains	N	No charge	No charge	
Hospital arrangement – foetal remains	L	250.00	300.00	
Stillborn or child not exceeding 12 months	N	No charge	No charge	
Person over 12 months up to 18 years	N	No charge	No charge	
Person over 18 years	L	1,160.00	1,200.00	
Direct Cremation	L	580.00	600.00	
After post mortem remains	L	250.00	300.00	
Other charges				
Postal Carton	L	25.00	25.00	
Metal Urn	L	60.00	60.00	
Wooden Casket	L	70.00	70.00	
Biodegradable Urn	L	85.00	85.00	
Baby Urn	L	10.00	10.00	
Extended use of Crematorium Chapel	L	300.00	300.00	
Scattering of remains at reserved time	L	50.00	50.00	
Webcasts (inclusive of VAT at the appropriate rate)	L	60.00	65.00	
Tributes (inclusive of 20% VAT)				
Single Photo	L	15.00	15.00	
Basic Slideshow	L	55.00	60.00	
Slideshow set to music	L	85.00	90.00	
Themed Tribute to music	L	100.00	100.00	
Family supplied Tribute	L	30.00	35.00	
For every additional 25 images	L	25.00	25.00	
Tribute Download link	L	20.00	20.00	
Webcast Keepsake (DVD, Blu-ray, USB or audio CD)	L	60.00	70.00	
Extra copies	L	30.00	35.00	
Video Book	L	100.00	120.00	
Extra copies	L	60.00	60.00	
Memory Box	L	130.00	140.00	
Extra copies	L	70.00	70.00	
Book of Remembrance (inclusive of 20% VAT)				
Single Entry (2 lines)	L	80.00	90.00	
Double Entry (3 or 4 lines)	L	120.00	140.00	
Additional lines	L	25.00	25.00	
Low rate emblem	L	N/a	100.00	
High rate emblem	L	120.00	140.00	
Memorial Cards (inclusive of 20% VAT)				
Single entry card (2 lines)	L	35.00	35.00	
Double entry card (3 or 4 lines)	L	45.00	45.00	
Additional lines	L	10.00	10.00	
Low rate emblem	L	N/a	100.00	
High rate emblem	L	100.00	140.00	
Other Memorial Schemes				
Replacement kerb vase plaque	L	300.00	300.00	
Replacement flower holder	L	5.00	5.00	
Wall plaques	L	270.00	270.00	
Planter plaques	L	380.00	380.00	
Lease of space for memorial plaques (per annum)	L	27.00	28.00	
Total financial effect for Crematorium				50,000

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
ALLOTMENTS & STABLES				
Rent per year	L	200.00	200.00	NIL
HIGHWAYS				
Private apparatus in the Highway (Section 50 Licence, new installations)	L	550.00	650.00	
Private Road Openings (repair existing)	L	225.00	250.00	
Vehicle Crossings – estimate fee (taken as part of payment if go ahead with the works)	L	25.00	25.00	
Vehicle Crossings (plus actual construction costs)	L	100.00	100.00	
Vehicle Crossings if planning permission required on a classified road (plus actual construction costs)	L	150.00	150.00	
Section 184 Application for private vehicle crossings		150.00	150.00	
- Domestic dwelling	L	150.00	150.00	
- Commercial and industrial	L	150.00	300.00	
Temporary Traffic Regulation Notices (road closures etc)	L	214.00	222.50	
Temporary Traffic Regulation Orders (road closures etc) (plus advertising)	L	332.00	345.00	
Urgent Traffic Regulation Notices	L	173.00	180.00	
Application to Secretary of State for TTRO extension (plus advertising)	L	135.00	140.50	
Personal Search - Highways (by email) per question	L	6.00	8.40	
Street Naming Royal Mail Income (per address, Nationally agreed price LGIH)	L	1.00	1.00	
Street Naming & Numbering of Properties:				
- Per road name (developer suggests)	L	186.00	193.50	
- Per road name (council names)	L	226.00	235.00	
- Per plot	L	16.50	17.00	
Street Naming & Numbering of Properties:				
- Per plot or renaming of a property	L	38.00	39.00	
Rechargeable Works	L	Actual cost + 10%	Actual cost + 10%	
Temporary Traffic Light Applications	L	No Charge Individually priced based on requirements	No Charge Individually priced based on requirements	
Section 50 Licence associated bond costs	L	No charge	No charge	
Access protection markings	L	£75.00 + VAT	£75.00 + VAT	
Tourist Sign (plus actual cost of sign)	L	£75.00 + VAT	£75.00 + VAT	
Accident Data Requests	L	75.00	75.00	
Traffic Count Data				
Street Lighting Design Service	L	Individually priced based on charge out rate	Individually priced based on charge out rate	
Oversailing Licence	L	No charge	No charge	
Banner Licence	L	No charge	No charge	
Placing Goods on the Highway	L	155.00	155.00	
Deposits upon the Highway	L	No charge	No charge	
Temporary Development Signs – Admin Fee	L	200.00	200.00	
Temporary Development Signs – DBC undertake work on behalf of developer	L	Actual costs	Actual costs	
Switch off / on traffic signal / pelican crossings – per visit	L	150.00	150.00	
Unauthorised marks or affixing of signs to street furniture	L	No charge	No charge	

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Section 278 Highway works agreement	L	8% of works + legal if delivered by developer	8% of works + legal if delivered by developer	
Section 116 Stopping Up of the Highway	N	Actual Costs	Actual Costs	
Section 38 Road Adoption agreement	L	8% of works + legal if delivered by developer	8% of works + legal if delivered by developer	
NRSWA Defect Charges	N	Nationally set scale of charges	Nationally set scale of charges	
NRSWA Road Opening Inspection Charges (sample)	N	Nationally set scale of charges	Nationally set scale of charges	
Section 74 – charges for overstays	N	Nationally set scale of charges	Nationally set scale of charges	
				2,000
PUBLIC RIGHTS OF WAY				
Public Path Orders (HA 80 S 118 and 119, TCPA 90 s247, 257)				
Actual cost based on charge out rate plus advertising and legal costs		3,066.00 (minimum)	3,192.00 (minimum)	
PROW Temporary Closures – as Highways fees and charges				
Landowner Rights of Way Statement and Declaration s31.6				
One parcel of land, includes 2 notices	L	256.00	267.00	
Additional parcel	L	51.00	53.00	
Additional notice	L	51.00	53.00	
Authorisation for installing a new gate or stile (HA 80 s147)	L	102.00	106.00	
Path Orders under Deregulation Act				
Actual cost based on charge out rate plus advertising and legal costs, to include but not restricted to pre-application advice, processing the application, resolving objections, making the order, confirmation of the order, and any subsequent Public Inquiry or Hearing				
				NIL
SUSTAINABLE TRANSPORT				
Charges for Concessionary Travel (ENCTS);				
Replacement pass for lost/stolen without a CRN	L	10.00	10.00	
Production, placement and retrieval of notices when bus stops are temporarily per bus stop	L	60.00	60.00	
Production and placement of bus timetable information when bus services have to be re-registered due to road closures – up to 6 timetables	L	84.00	84.00	
				NIL

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
TRANSPORT SERVICES				
Charges for Taxi Licensing;				
Taxi Vehicle Test	L	56.00	56.00	
Taxi Vehicle Test and MOT	L	66.00	66.00	
Failure to attend (less than 48 hours' notice)	L	56.00	56.00	
Re-test	L	27.00	27.00	
Re-test including emissions	L	39.00	39.00	
Re-test emissions only	L	12.00	12.00	
Charges for General Public;				
MOT for Standard Car Class IV	L	38.00	40.00	
MOT for Class V Vehicles	L	45.00	47.00	
MOT for Class VII Vehicles	L	45.00	47.00	
				Minimal
PRIVATE SECTOR HOUSING				
Works in default & statutory activities per hour	L	62.00	65.00	
Housing inspections & consultancy per hour (inclusive of VAT)	L	62.00	65.00	
Charge for the service relevant Housing Act 2004 legal notice	L	465.00	465.00	
Administration cost for the securing empty homes (addition of VAT if completed by agreement)	L	310.00	310.00	
Houses in Multiple Occupation Activities;				
HMO licence fee per letting/let/tenancy	L	N/a	N/a	
Part A Licence Application	L	217.00	217.00	
Part B 5 year HMO licence per letting	L	155.00	155.00	
Other relevant HMO activities per hour	L	62.00	65.00	
Variation of HMO licence	L	124.00	124.00	
Housing Immigration Inspections;				
Within 10 working days (excluding VAT)	L	155.00	155.00	
Fast Track within 5 working days (excluding VAT)	L	217.00	217.00	
General Enforcement Activities;				
Hourly rate for preparation of case reports/prosecutions	L	62.00	65.00	
Additional copies of legal notices via post	L	10.00	10.00	
Additional copies of legal notices - Scanned copy by Email	L	Free	Free	
Energy Company Regulation				
ECOflex declarations (excluding VAT)	L	93.00	93.00	
The Smoke and Carbon Monoxide Alarm (Amendment) Regulations 2022				
Fines for failing to provide a working smoke or carbon monoxide alarm. Offence by the same individual or organisation;				
First	N	500.00	500.00	
Second	N	1,000.00	1,000.00	
Third	N	2,000.00	2,000.00	
Fourth	N	3,000.00	3,000.00	
Fifth or more	N	5,000.00	5,000.00	
The Redress Schemes for Letting Agency Work and Property Management Work (England) Order 2014;				
Fines for failing to join an approved letting and management redress scheme;				
Businesses that have been served with a notice of intent and failed to join an approved scheme	N	5,000.00	5,000.00	
Businesses that have joined an approved scheme following the service of the notice of intent	N	4,000.00	4,000.00	
Businesses that have joined an approved scheme prior to enforcement action being taken, after the 1st October 2014	N	3,000.00	3,000.00	
**The Redress Scheme is currently undergoing a national review and may be replaced prior to April 2024 by a new civil penalty policy				

Description	Type*	Existing Charge £	New Charge £	Financial Effect £
*KEY for basis of fee and charges setting, L - Locally Agreed, N - Nationally Agreed				
Energy Efficiency (Private Rented Property) (England and Wales) Regulations 2015				
Penalty (less than 3 months in breach) renting a non-compliant property	N	Up to 2,000.00 and/or publication penalty	Up to 2,000.00 and/or publication penalty	
Penalty (3 months or more in breach) renting out a non-compliant property	N	Up to 4,000.00 and/or publication penalty	Up to 4,000.00 and/or publication penalty	
Providing false or misleading information on the PRS Exemptions Register	N	Up to 1,000.00 and/or publication penalty	Up to 1,000.00 and/or publication penalty	
Failing to comply with a compliance notice	N	Up to 2,000.00 and/or publication penalty	Up to 2,000.00 and/or publication penalty	
Housing and Planning Act 2016				
Failure to comply with an Improvement Notice (under section 30 of the Housing Act 2004)	N	Civil penalties of up to 30,000 per offence as an alternative to prosecution	Civil penalties of up to 30,000 per offence as an alternative to prosecution	
Failure to comply with a Prohibition Order (under section 32 of the Housing Act 2004)				
Breach of a banning order made under section 21 of the Housing and Planning Act 2016				
Using violence to secure entry to a property (under section 6 of the Criminal Law Act 1977)				
Illegal eviction or harassment of the occupiers of a property (under section 1 of the Protection from Eviction Act 1977)				Minimal
COST OF REVENUE COLLECTION				
Council Tax – All Charges do not incur VAT				
Issue of Summons for Liability Order	L	41.00	42.00	
Issue of Liability Order	L	51.00	53.00	
Issue of Summons for Committal Hearing	L	264.00	264.00	
Issue of Statutory Demand	L	187.00	194.00	
Schedule 3 of the Local Government Finance Act 1992				
Penalty where				
- A person is requested to supply information and fails to	L	70.00	70.00	
- A person knowingly supplies inaccurate information	L	70.00	70.00	
- A person fails to notify a material change without a reasonable excuse	L	70.00	70.00	
Where a penalty has been imposed and there is a further request for the same information a further penalty				
- A person fails to supply information	L	280.00	280.00	
- A person knowingly supplies inaccurate information	L	280.00	280.00	21,000
Business Rates (NNDR) – All Charges do not incur VAT				
Issue of Summons for Liability Order	L	41.00	42.00	
Issue of Liability Order	L	51.00	53.00	
Issue of Summons for Committal Hearing	L	264.00	264.00	
Issue of Statutory Demand	L	187.00	194.00	1,000

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APPENDIX 4

**KEY ASSUMPTIONS USED IN PROJECTED
RESOURCES, EXPENDITURE AND INCOME 2026/27-2029/30**

Factor	Assumption
Resources	
Council Tax Base	Variable depending on projected additional properties.
Council Tax	2.99% increase in 2026/27 and future years in line with Government Core Spending Power.
Adult Social Care Precept	2% increase in 2026/27 and future years in line with Government Core Spending Power.
Council Tax collection	99% collected
Business Rates	Business Rates as per estimates from the Council's specialist advisors of the Government's Fair Funding review.
Government Grants	Provisional awaiting draft Local Government Finance Settlement.
	Revenue Support Grant increased to include Fair Funding reforms and consolidation of grant streams, as per estimates from the Council's specialist advisors of the Government's Fair Funding review.
	Better Care Grant (previously BCF) consolidated with Delayed Discharge Grant (previously shown in Departmental net expenditure) at 2025/26 financial settlement flatlined to 2029/30.
	Social Care Grant, assumed consolidated into Revenue Support Grant as per Fair Funding consultation.
	Homeless Prevention Grant, Temporary Accommodation element assumed consolidated into Revenue Support Grant as per Fair Funding consultation. Balance of grant in Department net expenditure flatlined at 2025/26 allocation.
	National Insurance Offset Grant, assumed consolidated into Revenue Support Grant as per Fair Funding consultation.
	Children's Social Care Prevention Grant, in Departmental net expenditure flatlined at 2025/26 allocation.
	Recovery Grant, assumed rolled into Revenue Support Grant as per Fair Funding consultation.
	Children & Families Grant as per financial settlement 2025/26, flatlined and assumed to continue to 2029/30.
	New Homes Bonus Grant ended as per 2025/26 final settlement
	Extended Producer Responsibility Grant as per 2026/27 provisional allocation. Assumed to reduce in future years as industry reduces packaging.

Expenditure	
Pay inflation	2026/27 3% and thereafter 2% in line with national scheme.
Price inflation	Only contractual inflation on running costs.
Local Government Pension Scheme	Contribution rate of 14.5% for 2026/27 and all years to 2029/30.
Financing Costs	
Interest rates payable	Average rate on existing debt, 2026/27 of 3.59%, 2027/28 of 3.29%, 2028/29 of 3.15% and 2029/30 of 2.97%
Interest rates payable on new debt – 10 year rate	2026/27 of 4.83%, 2027/28 of 4.70%, 2028/29 of 4.60% and 2029/30 4.60%.
Interest rates receivable	3.50% in 2026/27, 3.50% in 2027/28, 3.50% in 2028/29 and 3.50% in 2029/30
Income	
Inflationary increases	Various based on individual service considerations.

REVENUE BUDGET MANAGEMENT 2025/26**Projected General Fund Reserve at 31st March 2026**

	2025-29 MTFP (Feb 2025)	£000
Medium Term Financial Plan (MTFP) :-		
MTFP Planned Opening Balance 01/04/2025	11,458	
Approved net contribution from balances	(3,069)	
Planned Closing Balance 31/03/2026	8,389	
Increase in opening balance from 2024-25 results	1,489	
Projected corporate underspends / (overspends) :-		
Council Wide	(146)	
Financing Costs	(192)	
Changes in grant income received	(143)	
Projected General Fund Reserve (excluding Departmental)	at	9,397
31st March 2026		
Planned Balance at 31st March 2026	8,389	
Improvement	1,008	

Departmental projected year-end balances

	Improvement / (decline) compared with 2025-29 MTFP	£000
People Group	(2,969)	
Environment, Highways & Community Services Group	125	
Resources and Governance Group	(28)	
Chief Executive	(8)	
Economy & Public Protection	0	
TOTAL	(2,880)	

Summary Comparison with :-

	2025-29 MTFP £000
Corporate Resources - increase in opening balance from 24/25 results	1,489
Corporate Resources - additional in-year Improvement/(Decline)	(481)
Departmental - Improvement / (Decline)	(2,880)
Improvement / (Decline) compared with MTFP	(1,872)
Projected General Fund Reserve at 31st March 2026	6,517

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MEDIUM TERM FINANCIAL TERM 2026/27 TO 2029/30

Expenditure	2026/27	2027/28	2028/29	2029/30
	£m	£m	£m	£m
Chief Executives Office	0.342	0.349	0.356	0.364
People Services	100.743	102.676	104.215	106.665
Economy & Public Protection	2.208	2.145	2.052	2.124
Environment, Highways and Community Services	27.792	28.319	28.888	29.818
Resources & Governance	16.824	17.339	17.823	18.184
Financing Costs	4.507	4.057	4.157	4.473
Investment Returns - Joint Venture	(2.188)	(1.942)	(1.855)	(1.188)
Council Wide	(1.169)	(1.153)	(1.137)	(1.120)
Contingencies	0.278	0.202	0.202	0.202
Contribution to/(from) revenue balances	(4.279)	(1.558)	1.797	2.033
Total Net Expenditure	145.058	150.434	156.498	161.555
Resources - Projected and Assumed				
Council Tax	74.633	79.308	84.334	89.671
Business Rates Retained	25.886	26.202	26.544	26.884
Revenue Support Grant	35.376	36.302	37.431	37.157
Better Care Grant	5.537	5.537	5.537	5.537
Children & Families Grant	0.922	0.922	0.922	0.922
Extended Producer Responsibility Grant	2.704	2.163	1.730	1.384
Total Resources	145.058	150.434	156.498	161.555

Balances				
Opening Balance				
Contribution to/(from) Balances	6.517	2.238	0.680	2.477
Closing Balance	(4.279)	(1.558)	1.797	2.033
	2.238	0.680	2.477	4.510

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Capital Medium Term Financial Plan 2026/27 - 2029/30					Appendix 7
	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000	Total £'000
Children, Families & Learning					
School Condition Allocations	154	154	154	154	616
	154	154	154	154	616
Housing					
Adaptations / Lifts	153	156	159	162	630
Heating replacement programme	1,352	1,379	1,406	1,434	5,571
Structural works	250	255	260	265	1,030
Lifeline Services	379	380	382	73	1,214
Repairs before painting	69	134	136	139	478
Roofing	1,000	1,020	1,040	1,061	4,121
Garages	329	25	26	26	406
External Works (footpaths, fencing, etc.)	214	218	223	227	882
Pavement Crossing	28	29	30	30	117
Window and Door Replacement Programme	2,025	2,065	1,607	1,639	7,336
IPM works	3,672	3,745	3,820	3,897	15,134
Energy Efficiency	5,237	5,200	1,500	1,530	13,467
Communal Works	204	208	212	216	840
Capital Schemes approved in previous years	5,821	0	0	0	5,821
New build (net of HE grant)/regeneration	1,000	1,000	1,000	1,000	4,000
Fees	386	396	402	412	1,596
	22,119	16,210	12,203	12,111	62,643
Transport					
Highway Maintenance	1,206	1,206	1,206	1,206	4,824
Integrated Transport	893	893	893	893	3,572
Pothole Funding	969	969	969	969	3,876
	3,068	3,068	3,068	3,068	12,272
Other Capital Programmes					
Disabled Facility Grants	1,319	1,319	1,319	1,319	5,276
	1,319	1,319	1,319	1,319	5,276
Council funded Schemes					
Advanced Design Fees	150	150	150	150	600
EPC Surveys in Council Commercial estate	100	100	0	0	200
Capitalised Repairs (Already approved to 2028/29 at £0.250m)	500	500	500	500	2,000
	750	750	650	650	2,800
Total Spending Plans	27,410	21,501	17,394	17,302	83,607
Funded by:					
Capital Grants	5,861	5,824	4,541	4,541	20,767
HRA Revenue Contributions	12,261	12,210	11,903	11,811	48,185
HRA Capital Receipts	300	300	300	300	1,200
Borrowing	8,238	2,417	0	0	10,655
Corporate Resources	750	750	650	650	2,800
Total Resources	27,410	21,501	17,394	17,302	83,607
Commitments - see above	27,410	21,501	17,394	17,302	83,607
Resources Available for Investment	0	0	0	0	0

Figures shown in italics are estimates based on current allocations, awaiting confirmation of future allocations.

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HEALTH AND HOUSING SCRUTINY COMMITTEE
7 JANUARY 2026

HOUSING REVENUE ACCOUNT – MTFP 2026-27 TO 2029-30

SUMMARY REPORT

Purpose of the Report

1. To consider the Housing Revenue Account (HRA) - Medium Term Financial Plan (MTFP) for 2026-27 to 2029-30 before recommendation by Cabinet on 3 February 2026 and approval by Council on 19 February 2026.

Summary

2. Attached at **Appendix 1** is the HRA - MTFP 2026-27 to 2029-30 report, which has been approved by Cabinet as a basis for consultation.

Recommendations

3. Members are requested to consider the HRA - MTFP 2026-27 to 2029-30 and make any recommendations to Cabinet, specifically in relation to the following recommendations:
 - (a) To implement an average weekly rent increase of 4.8% for 2026-27, giving an average weekly social rent of £89.92 and affordable rent of £101.95.
 - (b) To increase garage rents and service charges as shown in Appendix 1.
 - (c) To approve the revenue budget at Appendix 1.
 - (d) To agree the Housing Business Plan at Appendix 1.
 - (e) To approve the capital programme at Appendix 1.

Anthony Sandys
Assistant Director – Housing and Revenues

Background Papers

Regulator of Social Housing - Rent Standard

Anthony Sandys: Ext 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 issues which this report needs to address
Tackling Climate Change	There are a range of energy efficiency measures included in the business plan, which will support our Housing Services Climate Change Strategy
Efficient and effective use of resources	As the HRA is a ring-fenced budget every effort is made to maximise income and identify savings to maintain a high-quality service
Health and Wellbeing	By ensuring our housing stock is in good condition, we are making a positive contribution to the health and wellbeing of our tenants
S17 Crime and Disorder	There are no issues which this report needs to address
Wards Affected	All wards with Council housing
Groups Affected	All Council tenants and leaseholders, and Lifeline service users
Budget and Policy Framework	The issues contained within this report require Council approval and the report will be presented to Council in February 2026
Key Decision	This is not a key decision for Cabinet, as the approval of Council in February 2026 will be required
Urgent Decision	This is not an urgent decision for Cabinet, as the approval of Council in February 2026 will be required
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Background

4. Cabinet, at its meeting held on 2 December 2025, considered and approved the HRA - MTFP 2026-27 to 2029-30 at Appendix 1 as a basis for consultation.
5. Members are asked to consider the recommendations agreed by Cabinet in relation to the revenue budget, capital programme, rent levels and service charges for the Council's HRA for the financial year 2026-27 in the context of the HRA MTFP to 2029-30 and the 30-year business plan.

Consultation

6. The Tenants Panel has been consulted about the proposals and a wider consultation with all Council tenants took place during December 2025. A verbal report on the outcome of the consultation with Council tenants will be given at the meeting.

CABINET
2 DECEMBER 2025

HOUSING REVENUE ACCOUNT – MTFP 2026-27 TO 2029-30

**Responsible Cabinet Member - Councillor Matthew Roche,
Health and Housing Portfolio**

**Responsible Director – Elizabeth Davison,
Executive Director of Resources and Governance**

SUMMARY REPORT

Purpose of the Report

1. To consider proposals for the revenue budget, capital programme, rent levels and service charges for the Council's Housing Revenue Account (HRA) for the financial year 2026-27 in the context of the HRA Medium Term Financial Plan to 2029-30 and the 30-year Business Plan.

Summary

2. Darlington Borough Council is the largest provider of social housing in the Borough, providing 5,266 homes to local residents. Our homes offer a high standard of accommodation that meets the Decent Homes Standards, and we provide a range of quality services to tenants, including a responsive repairs and maintenance service, lifeline services and emergency call out provision.
3. We are proud of our housing and want to continually improve, so in addition to the day to day maintenance, significant investment is made in our housing stock each year to maintain and improve those standards, enhance the energy efficiency of our homes (to help our tenants reduce their energy consumption and bills, meet Government targets and tackle climate change), whilst ensuring we have the financial capacity to continue with our ambitious programme of building new Council homes.
4. The high quality of our homes and the services provided mean they are in high demand, which is why we have an ambitious programme to build new Council homes in Darlington. Our new build Council housing programme is funded through capital receipts from right to buy sales, grant funding from Homes England and through estimated borrowing of £8.2m.
5. The HRA also funds a Tenancy Sustainment Service, to provide our tenants with advice and support to help address the current financial challenges they are facing. This includes support to claim welfare benefits, including the transition to Universal Credit, budgeting advice, saving money on gas and electricity, opening bank accounts and applying for the Northumbrian Water tariff, which can reduce water bills by up to 50%. Referrals are also made to Citizens Advice for independent financial advice, as well as to food banks and furniture recycling schemes.

6. This report sets out the key decisions for the HRA for 2026-27, which includes:
 - (a) Proposed revenue expenditure of £32.042m, including:
 - (i) £7.579m to fund our responsive repairs and maintenance service, and
 - (ii) £12.261m contribution to the capital programme.
 - (b) A proposed capital programme of £22.119m, including:
 - (i) £1.352m for heating system replacements,
 - (ii) £1.617m for property adaptations, structural works, external works, and roofing,
 - (iii) £2.025m for windows and door replacements,
 - (iv) £3.672m for kitchen and bathroom replacements,
 - (v) £5.237m to deliver energy efficiency measures to tackle climate change,
 - (vi) £6.821m to complete capital schemes approved in previous years, and to deliver our new build Council housing programme.
7. The key decision regarding the HRA each year is the balance between setting rent and service charge levels that are affordable to our tenants, whilst ensuring we have sufficient resources to invest in our housing stock, tackle climate change, meet the challenges of new Decent Homes Standards and Fire Safety Regulations, and maintain services.
8. Councils have the discretion to increase rents each year by the Consumer Price Index (CPI) plus 1%. CPI for September 2025 was 3.8%, which means for 2026-27 Members could increase rents by up to 4.8%. A rise of this level would mean that rents for our Council homes are still more affordable than all other social housing providers in Darlington, whilst allowing the Council to continue to provide the best service to tenants and increase the quality of homes.
9. Members will recall that a 2.7% rent increase was agreed in February 2025 for the current financial year. This was the maximum increase allowable and was made in recognition of the need to balance ongoing economic pressures facing our tenants and the need to invest in our Council homes and services. As far as we are aware, most social landlords in England also increased their rents in 2025-26 by the maximum 2.7%.
10. The Council has continued to face substantial financial pressures over the last 12 months. There is a country wide pressure regarding building materials and contractor costs, which has, and continues to, increase prices above inflation, which subsequently impacts on the cost of both repairs and maintenance and new build properties. For example, our Repairs and Maintenance costs have increased from £4.759m in 2021-22 to £7.153m in 2024-25, a 50% increase in 3 years.
11. In addition, the significant unknown pressure is Government energy efficiency targets. An independent report from Savills in 2021 estimated replacing gas boilers with air source heating will cost more than £100m. At this point we don't know the Government's long-

term intentions on funding for these measures, but currently, grants are awarded on a matched funding basis.

12. We have approx. 2,350 properties that don't meet the Energy Performance Certificate (EPC) C rating which will need to be addressed by 2030. We don't know the full costs yet, but current estimates, based on stock condition data, suggest the amount to be around £32m, which is approx. £12.8k for each property. We have successfully bid for £3.5m of funding from the Warm Homes: Social Housing Fund (WHSHF) wave 3. Including expenditure from the HRA, around 1,000 Council homes will be upgraded in the next 3 years at a total cost of £13.9m. However, significantly more investment will be required to meet Government targets.
13. The Government has also consulted on new Decent Homes Standards, and the Regulator of Social Housing introduced new Consumer Standards in April 2024 that places greater emphasis on social landlords to provide good quality homes to their tenants. Awaab's Law, introduced in October 2025, also requires social landlords to address damp and mould reports with higher priority and new Fire Safety regulations introduced in 2022 also require us to replace all our doors in blocks of flats and communal housing schemes over the next few years.
14. Considering the current economic pressures facing our tenants and balancing this with the increased costs of maintaining and improving our housing and the need to deliver our ambitious capital and energy efficiency programmes, an increase of 4.8% is recommended, or an average of £4.24 each week. It is also recommended to increase service charges in line with the projected costs of the services provided. We anticipate the vast majority of, if not all, other social housing providers in England will propose to raise rents by 4.8% but will keep a watching brief on this. As far as we know in years following higher inflation (2023 and 2024) Darlington Borough Council increased rents by less than all other social landlords in England. This means that we anticipate council homes continuing to be the best value for money social homes in the Borough.

Recommendations

15. It is proposed that the following recommendations are agreed for wider consultation:
 - (a) An average weekly rent increase of 4.8% for 2026-27 be implemented, giving an average social rent of £89.92 and affordable rent of £101.95.
 - (b) Garage rents and service charges are increased as shown in **Table 3**.
 - (c) The revenue budget at **Appendix 1** is approved.
 - (d) The Housing Business Plan at **Appendix 2** is agreed.
 - (e) The capital programme at **Appendix 3** is approved.

Reason

16. To enable the Council to deliver an appropriate level of services to tenants to meet housing need and to support the economic growth of the Borough through housing development.

Elizabeth Davison
Executive Director of Resources and Governance

Background Papers

Regulator of Social Housing - Rent Standard

Anthony Sandys: Ext 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 issues which this report needs to address
Tackling Climate Change	There are a range of energy efficiency measures included in the business plan, which will support our Housing Services Climate Change Strategy
Efficient and effective use of resources	As the HRA is a ring-fenced budget, every effort is made to maximise income and identify savings to maintain a high-quality service
Health and Wellbeing	By ensuring our housing stock is in good condition, we are making a positive contribution to the health and wellbeing of our tenants
S17 Crime and Disorder	There are no issues which this report needs to address
Wards Affected	All wards with Council housing
Groups Affected	All Council tenants and leaseholders, and Lifeline service users
Budget and Policy Framework	The issues contained within this report require Council approval and the report will be presented to Council in February 2026
Key Decision	This is not a key decision for Cabinet, as the approval of Council in February 2026 will be required
Urgent Decision	This is not an urgent decision for Cabinet, as the approval of Council in February 2026 will be required
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Background

17. Darlington Borough Council is the largest provider of social housing in the Borough, providing 5,266 homes to local residents. Our homes offer a high standard of accommodation that meet the Decent Homes Standards and provides a range of quality services to tenants including a responsive repairs and maintenance service, lifeline services and emergency call out provision.

18. In addition, significant investment is made in our housing stock each year to maintain and improve those standards. A comprehensive capital programme delivers a range of home improvements to tenants, improves the energy efficiency of our homes to reduce our carbon impact and reduce the bills of our residents, whilst ensuring we have the financial capacity to continue with our ambitious programme of building new Council homes. Over 50% of households in Council housing have one or more person with a disability and we are therefore committed to providing good quality homes to support people to live independently and maintain a good quality of life.

19. The high quality of our homes and the services provided mean they are in high demand, which is why we have an ambitious programme to build new Council homes in Darlington.
20. The key decision regarding the HRA each year is the balance between setting rent and service charge levels that are affordable to our tenants, whilst ensuring we have sufficient resources to invest in our housing stock, tackle climate change and maintain services.

Setting the MTFP for the HRA

Projected HRA Expenditure for 2026-27

21. Detailed estimates have been prepared based on current service levels and the following expenditure amounts for the revenue account are proposed for 2026-27:

Area	£m	Description
Operational costs	7.084	This includes all the costs associated with the provision of our housing management, housing income, tenancy sustainment and tenancy enforcement services, central support services and other associated support costs such as ICT, buildings, and insurance.
Service charges	3.767	This covers services charged to tenants such as building cleaning, heating, grounds maintenance and Lifeline charges to a range of clients. All service charges are fully recoverable. It also includes recharges that will be recovered through additional income including court costs and recharges to the General Fund for grounds maintenance.
Responsive repairs and maintenance	7.579	This covers the on-going general repairs to our 5,266 Council properties, which is an average of £1,439 for each property in 2026-27. The continued investment in a good quality repairs and maintenance service is essential to maintaining the high standards of our housing stock, whilst also ensuring we meet all the statutory requirements to provide for the health and safety of our tenants.
Capital financing	4.833	This covers the historic and ongoing cost of paying for borrowing undertaken to fund capital expenditure.
Bad debt provision	0.263	Provision to cover rents that are deemed to be unrecoverable.
Revenue contribution to the capital programme	12.261	This represents the amount by which the HRA can fund major capital works. A breakdown of the proposed Capital Programme for 2026-27 is given below in 'Housing Business Plan'.

Housing Business Plan

22. All Housing Capital schemes are funded fully from the HRA, and this section explains what future capital investment is planned. The priorities are identified through the Housing Business Plan and our Housing Asset Management Strategy, which are regularly reviewed to ensure investment is targeted in the areas of most need. The funding proposals for 2026-27 are:

Area	£m	Description
Adaptations and lifts	0.153	This budget delivers adaptations to Council homes to enable tenants with a disability to remain in their own home and live independently. In addition, the budget also covers any unplanned works to passenger lifts within sheltered and extra care schemes.
Heating replacements	1.352	This budget will fund new condensing boilers, air source heat pumps and central heating upgrades that are due for replacement and in addition, to any unplanned replacements required due to boiler failure before their due replacement date. This work for 2026-27 will predominantly be completed in the Eastbourne, Park East, Bank Top and Lascelles, Red Hall and Lingfield and Cockerton wards.
Structural works	0.250	This budget will be used to address structural issues identified within the year.
Lifeline services	0.379	This budget will continue to fund any upgrades required to Lifeline equipment.
Repairs before painting	0.069	This budget will be invested in joinery repair works in anticipation of the cyclical external painting programme. This work for 2026-27 will be completed in various locations across the Borough.
Roofing and repointing work	1.000	This budget will fund the replacement of flat and pitched roofs and the replacement of fascia's, soffits, and rainwater goods. In addition, it will also fund loft insulation work, where appropriate. The programme of works for 2026-27 will be aligned to the energy efficiency work taking place (see below).
Garages	0.329	This budget will be invested in improvements to the Council's garage blocks, including demolition, where they are beyond economical repair. This work for 2026-27 will predominantly be completed in the Red Hall and Lingfield ward.
External works	0.214	This budget will be used to provide new rear dividing fences and new footpaths to Council properties, based on their condition, in various locations across the Borough.
Pavements	0.028	This budget will be used to fund any identified work to upgrade or adapt any pavements (including requirements for

Area	£m	Description
		dropped kerbs for Council properties) across the Borough.
Window and door replacements	2.025	This budget will fund the window and external door replacement programme, including replacement fire doors in sheltered schemes and blocks of flats. This budget will also fund any window and door replacements required because of a responsive repair. This work for 2026-27 will predominantly be fire doors to be fitted in sheltered schemes and blocks of flats, in various locations across the Borough.
Internal planned maintenance (IPM)	3.672	This budget will fund kitchen and bathroom replacements that are due. This budget will also fund any kitchen and bathroom renewal works for properties as required, including any void properties that require this work before letting. This work for 2026-27 will predominantly be completed in the Bank Top and Lascelles, Eastbourne, Cockerton and Park West wards.
Energy efficiency	5.237	This budget will continue to fund energy efficiency improvements such as improved insulation and new low carbon heating systems. This will also include any match funding required for Government energy efficiency grant bids (see the 'Climate Change' section below).
Communal works	0.204	This budget will fund any work required to communal areas and will also be used to carry out upgrades to card entry systems. This work for 2026-27 will be completed in various locations across the Borough.
Capital Schemes approved in previous year	5.821	This budget will be used to fund ongoing capital schemes, including new build schemes, that were approved in a previous year but are due to be completed in 2026-27.
New build and acquisitions	1.000	This budget will continue to fund the new build Council housing programme (see the 'New Build' section below) and acquisitions in 2026-27.

23. The purpose of the Housing Business Plan is to ensure that Housing Services has a sustainable medium-term financial plan, which focuses investment on our strategic priorities. The following proposals will outline our strategic priorities and how resources will be aligned against these priorities (subject to final decisions on rent levels).

New Build

24. We have an ambitious programme to build new Council homes. Since the programme began, 365 new Council properties have already been delivered at various locations around Darlington, providing exceptionally high-quality homes to local residents, with a further 108 under construction. Demand for our properties continues to be high, with just under 2,000 Darlington residents on the Housing Allocations register. Therefore, along

with a range of other measures, efforts continue to be made to develop more schemes, which will have to be costed on a scheme-by-scheme basis for affordability.

25. Since the abolition of the HRA borrowing cap, we have been able to prudentially borrow and have included estimated additional borrowing of £8.2m in 2026-27 to build new affordable homes and contribute to energy efficiency. Our new build Council housing programme is funded through capital receipts from right to buy sales, grant funding from Homes England and prudential borrowing.
26. We previously lost around 40 homes each year through the Right to Buy scheme, although following new Government rules, which has reduced the discounts available, there were 36 Council homes sold under Right to Buy in 2024-25, and 54 to date in 2025-26. However, due to further changes by the Government, we are expecting the numbers to reduce in the future years. The Housing Business Plan is funded by the rents and service charges received from Council properties and the loss of income from ongoing Right to Buy sales would put the Business Plan at risk if these properties were not replaced.
27. The following is a summary of our current new build work programme:
 - (a) Work on the Neasham Road site commenced in September 2022 and will deliver 150 new homes by the beginning of 2026-27. So far, 72 new Council homes have been completed to date, and the rest of the site will be completed in phases, including 19 homes being offered as rent to buy. The site has been partly funded through £7.35m of grant from Homes England.
 - (b) Phase 2 of the Sherbourne Close site commenced in July 2024, providing an additional 14 new homes, including 2 homes being offered as rent to buy, and is due to be completed by the end of 2025-26. The site has been partly funded through £0.91m of grant from Homes England.
 - (c) Construction work on the Skinnergate site is due to commence in early 2026, following the completion of the demolition of the existing commercial buildings. The construction phase is then due to be completed by December 2026. Development of the site has been delayed because of ongoing legal issues regarding adjoining commercial and residential properties, nutrient neutrality issues and enquiries raised by Historic England. An application for grant funding from Homes England is currently awaiting decision and we are anticipating an award of approx. £2m.
28. As noted previously, the new build programme for 2026-27 will partly be funded through additional borrowing. In addition, grant funding bids to Homes England's Affordable Housing Programme will also provide around 30% of the overall costs. It is difficult to predict exact grant funding levels, as decisions are made by Homes England on a scheme-by-scheme basis, therefore grant projections are based on previous successful bids. To reduce financing costs, unallocated balances will be used before borrowing, however this is purely for treasury management purposes, as all new build schemes are self-financing.

Housing for People with Vulnerabilities

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

and ground floor extensions.

30. The HRA adaptations budget reflects the fundamental role adaptations play in supporting people with vulnerabilities to continue to live independently, reducing the need for expensive care packages and prevent a premature move into residential or care accommodation. These high levels of need have also been considered in developing our new build housing programme. Occupational Therapists and Housing Officers work closely with our tenants to meet their needs where appropriate, such as bespoke lowered kitchens and specific bathing requirements before they move in, wherever possible.

Existing Stock Investment and Responsive Repairs

31. From our current and previous stock condition surveys, our properties have been assessed as being in good condition, reflecting our significant annual investment, as part of a structured programme for both on-going capital improvements and responsive repairs and maintenance. We now have dedicated Stock Condition Surveyors who will undertake a rolling programme of surveys to inform our provision of good quality, well maintained and safe homes for our tenants. Our surveys have provided us with a complete picture of our stock condition and analysis of this data will continue in 2026-27 to shape our Business Plan and energy efficiency priorities.
32. All our properties comply with Decent Homes Standards. This can be largely attributed to a central heating programme providing A-rated combi-boilers and a planned maintenance programme which ensures properties benefit from cavity wall insulation and loft insulation. Properties have also been targeted in recent years for a more comprehensive package of energy efficiency measures including double glazed UPVC windows, composite doors, and external wall insulation. In addition, all our properties comply with health and safety legal requirements, and part of the cyclical maintenance programme includes statutory gas and electrical safety checks, fire door surveys and fire risk assessments.
33. The Housing Business Plan identifies a capital works budget of around £63m over the next four years and £461m budget for capital works over the next 30 years, including the New Build Programme (see **Appendix 2**).
34. The Business Plan also anticipates the number of responsive repairs will remain at current levels, with an annual inflationary increase for costs and so allocates a budget of £31.2m for responsive repairs and maintenance over the next four years.

Energy Efficiency and Climate Change

35. We are committed to make our homes more energy efficient, to help tenants with fuel bills and tackle climate change, reflected in our Housing Services Climate Change Strategy, approved by Cabinet in January 2024. Our strategy confirmed that significant investment is required to achieve Government targets to ensure all our homes:
 - (a) Achieve a minimum EPC rating of C by 2030.
 - (b) Achieve a net zero carbon rating by 2050.
36. An independent report from Savills in 2021 estimated replacing gas boilers with air source heating will cost more than £100m. At this point we don't know the Government's long-term intentions on funding for these measures, but currently, grants are awarded on a

matched funding basis.

37. The Council has already committed over £4m of capital expenditure to tackle climate change in the current financial year and this has been supplemented with Government funding from successful bids through the Social Housing Decarbonisation Fund (SHDF) and the Warm Homes: Social Housing Fund (WHSF) to deliver improvements to Council homes as follows:
 - (a) The SHDF (wave 1) scheme delivered external and cavity wall insulation, Air Source Heat Pumps, loft insulation and solar panels to 23 Council homes using £0.24m of Government funding and £0.28m of capital expenditure.
 - (b) The SHDF (wave 2) scheme delivered external and cavity wall insulation, solar panels, loft insulation, double glazing, and low energy lighting to 130 Council homes using £1.27m of Government funding and £1.27m of capital expenditure.
 - (c) The WHSF (wave 3) scheme will deliver external and cavity wall insulation, solar panels, loft insulation, double glazing, and low energy lighting to approx. 680 Council homes using £3.55m of Government funding. Matched funding from the HRA, together with non-grant funded works, will deliver a 3-year programme of improvements to around 1,000 Council homes at a total estimated cost of £13.9m.
38. We have approx. 2,350 properties that don't meet the EPC C rating, which will need to be addressed by 2030. We don't know the full costs yet, but current estimates, based on stock condition data, suggest the amount to be around £32m, which is approx. £12.8k for each property. Therefore, significantly more investment will be required to meet Government targets.

Rents

39. All registered providers of social housing (including Councils) must set rents in accordance with the Government's Rent Standard, which allows social housing providers to increase rents, by CPI plus 1%.
40. Members will recall that a 2.7% rent increase was agreed in February 2025 for the current financial year. This was the maximum increase allowable and was made in recognition of the need to balance ongoing economic pressures facing our tenants and the need to invest in our Council homes and services. As far as we are aware, all social landlords in England increased their rents in 2025-26 by the maximum 2.7%.
41. The Council has faced substantial financial pressures over the last 12 months. There is a country wide pressure regarding building materials and contractor costs, which has, and continues to, increase prices above inflation, which subsequently impacts on the cost of both repairs and maintenance and new build properties. For example, our Repairs and Maintenance costs have increased from £4.759m in 2021-22 to £7.153m in 2024-25, a 50% increase in 3 years.
42. The Council recognises that the last few years have been a difficult time for all our tenants and in the current economic climate the pressures on fuel and price inflation in general puts a strain on family finances. Conversely, rising prices also means the cost of repairs, maintenance, contractor, and material costs to maintain and invest in our stock are also increasing. Without any rise there would be an impact on our ability to maintain and

invest in our tenant's homes and the ability to implement the significant energy efficiency measures required to tackle climate change.

43. The Government has also consulted on new Decent Homes Standards, and the Regulator of Social Housing introduced new Consumer Standards in April 2024 that places greater emphasis on social landlords to provide good quality homes to their tenants. Awaab's Law, introduced in October 2025, also requires social landlords to address damp and mould reports with higher priority and new Fire Safety regulations introduced in 2022 also require us to replace all our doors in blocks of flats and communal housing schemes over the next few years.
44. Considering the current economic pressures facing our tenants and balancing this with the increased costs of maintaining and improving our housing and the need to deliver our ambitious capital and energy efficiency programmes, an increase of 4.8% is recommended, or an average of £4.24 each week. It is also recommended to increase service charges in line with the projected costs of the services provided.
45. In addition to the income from rent and service charges, in 2026-27 we plan to borrow an additional £8.2m to help fund our new build programme. This will be supplemented with grants from Homes England, which usually cover around 30% of the new build costs. We also plan to continue to bid for available Government funding to improve the energy efficiency of our homes and reduce our carbon impact.
46. In terms of benchmarking data, the following tables are the Government figures for 2024-25, which show Darlington rents both social and affordable (except for one-bedroom and four-bedroom homes with an affordable rent) as being lower.

Table 1: Average Social Rents 2024-25 (no service charges included)

House size	DBC	Other Social Landlords in Darlington
1 Bedroom	£74.65	£82.51
2 Bedroom	£84.52	£97.52
3 Bedroom	£93.97	£104.55
4 Bedroom	£100.23	£125.60
All properties	£84.36	£97.35

Table 2: Average Affordable Rents 2024-25 (including service charges)

House size	DBC	Other Social Landlords in Darlington
1 Bedroom	£106.78	£104.62
2 Bedroom	£109.29	£119.75
3 Bedroom	£123.88	£133.71
4 Bedroom	£182.68	£144.89
All properties	£112.64	£122.33

Garage Rents and Service Charges

47. The proposed service charges are shown at **Table 3** below and achieves full recovery of costs from those tenants who directly benefit from the services provided. In most cases, this means an inflationary increase is necessary that either matches or is below CPI but in some instances, a higher increase is needed to maintain current levels of service.

48. For 2026-27, the heating costs for sheltered and extra care schemes has been estimated by the North East Procurement Organisation's (NEPO) to decrease, reflecting gas price decreases in 2025-26. Therefore, the proposed service charge for 2026-27 has been decreased accordingly. The proposed meals charge for Extra Care schemes will increase by 20% from £58.43 each week, to £70.14 as the costs have been subsidised by the Council, although the actual cost increase of the service has been staggered over 2 years (20% increase in 2025-26 and 20% increase in 2026-27). Similarly, the building cleaning charge has also been increased above inflation, as this service was also being subsidised by the Council and has been phased over 2 years in a similar way to the meals charge. In addition, there is a plus budget pressure for window cleaning, which is the reason for the 38% increase in the weekly charge to the flats.

49. Any additional costs will be covered by Housing Benefit or Universal Credit for the approximate 70% of tenants who are eligible. The HRA funds a Tenancy Sustainment Service and Income Management Team to address the financial challenges facing a considerable number of Council tenants. Referrals are also made to Citizens Advice for independent financial advice, as well as to food banks and furniture recycling schemes. Those tenants, particularly first-time tenants who require more sustained intensive support, will be referred to the Housing Plus Team.

Table 3: Garage Rents and Service Charges

Description	Current Weekly Charge (25-26)	Proposed Weekly Charge (26-27)	% increase
	£	£	
Garage Rents	10.07	10.45	4%
Building Cleaning – Flats	2.82	3.89	38%
Building Cleaning – Sheltered Schemes	5.15	6.43	25%
Building Cleaning – Extra Care Schemes	18.87	22.09	17%
Grounds Maintenance – General Housing	2.28	2.47	8%
Grounds Maintenance – Blocks of Flats	2.28	2.47	8%
Heating – Sheltered and Extra Care Schemes	19.89	15.41	-23%
Heating – Blocks of Flats	3.29	3.29	0%
Administration – Leaseholders	2.16	2.24	4%
Furnishings and Fittings – Sheltered and Extra Care Schemes	2.58	2.67	4%
Furnishings and Fittings – Good Neighbour Schemes	1.26	1.31	4%
Lifeline Response	8.57	8.90	4%
Lifeline – Sheltered and Extra Care Schemes	30.48	30.73	1%
Pavement Crossings and Hard Standings	5.20	5.40	4%

Description	Current Weekly Charge (25-26)	Proposed Weekly Charge (26-27)	% increase
Mid-day Meal – Extra Care (Residents Only)	58.43	70.14	20%
Mid-day Meal – Extra Care (Non-Residents)	70.12	84.17	20%
Guest Rooms in Sheltered Schemes	110.75	116.29	5%
Door Entry Systems	0.95	0.96	2%
TV Aerials	0.26	0.27	2%
Furniture Charge	14.32	14.87	4%
Housing Plus Service	22.90	25.90	13%

Consultation

50. The Annual Review of the HRA Business Plan, together with the recommendation to increase rents and service charges is developed in consultation with Council tenants through our Tenants Panel and tenant surveys. The specific proposals included in this report have not yet been considered by the Tenants Panel, but the outcome of consultation will be reported to Cabinet in the February 2026 report.

Financial Implications

51. The estimates included in this report represent a fair view of ongoing plans and commitments although Members will appreciate some budgets are subject to volatility and will continue to be monitored closely.

52. With the proposed increase in rents the expenditure plans presented are affordable and the level of revenue balances projected in this report represent an adequate level of risk.

HOUSING REVENUE ACCOUNT - MTFP

	2026/27	2027/28	2028/29	2029/30
	£000	£000	£000	£000
<u>Income</u>				
Rents of Dwellings (Gross)	(25,584)	(26,063)	(26,540)	(27,026)
Sundry Rents (Including Garages and Shops)	(500)	(500)	(500)	(500)
Charges for Services and Facilities	(3,767)	(3,828)	(3,910)	(3,993)
Contribution Towards Expenditure	(1,662)	(1,681)	(1,708)	(1,736)
Interest Receivable	(531)	(369)	(284)	(201)
Total Income	(32,042)	(32,441)	(32,942)	(33,455)
<u>Expenditure</u>				
Operational Costs	7,084	7,142	7,251	7,387
Service Charges	3,767	3,828	3,910	3,993
Capital Financing Costs	4,833	4,928	4,886	4,844
Increase in Bad Debt Provision	263	271	279	288
HRA Revenue Repairs	7,579	7,723	7,875	8,032
Revenue Contribution to Capital (RCCO)	12,261	12,210	11,903	11,811
Contribution to/(from) Balance	(3,745)	(3,660)	(3,163)	(2,901)
Total Expenditure	32,042	32,441	32,942	33,455
(Surplus) / Deficit	0	0	0	0
Opening Balance	16,227	12,483	8,823	5,660
Contribution to/(from) Balance	(3,745)	(3,660)	(3,163)	(2,901)
Closing Balance	12,483	8,823	5,660	2,759

APPENDIX 2**30 YEAR HOUSING BUSINESS PLAN 2026/27 - 2055/56**

	Years 1-10 (£000)	Years 11-20 (£000)	Years 21-30 (£000)	Total Spend (£000)
Adaptations and Lifts	1,675	2,042	2,489	6,207
Communal Works	2,234	2,723	3,534	8,490
Repairs Before Painting	1,373	1,749	2,225	5,347
External Works (footpaths, fencing, etc.)	2,345	2,859	3,625	8,829
Garages	573	327	388	1,288
Heating Replacements	14,799	18,039	21,990	54,828
Internal Planned Maintenance (IPM)	40,207	58,582	60,176	158,965
Roofing and Repointing Work	10,950	13,348	16,271	40,568
Structural Works	2,737	3,337	4,331	10,405
Lifeline Services	1,686	921	1,195	3,802
Energy Efficiency (including Window and Door Replacements)	41,192	39,857	47,973	129,022
Professional Fees	4,234	5,163	7,079	16,477
Smoke / Fire Alarms	0	1	2	3
Pavements	311	379	491	1,181
Capital Schemes Approved in the Previous Year	5,821	0	0	0
New Build and Acquisitions	10,000	0	0	10,000
Total expenditure	140,137	149,327	171,769	461,233

APPENDIX 3

HOUSING REVENUE ACCOUNT – CAPITAL PROGRAMME

	2026/27	2027/28	2028/29	2029/30
	£000's	£000's	£000's	£000's
<u>Scheme / Project</u>				
Adaptations and Lifts	153	156	159	162
Heating Replacements	1,352	1,379	1,406	1,434
Structural Works	250	255	260	265
Lifeline Services	379	380	382	73
Repairs Before Painting	69	134	136	139
Roofing and Repointing Work	1,000	1,020	1,040	1,061
Garages	329	25	26	26
External Works (footpaths, fencing, etc.)	214	218	223	227
Pavements	28	29	30	30
Window and Door Replacements	2,025	2,065	1,607	1,639
IPM	3,672	3,745	3,820	3,897
Energy Efficiency	5,237	5,200	1,500	1,530
Communal Works	204	208	212	216
Capital Schemes Approved in the Previous Year	5,821	0	0	0
New Build and Acquisitions	1,000	1,000	1,000	1,000
Fees	386	395	402	410
Total spend	22,119	16,210	12,203	12,111
<u>Resourced by:</u>				
Capital Receipts	300	300	300	301
RCCO	12,261	12,210	11,903	11,811
Capital Grant	1,320	1,283	0	0
Additional Borrowing	8,238	2,417	0	0

Examples of Weekly Rent Changes for 2026/27

Appendix 4

Area		Property Type	Approved Rent 2025/26	Proposed Rent 2026/27	Increase between 25/26 & 26/27	Increase between 25/26 & 26/27
					£	%
<u>Middleton St George</u>						
	Pounteys Close	2 Bedroom House	91.52	95.92	4.39	4.8%
	Thorntree Gardens	3 Bedroom House	104.40	109.41	5.01	4.8%
<u>Cockerton</u>						
	Newton Court	1 Bedroom Flat	75.58	79.21	3.63	4.8%
	Elvet Place	2 Bedroom House	88.51	92.76	4.25	4.8%
	Minors Crescent	3 Bedroom House	95.36	99.94	4.58	4.8%
<u>Haughton</u>						
	Ted Fletcher Court	1 Bedroom Flat	76.22	79.88	3.66	4.8%
	Lyonette Road	2 Bedroom Flat	86.34	90.48	4.14	4.8%
	Nightingale Avenue	2 Bedroom House	89.36	93.65	4.29	4.8%
	Rockwell Avenue	2 Bedroom House	86.34	90.48	4.14	4.8%
	Dunelm Walk	3 Bedroom House	97.71	102.40	4.69	4.8%
<u>Branksome</u>						
	Branksome Hall	1 Bedroom Flat	75.70	79.33	3.63	4.8%
	Whitby Way	1 Bedroom Flat	75.70	79.33	3.63	4.8%
	Malvern Crescent	2 Bedroom House	86.83	91.00	4.17	4.8%
	Rosedale Crescent	3 Bedroom House	98.71	103.45	4.74	4.8%
	Sherborne Close	2 Bedroom Flat	104.81	109.84	5.03	4.8%
<u>Lascelles</u>						
	Coxwold House	1 Bedroom Flat	74.82	78.41	3.59	4.8%
	Gilling Crescent	2 Bedroom Flat	74.82	78.41	3.59	4.8%
	Aldbrough Walk	2 Bedroom House	85.67	89.78	4.11	4.8%
	Caldwell Green	3 Bedroom House	94.80	99.35	4.55	4.8%
	Fenby Avenue	3 Bedroom House	98.11	102.82	4.71	4.8%
<u>Bank Top</u>						
	Graham Court	1 Bedroom Flat	76.18	79.84	3.66	4.8%
	Graham Court	3 Bedroom House	97.61	102.30	4.69	4.8%
<u>Red Hall</u>						
	Bramall House	1 Bedroom Flat	73.09	76.60	3.51	4.8%
	Aviemore Court	2 Bedroom Flat	80.38	84.24	3.86	4.8%
	Murrayfield Way	2 Bedroom House	83.72	87.74	4.02	4.8%
	Aintree Court	2 Bedroom House	82.15	86.10	3.94	4.8%
	Aintree Court	3 Bedroom House	108.14	113.33	5.19	4.8%
<u>Eastbourne</u>						
	West Moor Road	1 Bedroom Flat	71.79	75.24	3.46	4.8%
	Tansley Gardens	2 Bedroom Flat	79.96	83.80	3.84	4.8%
	Firthmoor Crescent	2 Bedroom House	83.27	87.27	4.00	4.8%
	Brignall Moor Crescent	3 Bedroom House	90.12	94.45	4.33	4.8%
<u>Skerne Park</u>						
	Trent Place	2 Bed House	84.20	88.24	4.04	4.8%
	Humber Place	3 Bed House	90.99	95.35	4.37	4.8%

<u>Parkside</u>							
	Wordsworth Road	1 Bedroom Flat	76.28	79.94	3.66	4.8%	*
	Shakespeare Road	2 Bedroom House	89.19	93.48	4.28	4.8%	
	Ruskin Road	3 Bedroom House	96.71	101.35	4.64	4.8%	

* Affordable rent properties - these rents include applicable service charges.

HEALTH AND HOUSING SCRUTINY COMMITTEE 7 JANUARY 2026

DEEP DIVE: SUICIDE PREVENTION

SUMMARY REPORT

Purpose of the Report

1. This report is intended to provide an update to the Health and Housing Scrutiny Committee in relation to the priority of reducing suicide rates in Darlington.
2. The report will provide an update on the current data, work currently underway and planned next steps and challenges.
3. The report will also provide an overview of the different services available locally to support good mental health, including specific suicide prevention services.

Content warning

4. **This report contains information relating to suicide.** Please consider whether today is the right day for you to read the information and prioritise your own safety and mental health. If you need support, please contact Samaritans for free on 116 123 or other sources of support, such as those listed on the [NHS help for suicidal thoughts](#) webpage.

Summary

5. Rates of suicide in Darlington are higher than the England average, and third highest in the North East.
6. In line with national trends, Darlington sees high rates of suicide in men, and in particular in men age 45-64.
7. Local authorities have a lead responsibility for coordinating local action to support suicide prevention, working alongside other statutory partners and local community organisations in order to be effective and reduce duplication.
8. Suicidal thoughts and actions rarely occur in isolation, but rather are the result of a complex interaction of people's individual factors, social and economic circumstances and cultural expectations. Therefore, a system-wide approach is needed to address the wider challenges facing those in suicidal crisis.
9. Key actions and opportunities may include:
 - (a) **Seeking out opportunities for improving clarity and collaboration between organisations.**

Members can encourage organisations they work with to consider ways that they can work collaboratively to adopt a person-centred approach, such as raising awareness of services, utilising funding opportunities and taking up training opportunities.

(b) Challenging stigma

Stigma and assumptions should be challenged at every opportunity to encourage open dialogue about the role of mental health support, so that people in Darlington know how to access help, and feel safe to do so. Local, regional and national campaigns that align with Darlington's approach should be promoted and supported in order to raise awareness, open conversations and reduce stigma.

(c) Supporting work to identify and address inequalities in Darlington communities

Local organisations offering support to those at greater risk of suicide should be promoted and supported to work together as a system to take an evidence-based, person-centred approach to improve outcomes. Nationally, higher risk groups and communities include (but are not limited to) men, people with mental health problems, financial challenges, people who have self-harmed, relationship breakdown, people who are neurodiverse, people who use harmful substances and veterans.

(d) Prioritising early intervention

Prevention and early intervention opportunities should be promoted and invested in, so that Darlington people of all ages can access the right support at the earliest opportunity, thereby improving outcomes whilst also ensuring that intensive specialist resources and clinical interventions are available for those with the greatest and more complex needs.

(e) Championing the role of lived experience and stories of hope

Encourage organisations who support mental health to ensure that people with lived experience play a role in the development of interventions and in improving services, including experiences of accessing and moving between different support services, and outcomes of interventions on mental health and suicidality.

(f) Recognising that we can all play a role in reducing suicide

Suicide awareness and prevention training procurement is underway and will include targeted training to address inequalities and community-wide opportunities, to improve confidence and knowledge in supporting someone who makes a disclosure or shows signs of considering suicide. Elected members will be encouraged to take up dedicated training in suicide awareness and prevention to enable them to better understand and support those in their communities who may need further help, and to raise awareness of the options available.

When making and scrutinising decisions around local priority-setting and resource allocation, members are encouraged to consider the protective or negative impact they can have on mental health, including decisions that impact access to mental health

services, addressing risk factors (above), housing, green spaces, employment, work places, social isolation, accessibility and inclusivity.

Recommendations

10. The report recommends that members of Health and Housing Scrutiny Committee:

- a) Accept the content of the report
- b) Consider the recommendations and key actions set out in the report, and the role of elected members and scrutiny in supporting them.
- c) Identify any further opportunities to address the important issue of suicide prevention.

**LORRAINE HUGHES,
DIRECTOR OF PUBLIC HEALTH**

Background Papers

Joint Local Health and Wellbeing Strategy (2025 – 2029)

<https://www.darlington.gov.uk/media/22428/darlington-health-and-wellbeing-strategy.pdf>

Deep Dive: Mental Health and Wellbeing, Health and Wellbeing Board report, 4 Dec 2025

Author & Tel No.

Rebecca Morgan 01325 403294

Council Plan	The recommendations and work areas being taken forward address priorities within the council plan.
Addressing inequalities	The report identifies health inequalities across the borough, and this has informed the development of work programmes.
Tackling Climate Change	There are no direct implications arising from this report.
Efficient and effective use of resources	The recommendations support the targeting of resources to areas of need and a focus on evidence-based practice, which will help to achieve best value.
Health and Wellbeing	The recommendations are directly intended to improve mental wellbeing, support early intervention, and better long-term outcomes for mental health
S17 Crime and Disorder	There are no direct implications arising from this report.
Wards Affected	All
Groups Affected	All, some groups are identified as greater risk but prevention approach applies to all.

Budget and Policy Framework	There are no direct implications arising from this report.
Key Decision	n/a
Urgent Decision	n/a
Impact on Looked After Children and Care Leavers	There is evidence of inequalities relating to Looked After Children in terms of self-harm data

MAIN REPORT

Information and Analysis

11. Every life lost to suicide is a tragedy. In 2024, 5717 suicides were registered in England, an increase of 61 since 2023.
12. Suicide rates are reported by the ONS as a three-year pooled average per 100,000 population in each Local Authority area. For the period 2022-24, Darlington's overall suicide rate (persons) has decreased slightly to 18 per 100,000, down from 19.6 per 100,000 in 2021-23 population (see Fig 1, below).

Fig 1: Rates of suicide in Darlington per 100,000 population

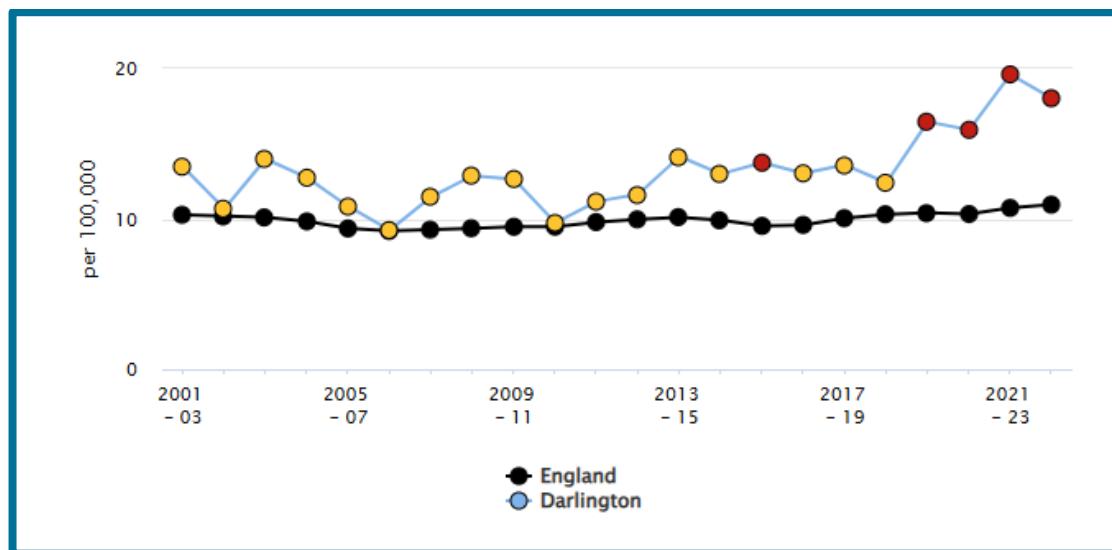


Fig 1: Graph showing rates of suicide per 100,000 people in England and in Darlington. Source: www.fingertips.phe.org.uk

13. The current rate in Darlington is statistically higher than England (10.9 per 100,000 population), but similar to the North East (14.1 per 100,000 population).
14. Darlington's rate is the 6th highest in England and the 3rd highest in the North East.
15. It should be noted that while the rates in Darlington are high, the numbers of lives lost to suicide remain relatively small. This does not lessen the impact of these tragic losses, but it means that caution is exercised when sharing local data to ensure that anonymity is protected. Where data is not shown on the below graphs, it is due to data being suppressed as a result of small numbers.

16. A recent publication by ONS ([Understanding suicide registrations following a change to the standard of proof in England and Wales - Office for National Statistics](#)) has highlighted the impact of changes in standard of proof used by coroners on suicide rates. The change in the standard came into effect in July 2018, and changed the standard of proof from the criminal standard of "beyond all reasonable doubt", to the civil standard of "on the balance of probabilities".
17. The review states that these changes were likely to have increased the number of deaths registered as suicide, but that this is unlikely to be the sole cause, and lag times in recording, the pandemic and an actual increase may also have contributed to the increased figures.
18. While it is important to recognise the change in standard and the impact it may have had, Darlington's figures reflect an increased rate of suicides per 100,000 population that was significantly greater than the England average over recent years, and must therefore be addressed as a priority.

Inequalities by sex

19. Men in England are three times more likely to die by suicide than women, and males age 50-54 have the highest suicide rate at 26.8 per 100,000 population (Office for National Statistics (ONS) data, collated by Samaritans [Latest suicide data | Suicide facts and figures | Samaritans](#)).
20. The inequality in rates of suicide according to sex in Darlington is getting wider, with the rate for males increasing to 29.1 per 100,000 population and females decreasing to 7.5 per 100,000 population (see Fig 2, below).

Fig 2: Rates of suicide in Darlington according to sex

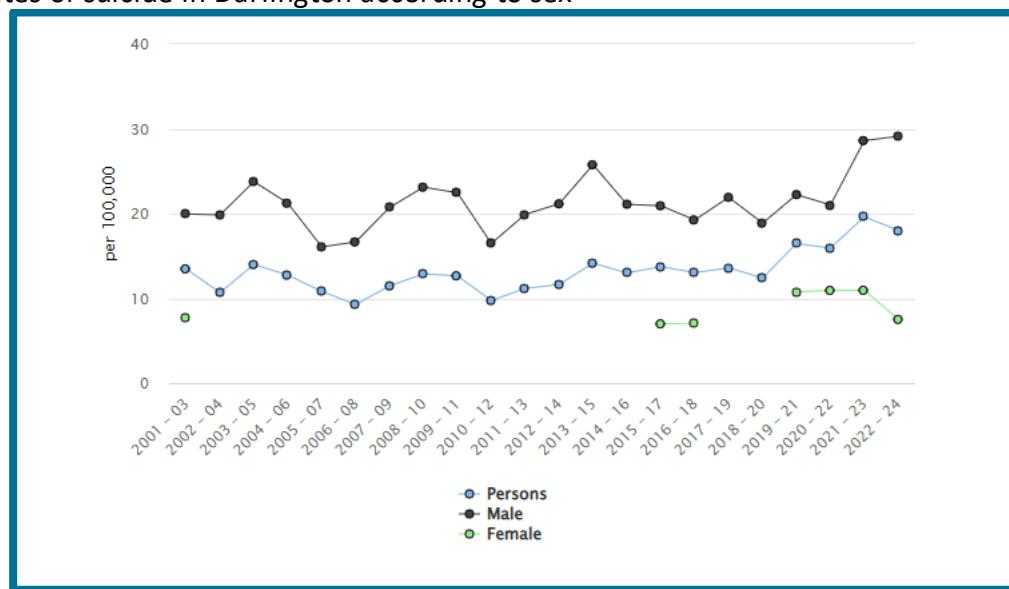


Fig 2: Graph showing rates of suicide according to sex in Darlington, per 100,000 population. Source: www.fingertips.phe.org.uk

21. While the rate of the increase in males has slowed, there is still a slightly upward trend for men, while rates in females have decreased.

22. In England, in 2024, the age-standardised male suicide rate was 17.1 per 100,000 population. This means that Darlington is significantly above the average rate for males for England.
23. While the national picture reflects that the rate for males is approximately three times greater than the rate for females, in Darlington this disparity is wider, with almost four times the rates for men compared to women.

Inequalities by age

24. The age profiles described below are national reporting categories, published by ONS over a five-year pooled period. The most recent data for 2020-24 has not yet been broken down by age.
25. In Darlington, we have seen a steady decline of rates of suicide in people aged 25 – 44 years, and a steady increase in rates of people 45 – 64 years to 24.8 per 100,000 population in 2021-23 (see Fig 3, below).

Fig 3: Suicide rates in Darlington by age

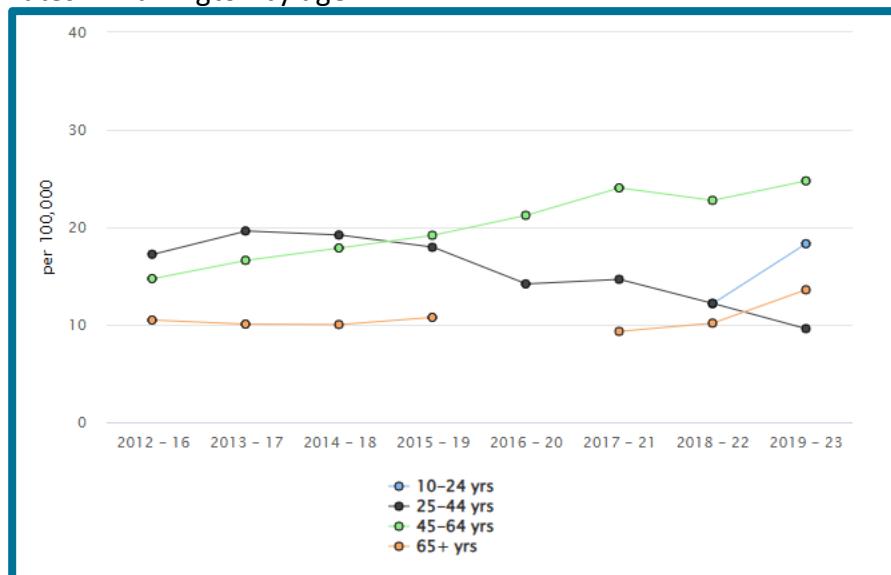


Fig 3: A graph showing rates of suicide in Darlington according to broad age-groups. Source: www.fingertips.phe.org.uk

26. Whilst there are indications of a rise in the under 24 years age group, the data is not yet available for 2020-24. In the absence of this updated data, we have reviewed local real time surveillance data (described below). This data set, which is not publicly available until verified, suggests that most cases in this cohort are over 18 years old, and it is anticipated that this rate will show a decline in the pending update from ONS.
27. We will continue to monitor the published and real time surveillance data for any emerging trends.

Interaction of sex and age

28. As rates in males are significantly higher than females in Darlington, further analysis to review the interaction of age and sex has indicated that the group with the highest

rate of loss of life to suicide in Darlington is males age 45 – 64 years at 32.6 per 100,000 in 2021-23 (see Fig 4, below).

Fig 4: Suicide rates in males in Darlington

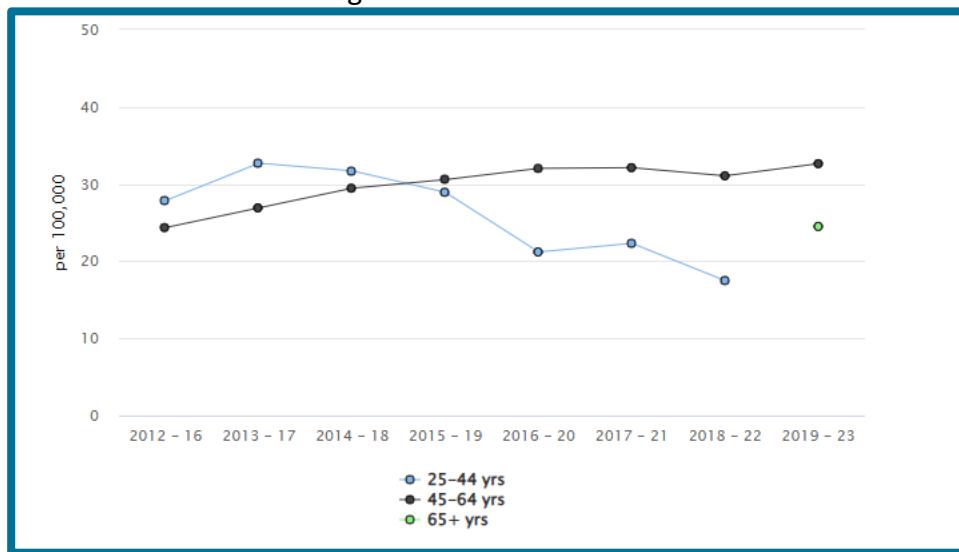


Fig 4: A graph showing suicide rates in males in Darlington according to broad age-groups, per 100,000 population.
Source: www.fingertips.phe.org.uk

Self-harm admissions data

29. While the focus of this report is suicide prevention, it is important to also recognise that self-harm in children and young people in Darlington is a priority, and self-harm admissions are associated with increased risk of further self-harm and suicide attempts across the life course.
30. In 2023/24, the rate of emergency hospital admissions for intentional self-harm in Darlington, was 121 per 100,000 population. This is a decrease of 57.38% since 2020/21. Darlington is now statistically similar to England (117 per 100,000), and statistically better than the North East (191.3 per 100,000).
31. The rate of self-harm admissions for children and young people under 24 in Darlington (382.1 per 100,000 population) declined faster than the England rate. While the gap is closing, the rate in Darlington has remained statistically higher than the rate across England (266.6 per 100,000), and is similar to the average rate across the North East (397.0 per 100,000).

Fig 5 Self harm in children and young people in Darlington

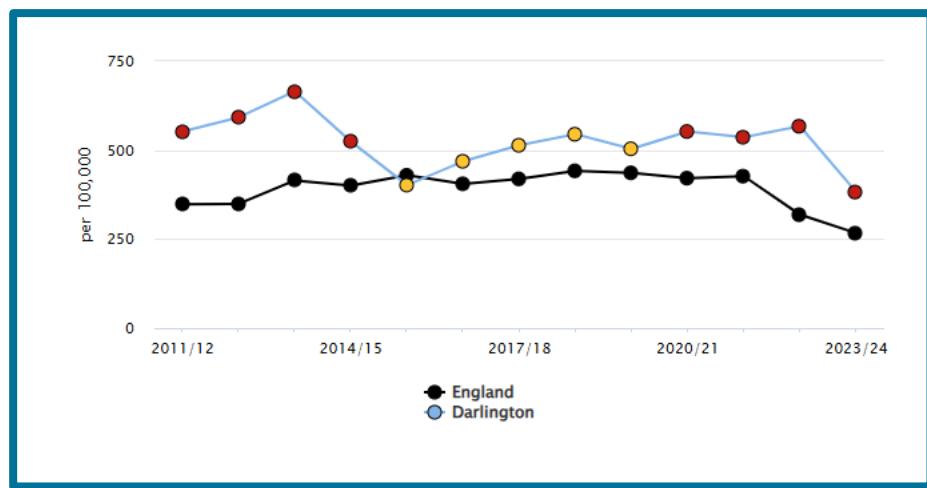


Fig 5: Graph showing total Emergency Hospital Admissions for Intentional Self-Harm in children and young people (10-24) Darlington and in England. Source: www.fingertips.phe.org.uk

32. Rates of admissions from self-harm in males in Darlington have steadily reduced since 2018/19. The upward trend in young women and girls has been halted, and in 2023/24 showed a marked reduction from 1,047.5 per 100,000 population in 2022/23 to 679.4 per 100,000 population in 2023/24, but remain high.

Fig 6 Self harm admissions in children and young people

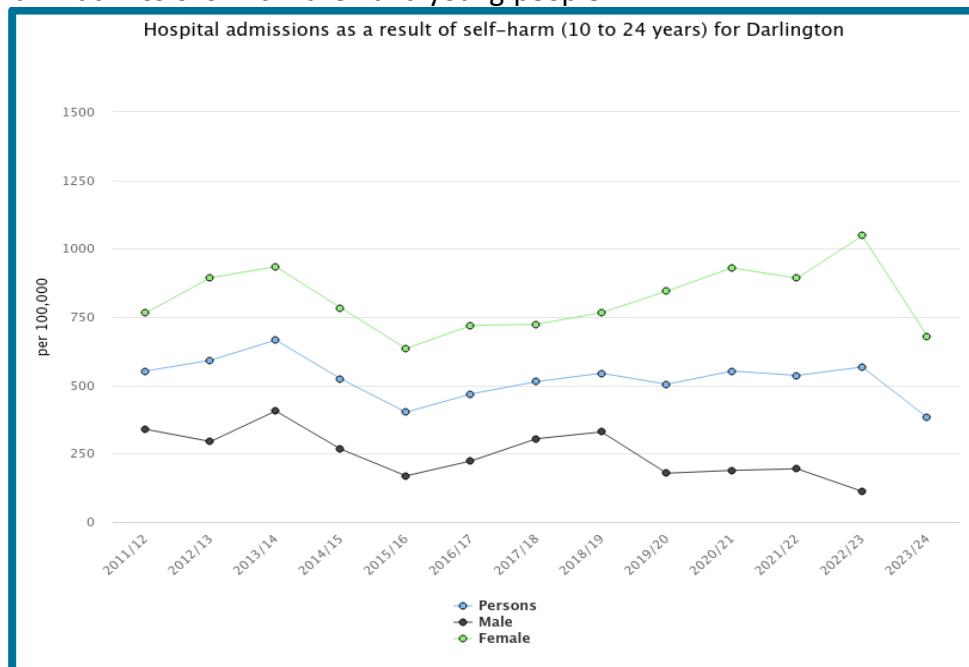


Fig 6: Graph showing total Emergency Hospital Admissions for Intentional Self-Harm in children and young people (10-24), split by sex, in Darlington. Source: www.fingertips.phe.org.uk

33. A recent audit was undertaken by CDDFT of self-harm admissions across the trust. Key messages and trends from the 2023/24 self-harm admission data for children aged under 18 years who were admitted to CDDFT included the following:

- 83% of those admitted were female and 17% were male.

- Some children had more than one admission to CDDFT for self-harm in 2023/24 (approx. 17% of admissions were repeat admissions).
- Just over 40% of children admitted lived in the most deprived quintile (CORE 20) as measured by the Index of Multiple Deprivation.

34. Data for self-harm admissions to CDDFT between 2018 and 2025 were also mapped as rates per 1,000 children aged 11-17. This showed that rates of injury admission varied by geographical areas (using Middle Super Output Areas).

35. The audit included a deep dive into the patient records for a sample of 60 admissions (30 at Darlington Memorial Hospital and 30 at University Hospital of North Durham). The deep-dive audit identified the following:

- The majority of admissions for self-harm were a result of an overdose.
- 64% had previous episode of self-harm recorded
- 80% had previous contact with CAMHS prior to their self-harm admission.
- 43% had previous contact with Children's Social Care recorded.
- 100% were referred to CAMHS as a result of the self-harm episode.
- 63% had a full HEEADSSS assessment undertaken and recorded (This includes detail around: Home, Education, Eating, Activities, Drugs, Sexuality, Suicide, Safety).
- Reported reasons for the self-harm episode included issues at school, relationship difficulties, issues at home, Adverse Childhood Experiences (ACE) and bullying. It should be noted that the reasons were very individual and usually a complex interaction of a number of factors.
- 11% of the children in the deep-dive audit were living in children's residential homes
- 22% of the children in the deep-dive audit self-reported drug use
- 24% of the children in the deep-dive audit had SEND/ Neurodivergence recorded

36. The audit has supported work within CDDFT to continue to improve pathways and care for young people admitted for self-harm. For example, work to improve the recording of HEEADSSS assessments and improve education around the risk factors identified.

37. The key findings from the audit have also been shared with partner organisations through a number of partnership groups across County Durham and Darlington to help inform their work on preventing self-harm. These include the Darlington Borough Council Public Health Team, Darlington Safeguarding Partnership, CAMHS Clinical Network Away Day, Durham County Council Public Health Team and County Durham Children and Young Peoples Mental Health Partnership. These partnerships are using the audit data to help inform their work on preventing self-harm in children and young people.

38. The **ICB** are reviewing follow-up within 48 hours for those discharged from mental health in-patient admissions, in line with NICE guidance. As part of the review, the ICB has expressed a commissioning intention for 2026/27 for providers to deliver 48-hour follow-up for all ages following admission for self-harm, to ensure that appropriate further support is identified and offered, including crisis or community support.

Suicide Prevention Approach

39. In 2020, Public Health England published *Local Suicide Prevention Planning: A practical resource* ([PHE LA Guidance 25 Nov.pdf](#))
40. In the paper, key responsibilities for Local Authorities in suicide prevention were set out, including to:
 - develop a multi-agency suicide prevention partnership
 - make sense of local and national data
 - develop a suicide prevention strategy and action plan
41. The **Suicide Prevention Partnership** was established in July 25, chaired by Public Health Darlington, with Terms of Reference setting out the roles and objectives of members.
42. The Suicide Prevention Partnership has representatives from a range of partners who are directly involved in reducing risk of suicide and serious self-harm, including emergency services, TEWV (adults and CAMHS), ICB, HDFT, education partners, coroner's office, and VCSE organisations such as Darlington Mind, James Place (see below), Darlington Samaritans, Papyrus, and organisations working with those identified as being at greater risk, such as those supporting people with drug/ alcohol use, domestic abuse victims, neurodiverse people, refugees and asylum seekers.
43. Healthwatch Darlington creates a formal link between the Suicide Prevention Partnership and the Mental Health Network (update below). This supports the need to work collaboratively to promote good mental health, early intervention and primary prevention.

Suicide Prevention Strategy

44. The Government policy paper *Suicide prevention strategy for England: 2023 to 2028* ([Suicide prevention in England: 5-year cross-sector strategy - GOV.UK](#)) sets out 8 key areas for the focus for local suicide prevention efforts. These are:
 - Improving data and evidence
 - Tailored, targeted support to priority groups, including those at higher risk
 - Addressing common risk factors linked to suicide at a population level
 - Promoting online safety and responsible media content
 - Providing effective crisis support across sectors
 - Reducing access to means and methods of suicide
 - Providing effective bereavement support (Post-Vention)
 - Making suicide everybody's business

Action Plan

45. A Strategic Action Plan is awaiting final feedback from the Suicide Prevention Partnership members, based on the National Strategy priority areas for action set out above.
46. The Darlington Action Plan will take a five-year approach, in recognition that it will take time to effect change and demonstrate impact.
47. Initial issues and target groups identified for focused action include ongoing improvements to data, mental health support for men (specifically 45 – 64 age group), children and young

people, and those bereaved or affected by suicide, as well as the role of crisis services across sectors. These are discussed below, with the exception of children and young people, a cohort which has been explored above.

Area for action: Data

48. Data is a key component in the development of the action plan, to ensure that those most at risk are identified and resources are allocated to offer the most effective support.
49. As well as the publicly available data shared above, the NENC ICB has developed a regional near to Real Time Suspected Suicide Surveillance (nRTSSS) and Clinical Audit model.
50. The purpose of the nRTSSS is to increase speed of response so that support can be offered quickly and interventions can be mobilised as themes or issues are identified. The nRTSSS uses information from deaths identified by the coroner as “suspected suicide”. This means that information is available quickly and local/ regional themes may be identified and acted upon quickly.
51. The ICB’s Clinical Audit provides further indication of regional themes and supports the development of shared regional and place-based working priorities.
52. The ICB are leading the development of a project to improve both data and interventions for those making attempts of suicide. This will help to improve identification of those in need of support and establish a consistent model to improve community-based services and care for people who self-harm.
53. Other data sources which will begin to feed into the Partnership include local qualitative and quantitative data from nationally identified at-risk groups, such as those who are neurodiverse, those using drugs and alcohol, those accessing other services and data from partner organisations such as education partnerships and mental health services.
54. The Suicide Prevention Partnership has used the data available to identify groups at greater risk, and to begin to plan interventions and approaches to reduce these risks.

Area for action: Men’s mental health support

55. A small task and finish group from the Suicide Prevention Partnership has been established to develop a marketing campaign to highlight the specific support that is available in Darlington for men experiencing suicidal crisis.
56. The campaign will draw on the World Suicide Prevention Day 2024 – 2026 theme of “Changing the Narrative on Suicide”, which reflects the need to challenge stigma and harmful myths, while fostering open and compassionate conversations ([World Suicide Prevention Day 2025](#)).
57. Feedback from the group included the need for the campaign to be “real” and “connected”. Several Darlington men who have experienced suicidal crisis have shared their personal stories of reaching out and attending groups, and we are grateful for their openness in helping to create a local environment where people feel able to speak up and seek help.

58. The campaign will launch over the winter and run for a year, linking in to key events and activity over the course of the year, to raise awareness of the different types of support available in the borough, and to support men to find the route that works for them.
59. As well as a number of charities, such as Andy's Man Club, Man Health and Darlington Mind providing support for men's mental health, James's Place have recently been commissioned by the ICB to pilot a service in Darlington for men in suicidal crisis (see detail below).
60. The Men's Health Strategy was published in November. Mental health was identified as a key area for focus and investment. We will continue to monitor updates to the implementation of the strategy and actively seek opportunities to reflect this work in Darlington.

Area for action: Post-Vention Support after Suicide

61. While figures vary between studies, it is estimated that between six and 135 people are impacted by a single loss of life to suicide, and the loss impacts family and friends, communities, employers, health and care providers and beyond ([The economic cost of suicide in the UK](#)).
62. Those bereaved or affected by suicide are at greater risk of taking their own life, and other adverse mental and physical health outcomes, so post-vention support is an essential component to help those affected, and to prevent further loss of life to suicide.
63. **If U Care Share Foundation** have been commissioned by the ICB to provide post-vention support in the North East region, and began working in Darlington in April 2025.
64. If U Care Share Foundation provides practical and emotional support to those affected by suicide or suspected suicide, with no restriction of length of time since the bereavement, reflecting the fact that grief is different for each person and support may be needed in different ways at different points.
65. The service is provided by professionals who have personal experience with suicide, and referrals may be made to clinical and community services as appropriate.
66. Support offered takes a number of forms, and is offered by phone or in-person and can be arranged at a location that is best for the person or family.
67. Referrals can be made via the police, coroner, primary care and self-referral, and referrals can be for anyone who has been affected by the loss, not only the next of kin or family.
68. If U Care Share have also developed a bespoke children's programme entitled "SAS Kids" which is available for children aged 6-16 years of age. The programme includes appointments which take place on an individual basis with the child and are usually held in the school environment. This is because it has been identified that children feel more confident and relaxed sharing their emotions outside of their home environment. Various craft based and written activities are used to explore the child's emotions and memories

around their loss and this can be tailored to their individual needs. A one-year pilot of this service has been commissioned by the ICB.

69. In addition to SAS Kids, **Darlington Mind** have been commissioned to provide **Thrive after Tackling Trauma**. The service offers compassionate trauma support for children and young people affected by suicide and traumatic death. Darlington Mind is now taking referrals for this scheme supporting the 6 to 24 age group (plus 24-29 for those leaving care). A pilot of this service has been commissioned by the ICB and is under evaluation.

Area for action: Training

70. As part of all above priorities, training and education have been identified as a key component to reducing suicide risk by challenging the stigma of mental health and suicidal crisis, and by raising awareness of how people can respond and offer help and support.
71. The ICB has commissioned a number of training opportunities in both suicide prevention and in the provision of postvention for NHS staff, emergency responders and those commissioned to deliver NHS services.
72. In addition, further community-based training is being commissioned by the local authority, funded through the public health grant. This will be open to people within the borough, including VCSE organisations, as well as targeted training for people working in places where people may present for help, such as public-facing council spaces and community venues.

Area for action: Mental Health Crisis Services

73. Adult Crisis Support Services in Darlington are provided by **Tees, Esk, and Wear Valley Foundation Trust (TEWV)**.
74. In April 2024, 111 became the single point of access for mental health crisis nationally and has been introduced in the Trust/region/s.
75. Calls are screened by appropriately trained staff and if appropriate transferred to the respective Crisis Resolution Home Treatment (CRHT) service. The line provides access to all age response within the respective care groups (CRHTs) and their functions have not changed; the CRHTs still provide triage, face to face assessment, and Intensive Home Treatment (IHT) although some CRHTs have distinct teams now to deliver these aspects, along with central hubs where referrals come into.
76. Summary of Call Data and Clinical Response (Durham Tees Valley – October 2025):
 - 111 Select Mental Health Option Screening:
 - 5291 calls received
 - 95% call answer rate (97% national KPI, 73% national average)
 - 5% calls abandoned (3% national KPI, 27% national average)
 - 33s average call answer time (20s national KPI, 217s national average)
 - 32% of calls referred for crisis triage by a registered clinician.
 - Crisis Triage:

- 1677 calls were passed through to a clinician for triage (1222 AMH, 456 CAMHS)
- 90% of these calls received a response (80% within 7 minutes, 90% with successful call-backs, with an average answer time of 3 minutes and 25 minutes for a call back.)
- CAMHS call answer rate is notably high at 95%.
- All patients who abandon their call receive a call-back and if unsuccessful a clinical risk assessment is undertaken to determine next steps to maintain safety.
- Clinical Response Times:
 - Based on clinical triage and assessed need:
 - Very urgent: response within 4 hours.
 - Urgent: response within 24 hours.
 - Timing is person-centred, depending on individual need.
- Call abandonment—where callers hang up before the call is answered—is a common reason for lower answer rates. This can happen due to:
 - Long wait times or perceived delays.
 - Caller distress or anxiety, especially in crisis situations.
 - Technical issues (e.g., poor signal, dropped calls).
 - Uncertainty about the process or expectations.
 - Choice may have selected wrong option.

77. TEWV CRHTs work with those aged 18 years and over, however most teams deliver crisis intervention to those over 65 years (functional mental health conditions). There are also commissioned Child and Adolescent Mental Health Crisis Teams (see above in Outcomes 1/2/3) and Older Persons crisis teams in some areas. These would see and treat those with both functional and organic presentations. During out of office hours, individuals with diagnosed or suspected learning disability who need crisis support will be supported by the adult mental health crisis team.

78. The primary objective for CRHTs is to minimise distress and harms, including harm to self, harm to others, harm from others and potential unintended harm from our intervention in line with the Safety and Risk Management Policy. They work with patients to prevent relapse and deterioration, and to help support the individual using a bio psychosocial model.

79. Patients who are admitted to an acute mental health inpatient ward following assessment, where appropriate, can access intensive home-based treatment during leave and following discharge from hospital, with an aim to work towards recovery within their home environment.

80. Most patients and carers prefer community-based treatment and research has shown that clinical and social outcomes achieved by community-based treatment are at least as good as those achieved in hospital. IHT can be provided in a range of settings and is not restricted to the individual's home. For some, hospital may not be helpful, whereas for others it may be the most appropriate option.

81. Sometimes people may not be well enough to make decisions about their treatment. If their health or safety is at risk, or if other people might be harmed if they are not given treatment, they may be detained under the Mental Health Act and taken to a hospital. This

is also called being ‘sectioned.’ The crisis team should be part of this assessment to ensure that the least restrictive options are explored.

82. Crisis services consider all available options and work collaboratively to ensure the best fit with patients and carers to help aid the individual at a point in time to support their recovery and reduce potential harms. We recognise that complex dynamics occur within relationships and different parties can have different views on needs and care/intervention required.
83. **Staying Safe from Suicide Guidance:** In April 25, new guidance for all mental health practitioners was published by NHS England which promotes a shift towards a more holistic, person-centred approach to managing patient safety in relation to suicidal thoughts rather than relying on risk stratification. ([NHS England » Staying safe from suicide](#)).
84. **TEWV** have already begun to build this guidance into their approach:
 - All the speciality development managers are reviewing the implications attached to their areas of work, e.g. documentation, policies etc.
 - Preventing Suicide Programme Managers have implemented preliminary toolbox learning sessions for staff to attend so they were aware at a basic level of the new guidance with links to the full guidance
 - National training is now available and is being shared Trust-wide, and attached to TEWV’s person-centred care planning training.
85. **In the event of an emergency call being made to 999**, emergency services response may include triage to mental health services, if this is deemed to be the most appropriate service to meet the needs of the person.
86. **Durham Constabulary** state that “Right Care Right Person (RCRP) is about ensuring that vulnerable people are given the right support by the right agency when they need it. RCRP will not stop the police attending incidents where there is a threat to life. We have a duty to protect our communities, and we will continue to do so. RCRP is about working with our partners in health and social care to make the necessary changes to service provisions to ensure that vulnerable people are given appropriate care by the appropriate agency.”
87. Durham Constabulary, North East Ambulance Service and County Durham and Darlington Fire & Rescue Service are members of Darlington’s Suicide Prevention Partnership to support the development of these pathways of appropriate care, and to support the focus on prevention and early intervention.

Alternative Crisis Provision

88. From May 2025, the **ICB** have commissioned a 24/7 crisis support text service. The service, reached by texting “CALMER” to 85258, provides urgent support by text for people in the North East and North Cumbria region experiencing urgent mental health challenges, including anxiety, stress, depression, self-harm, suicidal thoughts. This service has been commissioned for two years and will be evaluated in 2026/27.

89. **TEWV** are in the process of developing crisis alternative provision using design-thinking methodology. This provision is currently being shaped and designed by people who have used TEWV services, clinicians and other professionals e.g. VCSE. Further information will be available in the near future.
90. **Darlington Mind** provide the Rapid Response Suicide Prevention service. This crisis counselling service has received over 40 referrals in the last six months in Darlington from local people at risk of suicide. The service provides up to 6 counselling sessions starting within 5 days of referral.
91. **James' Place** provides rapid support for men in suicidal crisis. Since opening their first site in 2018 in Liverpool, James' Place have supported over 4000 men, and now have permanent sites in London and Newcastle, with 2 further centres planned to be open by 2027.
92. From November, James Place have been commissioned by the ICB to open a pilot site in Darlington's CAB building to trial the use of a Hub and Spoke model from one of their permanent bases in Newcastle, providing a local, accessible space for men who may not be able to travel to Newcastle for support.
93. Initially, referrals are being taken from local crisis teams and psychiatric liaison teams, in order to manage capacity, with a view to reviewing and opening for wider referrals if capacity allows.
94. On discharge, men will be signposted to other local support services.
95. The pilot was developed to:
 - Test the feasibility of delivering the James' Place model in a community-based spoke site;
 - Strengthen early intervention and partnership pathways;
 - Evaluate outcomes and inform regional and national rollout.

Area for action: Crisis services and mental health support for children and young people

96. In Darlington, there is a range of provision to support mental health and wellbeing of children and young people, from VCSE and community organisations to statutory providers, offering prevention to risk management and crisis support.
97. The ICB has established a Tees Valley-wide steering group across the sectors. The Steering Group will focus on the I-Thrive model and its implementation across Tees Valley, an approach endorsed in the NHS long term plan (www.longtermplan.nhs.uk/).
98. The I-Thrive model is an approach to delivering mental health services for children, young people and families. The model places emphasis on promoting good mental health and wellbeing, early intervention and active involvement of children and young people and their families in decisions about their care (from <https://implementingthrive.org/about-us/>).

99. The I-Thrive model is an integrated, person-centred and needs-led approach which describes need according to five groupings: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support (Fig 7, below).

Fig 7: The I Thrive model for children and young people's mental health services



Fig 7: The I-Thrive model. Source: [i-THRIVE | Implementing the THRIVE Framework](#)

100. The Steering Group aims to drive forward on overseeing reforms to ensure children, young people and their families receive the support they need, when they need it, underpinned by the values, principles and components of getting it right for every child, and responsive to local needs and systems from early intervention to crisis/risk support.

101. TEWV Children and Adolescent Mental Health Services provide mental health crisis services from children and young people. All young people have immediate access to Crisis Teams via 111, select mental health option. The crisis teams will triage calls and assess those young people who are in need of an assessment urgently within 4 hours. There is also an additional target of a 24-hour assessment for those requiring treatment first. The crisis teams will liaise with families and any other service such as Local Authorities, Community CAMHS teams, schools or other health teams as needed.

102. In Darlington, waits for triage, needs assessment and commencement of support through SPA (single point of access), Getting Help and Getting More Help teams compare favourably with national benchmarks:

103. Average length of time children and young people have waited for an assessment in Q4 24/25 is 46 days (this average skewed by those also waiting for a neurodevelopmental assessment)

- Majority of referrals receive an assessment with 28 days
- Waits for treatment vary depending on support required
- Typically, appointments to commence support start within 6-12 weeks of referral
- Longest waiters are for young people waiting to start on medication for ADHD – up to 6 months

- Factors impacting this include workforce/clinical capacity for demand and national medication supply issues
- Specialist eating disorders performance against national access standards, in a 4-week period in Q4 24/25
 - a) 100% of routine referrals seen within 4 weeks
 - b) 100% of urgent referrals seen within 1 week

104. The crisis teams also provide liaison services to the paediatric wards and support young people who contact them before they self-harm which aid early and preventative intervention. If a face-to-face appointment is needed, this is arranged for a convenient time and place for that young person. They also provide detailed safety planning with YP and families/wider services.

105. The crisis teams, in conjunction with community mental health teams, work with Mental Health Intensive Home Treatment teams who will work with young people and families 2-3 times or more per week to reduce risks, keep young people close to home and promote connections that already exist as part of recovery. They will work in conjunction with any wider system around a child.

106. Data from Q4 of 24/25 demonstrates Crisis and IHT teams performing well

- 98% of calls to CAMHS crisis are triaged by a clinician
- 90% of urgent referrals were seen within 4 hrs
- Majority of standard breaches are for CYP within an acute hospital setting and who are not medically fit to be seen for assessment

107. To support children with complex developmental trauma, joint commissioning arrangements and recurring funding have been agreed with the **ICB and all 5 Local Authorities** (Darlington, Stockton, Hartlepool, Middlesbrough and Recar and Cleveland) across Tees Valley (with Stockton Local Authority as the agreed host organisation) as part of an integrated approach to supporting those who experience multiple placements moves or care breakdowns, face challenges with engagement with services, generally exhibit risk taking behaviours and where there are high-cost care packages a dedicated team will be developed.

108. This Multi-Disciplinary Team and approach is expected to mobilise before the end of 2025/26. Following the I-Thrive model (see Fig 7 above) we would expect that this sits in the Getting Risk Support element of the framework, supporting a small number of children with high levels of need.

Early Mental Health support and interventions

109. Early intervention is identified as particularly important for children and young people experiencing mental health challenges. While not directly supporting children experiencing crisis, interventions at the earliest opportunity can reduce the risk of reaching crisis, and therefore play an important role in preventing loss of life by suicide in children and young people.

110. Following a competitive tendering process, the ICB have awarded **TEWV** and 5 local Partner organisations (Alliance Psychological Services, Changing Futures, Teesside Mind, The Junction and The Link) a contract for a Single Tees Valley wide “**Getting Advice &**

Signposting and Getting Help' Mental Health and Wellbeing Service for Children and Young People."

111. This Service will go live on 1st January 2026 with funding committed for an initial 7 years to enable sustainable approaches to integrated care and support.
112. The Service will offer advice, digital innovations, support through a newly created website and 'digital front-door' and provide a range evidence-based mental health and trauma focussed interventions across communities and schools. A mobilisation plan is now in place, which includes communications with key stakeholders across the system and the development of new marketing materials. The Service will work in collaboration with the Mental Health Support Teams, ensure reasonable adaptations are in place for children presenting with neurodiversity and aims to provide a consistent and seamless approach to early access and support and when young people, parents, carers and professionals want advice and support they can easily access this.
113. The roll out and review of Mental Health Support teams in schools, emotional resilience support from the 0-19 service, support and training by the Education Partnerships Team, Early Help interventions, and VCSE organisations including Darlington Mind, The Listening Post and YMCA all offer opportunities for mental health challenges to be identified early and appropriate support offered.
114. In the coming year, the Suicide Prevention Partnership intends to explore whether there are any further gaps in provision for children and young people in relation to suicide prevention activity, and explore opportunities for further actions as required.

Conclusion

115. Suicide prevention and risk reduction continue to be a focus for system-wide activity in Darlington and in the wider regional structures. Initial work to explore and further develop local action will continue, co-ordinated by the Suicide Prevention Partnership. Local data and intelligence, alongside the evidence base for suicide prevention, will be utilised to inform further local actions.

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**HEALTH AND HOUSING SCRUTINY COMMITTEE
7 JANUARY 2026**

PERFORMANCE INDICATORS - QUARTER 2 - 2025/26

SUMMARY REPORT

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2025/26 up to the end of September 2025 (Quarter 2).

Background

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

Indicator Summaries

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

Housing Indicator figures - April to September 2024/25 comparison to 2025/26

9. Rent arrears of current Council tenants in the financial year as a percentage of rent debit is slightly higher than last year although it has improved in the last quarter. (HBS 013 - 2.88 per cent to 3.10 per cent).

10. The amount of rent collected as a proportion of rents owed on Council homes, including arrears brought forward debit has decreased from last year (HBS 016 - 99.6 per cent to 97.4 per cent).
11. The average number of days spent in Bed and Breakfast accommodation for people affected by homelessness has improved because it decreased (HBS 025 - 8,004 to 7,562).
12. The number of positive outcomes where homelessness has been prevented has improved because it increased (HBS 027i - 263 to 265).
13. The average number of days to re-let empty Council dwellings is not as good because it increased (HBS 034 - 90.36 to 184.59).
14. The percentage of dwellings without a gas service within 12 months of the last service date has improved because decreased (HBS 072 - 0.8 per cent to 0.52 per cent).

Leisure Indicator figures - April to March 2023/24 comparison to 2024/25

15. The percentage of the adult population physically inactive, doing less than 30 minutes moderate activity per week has improved from 25.9 per cent to 25.3 per cent (CUL 008a)
16. The percentage of the adult population physically active, doing 150 minutes moderate activity per week decreased from 64.5 per cent to 60.9 per cent (CUL 009a).
17. The percentage of the adult population taking part in sport and physical activity at least twice in the last month decreased from 77.9 per cent to 77.5 per cent (CUL 010a).

Leisure Indicators figures - April to September 2023/24 comparison to 2024/25

18. Visitor numbers to the Dolphin Centre has improved by 23,657 (CUL 030 - 452,328 to 475,985).
19. The number of school pupils participating in the sports development programme has increased by 903 (CUL 063 - 6,342 to 7,245).
20. The number of individuals participating in the community sports development programme has increased by 588 (CUL 064 - 11,071 to 11,659).

Public Health Indicators

21. Seventeen of the twenty-three annually reported Public Health indicators have had updated information to report since the 2024/25 Quarter 4 report.

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

22. Rate of under-18 conceptions per 1,000 population has improved because it decreased (PBH 016 - 17.1 to 15.4).

Public Health Indicators - 2021/2022 compared to 2023/24

23. Percentage of 5-year-olds with experience of visually obvious dental decay is not as good because it increased (PBH 054 - 24.8 per cent to 25.3 per cent).

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

24. Hospital admission rate caused by unintentional and deliberate injuries in children (aged 0-4 years) per 10,000 population is not as good because it increased (PBH 024 - 206.5 to 252.2).
25. Hospital admission rate caused by unintentional and deliberate injuries in children per 10,000 population (aged 0-14 years) has improved because it decreased (PBH 026 - 154.2 to 149.0).
26. Hospital admission rate caused by unintentional and deliberate injuries in young people per 10,000 population (aged 15-24 years) has improved because it decreased (PBH 027 - 186.3 to 127.8).
27. Emergency Hospital Admission rate for Intentional Self-Harm per 100,000 population has improved because it decreased (PBH 031 - 197.5 to 121.0).
28. Prevalence of smoking among persons aged 18 years and over has improved because it decreased (PBH 033 - 11.5 per cent to 7.9 per cent).
29. HIV late diagnosis is not as good because it increased (PBH 050 - 28.6 per cent to 33.3 per cent).
30. Under 75 mortality rate from respiratory disease (1 year range) is not as good because it increased (PBH 060 - 43.1 to 43.5).

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

31. The per cent of low birth weight of term babies is not as good because it increased (PBH 009 - 3.0 per cent to 3.7 per cent).
32. Breastfeeding prevalence at 6-8 weeks after birth has improved because it increased (PBH 013c - 40.6 per cent to 46.7 per cent).
33. Smoking status at time of delivery has improved because it decreased (PBH 014 – 10.6 per cent to 8.4 per cent).
34. Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review has improved because it increased (PBH 018 – 99.5 per cent to 99.9 per cent).
35. Reception: Prevalence of overweight (including obesity) children is not as good because it increased (PBH 020 23.3 to 26.9).
36. Year 6: Prevalence of overweight (including obesity) children is not as good because it increased (PBH 021 - 35.4 to 35.7).

37. Successful completion of drug treatment - opiate users is not as good because it decreased (PBH 035i – 7.6 per cent to 7.0 per cent).
38. Successful completion of drug treatment - non-opiate users has improved because it increased (PBH 035ii – 21.8 per cent to 28.6 per cent)
39. Successful completion of alcohol treatment has improved because it increased (PBH 035iii – 28.1 per cent to 31.4 per cent).
40. Admission episode rate for alcohol-related conditions (narrow) per 100,000 population has improved because it decreased (PBH 044 – 659 to 621).
41. Cumulative per cent of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five-year period is not as good because it decreased (PBH 046 – 41.6 per cent to 39.9 per cent).
42. Rate of chlamydia detection per 100,000 young people aged 15 to 24 is not as good because it decreased (PBH 048 – 1,507 to 1,427).
43. Under 75 mortality rates from cardiovascular diseases considered preventable (one year range) per 100,000 population is not as good because it increased (PBH 056a – 31.9 to 33.8).
44. Under 75 mortality rates from cancer (one year range) per 100,000 population has improved because it decreased (PBH 058 – 129.1 per to 111.1).

Performance Summary

45. When taking into consideration what is the best performance for each indicator and comparing against the same period from the previous year:

Housing:

- a) 3 of the 6 indicator figures improved.
- b) 3 of the 6 indicator figures were not as good.

Leisure:

- c) 4 of the 6 indicator figures improved.
- d) 2 of the 6 indicator figures were not as good.

Public Health:

- e) 12 of the 23 indicator figures improved.
- f) 11 of the 23 indicator figures were not as good.

Recommendation

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

Anthony Sandys
AD – Housing and Revenues

Lisa Soderman
Head of Leisure

Lorraine Hughes
Director of Public Health

Background Papers

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

Council Plan	This report contributes to the Council Plan by involving Members in the scrutiny of performance relating to the delivery of key outcomes with regards to Health and Housing.
Addressing inequalities	This involves members in the scrutiny of the level to which Health and Housing contributes to ensuring that opportunities are accessible to everyone, with a focus on ensuring a good job, home and/or social connections for all.
Tackling Climate Change	This report does not identify any issues relating to climate change.
Efficient and effective use of resources	This report allows for the scrutiny of performance which is integral to optimising outcomes and ensuring efficient use of resources.
Health and Wellbeing	This report supports performance improvement relating to improving the health and wellbeing of residents.
S17 Crime and Disorder	This report supports the Councils Crime and Disorder responsibilities.
Wards Affected	This report supports performance improvement across all Wards.
Groups Affected	This report supports performance improvement which benefits all groups
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision.

Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.
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Health and Housing		Scrutiny Committee	2025		- 2026		QUARTER 2		APPENDIX 1					
			2025/2026			Year End data direction of travel								
Indicator	Title	Return Format	Reported	What is best	2022/2023	2023/2024	2024/2025	2025/2026 - Qtr 1	2025/2026 - Qtr 2	Qtr 2 compared to Qtr 1	2024/2025 Qtr 2	Qtr 2 - 2025/2026 compared to 2024/2025	Qtr 4 - 2023/2024 compared to 2022/2023	Qtr 4 - 2024/2025 compared to 2023/2024
CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week	Percentage Value	Annually	Lower	30.1%	25.9%	25.3%	Annual indicators no data to report for these quarters	Annual indicators no data to report for these quarters	NA	Annual indicators no data to report for these quarters	NA	↑	↑
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Percentage Value	Annually	Higher	60.9%	64.5%	60.9%			NA		NA	↑	↓
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Percentage Value	Annually	Higher	71.5%	77.9%	77.5%			NA		NA	↑	↓
CUL 030	Total number of visits to the Dolphin Centre (all areas)	Number	Monthly	Higher	851,821	742,527	903,209	228,796	475,985	NA	452,328	↑	↓	↑
CUL 063	Number of school pupils participating in the sports development programme	Number	Monthly	Higher	14,167	11,515	12,560	3,657	7,245	NA	6,342	↑	↓	↑
CUL 064	Number of individuals participating in the community sports development programme	Number	Monthly	Higher	12,987	18,987	18,978	4,756	11,659	NA	11,071	↑	↑	↓
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)	Percentage	Quarterly	Lower	3.46%	3.69%	2.85%	3.11%	3.10%	NA	2.88%	↓	↓	↑
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd	Percentage	Quarterly	Higher	95.9%	96.0%	98.2%	95.3%	97.4%	NA	99.6%	↓	↑	↑
HBS 025	Number of days spent in Bed and Breakfast	Days	Monthly	Lower	7,308	9,616	13,849	2,206	7,562	NA	8,004	↑	↓	↓
HBS 027i	Number of positive outcomes where homelessness has been prevented	Number	Monthly	Higher	720	547	496	105	263	NA	265	↓	↓	↓
HBS 034b	Average number of days to re-let dwellings (year to date)	Average Days	Monthly	Lower	54.79	72.25	113.25	180.02	184.59	↓	90.36	↓	↓	↓
HBS 072	% of dwellings not with a gas service within 12 months of last service date	Percentage	Monthly	Lower	0.50%	0.44%	0.50%	0.34%	0.52%	↓	0.80%	↑	↑	↓
PBH 009	(PHOF C04) Low birth weight of term babies	Percentage	Annually	Lower	2.3%	3.0%	3.7%	Annual indicators no data to report for these quarters	Annual indicators no data to report for these quarters	NA	Annual indicators no data to report for this quarter	NA	↓	↓
PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth - current method	Percentage	Annually	Higher	38.1%	40.6%	46.7%			NA		NA	↑	↑
PBH 014	(PHOF C06) Smoking status at time of delivery	Percentage	Annually	Lower	12.9%	10.6%	8.4%			NA		NA	↑	↑
PBH 016	(PHOF C02a) Rate of under-18 conceptions	Per 1,000 pop	Annually	Lower	15.4	No data available	No data available			NA		NA	NA	NA
PBH 018	Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	Percentage	Annually	Higher	99.5%	99.3%	99.9%			NA		NA	↓	↑
PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)	Number	Annually	Lower	26.7	23.3	26.9			NA		NA	↑	↓
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)	Number	Annually	Lower	37.3	35.4	35.7			NA		NA	↑	↓
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Per 10,000 pop	Annually	Lower	206.5	252.2	No data available			NA		NA	↓	NA
PBH 026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Per 10,000 pop	Annually	Lower	154.2	149.0	No data available			NA		NA	↑	NA
PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Per 10,000 pop	Annually	Lower	186.3	127.8	No data available			NA		NA	↑	NA
PBH 031	(PHOF C14b) Emergency Hospital Admissions for Intentional Self-Harm	Per 100,000 pop	Annually	Lower	197.5	121.0	No data available	Annual indicators no data to report for this quarter	Annual indicators no data to report for this quarter	NA	Annual indicators no data to report for this quarter	NA	↑	NA
PBH 033	(PHOF C18) Prevalence of smoking among persons aged 18 years and over	Percentage	Annually	Lower	11.5%	7.9%	No data available			NA		NA	↑	NA
PBH 035i	(PHOF C19a) Successful completion of drug treatment - opiate users	Percentage	Annually	Higher	4.4%	7.6%	7.0%			NA		NA	↑	↓
PBH 035ii	(PHOF C19b) Successful completion of drug treatment - non-opiate users	Percentage	Annually	Higher	15.2%	21.8%	28.6%			NA		NA	↑	↑
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment	Percentage	Annually	Higher	18.0%	28.1%	31.4%			NA		NA	↑	↑

Health and Housing		Scrutiny Committee	2025		- 2026		QUARTER 2		APPENDIX 1							
			2025/2026		Year End data direction of travel											
Indicator	Title	Return Format	Reported	What is best	2022/2023	2023/2024	2024/2025	2025/2026 - Qtr 1	2025/2026 - Qtr 2	Qtr 2 compared to Qtr 1	2024/2025 Qtr 2	Qtr 2 - 2025/2026 compared to 2024/2025	Qtr 4 - 2023/2024 compared to 2022/2023	Qtr 4 - 2024/2025 compared to 2023/2024		
PBH 044	(PHOF C21) Admission episodes for alcohol-related conditions (narrow) (new method)	Per 100,000 pop	Annually	Lower	774	659	621			NA		NA	↑	↑		
PBH 046	(PHOF C26b) Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period	Percentage	Annually	Higher	45.8%	41.6%	39.9%			NA		NA	↓	↓		
PBH 048	(PHOF D02a) Rate of chlamydia detection per 100,000 young people aged 15 to 24	Per 100,000 pop	Annually	Higher	1,972	1,507	1,427			NA		NA	↓	↓		
PBH 050	(PHOF D07) HIV late diagnosis (%)	Percentage	Annually	Lower	28.6%	33.3%	No data available			NA		NA	↓	NA		
PBH 054	(PHOF E02) Percentage of 5 year olds with experience of visually obvious dental decay	Percentage	Biennial	Lower	No data available	25.3%	No data available			NA		NA	NA	NA		
PBH 056a	(PHOF E04b) Under 75 mortality rate from circulatory diseases considered preventable (1 year range)	Per 100,000 pop	Annually	Lower	30.5	31.9	33.8			NA		NA	↓	↓		
PBH 058	(PHOF E05a) - Under 75 mortality rate from cancer (1 year range)	Per 100,000 pop	Annually	Lower	141.6	129.1	111.1			NA		NA	↑	↑		
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease (1 year range)	Per 100,000 pop	Annually	Lower	43.1	43.5	No data available			NA		NA	↓	NA		
										Better than =	↑	0				
										Not as good as =	↓	2				
										The same as =	↔	0				
										No comparative data	NA	33				
										5	19	12				
										4	14	14				
										0	0	0				
										26	2	9				

HEALTH AND HOUSING SCRUTINY COMMITTEE

7 JANUARY 2026

Performance Indicators - Qtr 2 2025/26

Appendix 2

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

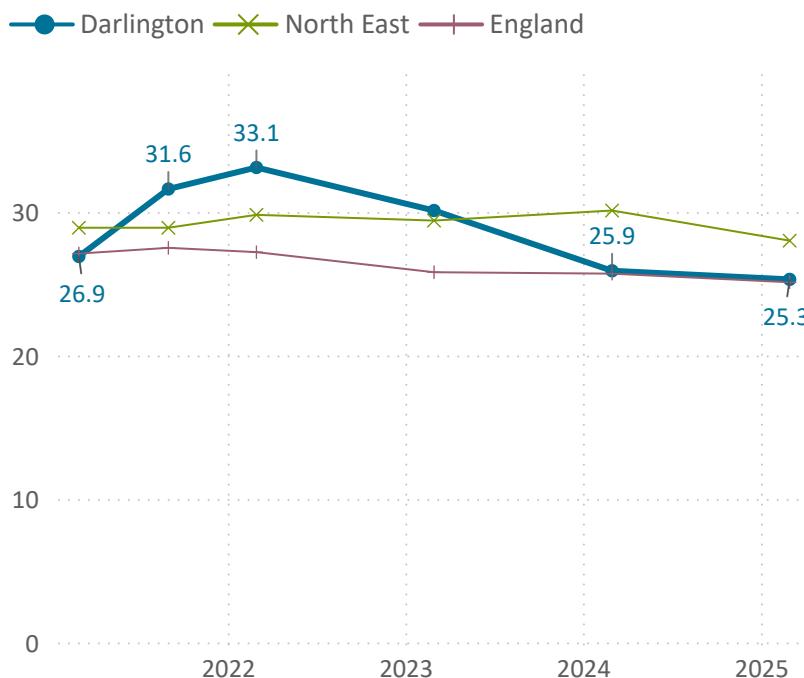
The 2023-24 Active Lives survey results show that there has been a slight improvement from the 2022-23 results, from 25.9% to 25.3%, which is continuing the positive trend and Darlington is in line with the national average.

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

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CUL 008a

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



Lead Officer: Lisa Soderman: Head of Leisure

Service Area: Leisure

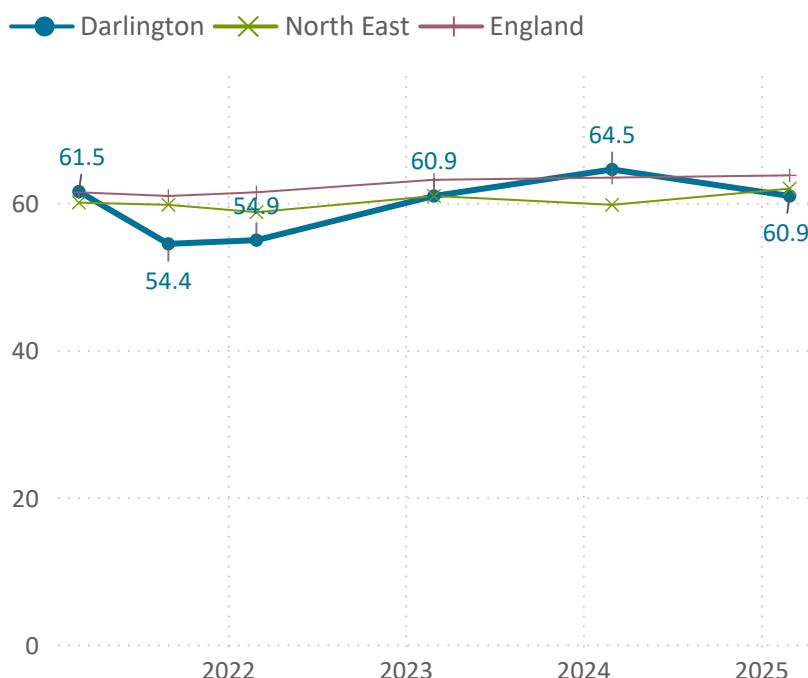
Percentage of the adult population physically active (doing 150 minutes moderate activity per week)

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

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

CUL 009a

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



Lead Officer: Lisa Soderman: Head of Leisure

Service Area: Leisure

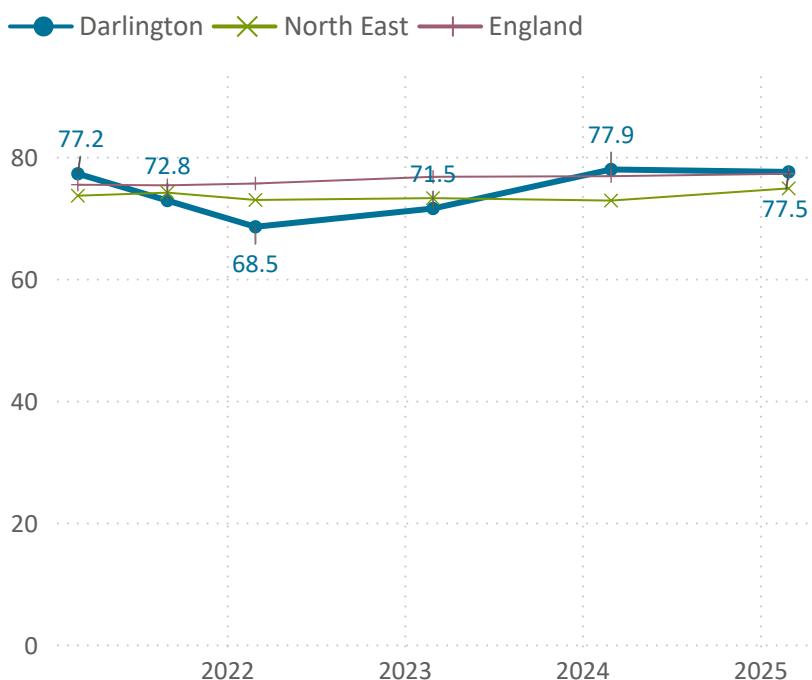
Percentage of the adult population taking part in sport and physical activity at least twice in the last month

The 2023-24 Active Lives survey results show there has been a very small decrease in adults taking part in sport and physical activity at least twice a month in Darlington (77.9% 2022/23 to 77.5% 23/24). This is still a good trend as it shows we are maintaining this activity at a satisfactory level with Darlington still being above both the North East average of 74.8% and the England average of 77.2%.

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

CUL 010a

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



Lead Officer: Lisa Soderman: Head of Leisure

Service Area: Leisure

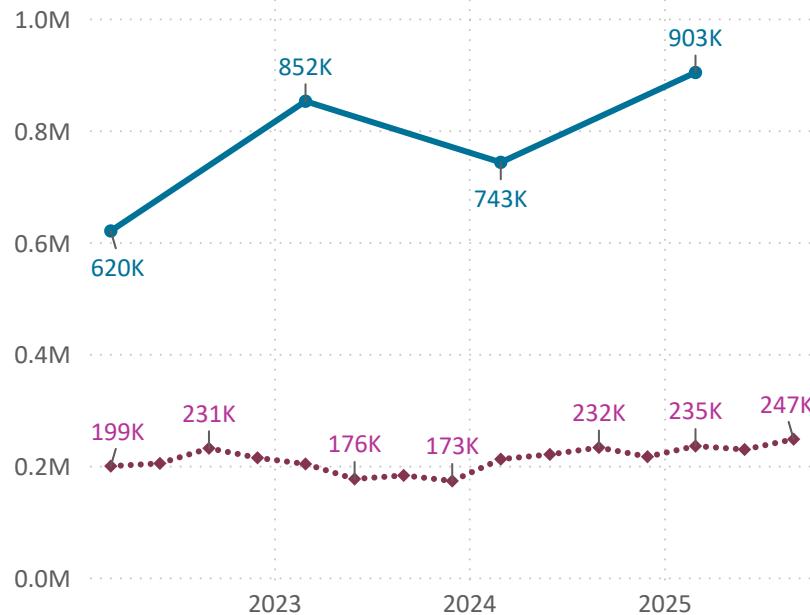
Total number of visits to the Dolphin Centre (all areas)

The first six months of this year have shown positive growth in visits compared to the same period in 2024/2025. The successful introduction of a weekly pool party in the school holidays has contributed to a very popular May and Summer holiday programme. New promotions across business areas including 'Active Afternoons' has increased footfall in bowling and soft play during term time. Membership numbers continue to rise to an all-time high, with popular fitness classes including Pilates and aqua aerobics continually hitting full capacity. This quarter has had the highest visitors on record for The Dolphin Centre, with many repeat customers contributing to growth in overall visitor numbers.

CUL 030

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

—●— Annual figure (March) ⬤ Quarterly figures



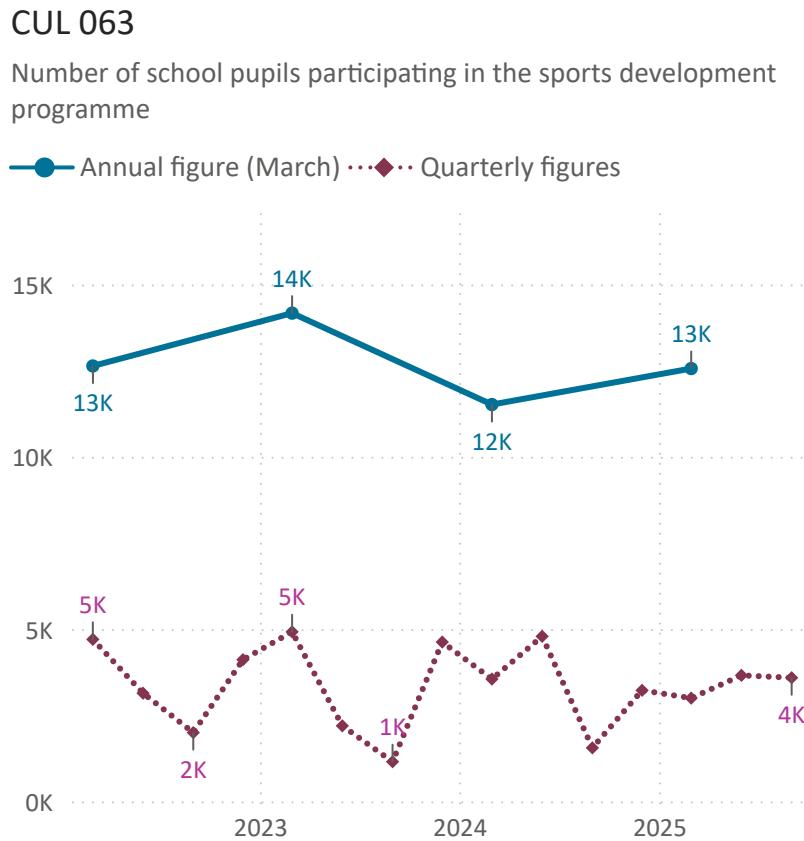
Lead Officer: Lisa Soderman: Head of Leisure

Service Area: Leisure

Number of school pupils participating in the sports development programme

A full School Games programme has been delivered this year with a slight increase in participation from the year 2024/25 in the first two quarters of this year, following additional events added to the calendar. New activities are planned for 2025/26 to supplement the existing programme which include T1 Rugby, Secondary Swimming Festival, Tees Valley Basketball, Primary and Secondary Panathlon, Secondary Golf festivals and outreach skills festivals. This should support a further increase in 2025/26 with a further focus around key stage 1/multi activity festivals, target festivals and additional Quad Kid Athletics events.

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Lead Officer: Lisa Soderman: Head of Leisure

Service Area: Leisure

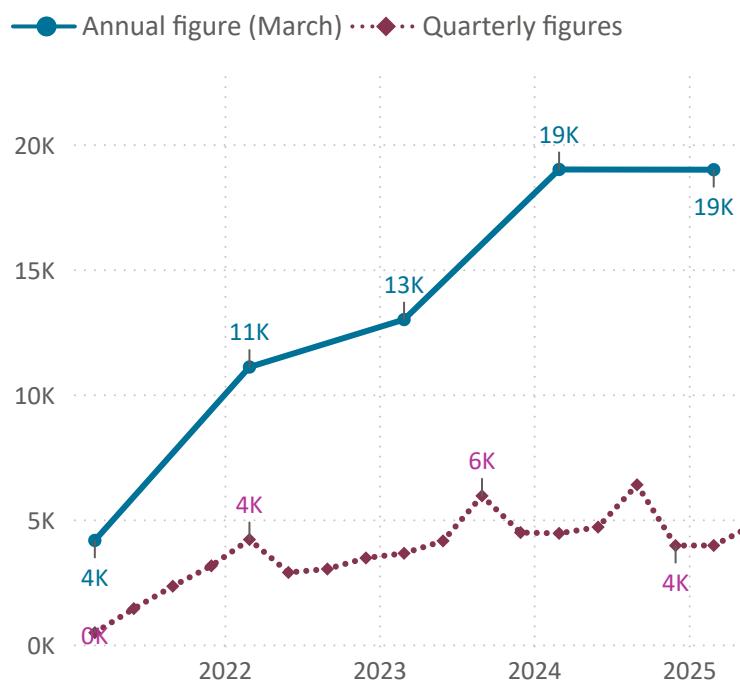
Number of individuals participating in the community sports development programme

The figures have remained consistent from the previous two quarters in 2024/25 with the team delivering sessions and activities that are continuing to sustain participants who attend. A broad community outreach programme has been delivered at various community venues with the team supporting the new Sport and Physical Activity strategy and the application for the Sport England Place funding for Darlington.

Darlington's Place expansion work will commence on the 1st December over a 15-month development phase aimed at increasing levels of physical activity, reducing levels of physical inactivity, addressing inequalities and providing positive experiences for children and young people.

CUL 064

Number of individuals participating in the community sports development programme



Lead Officer: Lisa Soderman: Head of Leisure

Service Area: Leisure

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

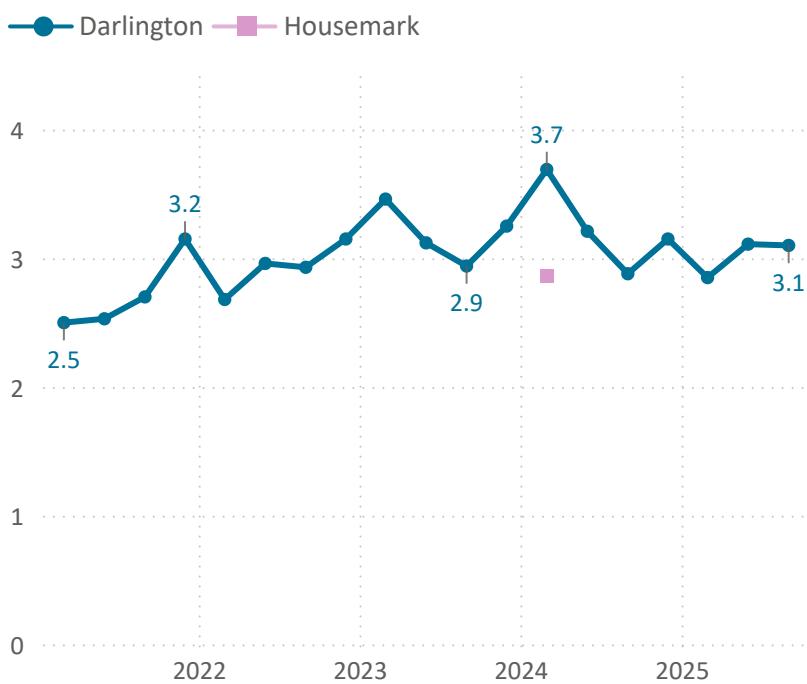
Arrears levels in Q2 have improved from Q1 2025/2026 from 3.11% to 3.10% and the collection rate has gone from 95.29% to 97.39%. This is due to the continued hard work of the team through early prevention and contacting tenants at the earliest opportunity.

Successful applications to Northumbrian Water's Social Tariff Scheme resulted in £331,000 being applied to rent accounts throughout September helping those tenants on low incomes.

The team continues to collect with care, offering guidance and support to customers, assisting with benefit claims and budgeting skills at the beginning of a tenancy and throughout, only taking enforcement and court action when ~~all~~ avenues have been exhausted.

HBS 013

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



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

Service Area: Revenue & Benefits

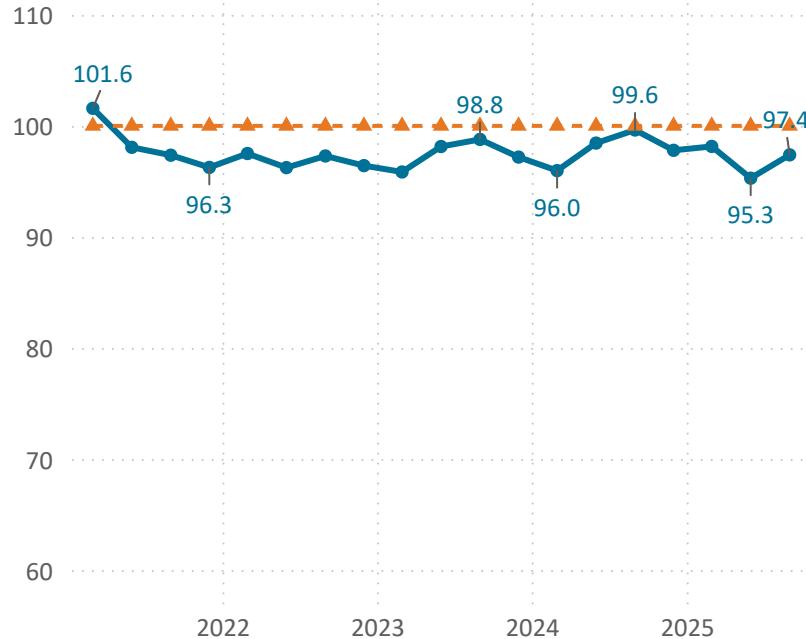
Rent collected as a proportion of rents owed on HRA dwellings

Over 2,799 Council tenants are now in receipt of some element of Universal Credit (UC) and have the five week wait prior to first payments being received, however average arrears for UC customers remains around five weeks average rent. Although the collection rate is still great, this is having an impact on the amount of arrears that tenants are in, with the arrears as a percentage of the debt increasing from 2.88% in Q2 2024/25 to 3.10% in Q2 2025/26. The Income team continues to promote help and guidance and making affordable repayment plans with customers throughout their tenancy, only taking court and enforcement action where all other efforts have failed.

HBS 016

Rent collected as a proportion of rents owed on HRA dwellings

Value Target



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

Service Area: Revenue & Benefits

Number of days spent in "Bed and Breakfast"

The number of nights in temporary accommodation are at 7,562 in September 2025 which shows a slight decrease of 5% from September 2024 which was 8,004.

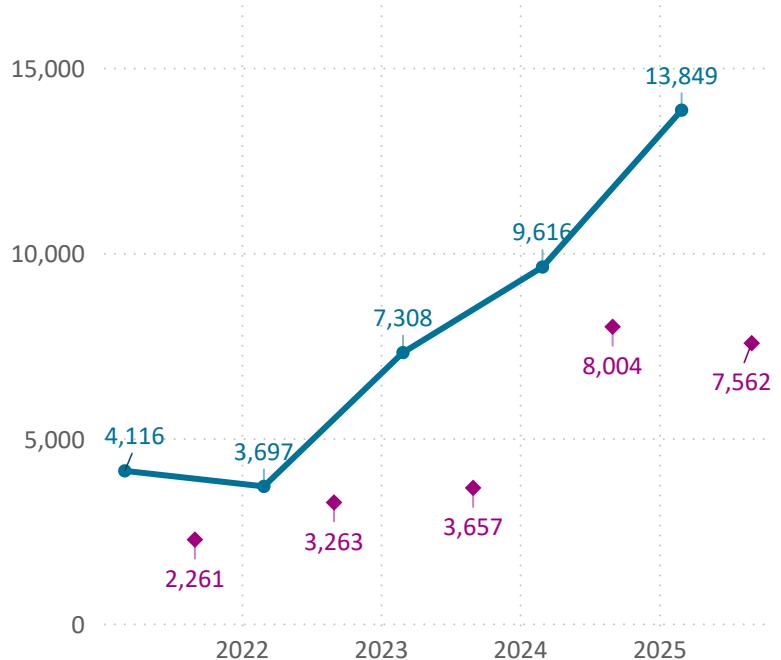
We have also seen a slight decrease in the numbers on HomeSearch (social housing waiting list) in the band 1 category. This shows that there has been a number of successful move on from temporary accommodation into longer term. This will be due to the higher percentage of properties advertised in band 1 and the change in process for homeless clients to be on auto bid on the system (HomeSearch) meaning they are being automatically put forward for accommodation that suits their needs and not relying on clients bidding themselves.

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HBS 025

Number of days spent in "Bed and Breakfast"

● Value (Year End) ♦ Value (Quarter 2)



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

Service Area: Housing

Number of positive outcomes where homelessness has been prevented

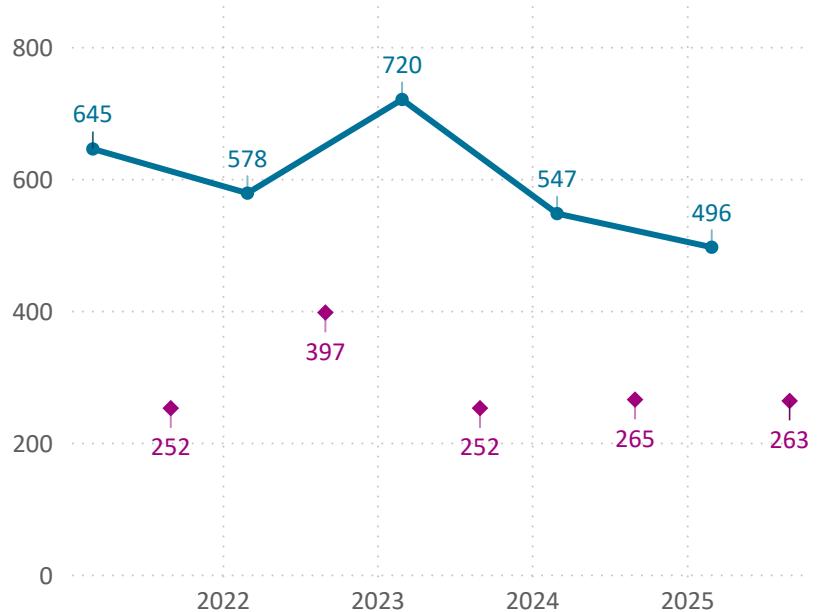
Positive outcomes for homeless cases remain consistent to this time last financial year which is good to see with the continuing pressures of lack of move on accommodation. September 2024 there were 265 positive outcomes and September 2025 we have seen 263 positive outcomes. This shows the Housing Options team are working well to achieve long term housing solutions for clients.

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HBS 027i

Number of positive outcomes where homelessness has been prevented

● Value (Year End) ♦ Value (Quarter 2)



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

Service Area: Housing

Average number of days to re-let dwellings

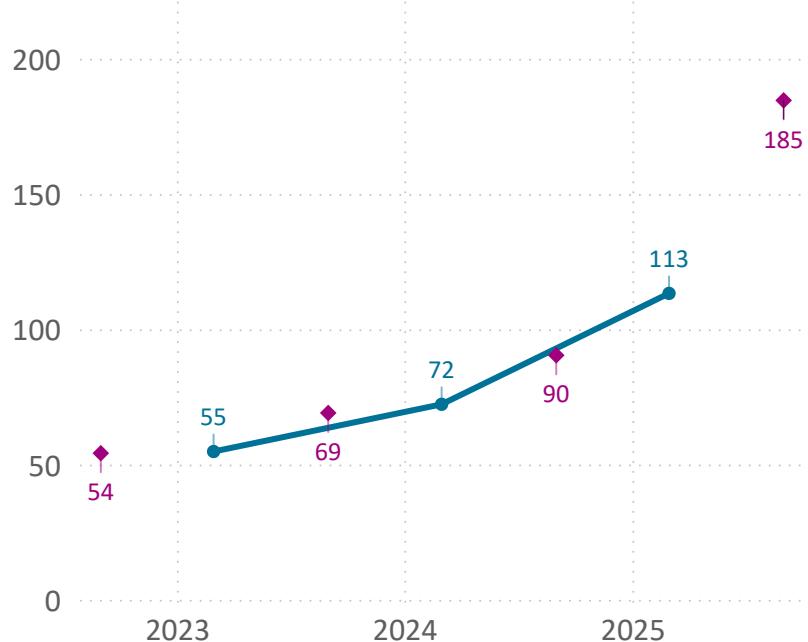
The cumulative average relet for Q2 of this year 2025/26 is 185 days, an increase from 2024/25. Nationally, staffing resource for tradespeople continues to be difficult and we are continuing to invest in apprenticeships to increase qualified tradespersons and to build resilience within the team. Our new Repairs Before Letting Manager has conducted a thorough review of processes. Following this review, an additional Void Officer has been employed. A working group of senior managers is continuing to look at improvements and new void standards are being agreed. It is expected performance for 2025/26 will improve.

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HBS 034b

Average number of days to re-let dwellings

● Value (Year End) ♦ Value (Quarter 2)



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

Service Area: Housing

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

The percentage of Council dwellings without a gas service within 12 months of the last service date was 0.5% in quarter 2 of 2025-26. This is an improvement from the same quarter of 2024-25 at 0.8%.

Performance is on target at 0.5% and all Council properties with gas appliances and due a gas safety check being followed up with appropriate action, including court action, to ensure we meet our statutory duties and maintain safety for tenants in Council homes.

Improvements to processes and systems continue as we aim to continue to improve performance and ensure the safety of tenants in their homes.

HBS 072

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

—●— Darlington —+— United Kingdom



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

Service Area: Housing

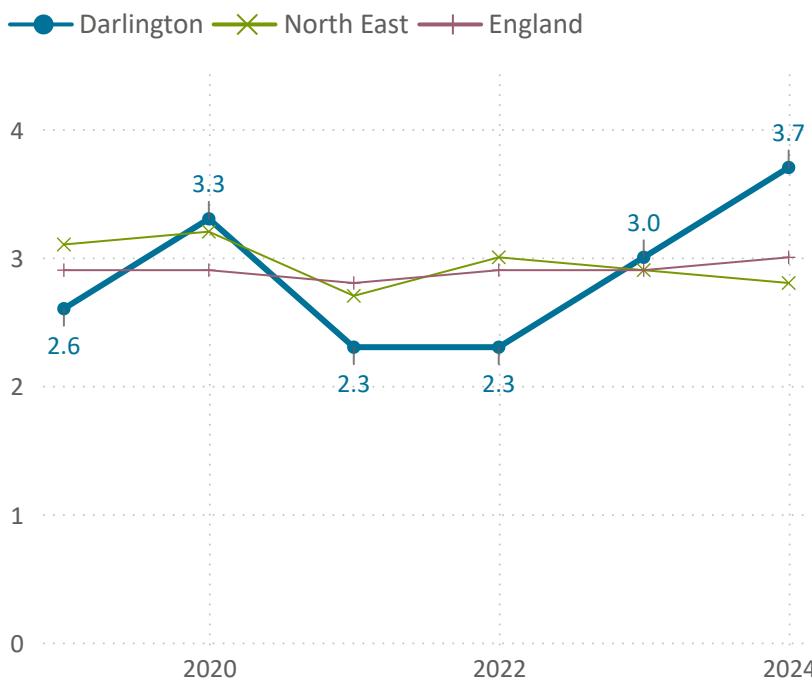
Percentage of live births (with a gestational age of at least 37 weeks) which have a low birth weight

This data (from 2024) shows an increase in the trend for low birth rate of term babies with 3.7% of full-term births are recorded as low birth weight. Darlington is statistically similar to the North East and England although ranked second highest in the NE region.

Multiple, interconnected factors—nutrition, mental health, lifestyle, and access to care—shape pregnancy outcomes. Maternity services have a key role in supporting a healthy pregnancy and the 0–19 public health service provides a targeted antenatal visit between 28 and 36 weeks, offering tailored advice and support to reduce risks and promote healthy births.

PBH 009

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



Lead Officer: Lorraine Hughes: Director of Public Health

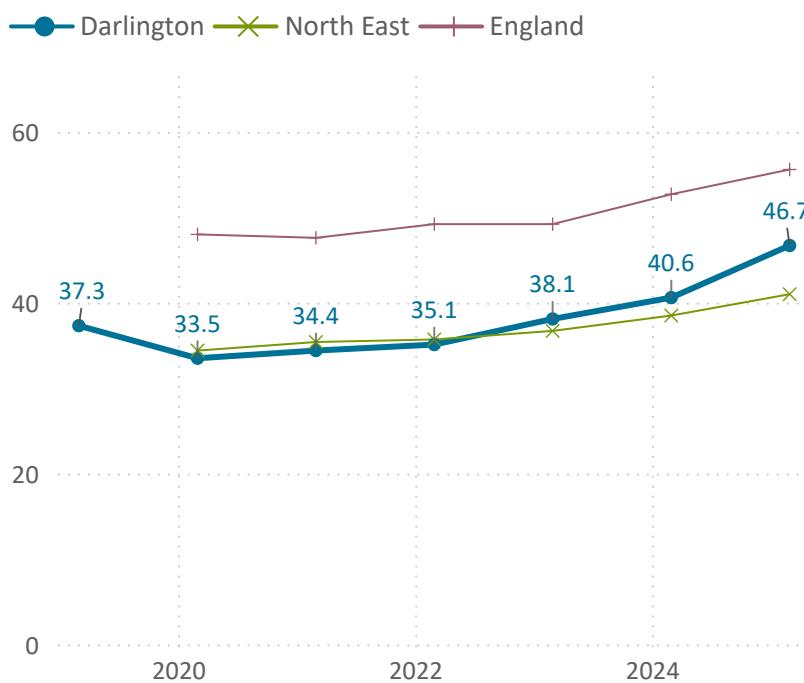
Service Area: Public Health

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

The latest data from 2024/25 shows that 46.7% of infants in Darlington are totally or partially breastfed at 6-8 weeks after birth. This is now statistically higher than the North East, although statistically lower than the England average. Breastfeeding support in Darlington is built on shared responsibility between midwives and health visitors, with midwives supporting initiation and breastfeeding immediately after birth and health visitors supporting from handover, ensuring continuity of care. The Health Visiting Service was successful in revalidation as a UNICEF Gold Baby Friendly accredited service in October 2025, being highly commended for the work.

PBH 013c

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



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Percentage of women who smoke at time of delivery

The latest data from 2024/25 shows that 8.4% of mothers are known to be smokers at the time of delivery. This has reduced steadily since 2020. Darlington is statistically similar to the North East and statistically worse than England. The gap between Darlington and England has continued to narrow.

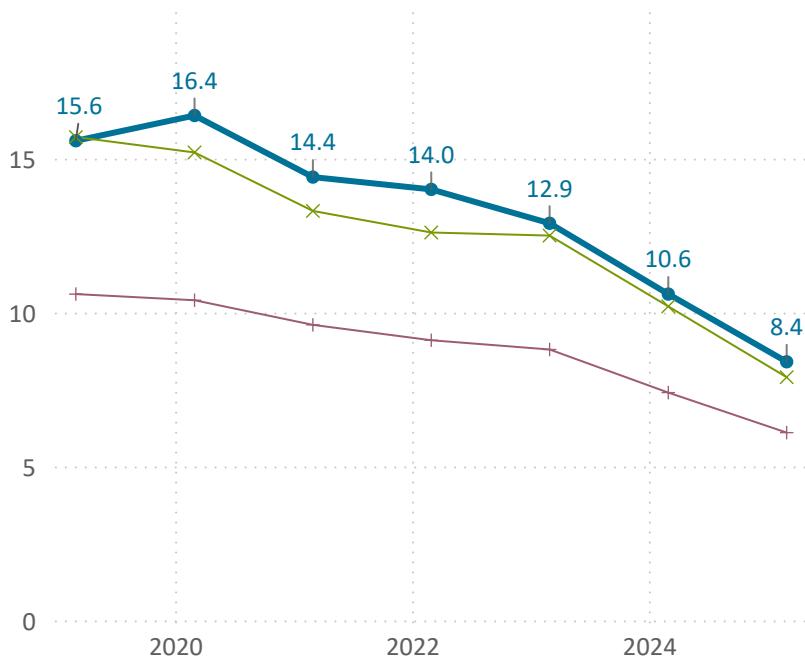
There is new investment in stop smoking services to provide additional support for pregnant women to quit smoking at every opportunity. Existing support is delivered by the NHS through local maternity services and by the Council, which commissions a specialist stop smoking service to help women quit before and after pregnancy.

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PBH 014

Percentage of women who smoke at time of delivery

—●— Darlington —★— North East —+— England



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

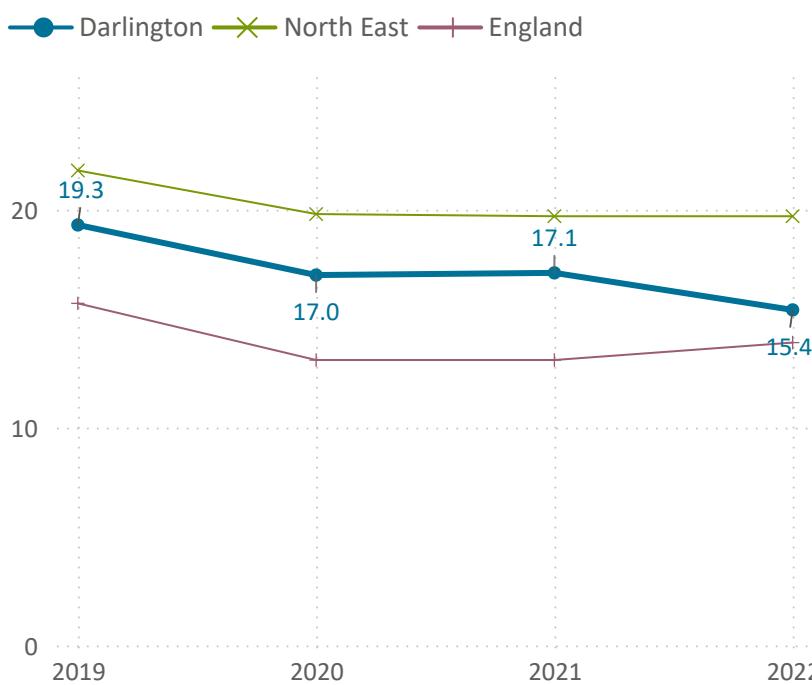
Conceptions in women aged under 18, per 1,000 females aged 15-17

This most up-to-date data from 2022 shows that there is a continued decrease in the trend for the under-18s conception rate, now at 15.4 per 1,000 females aged 15-17. Darlington is statistically similar to the North East and England averages.

A wide range of evidence-based activities and programmes are delivered with partners. These include supporting Relationship, Sex and Health Education (RSHE) in Darlington schools, school nurse drop-in sessions offering information, support and access to contraception, and a community contraception service providing young people with the full range of options.

PBH 016

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



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

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

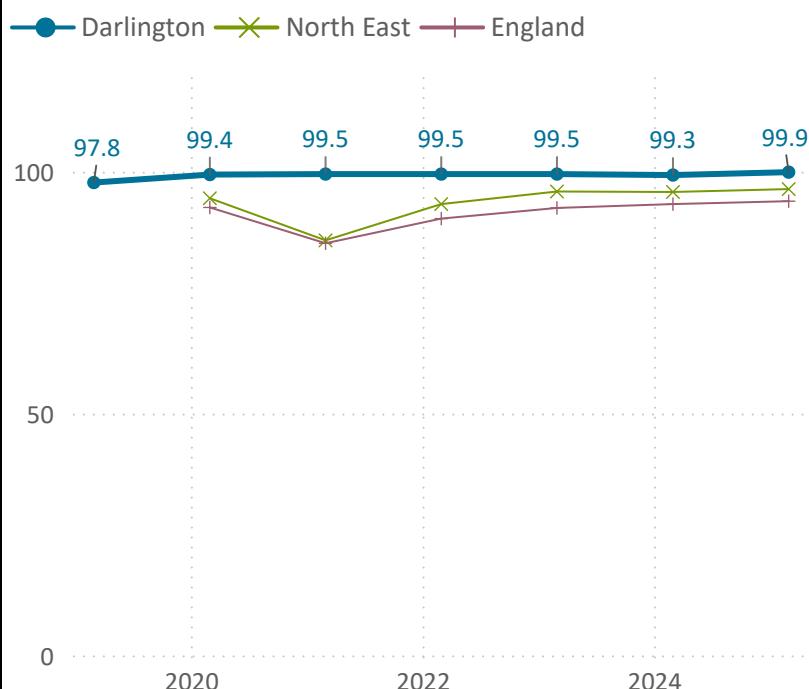
The latest data from 2024/25 shows that 99.9% of children aged 2-2.5 years were offered an ASQ-3 test as part of the mandated Healthy Child programme contacts (or an integrated assessment). Darlington is statistically better than the North East and England.

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

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PBH 018

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



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Excess weight among Reception pupils (%)

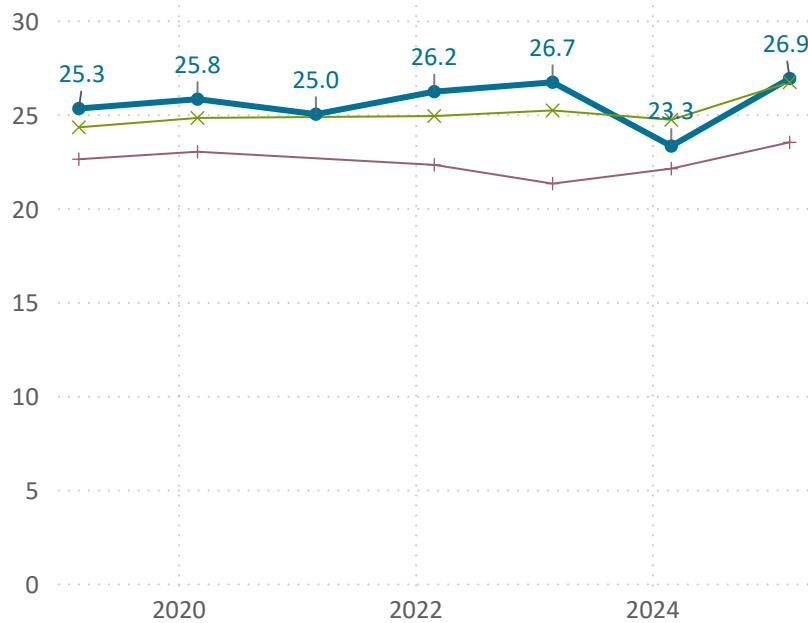
The latest data from 2024/25 shows an increase in the proportion of reception children aged 4-5 years who were found to be overweight or obese when measured which is now at 26.9%. Darlington is now statistically similar to the North East but higher than the England average.

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

PBH 020

Excess weight among Reception pupils (%)

Darlington North East England



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Excess weight among Year 6 pupils (%)

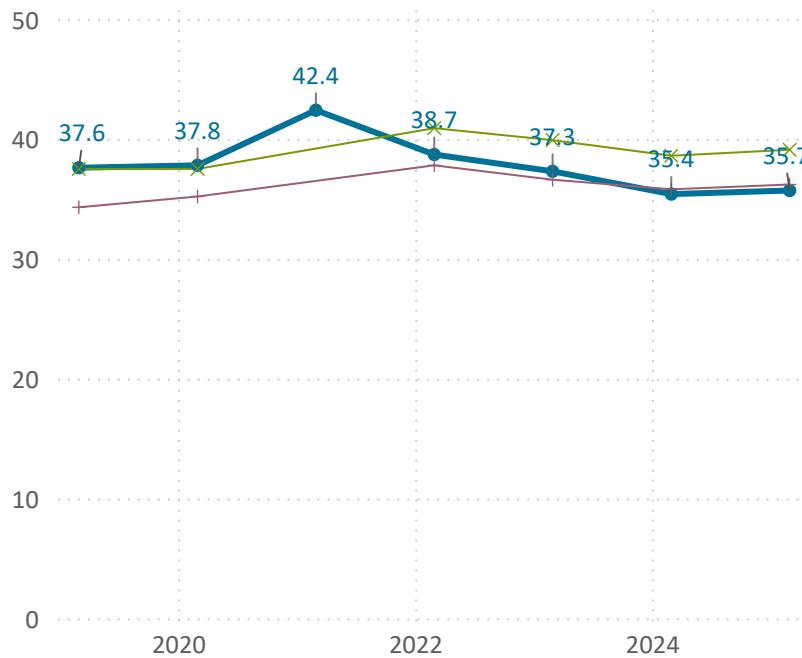
The latest data from 2024/25 shows that 35.7% of Year 6 children aged 10-11 years who were measured were found to be overweight or obese. There has been a reduction each year since 2021, with Darlington being statistically lower than the North East and statistically similar to England.

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

PBH 021

Excess weight among Year 6 pupils (%)

Darlington North East England



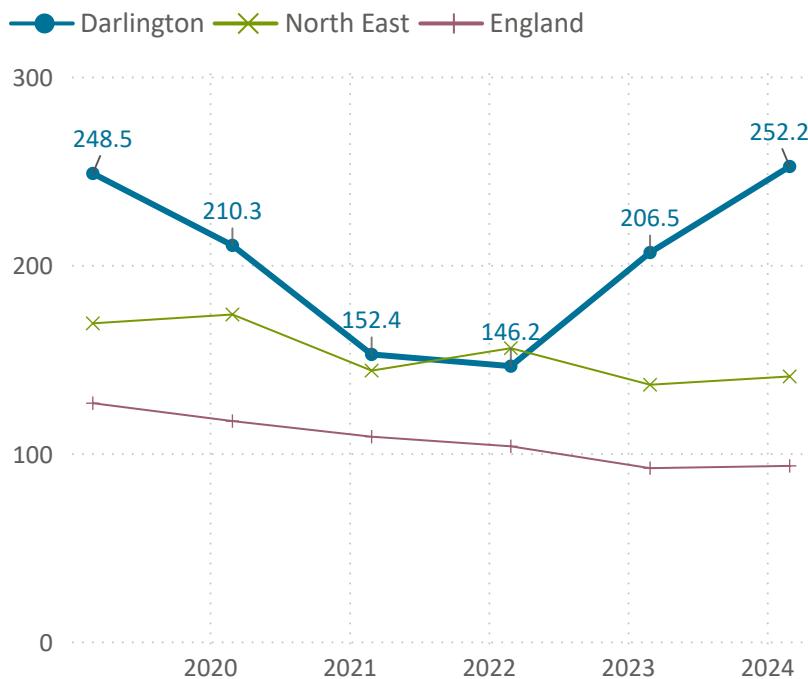
Hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years (per 10,000 0-5 population)

The latest data shows a significant increase in this rate to 252.2 per 10,000 population for emergency admissions for 0-4 years since 2022. Compared to our North East neighbours, Darlington is ranked the highest and is statistically worse than the North East and England rate.

The reasons for this increase in children's admissions are complex and require system-wide action. Most admissions are due to accidents. An audit has been undertaken to understand the data in more detail, with findings used to develop an injury prevention campaign. Other actions being taken include a local training offer for frontline staff and improving information sharing pathways between the Trust and 0-19 service.

PBH 024

Hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years (per 10,000 0-5 population)



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

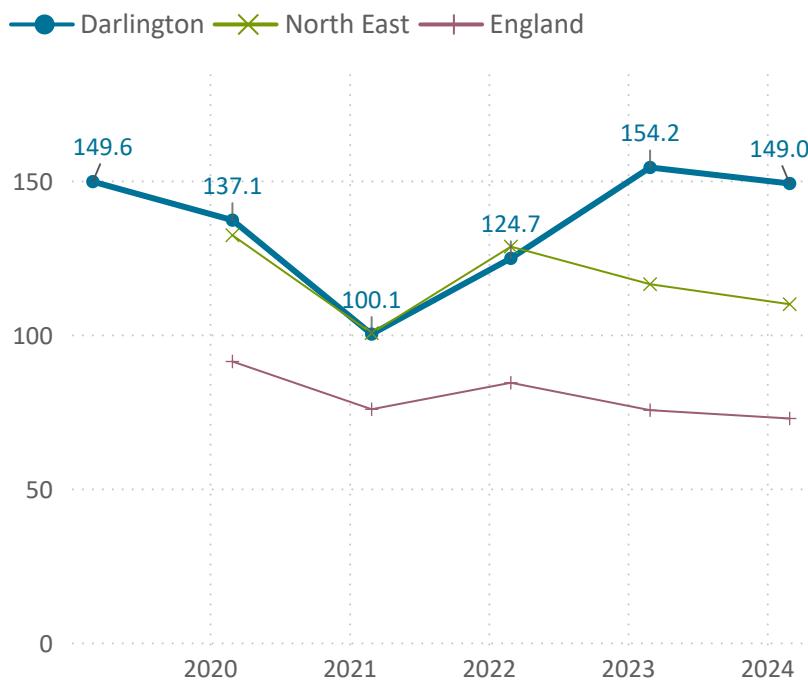
Hospital admissions caused by unintentional and deliberate injuries in children aged under 15 years (per 10,000 0-15 population)

The latest data from 2023/24 shows that the rate for Darlington is 149 per 10,000 population for emergency admissions for those aged 0-14 years. There is a reduction from last year, but Darlington remains statistically worse than the North East and England.

The reasons for this increase in children's admissions are complex and require system-wide action. Most admissions are due to accidents. An audit has been undertaken to understand the data in more detail, with findings used to develop an injury prevention campaign. Other actions being taken include a local training offer for frontline staff and improving information sharing pathways between the Trust and 0-19 service.

PBH 026

Hospital admissions caused by unintentional and deliberate injuries in children aged under 15 years (per 10,000 0-15 population)



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

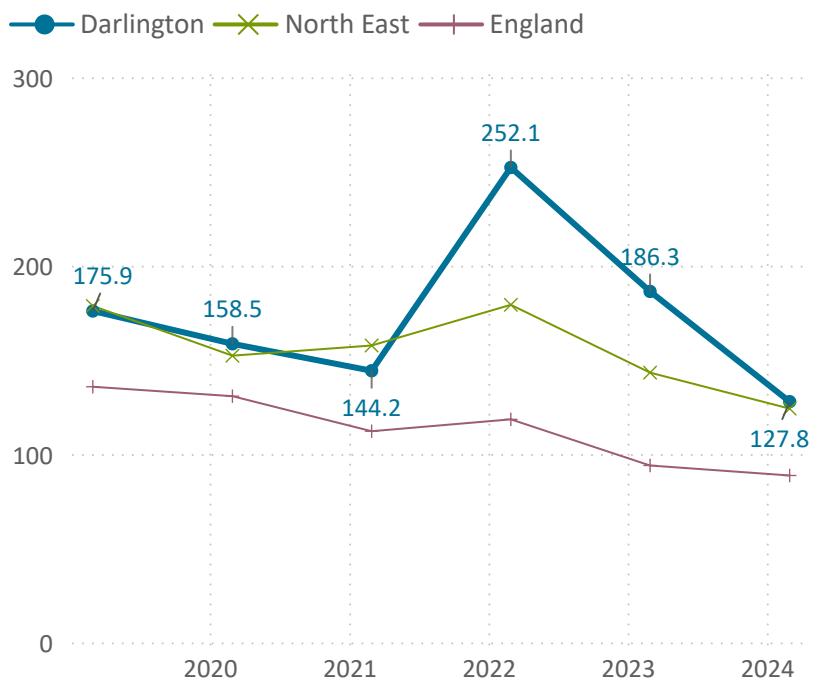
Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years (per 10,000 15-24 population)

The latest data from 2023/24 shows that the rate of emergency hospital admissions is 127.8 per 10,000 population amongst 15-24 year olds, and continues to reduce from a peak in 2022. This is statistically similar to the North East, but statistically worse than England. Many are due to traffic and sporting injuries, but the data also includes injuries as a result of self-harm for this group.

Pan audit has been undertaken to understand the data in more detail, this is supporting work to improve pathways and care for young people admitted for self-harm, including recording of assessments and improving education around identified risk factors.

PBH 027

Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years (per 10,000 15-24 population)



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Emergency Hospital Admissions for Intentional Self-Harm (per 100,000 population)

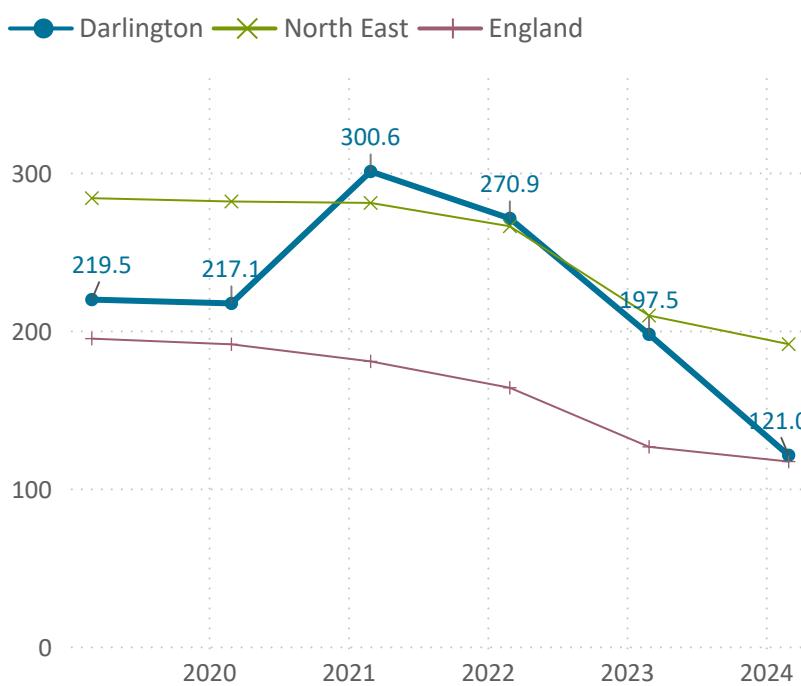
The latest data for 2024 shows a rate of 121 per 100,000 population, which is statistically similar to England and is statistically better than the North East. This data also shows a decreasing trend for Darlington from 2021.

Self-harm is a complex and poorly understood act with varied reasons for a person to harm themselves, irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self-harm. This indicator is a measure of intentional self-harm events that warranted a hospital admission and not a measure of the actual prevalence of self-harm.

Page 187

PBH 031

Emergency Hospital Admissions for Intentional Self-Harm (per 100,000 population)



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Prevalence of smoking among persons aged 18+ years

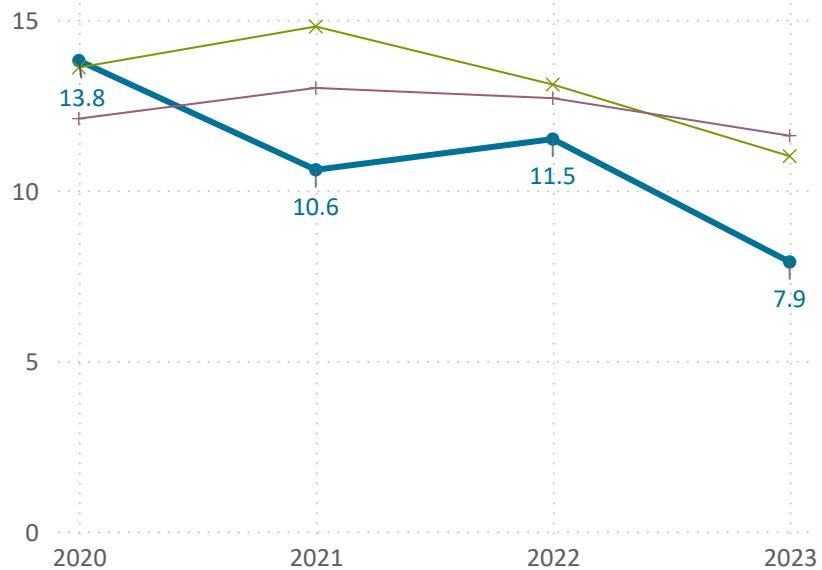
This latest data from the 2023 Annual Population Survey (APS) shows that 7.9% of those who responded aged 18+ self-reported themselves as smokers in Darlington. This is the 3rd year with a reduction from a peak of 13.8% in 2020. Darlington is statistically better than the North East and England.

There is now an established downward trend with fewer people in Darlington identifying themselves as smokers. It is expected that this reduction will be sustained due to the impact of new and existing measures to reduce smoking in the community, including new legislation and extra funding to increase access to stop smoking interventions.

PBH 033

Prevalence of smoking among persons aged 18+ years

● Darlington ✕ North East + England



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Percentage of opiate users successfully completing their treatment

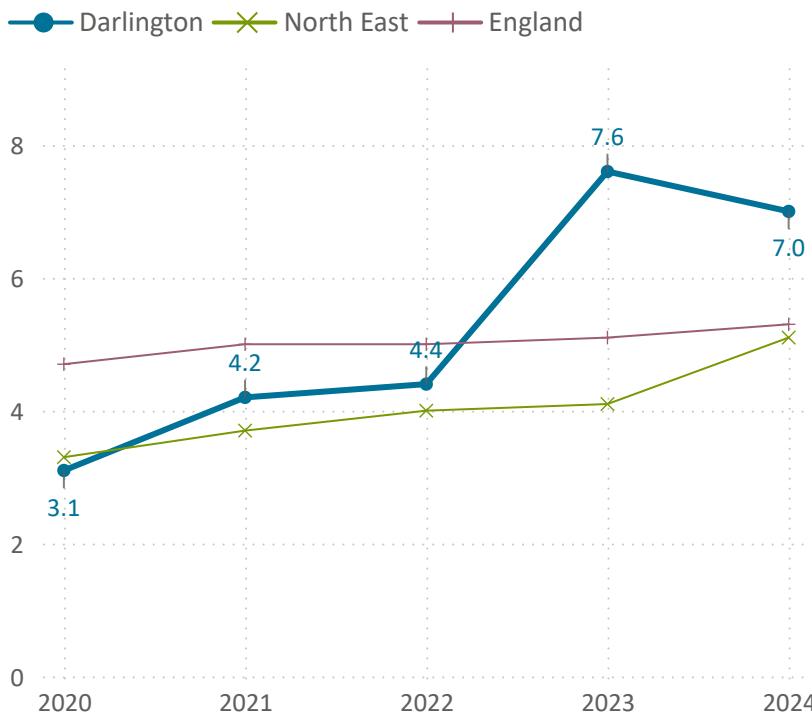
The latest data from 2024 shows that there was a slight decrease in the trend for the proportion of opiate users who are successfully completing structured drug treatment. The trend now shows that 7% of opiate users in Darlington have successfully completed their treatment, Darlington is now statistically better than the North East and England.

This rise reflects the increased investment in substance misuse treatment services, which has enabled increased access to better quality treatment. This has increased the numbers in treatment and more positive outcomes. Our local services continue to improve evidence-based interventions, which are effective in meeting the needs of service users.

68
89

PBH 035i

Percentage of opiate users successfully completing their treatment



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

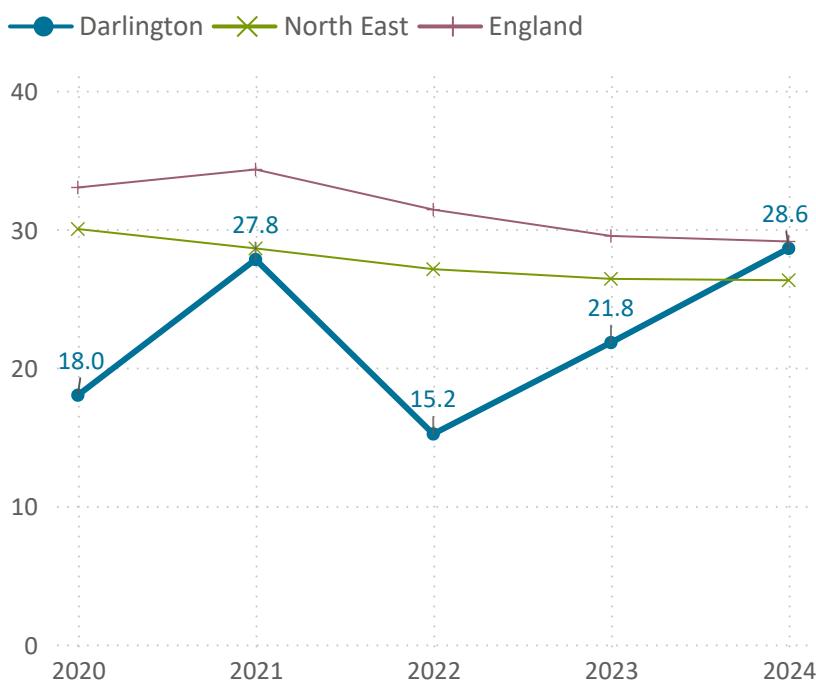
Percentage of users on non-opiates successfully completing their treatment

The latest data from 2024 shows an increase in non-opiate drug users completing treatment, with 28.6% successfully completing structured drug treatment compared to 21.8% in the previous year. Darlington is statistically similar to the North East and England.

This rise reflects the increased investment in substance misuse treatment services, which has enabled increased access to better quality treatment. This has increased the numbers in treatment and more positive outcomes. Our local services continue to deliver evidence-based interventions to effectively meet the needs of service users.

PBH 035ii

Percentage of users on non-opiates successfully completing their treatment



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Percentage of alcohol users successfully completing their treatment

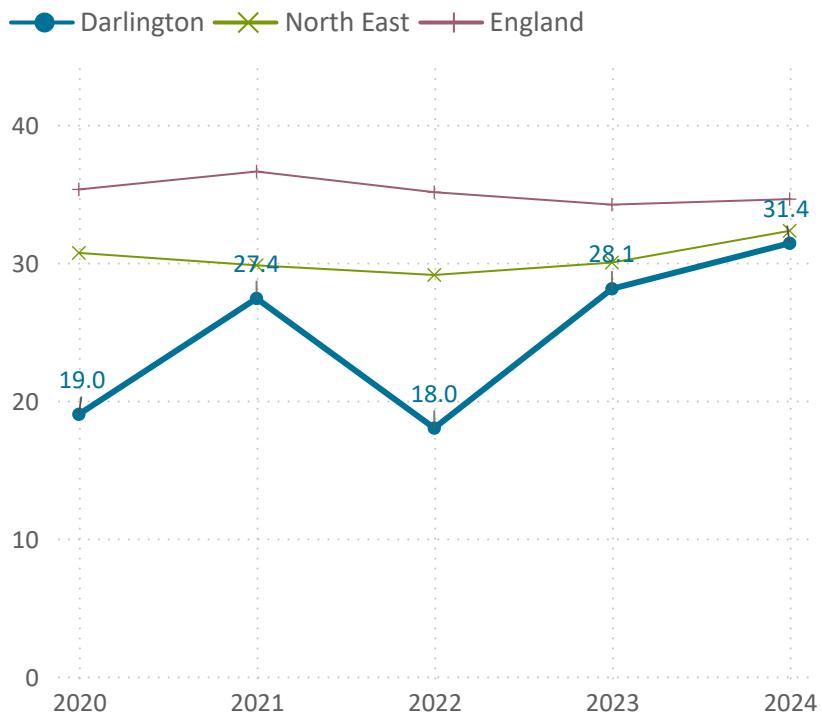
The latest data for 2024 shows an improvement compared to the last report, with 31.4% of alcohol users successfully completing structured treatment in Darlington. This is statistically similar to the North East but remains lower than England.

There has been an increase in demand for alcohol treatment services in Darlington and an increase in the levels of dependency in people presenting for treatment.

Improvement in outcomes reflects the success of the service in meeting demand and providing a high quality service. Wider multi-agency action is being taken to further increase the numbers of people accessing treatment services and to address the wider impacts of alcohol in our communities.

PBH 035iii

Percentage of alcohol users successfully completing their treatment



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Alcohol related admissions to hospital (per 100,000 population)

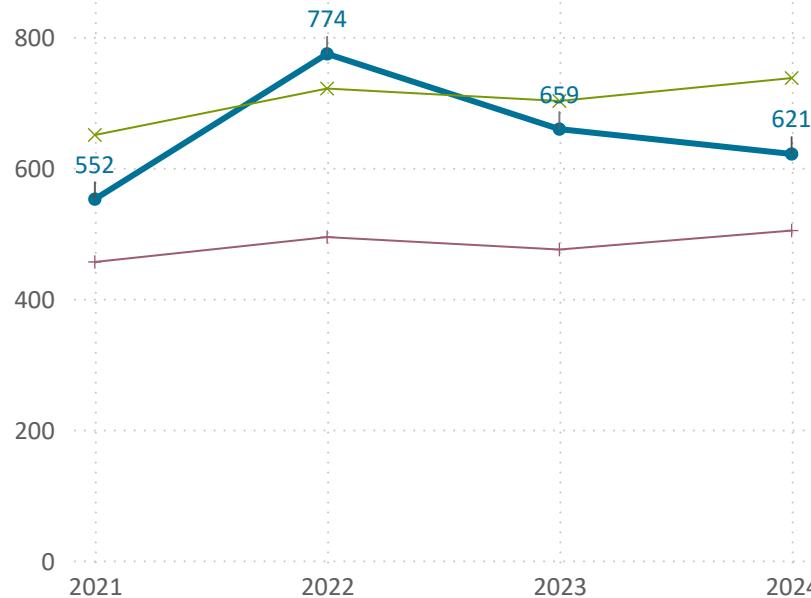
The latest data for 2023/24 shows the rate of alcohol related admissions was 621 per 100,000 population. This has reduced from the previous data. Darlington is statistically better than the North East and statistically worse than England.

This indicator represents the burden of disease from alcohol consumption in Darlington, which has accumulated over many years. The council commissions treatment services and working with partners across the system to develop and implement strategies to reduce alcohol consumption and harms from alcohol to contribute to reducing alcohol admissions in the longer term.

PBH 044

Alcohol related admissions to hospital (per 100,000 population)

● Darlington ✕ North East ━ England



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period

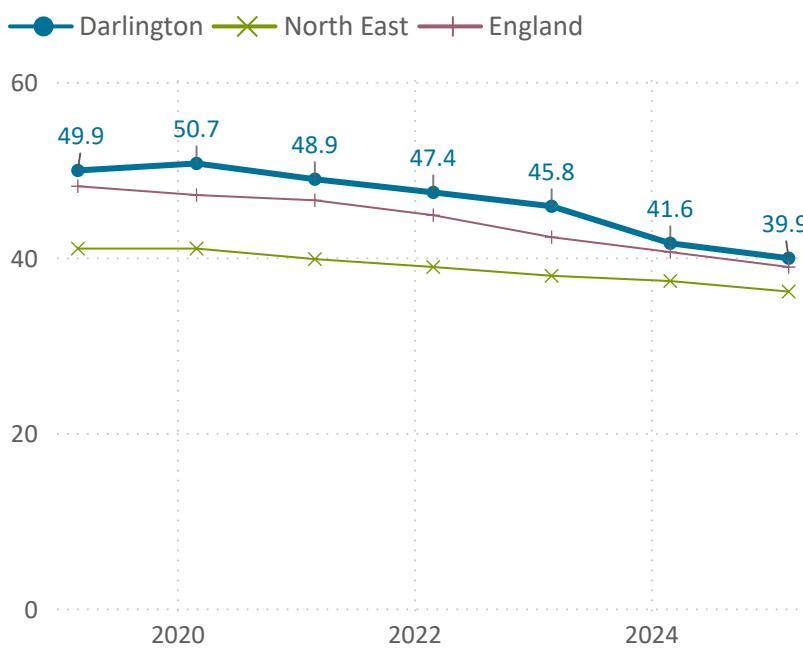
The latest data shows that 39.9% of those in Darlington who are eligible for an NHS Health Check, who have been offered a check are successfully receiving the check. This has reduced in line with England and the North East since the peak in 2020; however, Darlington is statistically better than England and the North East.

The authority commissions the GP federation to support individual GP practices to identify and offer a health check to all those who are eligible and maximise the proportion who go on to receive an NHS Health Check as set out in the national guidance.

Page 193

PBH 046

Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

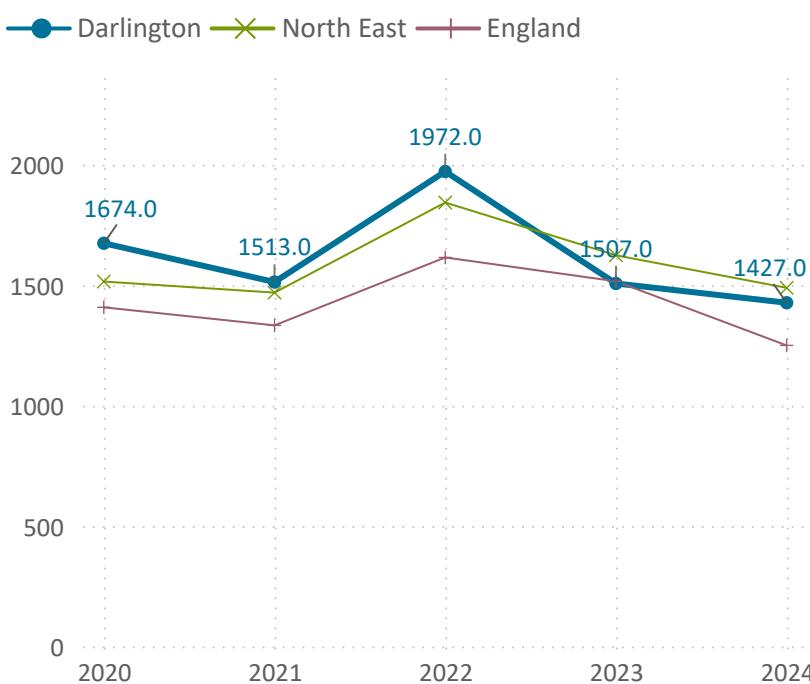
Chlamydia diagnoses in 15-24 year olds (per 100,000 15-24 population)

The latest data is from 2024, which shows a diagnosis rate of 1,427 per 100,000. This is statistically similar to the North East and England. An increased detection rate is indicative of increased control activity. It is not a measure of disease in the community.

The council commissions a specialist Sexual Health Service which has been working to improve uptake of screening by targeting younger people under 25 years, including access to online testing for over 16 years. This has increased the number of people getting tests. The School Nursing team works with schools to ensure Chlamydia screening is promoted appropriately within the curriculum.

PBH 048

Chlamydia diagnoses in 15-24 year olds (per 100,000 15-24 population)



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

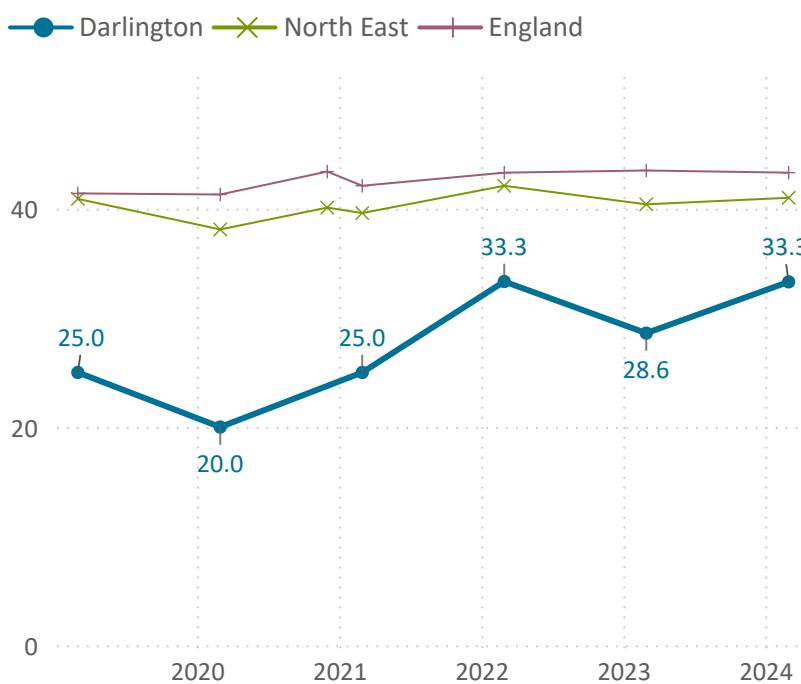
People presenting with HIV at a late stage of infection (percentage of all those presenting with HIV)

Due to the small number of people who are diagnosed with HIV, this data is cumulative from 2022-24. It shows that 33.3% of adults newly diagnosed with HIV were diagnosed at a late stage. Late diagnosis impacts treatment options and results in poorer outcomes. Compared to North East neighbours, Darlington is statistically similar to the North East and England.

The Sexual Health Service offers all new patients an HIV risk assessment. They also work with at-risk groups to promote early testing and are providing easier routes to access HIV testing through postal testing kits. Partners also work together to reduce HIV stigma to encourage more uptake of testing.

PBH 050

People presenting with HIV at a late stage of infection (percentage of all those presenting with HIV)



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

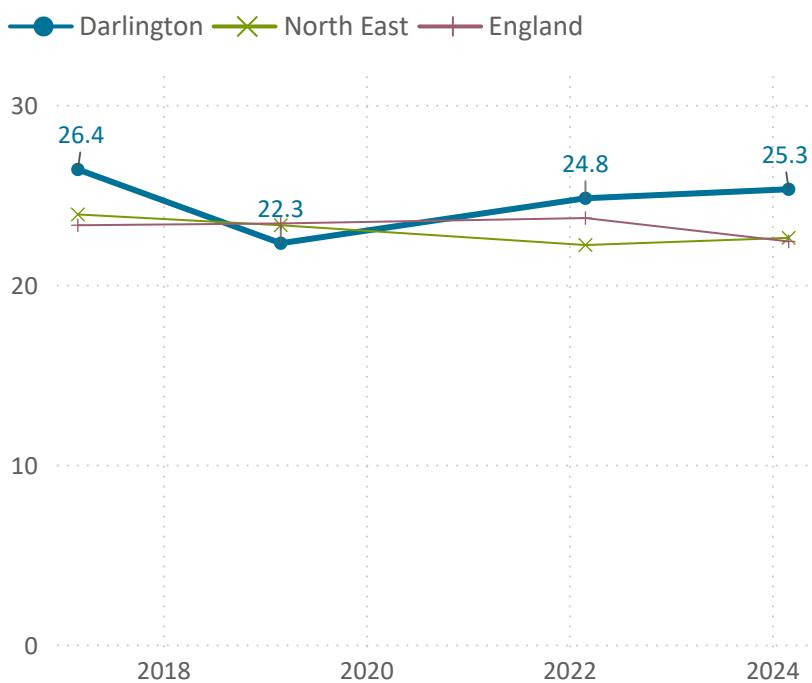
Percentage of 5 year olds with experience of visually obvious dental decay

The latest data shows that the percentage of Darlington 5-year-olds with experience of visually obvious dental decay has increased to 25.3%. This is statistically similar to both England and the North East.

Tooth decay in children is a preventable cause of avoidable pain and illness in children, the most common cause of hospital admissions for 5 to 9 year olds and a contributor to school absences. Local actions supporting healthy weaning for babies, reducing sugar and fizzy drinks in education settings and increasing the number of nurseries, primary schools and special schools with a supervised toothbrushing scheme. Awareness videos have also been developed and promoted on social media.

PBH 054

Percentage of 5 year olds with experience of visually obvious dental decay



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

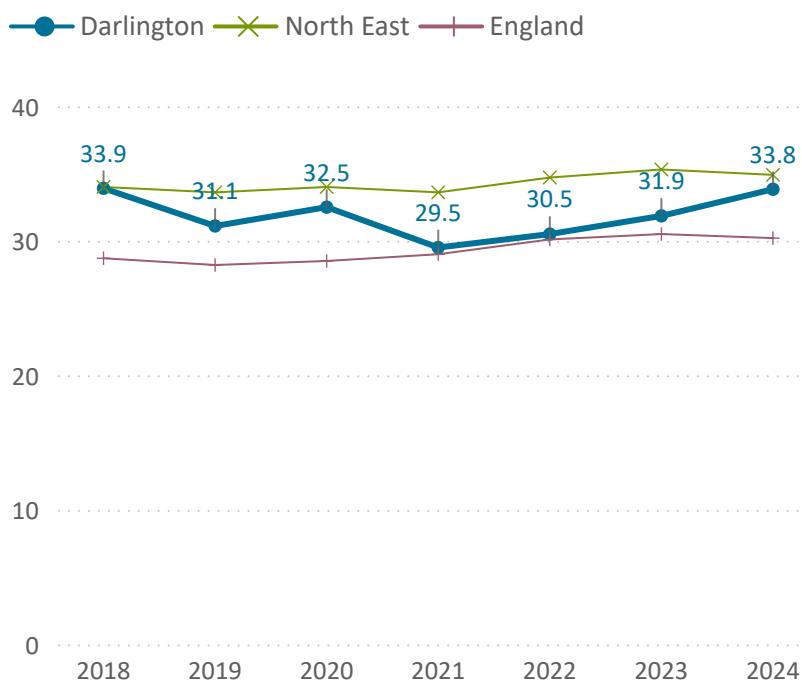
Under 75 mortality rate from cardiovascular diseases considered preventable (per 100,000 population)

The latest data from 2022-24 indicates that the under-75 mortality rate for preventable cardiovascular diseases in Darlington is 33.8 per 100,000 individuals. This is statistically similar to the England and North East averages. Darlington shows a similar upward trend as England and the North East.

Preventable mortality refers to deaths that could largely be avoided through effective public health measures and primary prevention strategies. This highlights the importance of continuing efforts to reduce avoidable deaths through comprehensive public health policies and interventions at all levels. It also underscores that preventing circulatory diseases is just as critical as treating them.

PBH 056

Under 75 mortality rate from cardiovascular diseases considered preventable (per 100,000 population)



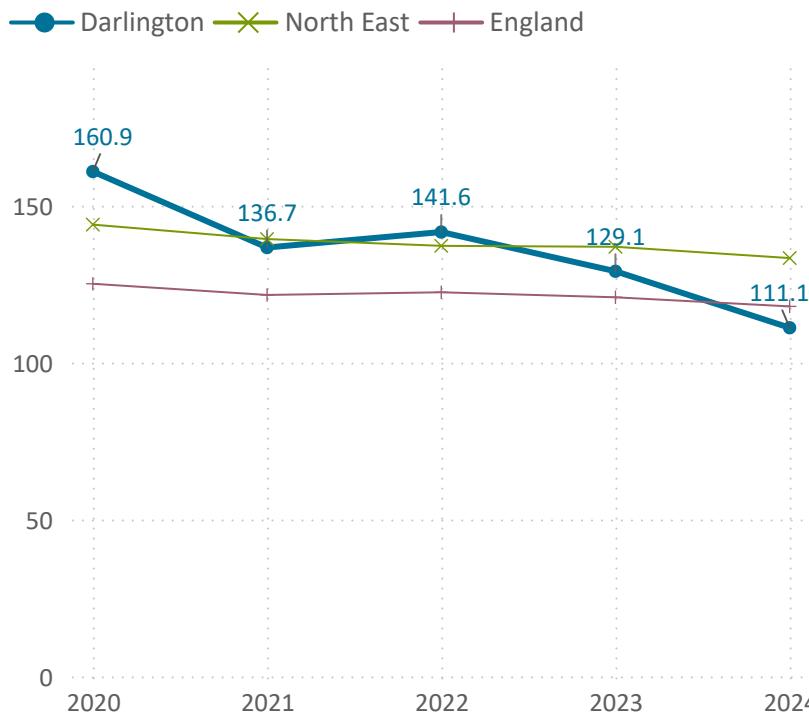
Under 75 mortality rate from cancer (per 100,000 population)

The latest data for 2024 shows that the rate of under-75 mortality from cancer in Darlington has reduced and is 111.1 per 100,000. Darlington is statistically similar to England and the North East.

Cancer is the leading cause of death in England in under-75s. To ensure that there continues to be a reduction in the rate of premature mortality from cancer, the public health team supports a range of partners in their work to contribute to preventing and reducing early deaths from cancer. This includes providing support to smokers in quitting smoking and supporting the NHS in supporting better uptake of screening and treatment to maximise the number of those who survive a diagnosis of cancer.

PBH 058

Under 75 mortality rate from cancer (per 100,000 population)



Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

Under 75 mortality rate from respiratory disease (per 100,000 population)

The latest data (2024) shows that Darlington has a rate of 43.5 per 100,000 of deaths from respiratory diseases in people aged under 75. This is statistically similar to the North East and England.

The Public Health team commissions a range of prevention interventions, including a Stop Smoking Service which supports individuals to quit, which improves their respiratory health and reduces the effects of second-hand smoke, and interventions for children and young people which highlight the harms from tobacco. Environmental Health also monitors air quality, including an annual action plan to improve air quality.

PBH 060

Under 75 mortality rate from respiratory disease (per 100,000 population)

—●— Darlington —×— North East —+— England



Page 1 of 1

Lead Officer: Lorraine Hughes: Director of Public Health

Service Area: Public Health

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HEALTH AND HOUSING SCRUTINY COMMITTEE 7 JANUARY 2026

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee during the 2025/26 Municipal Year and to consider any additional areas which Members would like to suggest should be included.

Summary

2. Members are requested to consider the attached work programme (**Appendix 1**) for the remainder of the 2025/26 Municipal Year which has been prepared based on Officers recommendations and discussions held at the Health and Housing Scrutiny Committee Annual Briefing which took place on 27 May 2025.
3. Any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

Recommendation

4. It is recommended that Members note the current status of the Work Programme and consider any additional areas of work they would like to include.

**Amy Wennington
Assistant Director Law and Governance**

Background Papers

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

Author : Hannah Miller 5801

Council Plan	The report contributes to the Council Plan in a number of ways through the involvement of Members in contributing to the delivery of the Plan. The Work Programme contains items which enable Members to scrutinise those areas that contribute the priority of 'Homes' - affordable and secure homes that meet the current and future needs of residents and 'Living Well' – a healthier and better quality of life for longer, supporting those who need it most.
Addressing inequalities	There are no issues relating to diversity which this report needs to address.
Tackling Climate Change	There are no issues which this report needs to address.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme.
Health and Wellbeing	This report has no direct implications to the Health and Well Being of residents of Darlington.
S17 Crime and Disorder	This report has no implications for Crime and Disorder.
Wards Affected	The impact of the report on any individual Ward is considered to be minimal.
Groups Affected	The impact of the report on any individual Group is considered to be minimal.
Budget and Policy Framework	This report does not represent a change to the budget and policy framework.
Key Decision	This is not a key decision.
Urgent Decision	This is not an urgent decision
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

MAIN REPORT

Information and Analysis

5. The format of the work programme has been reviewed to enable Members of this Scrutiny Committee to provide a rigorous and informed challenge to the areas for discussion.
6. The Council Plan was adopted on 18 July 2024, and outlines Darlington Borough Council's long-term ambitions for Darlington and priorities for action over the next three years. It gives strategic direction to the Council and Council services, defining priorities, identifying key actions, and shaping delivery.
7. The Council Plan identifies six priorities, including 'Homes', which states that good housing should be affordable, safe, secure and of decent quality and that good housing is important for the health and wellbeing of residents and communities, it revitalises communities and encourages businesses to locate and create jobs; and 'Living Well', which states that more years in good health leads to more fulfilling lives, and a better standard of living, however the Plan highlights that are inequalities in Darlington across all stages of life which are influenced by broader social factors including education, employment, housing and income. These priorities are supported by eight and seven key deliverables respectively.

Forward Plan and Additional Items

8. Once the Work Programme has been agreed by this Scrutiny Committee, any Member seeking to add a new item to the work programme will need to complete a quad of aims.
9. A copy of the Forward Plan has been attached at **Appendix 3** for information.

Climate Considerations

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

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HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Housing Revenue Account MTFP	7 January 2026	Anthony Sandys		Prior to submission to Cabinet
MTFP	7 January 2026	Brett Nielsen		
Quality Accounts – 6 Monthly Update	7 January 2026	TEWV/ CDDFT		
Year End Update	May/June 2026			
Suicide Prevention	7 January 2026	Rebecca Morgan		
Performance Management and Regulation/ Management of Change	7 January 2026	Relevant AD		To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Regular Performance Reports to be Programmed				
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		

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
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
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
Housing Services Anti-Social Behaviour Policy update	Last considered 29 October 2025	Claire Gardner- Queen		Annual Update
Health Protection Assurance Report	Last considered 29 October 2025	Ken Ross / Cherry Stephenson		Annual Update
Housing Services Tenant Involvement Strategy 2024-2029	Last considered 29 October 2025 Last considered 23/10/2024	Claire Gardner- Queen		Annual Update

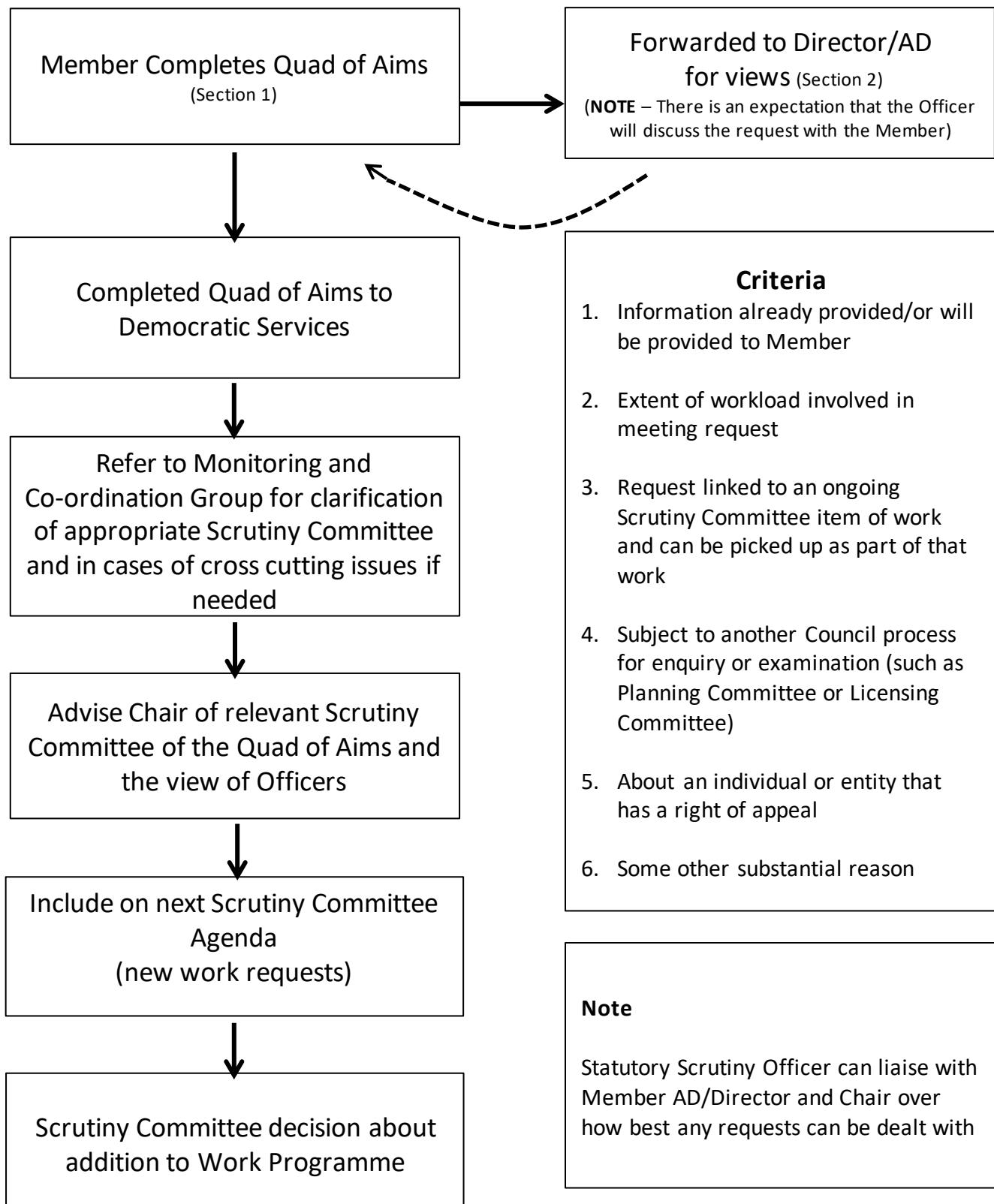
Archived Items

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		
Housing Services Tenancy Policy 2025- 2030	29 October 2025	Claire Turnbull		
Child Accident Prevention	29 October 2025	Jane Sutcliffe Victoria Cooling, CDDFT		

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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? If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services) 		Yes No	Criteria
2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff? 			1. Information already provided/or will be provided to Member
3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that? 			2. Extent of workload involved in meeting request
4. Is there another Council process for enquiry or examination about the matter currently underway? 			3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work
5. Has the individual or entity some other right of appeal? 			4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee)
6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme ? 			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: 3 NOVEMBER 2025 – 30 APRIL 2026**

Title	Decision Maker and Date
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
Pride in Place	Cabinet 2 Dec 2025
Working Age Adults Transformation Project	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
Consultation on Victoria Embankment Conservation Area Appraisal	Cabinet 6 Jan 2026
Consultation on West End Conservation Area Appraisal	Cabinet 6 Jan 2026
Museum Accreditation Policies 2025	Cabinet 6 Jan 2026
Land at Morton Palms Business Park - Proposed sale of plot	Cabinet 6 Jan 2026
Maintained Schools Capital Programme Summer 2025	Cabinet 6 Jan 2026
Release of S106 Education Capital Funds	Cabinet 6 Jan 2026
Schedule of Transactions	Cabinet 6 Jan 2026
Objections to Traffic Order – Lowson Street	Cabinet 6 Jan 2026
Biodiversity Duty Reporting	Cabinet 3 Feb 2026
Calendar of Council and Committee Meetings	Cabinet 3 Feb 2026
Capital Strategy	Cabinet 3 Feb 2026
Land at Ingenium Parc and Morton Palms - Development Proposal	Cabinet 3 Feb 2026
Land at Salters Lane, Cummins - Proposed sale of plot	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 and STEM Centre Development	Cabinet 3 Feb 2026
Darlington Transport Plan	Cabinet 3 Mar 2026
Town Centre Regeneration and East Street Development	Cabinet 3 Mar 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, 18 September 2025

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Harker (Leader of the Council), Councillor Tostevin, Councillor Holroyd, Lorraine Hughes (Director of Public Health), Martin Short (Director of Place - North East and North Cumbria Integrated Care Board), Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office), Deborah Robinson (St Teresa's Hospice), Tamsin Graham (Deputy Head of Academic Department, SHLS Nursing, Midwifery and Paramedic Practice) (Teesside University), Sarah Massiter (Service Manager) (Harrogate and District NHS Foundation Trust), Jenny Steel (Director of Integrated Community Services) (County Durham and Darlington NHS Foundation Trust) and Nicole Burlinson (Communications Manager) (County Durham and Darlington NHS Foundation Trust)

ALSO IN ATTENDANCE – Councillor Curry (Cabinet Member for Adults), Joss Harbron (Assistant Director - Adult Social Care), Barbara Beadle (Head of Service - Adults), Sukhdev Dosanjh (Head of Commissioning and Contracts) and Hannah Miller (Democratic Officer)

APOLOGIES – Councillor Mammolotti, Councillor Mrs Scott, James Stroyan (Executive Director People), Sue Jacques (Chief Executive) (County Durham and Darlington Foundation Trust), Jackie Andrews (Medical Director) (Harrogate and District NHS Foundation Trust), Alison MacNaughton-Jones (Joint Clinical Director) (Darlington Primary Care Network) and Ptolemy Neoptolemos (Head of Department (Nursing and Midwifery)) (Teesside University)

HWBB8 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB9 TO CONSIDER THE PROPOSED DATES AND TIMES OF MEETINGS OF THIS COMMITTEE FOR THE MUNICIPAL YEAR 2025/26

RESOLVED – That the meetings be held at 3.00 p.m. on the following dates :-

- 4 December, 2025; and
- 19 March 2026

REASON – To ensure that Board meetings are approved for the remainder of the municipal year.

HWBB10 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELLBEING BOARD AGENDA.

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

HWBB11 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 19 JUNE 2025

Submitted – The Minutes (previously circulated) of the meeting of this Health and Wellbeing Board held on 19 June 2025.

RESOLVED – That the Minutes be approved as a correct record.

REASON – They represent an accurate record of the meeting.

HWBB12 ANNUAL REVIEW OF THE JOINT LOCAL HEALTH AND WELLBEING STRATEGY

The Director of Public Health submitted a report (previously circulated) providing Members with a high level overview of progress against the agreed priorities and actions set out within the Joint Local Health and Wellbeing Strategy (JLHWS), which was published in December 2024, and providing detail for each of the four themes of the JLHWS alongside a summary data report (also previously circulated).

The submitted report stated that there were a number of areas where good progress had been made, with evidence of an improvement in health outcomes and that there were also examples of outcomes worsening overall and inequalities in Darlington widening; that a number of programmes were underway or in development, focussing on reducing inequalities within Darlington.

It was reported that the JLHWS was a partnership strategy; that all partners had an important role to play in ensuring action against the agreed priorities; and that this was the first annual review, with two deep dive thematic reviews to be undertaken each municipal year.

The submitted report provided a performance summary overview for the JLHWS themes; Best Start in Life, Living Well, Ageing Well and Healthy Places and outlined details of the work taking place or under development.

Particular reference was made to the Health and Wellbeing Board performance dashboard and discussion ensued regarding the use of the dashboard, in particular in relation to decision making and as a planning tool.

RESOLVED – a) That the content of the Annual Review of the JLHWS, as an opportunity to understand progress made against agreed actions, and the challenges which persist for improving health and wellbeing outcomes in Darlington, be noted.

b) That opportunities in their work to support the health and wellbeing of local residents and reduce health inequalities, be considered by all organisations.

c) That the performance dashboard, as appended to the submitted report, which has been developed as a tool to see trends and variation in key performance indicators, be received by the Health and Wellbeing Board.

REASONS – It is a statutory duty of the Health and Wellbeing Board to have a Joint Local Health and Wellbeing Strategy. The report provides a mechanism to understand progress

made against agreed priorities and actions.

HWBB13 FIT FOR THE FUTURE - THE 10 YEAR HEALTH PLAN FOR ENGLAND

The Director of Place – North East and North Cumbria Integrated Care Board gave a presentation (previously circulated) outlining the ten year health plan for England.

Members were advised that the ten year plan set out a bold, ambitious and necessary new course for the NHS, seizing the opportunities provided by new technology, medicines and innovation to deliver better care for patients.

Reference was made to feedback from consultation and how this was included in the plan; the vision of the plan and that the plan was built upon three fundamental shifts to personalise care, empower patients and ensure equitable access; reference was made to the plans for enhancing access and seamless care, with particular reference made to neighbourhood health service.

Details were provided of the digital transformation and prevention initiatives; the workforce and operating model reforms and immediate priorities for delivery.

Discussion ensued regarding prevention and partnership working; the neighbourhood pilot; and questions were raised in relation to the nursing apprenticeships and funding for staff retention which were duly answered.

RESOLVED – That the thanks of the Board be conveyed to the Director of Place – North East and North Cumbria Integrated Care Board for his informative update.

REASON – To convey the views of the Board.

HWBB14 DARLINGTON PHARMACY NEEDS ASSESSMENT CONSULTATION REPORT AND FINAL APPROVAL

The Director of Public Health submitted a report (previously circulated) updating Members on the consultation of the of the Pharmacy Needs Assessment (PNA) (also previously circulated) and requesting that Members approve the final version of the PNA which had been updated as a result of comments through the consultation.

It was reported that the Board had the responsibility for the development and updating of the PNA at least every three years and that the PNA for 2025 was due to be published by 1 October 2025.

The submitted report stated that a 60 day period of consultation took place between 1 July and 30 August 2025; that key statutory stakeholders including those who use pharmacy services were consulted; and details were provided of the responses to the formal consultation, which were received and analysed by the North of England Commissioning Support Unit on behalf of the Public Health Team.

It was reported that the overall conclusion of the PNA was that there are sufficient pharmacy services in Darlington in place at this time and for the lifespan of the PNA (2025 to 2028).

Discussion ensued regarding the low response rate to the consultation and Members were assured that the process would be reviewed to ensure maximum reach in the future; and following a question regarding the home delivery of medication, the Director of Public Health informed Members that this was not covered in the PNA as this was a non-commissioned service which was not reimbursed by the NHS.

RESOLVED – (a) That the consultation report be noted.

(b) That the updated Pharmacy Needs Assessment, as appended to the submitted report, be approved by the Health and Wellbeing Board for publication.

REASONS – (a) It is a statutory duty that the Council publishes the PNA by 1 October 2025.

(b) The Health and Wellbeing Board delegated authority to the Chair of the Health and Wellbeing Board and the Director of Public Health to manage and approve the PNA process at the March 2025 meeting.

(c) A 60 day consultation took place between 1 July and 30 August 2025.

(d) Consideration was given to all feedback received. Amendments to the PNA following the consultation were minor and included adding further detail about notice periods for supplementary hours and adding references to the new 10 Year Health Plan for England.

HWBB15 DARLINGTON BETTER CARE FUND 2024/25 END OF YEAR PROGRAMME REPORT

The Assistant Director Commissioning, Performance and Transformation submitted a report (previously circulated) requesting that consideration be given to the Annual Report of the Darlington Better Care Fund for 2024/25 Programme.

The submitted report stated that the Better Care Fund (BCF) Policy Framework sets out the Government's priorities for 2023-25; and that the use of BCF mandatory funding streams must be jointly agreed by integrated care boards (ICBs) and local authorities to reflect local health and care priorities, with plans signed off by health and wellbeing boards (HWBs).

Reference was made to the vision for the BCF and the two core objectives which underpinned the vision; the Darlington 2024/25 BCF Programme summary including performance against the required metrics and conditions of funding along with regional assurance feedback of the BCF 2024/25 Plan from the BCF National Team and a summary of the schemes within the Darlington BCF Plan.

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.

Members requested that future reports to the Board include further information relating to the progress and outcomes of the schemes.

RESOLVED – (a) That the approval of the Plan and regional assurance feedback be noted by Members of the Board.

(b) That the programme review underway during July – September 2025, be noted.

REASONS – (a) The 2024/25 Plan was endorsed by the Pooled Budget Partnership as part of the agreed governance arrangements.

(b) Following completion of the review a report of the findings and next steps would be made available.

HWBB16 HEALTH AND WELLBEING BOARD FORWARD PLAN

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to the forward plan items scheduled to be considered by the Health and Wellbeing Board.

RESOLVED – That the current forward plan be noted.

REASON – To support the work of the Health and Wellbeing Board.

HWBB17 QUESTIONS.

The Chair expressed his thanks to the Chief Executive Officer, Healthwatch Darlington and Vice Chair for the Board for her contributions to the Board. It was suggested that consideration be given to the appointment of a new vice chair as part of a membership review.

RESOLVED – That the thanks of the Board be extended to the Chief Executive Officer, Healthwatch Darlington.

REASON – To convey the views of the Board.

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Agenda Item 12

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

Thursday, 17 July 2025

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 17 July 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillors M Besford, M Boddy, C Cawley, C Cooper, J Coulson, S Crane, L Hall, J Kabuye, M Layton and A Roy.

OFFICIALS S Bonner, C Breheny, C Jones, G Jones and G Woods.

IN ATTENDANCE Councillor Gallagher, K Lawson, K Smith, J Todd and J Walker.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors N Johnson, S Moore and H Scott.

10 APPOINTMENT OF CHAIR 2025/26

Members were invited to make nominations for the position of Chair, and the following were received:

Councillor Cawley was nominated by Councillor Cooper, seconded by Councillor Besford.

Councillor Crane was nominated by Councillor Hall, seconded by Councillor Coulson.

RESOLVED that Councillor Cawley be elected as Chair of the Tees Valley Joint Health Scrutiny Committee for 2025/26.

11 APPOINTMENT OF VICE CHAIR 2025/26

There was no requirement for this item to be considered, as the appointment for Vice Chair had been resolved at the previous meeting and the minutes for that meeting would be amended accordingly. **NOTED**

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12 MINUTES OF THE MEETING HELD ON 8 MAY 2025

The minutes of the meeting held on 8 May 2025 were confirmed as a correct record subject to an amendment regarding the appointment of Vice Chair. It was noted that the appointment of Vice Chair had been for the 2025/6 Municipal Year and not solely for that meeting. **NOTED**

13 DECLARATIONS OF INTEREST

The following declaration of interest was raised by Councillor C Cawley: -

- Item 8 – Family member currently awaiting assessment by CAMHS.

It was **RECOMMENDED** that the Committee note this declaration.

14 TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE PROTOCOL AND TERMS OF REFERENCE

Agreed subject to the removal of section 4 - NHS England Area Teams; **NOTED**

15 NORTH EAST AND NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD (ICB) - NHS DENTISTRY UPDATE

The Chief Contracting and Procurement Officer as Executive Lead for Commissioning Primary Dental Care at NENC ICB provided an overview of current challenges and strategic responses in NHS dental provision across the Tees Valley and wider North East region. It was acknowledged that difficulties in accessing NHS dental services were not unique to the region but were being actively addressed through a range of local initiatives.

Members were advised that several dental practices had and were continuing to return NHS contracts, prompting efforts to recommission activity and replace lost capacity. The Commissioning Team, although small, was in continuous dialogue with practices to support service delivery and prioritise access in deprived communities. Measures to address the issues faced included incentivising over-delivery, increasing urgent care appointments, and expanding out-of-hours provision in collaboration with NHS 111.

The Chief Officer explained that access to routine dental procedures, for example scale and polish services, and urgent dental surgery remained a key concern. In response, an additional 1,000 urgent access sessions had been commissioned this year, contributing to a total of 51,000 sessions region wide. Tees Valley alone accounted for nearly 11,000 of these. It was highlighted that the rollout of Urgent Dental Access Centres

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(UDACs), had begun in Darlington and Carlisle, with plans to establish 30 surgeries at centres across the North East and North Cumbria (NENC). These offered patients a choice of providers beyond their local practice, aiming to standardise urgent care and improve accessibility.

In terms of other key challenges, it was advised that workforce development was also a key priority. Efforts included upskilling Dental Therapists and Hygienists, particularly in Darlington, and introducing loyalty bonuses to retain NHS dental staff. The Chief Officer emphasised the importance of supporting lifestyle changes to reduce demand and noted that most Local Authorities now had an Oral Health Strategy in place. An additional £2 million had been allocated to the Tees Valley and North East Combined Authorities, supplementing national funding.

The Chief Officer referenced the recent successful national consultation to extend water fluoridation across the region and stressed the need to modernise NHS dental contracts. It was noted that a public consultation was currently underway, closing mid-August, which would inform future contract reform.

During the discussion that ensued the following points were raised: -

- A Member highlighted the importance of continuity in urgent dental care. The Chief Officer acknowledged that although Urgent Dental Access Centres (UDACs) were established to address immediate needs, many patients sought temporary treatment without a clear pathway to complete their course of care. The need to “close the loop” so that patients received full treatment beyond the initial episode was emphasised.
- A Member expressed concerns in relation to workforce retention and professional development. The view was expressed that many dentists felt disheartened by limited career progression opportunities. The Chief Officer acknowledged the importance of this and confirmed that the ICB was working closely with the dental deanery to ensure a balanced skill mix across dental teams, including the opportunities available to technicians and support staff, to help maximise workforce potential.
- A Member raised a query about the timing and communication of service expansion and cautioned against encouraging patients who have not accessed dental care for some time until systems were robust enough to manage increased demand.
- Members commented that many patients remained unaware of how to access services, particularly when their regular dentist was unavailable. Improved communications were being planned to ensure visibility of practices offering extended services.
- Members welcomed updates on self-referral pathways and loyalty bonuses.

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- The Chief Officer provided clarity on site rollout, advising that three new UDAC centres were expected to go live in August and four in September.
- A Member queried whether an up-to-date list of available NHS dental practices was publicly accessible. The Chief Officer confirmed that the national “Find My Dentist” website was updated by practices and included open lists for children. A local version was also available on the council’s website, though coverage may vary.
- A Member raised concerns about data quality and timeliness. The view was expressed that although commissioning data on appointment slots was available, information on actual patient access was often delayed and lacked granularity. It was suggested that more detailed and timely data would support better decision-making and service planning.
- The Chief Officer commented that the establishment of UDAC’s across NENC formed part of the initial strategy for implementing improvements in oral health services in the region, noting that the draft Oral Health Strategy was scheduled for presentation at the upcoming ICB Board meeting later that month. Members acknowledged the importance of integrating the NHS 111 single point of access into the approach, recognising its potential to guide patients to the most appropriate care pathways.
- The Chief Officer advised that a communications campaign was proposed to raise awareness and support uptake. Members expressed regret at the absence of Healthwatch’s input, highlighting the value of its community reach and the insight it provided into patient experience, particularly in areas that were otherwise difficult to access. The challenge of maintaining robust patient and public engagement in the absence of Healthwatch was acknowledged, and it was agreed that a new approach would be required to ensure continued access to meaningful feedback.
- The evolving role of elected members in fulfilling aspects of Healthwatch’s function was noted, with reference to Healthwatch’s work in linking into existing community networks. Members emphasised the importance of designing and delivering services that were responsive to local needs.
- It was agreed that a further update would be provided once key elements of the Oral Health Strategy were confirmed.

AGREED that the information presented be noted and a further update provided once the Oral Health Strategy had been confirmed.

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16 **TEES ESK & WEAR VALLEY NHS FOUNDATION TRUST - CAMHS UPDATE**

The Director of Operations and Transformation provided a comprehensive update on developments within children's community services, framed within a whole-system, evidence-based approach aligned with local authority commissioning priorities. A clear distinction was made between treatment and support services, with reference to the NHS Long Term Plan's ambition to empower children and young people as active participants in their care.

Mental Health Services and Access Standards

Key performance metrics were shared regarding general mental health services for children, particularly within the "Getting Help" and "Getting More Help" pathways. While services compared favourably in some areas, the average wait time for assessment currently stood at 63 days, exceeding the national benchmark of 28 days. DNA rates were noted as a contributing factor to waiting times and work was ongoing to improve engagement.

Members were advised that treatment typically commenced within 6–12 weeks, depending on individual needs. Capacity constraints and national medication supply issues had impacted service delivery, prompting the implementation of alternative care models and increased collaboration with pharmacy colleagues.

The children's eating disorder service was highlighted as a positive example, achieving 100 per cent compliance with appointment standards over the past four weeks. Operating 8am–8pm, seven days a week, the service had contributed to a reduction in hospital admissions and improved access to care closer to home. Breaches of 4-hour and 1-week standards were attributed primarily to family-related factors. Across Teesside, access and support from children's crisis mental health support (NHS111 option 2) were successfully completed more than 90% of the time and consistently achieving the national standard. .

Expanding Access and Managing Demand

The Director of Operations explained that as part of a national programme to increase access to core services, the local system had delivered over 11,000 appointments as of May 2025, exceeding the target set for the years to date and on track to exceed this at year-end. However, significant challenges remained for some assessments for Autism and ADHD in line with national trends. In Darlington, the average wait time for ADHD and Autism assessments was 566 days, with delays spanning up to 45 months. While there is no backlog for initial triage and screening, the system was operating beyond its commissioned capacity due to

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prolonged excessive demand. To mitigate this, the Trust was working closely with the ICB and Local Authority partners on a range of improvements. The Trust had implemented a revised neurodevelopmental assessment pathway which had been positively evaluated, enabling some young people to be seen sooner and improving family engagement. A “needs-led bubble of support” model existed in Teesside as a means of support whilst waiting, signposting families to voluntary sector providers such as Daisy Chain for assistance with sleep, behaviour, and coping strategies. All families on waiting lists received a “keeping in touch” contact from the Trust which included advice and guidance on access to crisis support if required.

Referral pathways were being redesigned to include accredited providers, with investment enabling more families to access assessments earlier. Transformation efforts were ongoing, with mental health support teams now embedded in schools across the region, achieving 100 per cent mainstream school coverage in Darlington and work with the ICB on next phases of investment in these teams. MHST’s had supported hundreds of young people and helped schools adopt broader approaches to mental health and wellbeing, with further expansion anticipated over the next 3–5 years.

Service Integration and Future Commissioning

Members were informed of a forthcoming tender to reprocure a more integrated model of care, encompassing current partners of getting help services and local VCSE organisations. The proposed model would offer earlier access to services including IAPT, counselling, and CBT, with specifications designed to promote integration and be service user focused. A strong partnership bid had been submitted, though there remained a risk of award to a national organisation.

Governance and Assurance

TEWV has responded to scrutiny reports with significant improvement activity. A recent update from Niche noted clinical practice was now compliant with required standards and governance and quality assurance processes were in place. The progress made reflected substantial effort during a challenging period.

Following the presentation discussion ensued and the following points were raised:-

- A Member declared a personal interest, advising that her children were currently attempting to access neurodevelopmental services. Concerns were raised about the length of prolonged delays, given that her child entered the pathway at age 11½ and was now 14, yet had never been seen or contacted. The emotional toll on families and the

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need for more meaningful engagement, beyond occasional leaflets or letters was emphasised. The support provided by Daisy Chain service was praised, however, transport costs and the limited availability of HAF and SEND activities were noted as barriers. It was stressed that for families unfamiliar with support systems, the process felt overwhelming and impersonal.

- A Member raised concerns regarding excessive waiting times for ADHD and autism assessments, referencing NICE guidelines which indicated significant risk of mental health deterioration and hospitalisation within 12–14 months. Current average waits of 35 months were described as unacceptable. Reference was drawn to the I-Thrive model and the view expressed that the model was externally imposed and not tailored to local needs. Members acknowledged the national scale of the issues faced and the limitations of non-recurring funding. It was noted that efforts were underway to prioritise assessments for those most in need, though a clear plan to meet NICE targets was lacking. Workforce shortages and post-COVID demand were identified as key barriers to transformation.
- A Member shared a deeply concerning, recent account of five youth suicides locally within a short time period, including among his son's peers. It was highlighted that suicide rates across Tees Valley boroughs exceeded both regional and national averages. Members discussed the need for retrospective learning and importance of examining whether those individuals had accessed services, been on waiting lists, or received GP support. The Director of Operations confirmed that formal safeguarding investigations were conducted in such cases, with findings shared via appropriate forums. The role of social media as a potential catalyst was acknowledged. It was requested that the latest regional and national data be shared with Members, and the Committee agreed to maintain oversight of this issue.
- A Member highlighted that Darlington had recently appointed a Suicide Prevention Lead, with recent data showing a rise in female suicides. The Senior Democratic Services Officer advised that an update on the suicide prevention work being undertaken across the Tees Valley would be brought to the October meeting of the Committee.
- A Member highlighted the importance of system-wide collaboration and governance in addressing neurodevelopmental challenges. The need for consistent service delivery regardless of provider was emphasised and assurance was provided that any change resulting from the current tender process would not compromise service standards.
- A Member highlighted Darlington's "Keep in Touch" initiative as a model of meaningful engagement, contrasting it with less consistent contact provided elsewhere in the Tees Valley. Proactive information-sharing was described as a "prescription against pain" and positive feedback from families had been received.

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AGREED that the information presented be noted and that the latest suicide data for the Tees Valley be shared with Members of the Committee.

17 **NORTH EAST AND NORTH CUMBRIA (NENC) INTEGRATED CARE BOARD - TEES RESPITE CARE / ADULT LEARNING DISABILITY UPDATE**

The Head of Strategic Commissioning at NENC ICB provided an update on the development of a revised respite short break service, marking her third presentation to the Committee on this issue. The current position was outlined, and it was highlighted that respite provision has historically been delivered by Tees, Esk and Wear Valley (TEWV) NHS FT at Bankfields and Aysgarth. Following notice from the TEWV to cease this arrangement, significant engagement had taken place with families and carers to identify a suitable alternative.

Members were advised that since September 2024, a co-production approach had been adopted, including listening events held in October/November 2024. These sessions highlighted widespread concerns among families, particularly fears that the changes were financially motivated. The importance of respite in supporting the physical and mental wellbeing of carers, many of whom were older and increasingly frail, was also strongly emphasised.

The Head of Strategic Commissioning advised that key feedback from families indicated a preference for continuity in service quality and structure. In response to the feedback received, a project group was established in December 2024 to develop a new service model. The Committee was advised that the proposed approach centred on the provision of a bed-based respite service at Levick Court, Middlesbrough, supported by a clinical staff team from TEWV.

Members were advised that four open days had been held at Levick Court, which were well attended and positively received. A family event held on 3 July 2025 attracted over 35 attendees and provided a platform for discussion and challenge. It was noted that feedback was broadly supportive, with families expressing reassurance and conditional approval of the model.

The Head of Strategic Commissioning explained that the business case had now been finalised and would be presented to the All in Common committee on 24 July 2025, with ICB consideration scheduled for August. Under the new Public Sector Resourcing (PSR) framework, the proposal would be published on the portal for 14 days under the 'most suitable provider' terms. Should no alternative provider emerge, a direct contract award would be pursued, subject to any necessary adjustments. It was

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hoped that implementation could be completed by Christmas, noting the importance of continued collaboration with the Trust, families, and local authorities. The Committee was asked to endorse the co-production approach and support the progression of the proposed model to meet future client needs.

Following the presentation discussion ensued and the following points were raised: -

- A Member raised concerns regarding the TUPE transfer of staff from Aysgarth and Bankfields. The Head of Strategic Commissioning confirmed that the proposed commissioning of eight beds at Levick Court presented an opportunity for service growth, including emergency provision. Due diligence had been undertaken on current usage and transitional needs. It was advised that the TUPE process would apply between TEWV and Middlesbrough Council, with recognition of pay disparities between the two organisations. Efforts were underway to avoid a two-tier staffing model. It was explained that staff had attended open days and expressed interest in transferring; of the 16 eligible staff, recruitment of an additional two was planned. It was also noted that while TUPE applied, staff retained the right to decline transfer, and caveats would be managed accordingly. Assurance was provided to Members that continuity of care during the transition remained a priority.
- The Head of Strategic Commissioning confirmed that both Bankfields and Aysgarth sites were expected to close. Although Aysgarth offered a stronger clinical environment, it was no longer fit for purpose. In contrast, Levick Court had been co-designed with TEWV to meet the requirements of a modern respite service. Staff had responded positively, with no union objections raised.
- A Member raised concerns regarding the interface between health and local authority responsibilities, particularly around Friday day service pickups. The Service Manager explained that families had been advised that this issue would not be resolved within the current year due to funding constraints. However, Middlesbrough Council was developing a new booking system and the Registered Managers of Bankfields and Aysgarth were coordinating allocations to ensure equitable access to respite.
- In response to a query the Service Manager confirmed that future planning discussions had begun with families, acknowledging the sensitive nature of long-term care needs. Supported accommodation options were being explored alongside the secure delivery of the new respite model.
- A Member raised a query, on behalf of the families and carers, regarding ownership of the service and continued provision of NHS care once the service was CQC-registered. The Head of Strategic Commissioning clarified that Middlesbrough Borough Council would

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own and operate the building under a long-term contract with the ICB, and TEWV commissioned to provide clinical input. Dual registration with CQC would be pursued to enable nursing provision. It was emphasised that the Commissioning Team was committed to ensuring equitable healthcare access for service users.

- In response to a procurement query, it was confirmed that the service would be advertised via the most suitable provider route. Should an alternative provider express interest, timeframes and delivery expectations would need to be delivered on and this would be managed with procurement colleagues. However, given the lack of suitable premises and the urgency of provision required, a direct award via the most suitable provider remained the anticipated route.

The Chair thanked the representatives for their attendance and passed on her best wishes for the conclusion of the commissioning process.

AGREED that the information presented be noted.

18 **NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST - COMMUNITY DIAGNOSTIC CENTRE UPDATE**

The Head of Radiology at South Tees NHS FT provided an overview of the operational performance and strategic development of diagnostic services across South Tees and North Tees, with particular focus on the Stockton-based Community Diagnostic Centre (CDC) operating under a hub-and-spoke model. The £25m Stockton hub had received strong feedback from both patients and staff, with services delivered across multiple sites and a combined annual activity volume of approximately 140,000 tests. The hub alone accounted for 60,000 tests annually.

Patient flow was managed through an extension of existing services, offering the next available appointment at the most appropriate site. This approach aimed to improve population health outcomes, enhance diagnostic productivity and efficiency, and reduce health inequalities in underserved areas. It was advised that performance data was closely monitored, with weekly scrutiny to ensure compliance within a 10 per cent activity threshold. Although a brief delay was noted initially, current data showed improving compliance against plan.

The Head of Radiology advised that endoscopy services had been consolidated across South and North Tees, resulting in significant improvements in waiting times, with most patients now seen within six weeks. A small proportion of complex cases requiring anaesthesia remained. MRI and NOUS services had also been combined, with notable improvements in service delivery and alignment of access times across the patch.

Members were informed that South Tees NHS FT had supported

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neuroscience services by shifting elective workload off acute sites, increasing capacity for lung biopsies and cardiac scanning. A one-visit diagnostic model had been introduced, enabling same-day CT and other scans, which has reduced the cancer pathway by 15 days. Innovations included a two-stop prostate clinic and the introduction of a foetal scanner previously only available in Newcastle.

The Head of Radiology highlighted that North Tees NHS FT had improved MRI access and increased colonoscopy capacity, contributing to enhanced performance metrics. Rapid access chest X-ray sites had also been introduced, and new funding had supported radiology installation at RPCH.

Members were informed that staff development had been a key success, particularly at the Stockton hub where non-medical staff are trained in CT/MRI and emergency response. Feedback had been positive, although concerns around parking remained, with only 27 spaces available via a Stockton Borough Council car park. AI was being trialled for chest X-ray reporting and stroke-related brain scans.

Members were informed that cross-site collaboration between NT and ST has been effective, with shared control areas and staff integration. Urology services were currently under review to enhance patient experience through a comprehensive diagnostic suite. However, a delayed start due to CQC registration was noted.

Following the presentation discussion ensued and the following points were raised:-

- A Member raised concerns regarding gynaecology services, particularly endometriosis, and referenced a forthcoming meeting to discuss this issue.
- A Member queried the impact on patient outcomes, citing a 30% increase in waiting lists year-on-year and the challenges faced in paediatric audiology. Members were advised that despite the challenges, the region remained one of the best performing nationally, with continued reductions in waiting times.
- The Head of Radiology highlighted the need for increased capacity and workforce investment, referencing the findings of the Richards Report. The CDC was commended for its rapid mobilisation and potential. Members highlighted that issues around disabled parking had been swiftly addressed, though general parking remained a concern.
- A Member praised the CDC initiative and emphasised the importance of reducing patient drop-off between sequential tests.
- A Member drew reference to the performance dashboard used by South Tees NHS FT, which included weekly reviews and scan-specific action plans. The opportunity to operate CT and MRI scans flexibly to

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aid recovery was noted, with NHS England scrutiny ongoing.

AGREED that the information presented be noted and a site visit to the CDC be arranged.

19 **WORK PROGRAMME 2025/26**

The Work Programme was presented to Members; **NOTED**.

20 **ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT**

There were no items certified as urgent by the Chair; **NOTED**.

Thursday, 2 October 2025

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 2 October 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillors C Cawley (Chair), M Besford, J Coulson and L Hall.

OFFICIALS C Breheny, G Jones and G Woods.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Boddy, S Crane, C Hannaway, N Johnson, M Layton, S Moore and H Scott.

21 MINUTES OF THE MEETING HELD ON 17 JULY 2025

As the meeting was inquorate no formal decision was made, and the minutes were deferred to the 2 October 2025 meeting for approval.

22 DECLARATIONS OF INTEREST

There were no declarations of interest.

23 SUICIDE PREVENTION - PUBLIC HEALTH UPDATE

The Lead Preventing Suicide (Tees) Public Health Practitioner attended the meeting following a commitment made in November 2024, to provide an update on suicide surveillance and prevention activity across the Tees Valley. The presentation drew on strategic public health intelligence from the Real-Time Surveillance System (RTSS), covering four local authorities (excluding Darlington). Members were advised that all figures related to suspected deaths by suicide, pending confirmation by the Coroner. Due to the sensitive nature of the subject matter, a short recess was scheduled following the presentation.

The Lead Preventing Suicide (Tees) Public Health Practitioner clarified that Public Health operated in a strategic capacity and was not involved in frontline response. The RTSS enabled timely identification of suicide clusters, with scene attendance triggering notification to Public Health and Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) within 24 hours. Public Health Leads and Directors of Public Health (DPHs) were then informed, and the Integrated Care Board (ICB) received the data for audit purposes. Additional intelligence was provided by drug and alcohol services and NHS care providers, helping to identify emerging risks.

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Members were informed that the half-year review (January to June 2025) showed a reduction in the overall suicide rate across the Tees Valley, from 6.5 to 5.6 per 100,000 population. The most affected age group was 30–39 years, and 70 per cent of deaths were male—consistent with national trends. Hartlepool was the only local authority to record an increase, rising from 4.7 to 5.9 per 100,000, with a notable shift in gender profile: 45 per cent of deaths were female, the highest proportion in Teesside. Stockton saw a reduction from 6.1 to 5.0, Middlesbrough from 7.5 to 6.0, and Redcar & Cleveland from 7.3 to 5.7, with female deaths in RCBC rising from 10 to 30 per cent.

Age-related trends also shifted. In 2024, the most affected group had been 0–19 years; in 2025, this changed to 20–29 and 50–59 years. Analysis of deprivation data showed that most deaths occurred in the most deprived centile, with a secondary peak in the least deprived decile. Mondays were the most common day of occurrence, with May recording the highest number of deaths, followed by February.

The Lead Preventing Suicide (Tees) Public Health Practitioner outlined the Year One priorities for the Tees Suicide Prevention Programme. The importance of recognising the complexity of suicide and addressing common risk factors, including online safety and responsible media reporting was emphasised. It was advised that public deaths were monitored to ensure language was used sensitively and accurately, with efforts made to hold organisations accountable for appropriate terminology.

Members were advised that although Public Health did not own crisis pathways, the service played a key role in promoting them and ensuring partner organisations followed correct procedures. Collaborative work with local authorities, Police, and Fire & Rescue services aimed to reduce high-frequency and high-risk deaths. Environmental interventions such as “talking benches” and “bed benches” were implemented in line with national guidance to reduce access to means and methods.

Members noted that bereavement support formed a critical component of the prevention strategy. It was explained that the four Tees Valley authorities jointly commissioned CRUSE, and from July 2025, If U Care Share had started offering immediate support to families affected by suicide. This timely intervention, particularly around funerals and coroner enquiries, helped to reduce further risk. Schools also received rapid support following a death, with helpline information and local resources shared on the day of notification. Support was provided by CAMHS, CRUSE, and If U Care Share.

In addition, Members were advised that destigmatising suicide remained a core objective. The Lead Practitioner highlighted the importance of using the term “suicide” in everyday conversation and promoting awareness

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through community training. The Better Mental Health in the Community programme continued to offer free training across the region.

In terms of key achievements, during the period January to June 2025, it was highlighted that a new information-sharing agreement had been agreed with Cleveland Police, with Public Health granted access to the NICHE system, which had improved data quality. Referral pathways with drug and alcohol services had also been strengthened. Updates on the work undertaken by the Teesside Prevention Taskforce had also been provided at the South Tees Loneliness and Isolation Conference in March and the Hartlepool Men's Health Event in June. Members were advised that future collaboration was planned with Harbour, Halo, and My Sister's Place to further coordinate suicide prevention efforts.

Following the presentation discussion ensued and the following points were raised:-

- Members queried the effectiveness of collaboration and data sharing generally across the Tees Valley. It was advised that partnership working continued through weekly forums and Monday morning meetings, supporting both informal and formal dialogue. Monthly data reviews between colleagues from TEWV and regional leads across North East and North Cumbria Integrated Care Board (NENC ICB) facilitated a whole-systems approach to service delivery, particularly in response to inpatient deaths and deaths in service within six months. It was noted that efforts were made to avoid postcode-based disparities in care and to ensure consistent cross-boundary collaboration.
- Members revisited the suicide prevention agenda, with particular concern noted around male suicide. It was explained that work was ongoing, and local intelligence had been prioritised over delayed national datasets, enabling timely responses. Voluntary sector engagement also remained strong, with information cascaded via alliance meetings and the Stockton Mental Health Steering Group. The prevention agenda was reported to be active and progressing.
- Members drew reference to the Office for National Statistics (ONS) data, and it was queried how the Tees Valley figures compare with other areas of the UK. It was advised that recent suicide data indicated persistent challenges in the 20–39 age bracket. While Redcar and Cleveland had previously held the highest rates nationally, County Durham had overtaken, with Redcar and Cleveland showing a 34 per cent reduction over five years. Hartlepool's figures remained static; other boroughs showed modest improvement. It was noted that the next ONS release was expected on 7 October. The Lead Practitioner agreed to circulate updated figures once available.
- Members queried the age range variations across the Tees Valley.

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It was noted that early-year clusters of younger deaths had impacted averages in Hartlepool, with Redcar and Cleveland showing a higher prevalence in older age groups. Socioeconomic pressures, particularly among those “just managing” were cited as contributing factors. In terms of ethnicity, it was noted that the data indicated a predominance of white British deaths, although it was acknowledged that there was underreporting in some communities. It was advised that work was ongoing with BAME colleagues to address cultural and religious barriers to mental health disclosure.

- Members queried the impact of the 111 mental health crisis pathway on service accessibility. It was advised that this query would be forwarded to the Programme Manager at TEWV for a response.

AGREED that the information presented be noted and that:-

- a) The updated ONS data due for release on 7 October 2025 be circulated to all Members once published.
- b) The query relating to the impact of the 111 mental health crisis pathway on service accessibility be forwarded to TEWV.

24

COMMUNITY MENTAL HEALTH TRANSFORMATION - TEES, ESK & WEAR VALLEY NHS FOUNDATION TRUST

The Associate Director of Partnerships and Strategy at TEWV attended to update Members on the Community Mental Health Transformation programme, which it was advised, aligned with the strategic shifts outlined in the NHS’s 10-Year Health Plan. The longstanding challenges in mental health data infrastructure were acknowledged, although it was noted that progress from fragmented systems to more standardised, analogue-level data quality had taken place.

Members were advised that in terms of mental health services a consistent model had been developed across the Tees Valley, which although tailored to local populations was underpinned by shared standards. The transformation aimed to reduce inappropriate referrals and improve signposting, with strengthened partnerships ensuring individuals were directed to the most appropriate services.

The Associate Director advised that Peer Support Workers had been commissioned across the region, which had been led by Teesside Mind, reversing previous models where statutory services outsourced provision. Capacity for psychological therapies had increased by 22 per cent, although access to specialist support, particularly for conditions such as bipolar disorder, remained limited nationally. Physical Health Practitioners for severe mental illness (SMI) had been embedded within Primary Care Networks, with 66 per cent of patients receiving annual health checks, including outreach to those least likely to engage.

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Members were advised that the service model had drawn on the THRIVE framework, supporting self-management and enabling stepped access to GP services, community hubs, virtual hubs, and TEWV staff.

Multidisciplinary teams and Care Navigators facilitated seamless transitions across services, ensuring equal voice and shared responsibility in care planning.

It was highlighted that since August 2023, the number of patients receiving at least two contacts had grown from 2,200 to over 8,000, with more than 40,000 appointments delivered in primary care by Mental Health Nurse Prescribers. The programme had received national recognition, including invitations to contribute evidence to a parliamentary enquiry and engagement with NHS England and the Centre for Mental Health.

The Associate Director advised that integrated neighbourhood teams were expected to build on the same principles, with emphasis on system-wide understanding, reduced hand-offs, and continuity of care. Regular “huddles” had supported shared learning and coordination, while voluntary and community sector (VCS) partners had played a central role in delivery. Service design had remained rooted in feedback from Healthwatch and service users, with efforts focused on reducing waiting times, improving readiness for therapies such as Eye Movement Desensitisation and Reprocessing (EMDR), and minimising the need for individuals to repeat their stories.

Members were informed that staff satisfaction had improved, with reduced turnover and sickness rates. The workforce had expanded, including additional peer workers, and patient-reported recovery outcomes had increased. It was noted that continued investment and partnership working were seen as key to sustaining progress.

Following the presentation discussion ensued and the following points were raised:-

- Members queried the transition from child to adult mental health services. It was noted that CAMHS operated under a distinct model, with transition planning beginning before the age of 17. It was advised that while there was no automatic fit with adult services, employment support workers and Job Centre links had helped bridge gaps. In addition, efforts had been made to reduce the historic “cliff edge” at age 18, with care planning embedded earlier in the pathway.
- Members raised concerns about workforce retention and development and highlighted the national shortage of mental health nurses and psychological therapy practitioners. It was advised that

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locally, the ICB had invested in talking therapies and trained 30 high-intensity practitioners. TEWV had developed overseas recruitment strategies and worked closely with universities to promote the North East as a desirable place to live and work to boost retention and recruitment efforts.

- Members queried the degree of progress made in improving access for BAME communities. It was highlighted that progress was being made including the establishment of a dedicated post within TEWV and a new project had been launched with Middlesbrough Mind and local universities. Poverty-proofing measures were also discussed, including the importance of locating services in accessible community buildings and supporting service-user-led groups to increase engagement and reduce drop-out rates.
- It was acknowledged that the Stockton Wellbeing Hub, opened in July 2022, had delivered significant impact through the provision of walk-in access to advice, information, and partner services. A similar model was in place in Darlington. In Middlesbrough, staff operated from Mind premises, including out-of-hours provision. Despite challenges such as vandalism in Grangetown, alternative community venues had been utilised. Members expressed interest in expanding the hub model across Tees Valley, ideally with seven-day access and inclusion of children and young people, subject to capacity.
- Future planning would focus on integrated neighbourhood health teams and end-to-end pathways tailored to local needs. HWBB oversight of neighbourhood health plans was expected to ensure evidence-based delivery.
- Members emphasised the importance of providing discrete services for children and young people, particularly in respect of counselling services.
- Members raised concerns regarding the complexity of neurodiverse pathways. It was noted that children faced longer waits due to multi-agency diagnostic processes, while adult referrals were triaged based on need.
- In response to a query, it was advised that neurodiverse adults often faced long waits, with prioritisation based on severity of impact. The population requiring support continued to grow.
- Members reiterated the importance of learning from diverse communities and improving service design. It was advised that a Middlesbrough-specific project had recently launched, with ongoing

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collaboration between Mind and the university. This work would continue until meaningful and sustainable improvements were achieved.

AGREED that the information presented be noted.

25

VAPING / NITROUS OXIDE - PUBLIC HEALTH UPDATE

The Committee received an update on public health issues relating to vaping behaviours in South Tees. Members expressed concern at the unprecedented levels of nitrous oxide canisters found during recent litter picks, with a whole box discovered, and agreed to share this information with the relevant Officers.

The discussion emphasised that smoking and tobacco remained the primary focus, as smoking continued to be the single largest preventable cause of premature deaths in the UK. Locally, smoking rates were significantly high, with Middlesbrough recording 18.6 per cent the highest nationally. South Tees initiatives were being mirrored in neighbouring authorities, given smoking's major contribution to health inequalities. The North East average stood at 11.6 per cent with Tees Valley showing higher rates among key groups.

It was confirmed that vaping was scientifically assessed as 95 per cent less harmful than tobacco smoking and intended as a quit aid rather than a recreational activity. Members were advised that data from ASH continued to inform local statistics, which showed higher levels of smoking compared to vaping. Misconceptions remained widespread, with 53 per cent of smokers believing vaping was as harmful or more harmful than smoking. Disposable vape use had peaked in 2023.

Members noted with concern that youth smoking had increased for the first time in eight years, rising from 14 per cent in 2023 to 21 per cent in 2025. South Tees remained the only area in the North East, and one of only three nationally, to offer equivalent support to vapers as to smokers. Two pathways were available: evidence-based behavioural support and nicotine replacement therapy (NRT), which had been rolled out mainstream from April 2025. Outreach teams had also engaged with secondary schools, with the hope of expanding provision across the region. The agreed position was clear: those who smoke should be encouraged to quit through vaping, but those who do not smoke should not take up vaping.

The Redcar and Cleveland's Trading Standards Officer reported that vapes were governed by legislation and disposable vapes should not now be sold in retail premises. Test purchases were conducted with adults and children, and tobacco detection dogs were deployed. Enforcement powers included seizure of products and closure orders of three to six months.

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Members were advised that counterfeit products were identified as a major issue, often linked to organised crime, with concealments and offsite storage used. Since April 2023, significant seizures had been made, including half a million cigarettes from a flat in Middlesbrough. Despite strong partnerships with HMRC and use of CCTV, resource limitations remained a challenge. It was noted that disposable vapes continued to be sold under the counter, and intelligence from the public was vital.

Members discussed the wider policy context, noting the Tobacco and Vapes Bill progressing through Parliament. Concerns were raised about rising youth vaping, with suggestions that a requirement for nicotine-based vapes to be made prescription only could help to reduce illegal access. The Committee welcomed outreach work in schools and acknowledged the Panorama documentary highlighting teenage vaping.

Middlesbrough's Trading Standard Officer confirmed that premises had to be licensed to sell regulated products and HMRC assumed responsibility for duty. It was noted that there had been no significant change in consumer use since the introduction of the disposal vape ban in June 2025. Members commended the information requested and formally requested that the data requested from Stockton's Trading Standards Team be circulated.

The Committee discussed the issue of illegal vapes containing spice. It was noted that these products were not reflected in the published figures. Trading Standards reported that such items were treated as drug paraphernalia, highlighting the lengths to which illicit suppliers would go. Members acknowledged that these vapes contained zero nicotine and that packaging would never disclose their true content, confirming their illicit nature.

Members were informed that schools and substance use teams continued to engage with pupils, addressing any incidents relating to illicit substance use. It was observed that spice was not typically found in disposable vapes but rather in rechargeable devices, which Trading Standards would not purchase.

The Committee resolved to support the Nicotine and Tobacco Bill by adding signatures to the national letter prior to its formal submission.

AGREED that the information presented be noted and requested data circulated.

26 WORK PROGRAMME 2025/26

The Senior Democratic Services Officer advised that representatives from the Community Diagnostic Centre in Stockton had offered to facilitate a

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visit for the Committee on either Thursday 23rd or Friday 24th October 2025. Both options would be emailed to all Members of the Committee, and the necessary arrangements made for a visit to be held on the preferred date.

The Work Programme was presented to Members; **NOTED**.

27

WINTER PLAN UPDATE - NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD

Members received an update on the Tees Valley Winter Plan for 2025/26, which had been developed as part of the wider North East and North Cumbria (NENC) Integrated Care Board (ICB) system approach and coordinated across all partner organisations. It was noted that the Local Accident and Emergency (A&E) Delivery Board retained oversight of the plan, which had been aligned with Local Authorities' priorities and shared through Health and Wellbeing Boards. Assurance had been provided by the NENC ICB, with regional stress-testing exercises completed in September. Members were informed that the plan had been formally signed off earlier in the week.

Members were advised that seven key priorities had been identified to support urgent and emergency care (UEC) improvements, extending beyond A&E delivery. These included prevention, enhanced access to pharmacy services, Acute Respiratory Infection (ARI) hubs, and hospital-at-home models. A pilot between North and South Tees had supported care coordination, with a focus on retaining patients in their own homes wherever possible.

It was highlighted that respiratory pathways had been strengthened, with targeted support for high-risk COPD patients previously provided across nine practices, now expanded. ARI hubs were to be mobilised from 3 November. It was noted that the provision of the urgent treatment centres in South Tees had improved patient flow, alongside collaboration with GP federations and expanded same-day emergency care pathways. Paramedics were now able to refer directly to same-day services, bypassing A&E.

In addition, the "Call Before Convey" pilot in North and South Tees aimed to reduce unnecessary hospital admissions. Additional urgent care capacity had been planned for bank holidays, with continued efforts to provide safe alternatives to hospital-based care. Mental health services were working to prevent any delays in A&E exceeding 24 hours, ensuring patients were placed appropriately.

Regarding seasonal vaccination campaigns these had commenced under the "Be Wise – Immunise" banner, with promotion across GP practices,

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staff groups, and partner organisations. Public Health Teams and Local Authorities were monitoring infectious disease trends, with pharmacies supporting self-care and timely prescription management.

It was noted that communications were coordinated regionally, with local NHS Trusts amplifying messages around Urgent Treatment Centre availability and integrated care options. A system control centre was in place to oversee performance and adapt messaging as required.

Following the presentation discussion ensued and the following points were raised:-

- Members raised concerns about ensuring eligible groups maximised uptake of seasonal vaccinations. Members were advised that promotion was supported through GP practices and that further data could be provided via health protection figures.
- Clarification was sought regarding urinary tract infection (UTI) pathways, which were noted to apply primarily to women in uncomplicated cases. It was confirmed that further clarification would be sought and an update provided to Members via email.
- Members queried the variation in COVID-19 and flu vaccine scheduling. It was advised that this was attributed to vaccine availability and recall processes.
- Members queried the omission of data relating to the shingles vaccination in the documentation. It was confirmed that health professionals had attended community spaces to promote availability and that the shingles vaccination was available from age 70. Clarification was sought on whether there was a need for 2 doses of the vaccine. It was advised that further information would need to be sought from the vaccination lead and provided to Members following the meeting.

AGREED that the information presented be noted and that:-

- a) Information regarding UTI pathways to be obtained and the response shared with Members.
- b) Clarification to be provided to Members regarding the required dosage for the shingles vaccination.

28 ANY OTHER ITEMS WHICH THE CHAIR CONSIDERS URGENT

There were no items certified as urgent by the Chair; **NOTED**.