



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 15 April 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 4 March 2026 (Pages 3 - 6)
4. Update: Climate Change Strategy 2024-2029 –
Presentation by Assistant Director – Housing and Revenue
(Pages 7 - 20)
5. Director of Public Health Annual Report 2025-2026 - Growing Healthy –
Report of the Director of Public Health
(Pages 21 - 24)
6. Work Programme (Pages 25 - 40)
7. Health and Wellbeing Board –
Included for information are the approved Minutes of the meeting held on 4 December 2025. The Board last met on 19 March 2026. The next meeting is scheduled for 18 June 2026.
(Pages 41 - 46)
8. Regional Health Scrutiny (Pages 47 - 54)

9. 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.
10. Questions

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

Amy Wennington
Assistant Director Law and Governance

Tuesday, 7 April 2026

Town Hall
Darlington.

Membership

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

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

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 4 March 2026

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

APOLOGIES – Councillor Pease

ALSO IN ATTENDANCE – Councillors Roche, Stuart Brown (County Durham and Darlington NHS Foundation Trust), Angela Cobb (County Durham and Darlington NHS Foundation Trust) and Joanne Darke (UK Health Security Agency)

OFFICERS IN ATTENDANCE – Lorraine Hughes (Director of Public Health), Anthony Sandys (Assistant Director - Housing and Revenues), Janette McMain (Housing Manager - Options and Lifeline), Claire Gardner-Queen (Head of Housing) and Hannah Miller (Democratic Officer)

HH41 DECLARATIONS OF INTEREST

Councillor Beckett declared an interest in Minute HH43 and left the meeting during the consideration of this item and Councillor Johnson declared a non-pecuniary interest in Minute HH44. There were no further declarations of interest reported at the meeting.

HH42 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 7 JANUARY 2026

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 7 January 2026.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 7 January 2026 be approved as a correct record.

HH43 HEALTHCARE ASSOCIATED INFECTIONS

The Director of Public Health submitted a report (previously circulated) explaining what healthcare-associated infections (HCAIs) are, how they occur, and the key measures used to prevent them and how infections spread within healthcare environments. The submitted report also sets out the roles of the organisations responsible for preventing and managing HCAIs and outlines some of the work taking place locally in relation to HCAIs. A presentation (also previously circulated) accompanied the report.

It was reported that HCAIs remain a preventable risk across health and care setting; that reducing these infections depends on consistent application of key infection-prevention measures; and that tackling HCAI's requires coordinated action across national, regional and local systems.

The submitted report outlined the system responsibilities in relation to infection prevention and control (IPC), with NHS England providing national leadership by setting IPC standards, monitoring provider performance and analysing surveillance data supplied through the UK Health Security Agency's (UKHSA) mandatory reporting systems

Details were provided of the role of the UKHSA in the prevention and control of HCAs across England, with Members noting that at a local level, support is provided to NHS trusts and local authority health teams through the North East Health Protection Team.

It was reported County Durham and Darlington NHS Foundation Trust has an agreed framework for preventing and managing HCAs; that the Trusts Quality Accounts sets clear infection-prevention priorities; and that the Trust has governance arrangements in place and works closely in collaboration with partners across the wider health and care system to ensure the infection-prevention activity is aligned across organisations.

Reference was made to the statutory responsibility of the local authority to protect and improve the health of its population; that the local authority maintains oversight of local health protection arrangements and ensures that appropriate systems are in place across community settings including care homes; and in order to maintain oversight of infection-prevention standards, the local authority draws on a range of intelligence, including CQC inspection outcomes, local surveillance data, outbreak reports and feedback from providers, residents and the public.

A presentation provided figures for NHS antibiotic consumption and antimicrobial resistance for CPE, MRSA, MSSA and C.difficile infections for 2025/26; and Members were provided with details of CDDFT's actions to reduce HCAI's, with particular reference made to examples of collaborative working to address CPE outbreaks. Members were also provided with details of the work undertaken in relation to antimicrobial stewardship, including a rolling programme of audit compliance, reducing the use of high risk antibiotics and education of staff.

Discussion ensued regarding the risk assessment approach in relation to bathing, with Members being assured that these were based on the individual; that in relation to MRSA infections, Executive-led patient infection reviews have been implemented for all bloodstream infections and that policy had been changed to introduce universal screening to allow early identification of infections, which will inform future targeted screening approaches.

Members requested further information regarding the impact of HCAI of CPE within care home settings; and further discussion ensued regarding the learning from the CPE outbreak within the Trust. Members noted that audits had previously shown poor compliance in relation to infection prevention control, including handwashing and that this has been addressed over a three-year period through direct conversations and continued engagement with staff in relation to their roles and responsibilities and expectations regarding the Trust's policy for hand hygiene. External auditors have also supported this process and the Trust continues to undertake validation audits.

Following a question, Members were advised that work was being undertaken nationally by a group of specialists to help inform the NHS new hospital programme; this included a review of risks associated with wastewater, drainage and ventilation.

Further discussion ensued regarding CPE with Members being advised that discharge summaries would include information for those patients identified as carrying CPE and the

patient would also be informed, however no further actions are required by care homes beyond usual IPC practice; and in relation to the ward refresh, the work is ongoing and will take place over a period of time, to manage the financial and logistical requirements.

RESOLVED – (a) That the contents of the report and the range of local and national responsibilities for preventing and managing HCAs, be noted.

(b) That the complex nature of HCAs and the multi-layered system of organisations involved in their prevention and control be recognised.

(c) That the significant work and actions already undertaken across the system, including by the local authority, ICB, UKHSA and County Durham and Darlington NHS Foundation Trust, to reduce HCA risks be acknowledged.

(d) That Members continue to seek assurance through Quality Accounts, regular surveillance reports and routine updates from system partners on ongoing infection-prevention performance.

HH44 PREVENTING HOMELESSNESS AND ROUGH SLEEPING STRATEGY 2025-2030

The Assistant Director Housing and Revenues submitted a presentation (previously circulated) providing Members with an annual review of the Preventing Homelessness and Rough Sleeping Strategy and in doing so outlined the key aims of the strategy.

The presentation provided details of the number of homeless presentations, total number of days spent in temporary accommodation and the number of people sleeping rough in Darlington and across the Northeast region. Figures were also provided for the number of households with children in temporary accommodation.

Details were provided of the work undertaken since the strategy was implemented, including setting up a new Homeless Forum, a multi-agency partnership which had been established to help drive improvements and enhance partnership working, the recruitment of a dedicated housing options officer (domestic abuse) and increased temporary accommodation units, including the Single Homeless Accommodation Programme and the 700 Club's Forever Homes project. Members also noted that Task and Finish groups had been established as part of the forum to look at a range of specific areas, including improving information available for the public and professionals, sourcing more move-on accommodation and increasing specialist accommodation for people with complex needs.

It was reported that the new National Plan to End Homelessness was published on 11 December 2025; that this recognised that local authorities cannot end homelessness alone or overnight, and that partnership working and local action plans are key; the plan focuses on change across the whole homeless level; and as part of the plan, grant funding is available and has been included in the new consolidated local authority finance agreements. Members were also informed that each local authority must produce a new action plan by October 2026 with sign off by the Ministry of Housing, Communities and Local Government and that actions must be based on local need and link in with the Council's homeless strategy.

The presentation outlined the planned work for the next 12 months, with particular

reference made to the implementation of the new action plan in line with A National Plan to End Homelessness, agreement of local targets and performance indicators in line with the new national plan, increasing the amount of good quality temporary accommodation, preparing for the Renters Rights Act and continued work around reducing rough sleeping.

Following a question about the numbers of homeless presentations, Members were advised that these figures included repeat presentations for homelessness with Members noting the work undertaken to address these; and following a question, Members were advised that improved engagement with private landlords was needed with the introduction of the Renters Rights Act and what incentives could be made available.

Following a question, Members were informed that there had been an increase in the number of families presenting as homeless; that this was thought to be as a result of Section 21 notices being served; and that given the numbers on the waiting list, there was a lack of move-on properties. Confirmation was given that, whilst bed and breakfast accommodation was sometimes used to house families temporarily in emergencies, the Council has never exceeded the 6-week limit. Members noted that additional properties were also being sought from other regulated social housing providers.

Further discussion ensued regarding hidden homelessness and Members were assured that work was undertaken to identify those at risk of rough sleeping. However, Members noted the positive impact outreach support was having on rough sleeping.

RESOLVED – That the presentation be noted.

HH45 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.

Discussion ensued on the current work programme and a number of items were suggested for inclusion on the work programme for the next municipal year, including Playing Pitch and Built Facilities Strategy, Rent Setting Policy, Housing Annual Report and Oral Health Promotion Strategy.

RESOLVED – That the work programme be noted.

HH46 QUESTIONS

Members expressed their thanks to Lesley Excell, Housing Options Officer and Ken Ross, Public Health Principal for their work and support during their time at Darlington Borough Council.

RESOLVED – That the thanks of this Committee be extended to the Housing Options Officer and Public Health Principal.

Update: Climate Change Strategy 2024-2029

Housing Services – April 2026

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Borough Council

Agenda Item 4

Aims of the Strategy:

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



Actions taken 2025/26: Retrofit

- We continued work on the government's **Social Housing Decarbonisation Fund (SHDF)** Wave 2.1.
- Government secured funding of £1.36m alongside DBC's matched contribution of £1.62m enabled us to roll out retrofit works to 119 homes. This work was completed in August 2025.
- Measures applied to each home varied depending on property type but included; external wall insulation, cavity wall insulation, roof extensions, loft insulation, upgrades to doors, and low energy lighting as required.



SHDF 2.1 Works (Before Vs After)

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DARLINGTON
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Actions taken 2025/26: Retrofit Continued

- We were successful in our bid for Warm Homes: Social Housing Fund (WHSHF). We have secured over £3.5m funding, which will be supported by DBC Matched funding of over £11.6m - **A total scheme worth over £15m**
- This will see 680 homes upgraded by our contractor REGEN with works, such as external wall insulation, cavity wall insulation, upgrades to doors and windows, and roof extensions as required.



Actions taken 2025/26: Retrofit Continued

- We have commissioned almost 3,000 new Stock Condition surveys and EPC's which gives us a clear picture of our stock.
- This will give us a further insight into which homes are performing well and which need further energy work interventions.
- Alongside bidding for funding, we have committed over £13m over the lifetime of the MTFP for energy efficiency works.
- We have seen an increase in 240 properties reaching EPC C



Actions taken 2025/26: New Build Homes

- Our new build properties are built to a standard of EPC B. EPC assessments at Sherborne Close on the houses, 2 homes achieved an EPC A with the remaining 4 plots being only 1 point short of this.
- As part of new building regulations, we will include Solar PV and ASHPs to properties as standard.
- We will also install EV chargers (either individual or communal) to houses and apartments in line with new building regulations.
- We are constantly working with contractors to implement the newest energy efficiency innovations into our housing projects.



Planned and Responsive Maintenance

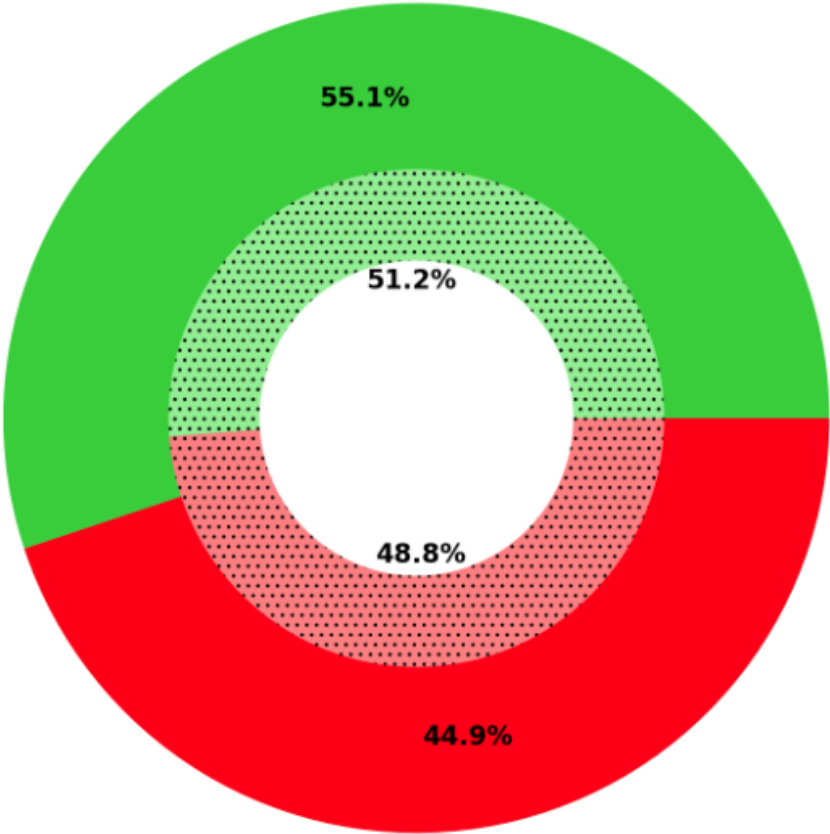
- All our flats are having energy efficient fire doors installed.
- All our properties now have double glazed windows. Our contractors, *Anglian*, recycle the old windows that comes out of our properties and use this recycled material as a base for the trims that go back onto our new double-glazed windows.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



We now have 55% of our properties at EPC C or above.

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	2025		Jan-26	
EPC Band	%	Total	%	Total
Band A	0.06	3	0.06	3
Band B	2.04	109	4.76	257
Band C	49.07	2625	50.29	2717
Band D	43.09	2305	42.25	2283
Band E	2.02	108	2.05	111
Band F	0.06	3	0.06	3
No EPC data	3.66	196	0.54	29
Grand Total	100	5349	100	5403



Outer Circle / Solid Colour – This Year
Inner Circle / Dotted – Last Year
Green are EPC C or above
Red are Below EPC C



- From Jan 2025 to Jan 2026, an increase of 240 homes have reached EPC C or above.
- With planned projects we expect to reach EPC C or above for;
 - Warm Homes project - 680 homes
 - Planned Major works – 620 homes
- This will bring 79% of our homes to EPC C or above
- We currently have c.1000 properties which are high-scoring EPC Ds, so will only require minor works to get them to EPC C.
- This will cover the remaining 21% of homes we need to get to EPC C to achieve 100% by 2030.



Plans for 2026/27

- Delivery of Warm Homes Social Housing Fund (2025-2028).
- Review the governments new Warm Homes plan.
- Review our updated Stock condition data and changes to EPC with RdSAP 10 implementation.
- This data will give us a clearer picture of what we need to do on our homes to reach EPC C by 2030.



Plans for 2026/27: Biodiversity

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



What's on the horizon.....

- In January, the government published its plan to deliver a decade of renewal for social and affordable housing.
- Key areas include;
 1. Decent home Standard – Effective from 2035
 2. Minimum Energy Efficiency Standards
 - By April 2030 EPC C must be in place
 - By April 2039 must achieve EPC C based on a second reformed metric
- We will be reviewing what these changes will mean and refreshing the action plan to support implementation of these changes.



Thank you.

HEALTH AND HOUSING SCRUTINY COMMITTEE

15 APRIL 2026

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2025 - 2026 GROWING HEALTHY

SUMMARY REPORT

Purpose of the Report

1. The Annual Public Health Report is an opportunity for the Director of Public Health to present an independent report on the health and wellbeing of Darlington. This year's report has focused on the health of children and young people, describing the current position of some of the key public health outcomes and the range of services and interventions in place locally to support the health and wellbeing of children and young people across key areas of focus.

Summary

2. The annual report focuses on the stages of pregnancy and birth; early years; primary years and secondary years, whilst also considering the latest healthy lifestyle survey carried out in schools and the key priorities of childhood immunisations, mental health, oral health and substance use.
3. During the development of the report the Director of Public Health also visited three primary schools and one secondary school, to talk to some children and young people. This provided an opportunity to answer some of their questions but also hear about their priorities for supporting good health.
4. A number of recommendations have been made in the report, in response to identified local need and policy priorities. This includes:
 - (a) Continue local efforts to further improve rates of breastfeeding, with a focus on those wards with the lowest rates of breastfeeding at 6 to 8 weeks of age.
 - (b) Deliver an injury prevention training programme for frontline staff in paediatrics, maternity, accident and emergency and early help to raise awareness of risks and preventative messages.
 - (c) Work in partnership to develop the Best Start Local Plan.
 - (d) Develop a Healthy Weight Strategy, adopting a whole systems approach.
 - (e) Strengthen work with early years settings and schools to improve the nutritional content of food and reduce sugar intake amongst children.
 - (f) Continue the expansion of the supervised toothbrushing scheme in early years settings and expand to other year groups where there is evidence of need.
 - (g) Utilise the healthy lifestyle survey data and National Child Measurement Programme data to support local efforts to minimise the expansion of hot food take aways in identified geographical areas.

- (h) Increase the numbers of young people in treatment for substance addictions, to support positive outcomes.

5. In the 2024/25 report seven recommendations were made for the thematic priority of Starting Well. Work has progressed on these areas, with some of the actions completed whilst others are underway. A brief update is provided below.

(a) Develop an oral health promotion strategy and action plan for Darlington.

- i. An oral health promotion alliance has been established, and the oral health promotion strategy has been drafted and will be published in due course.

(b) Expand toothbrushing schemes to more early years settings.

- i. The supervised toothbrushing scheme is now being delivered in more settings and is also now being accessed in special school settings and across additional year groups in some settings. This programme of work will continue to be a priority going forward.

(c) Use data to develop a better understanding of rates of smoking in pregnancy within Darlington, to ensure support can be targeted at those areas with the highest rates.

- i. Rates of smoking in pregnancy continue to show a downward trend, and local data is included in the health and wellbeing dashboard. Smoking in pregnancy was also included in the Health and Wellbeing Board Deep Dive on pregnancy and early years in June 2025. Smoking in pregnancy has been included as a priority for action in the Best Start Local Plan.

(d) Build upon the recent success with increasing rates of breastfeeding at 6 to 8 weeks, with a clear focus on reducing the inequalities in breastfeeding that exist within Darlington.

- i. The rates of breastfeeding continue to show an improvement, and local data is included in the health and wellbeing dashboard. Breastfeeding was also included in the Health and Wellbeing Board Deep Dive on pregnancy and early years in June 2025. Breastfeeding has been included as a priority for action in the Best Start Local Plan.

(e) Undertake work to understand the variation in uptake of childhood vaccination across Darlington, working with primary care and the school age immunisation service to increase the uptake of routine childhood vaccinations.

- i. A programme of work is being implemented, with a focus on inclusion groups, to understand barriers and develop an enhanced local offer.

(f) Take steps to understand why there has been a reduction in the percentage of children in care who are up to date with the vaccine schedule and use this information to implement action locally to improve uptake.

- i. A review of the data with services highlighted potential issues with data capture, this work is ongoing, with a focus on maximising uptake and ensuring accurate data recording.

(g) Undertake an audit of hospital admission data for unintentional and intentional injuries in children, using the findings to develop an action plan to address identified priorities.

- i. The audit has been completed and the findings shared with relevant partners. Recommendations from the audit are being used to inform local actions and next steps.

Recommendations

6. It is recommended that:-

- (a) The Health and Housing Scrutiny Committee accept the recommendations of the Annual Director of Public Health Report.

Lorraine Hughes
Director of Public Health

Council Plan	This report supports the Council Plan ambition of Living Well and Staying Healthy, through the focus on health outcomes and inequalities.
Addressing inequalities	The report considers inequalities at a population level.
Tackling Climate Change	There are no implications arising from this report.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme.
Health and Wellbeing	The annual DPH report considers the health and wellbeing of the population of Darlington across the life course.
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	The data presented in the report covers all wards.
Groups Affected	The annual DPH report focuses on the population of Darlington, it does not look at specific groups.
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework.
Key Decision	No
Urgent Decision	N/A
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
15 APRIL 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 Services Climate Change Strategy update	15 April 2026	Anthony Sandys		Annual update
Director of Public Health Annual Report	15 April 2026	Lorraine Hughes		Annual Update
Quality Accounts – 6 Monthly Update	7 January 2026	TEWV/ CDDFT		
Year End Update	May/June 2026			
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	August 2026			
Physical Activity Strategy	August 2026	Lisa Soderman		Annual Update
Housing Services Anti-Social Behaviour Policy	October 2026	Anthony Sandys/ Claire Gardner-Queen		Prior to submission to Cabinet
Housing Services – Housing Management Policy	October 2026	Anthony Sandys/ Claire Gardner-Queen		Prior to submission to Cabinet
Healthy Weight Plan	TBC	TBC		

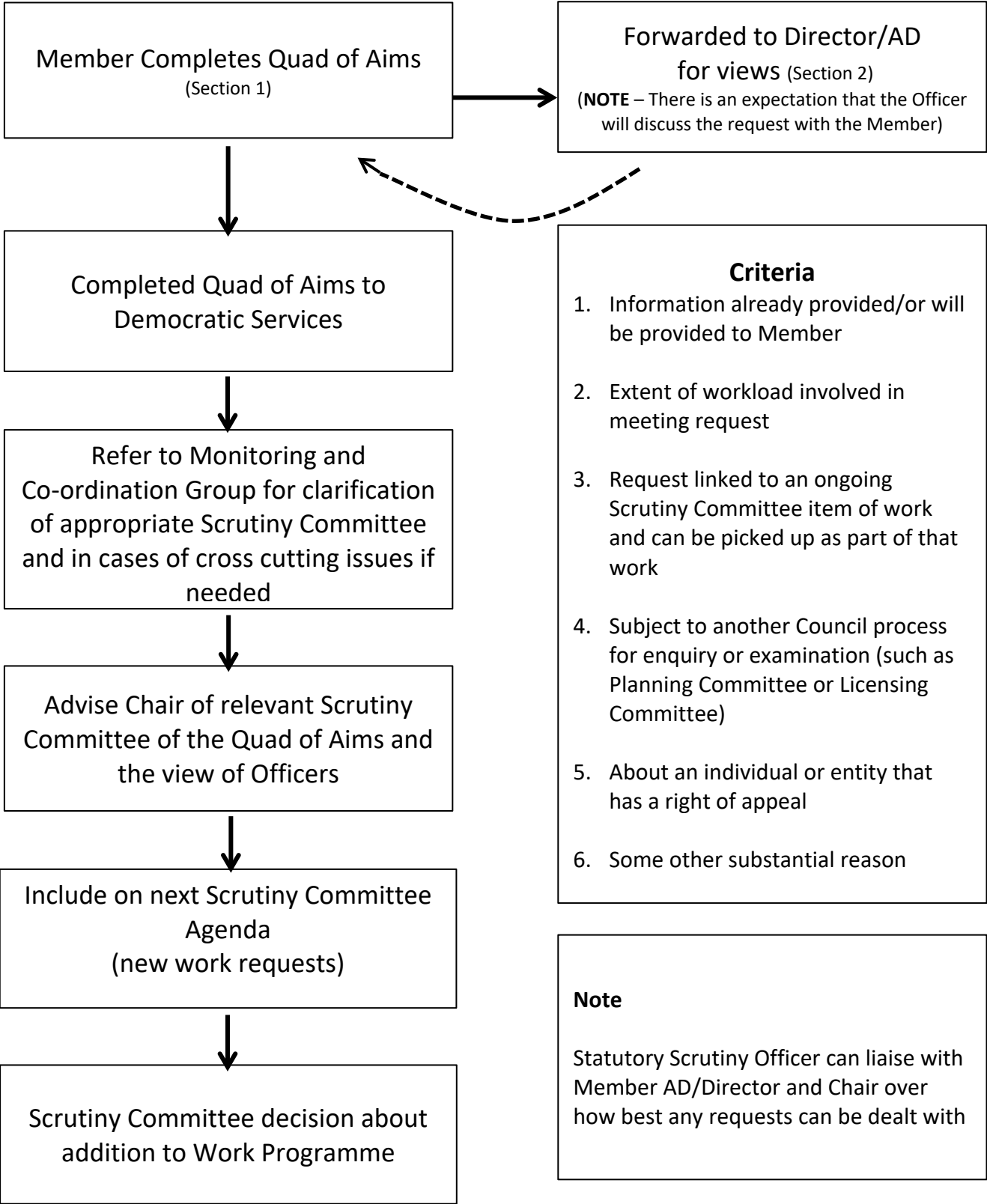
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Better Care Fund	Last considered 3 September 2025	Paul Neil		Annual Report
Health and Safety Compliance in Council Housing update	Last considered 3 September 2025	Cheryl Williams / Anthony Sandys		Annual Update
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	Claire Gardner- Queen		Annual Update
Preventing Homelessness and Rough Sleeping Strategy 2025-2030	Last considered 4 March 2026	Janette McMain		Annual Review

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		
Suicide Prevention	7 January 2026	Rebecca Morgan		
Healthcare Associated Infections	4 March 2026	Lorraine Hughes		

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PROCESS FOR ADDING AN ITEM TO SCRUTINY COMMITTEE’S
PREVIOUSLY APPROVED WORK PROGRAMME



PLEASE RETURN TO DEMOCRATIC SERVICES

QUAD OF AIMS (MEMBERS' REQUEST FOR ITEM TO BE CONSIDERED BY SCRUTINY)

SECTION 1 TO BE COMPLETED BY MEMBERS

NOTE – This document should only be completed if there is a clearly defined and significant outcome from any potential further work. This document should **not** be completed as a request for or understanding of information.

REASON FOR REQUEST?	RESOURCE (WHAT OFFICER SUPPORT WOULD YOU REQUIRE?)
PROCESS (HOW CAN SCRUTINY ACHIEVE THE ANTICIPATED OUTCOME?)	HOW WILL THE OUTCOME MAKE A DIFFERENCE?

Signed Councillor

Date

SECTION 2 TO BE COMPLETED BY DIRECTORS/ASSISTANT DIRECTORS
(NOTE – There is an expectation that Officers will discuss the request with the Member)

1. (a) Is the information available elsewhere? Yes No If yes, please indicate where the information can be found (attach if possible and return with this document to Democratic Services) (b) Have you already provided the information to the Member or will you shortly be doing so? 2. If the request is included in the Scrutiny Committee work programme what are the likely workload implications for you/your staff? 3. Can the request be included in an ongoing Scrutiny Committee item of work and picked up as part of that? 4. Is there another Council process for enquiry or examination about the matter currently underway? 5. Has the individual or entity some other right of appeal? 6. Is there any substantial reason (other than the above) why you feel it should not be included on the work programme? 	Criteria 1. Information already provided/or will be provided to Member 2. Extent of workload involved in meeting request 3. Request linked to an ongoing Scrutiny Committee item of work and can be picked up as part of that work 4. Subject to another Council process for enquiry or examination (such as Planning Committee or Licensing Committee) 5. About an individual or entity that has a right of appeal 6. Some other substantial reason
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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: 4 MARCH 2026 – 31 JULY 2026**

Title	Decision Maker and Date
Calendar of Council and Committee Meetings	Cabinet 3 Mar 2026
Consultation on Local Plan Review	Cabinet 3 Mar 2026
Darlington Transport Plan	Cabinet 3 Mar 2026
Delivery of the Stem Centre	Cabinet 3 Mar 2026
Regulatory Investigatory Powers Act (RIPA)	Cabinet 3 Mar 2026
Annual Procurement Plan	Cabinet 7 Apr 2026
Annual Statement of Accounts 2025/26	Cabinet 7 Apr 2026
Audit of Accounts 2024/25	Cabinet 7 Apr 2026
Consultation on a Draft Supplementary Document on Houses in Multiple Occupation Guidance	Cabinet 7 Apr 2026
Crisis and Resilience Fund	Cabinet 7 Apr 2026
Darlington Community Safety Plan 2026-2029	Cabinet 7 Apr 2026
Introduction of the Renters Rights Act 2025	Cabinet 7 Apr 2026
Schedule of Transactions	Cabinet 7 Apr 2026
Blackwell Parkland - Proposed Village Green Registration	Cabinet 5 May 2026
Land at Ingenium Parc and Morton Palms - Development Proposal	Cabinet 5 May 2026
Land at Sparrow Hall Drive - Development proposal	Cabinet 5 May 2026
Town Centre Regeneration and East Street Development	Cabinet 5 May 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, 4 December 2025

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Harker (Leader of the Council), Councillor Mammolotti, Councillor Tostevin, Lorraine Hughes (Director of Public Health), Andrea Goldie (Healthwatch Darlington Manager) (Healthwatch), Martin Short (Director of Place - North East and North Cumbria Integrated Care Board), Jamie Todd (Director of Operations) (Tees, Esk and Wear Valley NHS Foundation Trust) and Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office)

ALSO IN ATTENDANCE – Christine Shields (Assistant Director Commissioning, Performance and Transformation), Councillor Curry (Cabinet Member for Adults), Councillor Wallis (Cabinet Member for Children and Young People), Councillor Holroyd, Rebecca Morgan (Public Health Portfolio Lead), Jo Cook (Tees, Esk and Wear Valley NHS Foundation Trust), Catherine Richardson (North East and North Cumbria Integrated Care Board), Dr Josh Shaw (Primary Care Network) and Hannah Miller (Democratic Officer)

APOLOGIES –Councillor Mrs Scott, James Stroyan (Executive Director People), Alison MacNaughton-Jones (Joint Clinical Director) (Darlington Primary Care Network) and Deborah Robinson (St Teresa's Hospice)

HWBB18 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB19 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.

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

HWBB20 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 18 SEPTEMBER 2025

Submitted – The Minutes (previously circulated) of the meeting of this Health and Wellbeing Board held on 18 September 2025.

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

REASON – They represent an accurate record of the meeting.

HWBB21 MENTAL HEALTH AND WELLBEING - DEEP DIVE

The Director of Public Health submitted a report (previously circulated) updating Members on work undertaken across the Borough in relation to the Mental Health priorities identified in the joint Local Health and Wellbeing Strategy (2025-2029), to facilitate meaningful discussion in relation to the priorities and to enable Members to understand how they, and

their organisations can support action locally and promote continuing improvement of system-level working. A presentation accompanied the report.

The submitted report was intended to support a review into the thematic priority of mental health, including the opportunity to reflect on agreed priorities, related performance indicators, health inequalities, stakeholder engagement, issues of concern or risk, key actions taken and / or planned and ask(s) of Health and Wellbeing Board partner; and described current performance indicators, inequalities and activity in relation to each priority outcome relating to mental health and wellbeing from the Joint Local Health and Wellbeing Strategy.

It was reported that the World Health Organisation defines mental health as a “state of mental well-being that enables people to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community”; that difficulties in mental health are a common human experience; and the costs of mental ill-health costs are economic, human, and health and care costs.

The report outlined the agreed priority outcomes for consideration and highlighted a number of key issues, themes and inequalities. A presentation that accompanied the report provided an overview of the key themes across mental health priorities and outlined areas for action in relation to suicide prevention.

Following a question regarding self-harm in girls, Members were informed that the ICB had contracted Papyrus UK to provide support for self-harm in young people, this included a 24 hour helpline and training on self-harm and suicide prevention.

Discussion ensued regarding partnership working between the substance misuse service and TEWV, with Members noting that the Suicide Prevention Partnership included a representative from STRIDE; and waiting list for CAMHS. Members were informed that at a local level Darlington had 100 per cent coverage of Mental Health Support Teams (MHST's) in schools for children and young people (it was noted the ICB are currently undertaking a review of MHST's against national guidance, to better understand what's working well and what could be improved), that the trust had seen a year-on-year reduction in wait times for neurodevelopment diagnoses, that there was a KIT process in place and a family support service provided by Daisy Chain which is accessible to anyone whilst on the waiting list.

Discussion ensued regarding the identification of people with suicidal thoughts, with Members noting that the biggest challenge was reaching people that were not accessing any services; and following a point raised regarding the links between autism and mental health and underdiagnosis for females with autism, Members were informed that adjustments would be made for anyone presenting with autism traits, whether an official diagnosis was in place or not.

RESOLVED – (a) That all members of the board adopt a series of principles in relation to ways of working:

1. Recognise that mental health and wellbeing are the result of interactions between a wide range of determinants from individual to community and societal influences, and therefore mental wellness is not the responsibility of any single organisation but must be a shared, system-wide priority;

2. Encourage all organisations to consider actions they could take to develop a more collaborative and cohesive, system-wide approach. This includes data-sharing arrangements, strategic and operational working arrangements, communication between providers, and continuing the development of open dialogue about how systems can better work together to best meet the needs of individuals and the wider population;
3. Continue to review organisational practice within our own organisations, including reflecting on community, service-user and patient experience, and in dialogue with other partners, to build a culture of ongoing service improvement across the system;
4. Continue to recognise, promote and invest in prevention and early intervention, so that Darlington people of all ages can access the right support to stay well 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;
5. Consider the impact on mental health and the importance of opportunities for prevention when making decisions about resource allocation across the wider system, not only limited to decisions about mental health provision;
6. Champion the role of VCSE and community assets when considering the importance of communities in supporting people to recover from mental health issues and to stay well.

(b) That the following actions be agreed by Members:

1. To acknowledge and consider the interface between mental health and wellbeing and other issues such as substance misuse, gambling and neurodiversity.
2. Consider organisational approaches to strengthening patient/ service-user journey in service development, service evaluation and outcome measurement, to provide shared system-wide learning, particularly in relation to identifying those most vulnerable to self-harm and mental health admission and readmission, and the pathways that they follow. It would be useful for organisations to consider undertaking a deep dive into a sample of patient/ service-user journeys, outcomes and experiences, particularly reflecting on the interface with other services. It may be helpful to review a sample of case studies for young people admitted for self-harm or mental health admissions and share both data and patient stories to support learning about what works well across the system, and what can be improved upon.
3. Actively participate in the Tees Valley I-Thrive steering group, to shape local service provision to meet the needs of Darlington's children and young people. The work of the steering group should also identify opportunities to work together to address some of the issues around data, and how services communicate with each other and with patients/ service-users and families.
4. Engage with the "mapping" of local services which support children and young

people's mental health against the I-Thrive model to improve understanding about what provision is available and how people can access it.

5. Encourage the uptake of local training in suicide awareness and prevention, both for professionals and for wider community members and organisations.
6. Continue to challenge stigma and discrimination in relation to mental health and accessing mental health support, by promoting inclusive language, challenging negative stereotypes and assumptions, encouraging open conversations about mental health and by promoting and supporting national and local campaigns related to these priority areas.

REASON – (a) They will support in achieving the mental health ambitions of the Health and Wellbeing Strategy.

(b) They will help to address health inequalities, by identifying opportunities for collaboration and strengthening our partnership approach.

HWBB22 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.

HWBB23 MEMBERSHIP AND TERMS OF REFERENCE

The Chair of the Board provided a verbal update, informing Members that the Terms of Reference for the Board and Membership required some amendments, including a proposal to include representatives from the VCSE and business (Darlington Cares), and the appointment of a new Vice Chair. The amended terms of reference would be considered at the next meeting of the Board.

RESOLVED – That the update be noted.

REASON – To provide Board with an update on the Membership and Terms of Reference for the Board.

HWBB24 PHARMACEUTICAL NEEDS ASSESSMENT - ANY SIGNIFICANT CHANGES TO REPORT SINCE THE LAST REVIEW

The Chair informed Members that 'Pharmaceutical Needs Assessment' would be included as a standing agenda item for the Board to ensure Board Members were informed of any significant changes to report since the last review.

The Director of Public Health confirmed that there were currently no significant changes to

report at present, however Public Health had been notified of an application for a distance selling pharmacy provision in September and that consultation closed in November.

RESOLVED – That the update be noted.

REASON – To provide Board with an update on the Pharmaceutical Needs Assessment.

HWBB25 QUESTIONS.

A Member of the Board requested a discussion regarding the Breast Services at County Durham and Darlington NHS Foundation Trust and a representative from the Trust provided background and an update to Members. Members noted that a strategy was in place to address the care provided and the Trust were working closely with the CQC, NHSE and the ICB as part of the breast services oversight delivery group. Members noted that patients were being signposted to a breast service email and that a governance review had been commissioned to address concerns relating to the failures in governance within the Trust.

The Chair advised Members that he was seeking a meeting with the Chair and CEO of the Trust in relation to the breast services.

RESOLVED – That the update be noted.

REASON – To inform the Board.

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TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 11 December 2025 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

PRESENT Councillor C Cawley (Chair)
Councillors J Coulson, C Curr, L Hall, J Kabuye and A Roy.

OFFICIALS C Jones, G Jones, C Leng and G Woods.

IN ATTENDANCE Councillor J Bromiley, K McLeod, M Neligan, C Parker, M Short, K Lawson, J Walker and Dr P Williams.

APOLOGIES FOR ABSENCE

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

29 **MINUTES OF THE MEETING HELD ON 17 JULY 2025**

RESOLVED that the minutes of the meeting held on the 17 July 2025 be confirmed and signed by the Chair as a correct record.

30 **MINUTES OF THE MEETING HELD ON 2 OCTOBER 2025**

RESOLVED that the minutes of the meeting held on the 02 October 2025 be confirmed subject to an amendment regarding Councillor Kabuye's attendance be changed to present, and signed by the Chair as a correct record.

31 **DECLARATIONS OF INTEREST**

The following declaration of interest was raised by Councillor Cawley:

- Agenda Item 5 – University Hospital Tees – Strategy update, pertaining to a relative who works as a Paediatric Student Nurse at James Cook University hospital.

32 **TEES RESPITE CARE / SHORT BREAKS SERVICE - UPDATE**

The Strategic Head of Commissioning for North East and North Cumbria (NENC) NHS Trust and the Service Manager for Adult Learning Disabilities at Tees, Esk and Wear Valleys NHS Foundation (TEWV) Trust presented an update on the Respite/Short Break Service based at Levick Court which was in its final stages of completion ready for opening in

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February 2026. The timeline for the final stages of the project included, the appointment of the most suitable provider which was awarded to Middlesbrough Council and TEWV, the production and sign off of the final report in November 2025, the mobilisation stage will commence between November 2025 and 1 February 2026 and the official opening was planned for 2 February 2026.

The Trust continued to meet with families throughout the process and most recently held a meeting on the 19 November to answer any questions from families seeking assurance about the service going forward.

As part of the ensuing discussion the following questions/comments were made:

- Members questioned if the service was open access for referrals, how it was advertised and was it oversubscribed. Members were informed that the service is open to everyone across the Tees Valley area however referrals are made via professional services for those patients with the most severe and complex needs, mainly through Continuing Health Care (CHC) referrals. The service is not oversubscribed, and there was additional capacity for additional patients and beds. The service works closely with those referral services to ensure it is understood how many potential residents were in the system to ensure strategic planning of future needs.
- Members sought assurance if emergency referrals would be allowed and was it a digital booking system with built in flexibility. Members were assured that the service could provide services for emergency referrals and the booking system did require additional development, however it was fit for purpose at present.
- Members queried the number of children in the system who would require support from the service once they turn 16 years old. Members were informed that the service continued to work with Children's Services and were aware of a potential 23 children who may transfer into the service by 2028.

It was **RECOMMENDED** that:

1. The update be noted; and,
2. Members be invited to an open day in January with the possibility of meeting families who utilise the service.

33

PALLIATIVE AND END-OF-LIFE CARE STRATEGY - DEVELOPMENT / IMPLEMENTATION

The Deputy Director of Commissioning for the Tees Valley Local delivery Team at North East and North Cumbria (NENC) Integrated Care Board (UCB) presented an update on the development and implementation of the ambitious palliative care and end of life strategy and framework which was co-designed as a result of working with partners in 2022-2023. The

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strategy included specialist care in the community which was quality assured across the Tees Valley to ensure consistency of delivery.

A key focus within the strategy was staff training to ensure considerate conversations were taking place to support families individual needs and wishes. The training included how to broach difficult conversations and it was rolled out to colleagues in all areas of health to give confidence to engage in palliative and end of life conversations.

The NENC ICB utilised a self-assessment tool at the beginning of the process and decided to monitor progress by undertaking it a second time, which evidenced significant improvements in all areas as a direct result of the implementation of the strategy. NENC ICB colleagues recognise however improvements could still be made and would continue to progress them.

As part of the ensuing discussion the following questions/comments were made:

- Members asked if the programme and training include how to engage with hard to reach groups, and how would those families know what service or programme is available to them. Members were informed that part of the training included opening up conversations about what does a good death look like, which would be different for each individual. The programme included working with more than one service, such as GP surgeries and district nurses to ensure that where possible an advanced care plan is established to support families through these difficult times.
- Members sought assurance regarding what the demand on the service was and were teams able to manage that demand. Members were assured that the palliative and end of life care services monitor who may need the service up to 12 months beforehand, enabling proactive conversations and plans to be put into action. The service was managing demand well, no patient needed to be turned away, they were meeting all timeframes for specialist care services which included a 24 hour turn around care.
- Members noted past exclusions of hospices within this vital work and sought assurance regarding partnership working. Members were assured that the hospices were included within discussions and welcomed along the journey to ensure that palliative care was a consistent framework and model care delivered across all services. All frameworks would continue to be reviewed to ensure continuous improvements were made.
- Members noted that bereavement services would benefit families after their loved one had passed away, and queried what was available. Members were informed that there were bereavement services available for families after their loved one had died and including access to mental health bereavement services for

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children and adults.

It was **RECOMMENDED** that:

1. The update be noted; and,
2. The full self-assessment and strategy with action plan be shared with the Committee.

34 **UNIVERSITY HOSPITAL TEES - STRATEGY UPDATE**

The Deputy Chief Executive and Chief Strategy Officer for University Hospital Tees (UHT) Foundation Trust (FT) presented a UHT strategy update as a follow up from the initial presentation given a year ago. Since January 2025 the UHT Group was developed from South Tees Foundation NHS Trust and North Tees Foundation NHS Trust to form the combined UHT FT Trust Group with a revised UHT Group Clinical Strategy which has progressed rapidly over the course of the year.

The rationale behind the proposed service change was a culmination of 20 years of system led reviews which identified four areas for concern which require urgent future proofing and sustainability as follows:

- To address long standing issues in some services relating to resilience in staffing.
- To address the demands of an aging population which includes delivery services closer to home.
- To address the aging estate particularly North Tees Hospital which is beyond its economic life expectancy: and,
- The need to move to a different model to deliver a step change in efficiency and productivity.

The Caring Better Together Strategy was presented which included five strategic objectives, three pillars of reform and five enablers all of which the UHT FT would be measures against and held accountable. Six areas for potential clinical changes included:

- Community Services
- Women's and Children's Services
- Urgent and Emergency Care
- Medicine
- Surgery and Anaesthetics
- Tertiary and Specialist

These changes would be substantial and therefore would be completed in phases which be planned up to 2030 and beyond. The phases include a series of testing and learning, ensuring a consistently high quality of services across the group are delivered and reforming services for the next generation.

The Assistant Director for Group Development at UHT gave assurances to Members that the engagement process would follow national guidelines

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including a Strategic Outline Case for funding due to the interdependency with estates, both processes will follow in parallel.

Engagement had commenced with Healthwatch partners ensuring members of the public were consulted very early within the process. The engagement plan sets out clear details on how external and internal; stakeholders and partner organisations would be consulted including health scrutiny committees. The engagement process will commence up to winter 2026/2027 when the decision making business case and agreement will be presented to NHS Englands.

Finally, UHT Officers hoped the Committee could see scale of the ambition which was a once in a generation opportunity to make changes and a real difference across the region.

As part of the ensuing discussion the following questions/comments were made:

- Members referred to recently established diagnostic centres noting the lack of consultants available to deliver services, and sought assurance if it would be rectified and lessons learned going forward. Members were advised that this service was a prime example of the development of a new delivery model, which was still undergoing change.
- Members sought clarification regarding the proposal for a women's and children's clinical service noting the nearest service was based in Newcastle, which was a huge travel ask for residents in East Cleveland, particularly via public transport. Members were informed that initial exploration included a site at James Cook University Hospital and within Primary Care Trusts.
- Members questioned the vision for the North Tees Hospital, querying whether it was to redevelop the site or would there be a more radical plan. Members were informed that the current hospital is beyond its lifespan, therefore initial thinking includes a new build with modern facilities and services.
- Members referred to current pressures in hospitals regarding the lack of available beds therefore triage was taking place in corridors, and sought assurance how this would be addressed. Members were informed that as part of the strategy hospitals could be planned with more available beds, however, with an aging population with more respiratory, frailty and dementia conditions, all of which pose a risk in hospital of contracting infections. Therefore, listening to feedback confirmed that patients, and their families, would welcome more availability of community services and nurses to attend to patients in the home. This different model of care was being piloted in areas and evaluations were so far positive. Members noted positive outcomes from the reablement services whose work enabled 78% of its patients to avoid going back into

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- hospital after receiving reablement care.
- Members noted a lack of progress with digital systems; having been previously informed internal systems were separate and did not communicate between one another. Members were informed that current systems required modernisation and digitalisation development and it would be a priority within the new strategy. There are potential developments for patient AI systems and AI delivery of care systems which needs to be harnessed properly to support positive progress across all services.
- Members strongly urged health colleagues to ensure transportation and travel routes be a high priority when planning services, especially over different, multiple community locations, to ensure extensive consultation is undertaken with parents noting the Healthwatch survey feedback was quite limited and were respondents able to drive or reliant on public transport when stating they would be happy to travel further for a quicker appointment time. Members were assured that travel links and transportation would be a priority within the consultation and planning processes and would take away an action to further analyse the Healthwatch transport survey. Members further suggested cross analysis with the did not attend register to ascertain if transport issues were the cause for non-attendance.
- Members noted that the regional transport arrangements were a devolved responsibility of the Tees Valley Combined Authority who have recently consulted with individual authorities to devise their next transport strategy. Therefore, health colleagues should ensure consultation was undertaken.

Members thanked health colleagues for presenting the strategy and consultation prior to the start of the process and requested an update be presented to the committee in June or July. Committee Members were informed that health colleagues offered to present at individual authority health scrutiny committees or members briefings, should they be invited.

It was **RECOMMENDED** that:

1. The information in the proposed consultation and strategy outline be noted; and,
2. The Chief Strategy Officer to further analyse the Healthwatch patients survey to understand if respondents could drive or only access public transport and to cross reference answers against the did not show lists.
3. Health colleagues to present an update to the committee in June or July.

35

HEALTH INEQUALITIES

The Public Health Consultant for Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust (FT) presented the Health Inequalities update for

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the Tees Valley region and the approaches being taken to address the inequalities working with partner organisations. The approaches shared were backed up by a high-level framework and a detailed action plan which would be shared with Members.

It was TEWVs aspiration to utilise data better to inform future and strategic planning of services. It is planned to undertake more formal reviews of services to report back to Governors and Scrutiny Committees to be transparent and help accountable.

The Foundation Trust worked with a service who carried out a poverty proofing audit and reported back highlighting key areas of focus such as financial hardship which directly impacts residents' ability to attend appointments. Digital exclusion was a focus for the Trust however the poverty proofing audit highlighted that many families preferred to be contacted by email, in contradiction to the belief that many families struggle to access information and appointment sin this way.

Examples of best practice will be systematically shared across the Trust to ensure colleagues also learn from positive examples of good working practices. Members were presented with two case studies giving examples of positive partnership working to look at an individual's circumstances holistically, often focusing on multiple issues at once.

As part of the ensuing discussion the following questions/comments were made:

- Members queried what actions were being taken to address race and ethnic minority inequalities. Members were informed that training sessions had been delivered to many staff regarding culture of care for race and equality across the Trust. Actions plans have been established with specific actions for service areas to focus upon to inform a more considered delivery of practice.
- Members sought assurance regarding how training for staff would be monitored and evaluated? Members were informed that the Trust is working to establish a baseline of all staff skills to plan strategically where training needs to be delivered. This training would then be monitored and evaluated through data returns and most importantly patient surveys.

It was **RECOMMENDED** that:

1. The information in the update be noted, and
2. The detailed action plan to be circulated with Members.

36 **WORK PROGRAMME 2025/26**

Members reviewed and **NOTED** the Work Programme.

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

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The Chair **APPROVED** for an urgent item to be included regarding future Work Programme items.

The following items were recommended to be included within the Work Programme for 2026/27:

1. Low Level Needs
2. Vaping Legislation follow up (information item only)
3. Maternity Mental Health Service
4. University Hospital Tees (UHT) update around June 2025 to follow up from today's meeting.

At this juncture the meeting was no longer quorate, therefore these items would be added to the suggested items list of the Work Programme to be approved at a future meeting, **NOTED**.