



Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 24 June 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 consider the proposed dates and times of meetings of this Committee for the Municipal Year 2026/27 –
 - 19 August, 2026
 - 28 October, 2026
 - 6 January, 2027
 - 3 March, 2027
 - 14 April, 2027
4. To approve the Minutes of the meeting of this Scrutiny held on :
 - (a) 15 April 2026 (Pages 3 - 6)
 - (b) 14 May 2026 (Pages 7 - 8)
 - (c) 29 May 2026 (Pages 9 - 10)
5. Director of Public Health Annual Report 2025-2026 Growing Healthy –
Report of the Director of Public Health
(Pages 11 - 54)

6. Oral Health Promotion Strategy 2026-2029 –
Report of the Director of Public Health
(Pages 55 - 70)
7. Work Programme –
Report of the Assistant Director Law and Governance
(Pages 71 - 86)
8. Regional Health Scrutiny (Pages 87 - 96)
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.

Amy Wennington
Assistant Director Law and Governance

Tuesday, 16 June 2026

Town Hall
Darlington.

Membership

Councillors Anderson, Beckett, Donoghue, Holroyd, Johnson, Layton, M Nicholson, Renton,
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, 15 April 2026

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

APOLOGIES – Councillors Beckett and Pease,

ABSENT – Councillors

ALSO IN ATTENDANCE – Councillors Roche

OFFICERS IN ATTENDANCE – Lorraine Hughes (Director of Public Health), Anthony Sandys (Assistant Director - Housing and Revenues), Cheryl Williams (Housing Asset and Compliance Manager) and Hannah Miller (Democratic Officer)

HH47 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH48 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY HELD ON 4 MARCH 2026

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 4 March 2026.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 4 March 2026 be approved as a correct record.

HH49 UPDATE: CLIMATE CHANGE STRATEGY 2024-2029

The Assistant Director, Housing and Revenue submitted a presentation (previously circulated) updating Members on the Climate Change Strategy 2024-2029.

The presentation outlined the aims of the strategy and details were provided of the actions taken in 2025/26 in relation to retrofit. Members noted that £1.36m funding was secured from the government's Social Housing Decarbonisation Fund wave 2.1; that this money had been used, alongside the Council's matched contribution to roll out retrofit works to 119 homes; and this work was completed in August 2025. Details were provided of the energy efficiency measures applied.

It was reported that further funding was awarded under the government's Warm Homes Social Housing Fund and the Council secured over £3.5m funding which would be supported by DBC matched funding of over £11.6m and this would see 680 homes upgraded with works such as external wall insulation, cavity wall insulation, door and window upgrades and roof extensions as required. Members were informed that a further bid was being submitted for an additional £1.5m funding from the Warm Homes social Fund to upgrade a further 200 properties.

Members noted that almost 3000 new Stock Condition surveys and EPC's had been commissioned, providing a clear picture and further insight into which homes are performing well and which require further energy work interventions. It was reported that there had been an increase in 240 properties reaching EPC C.

The presentation also provided details of actions taken in 2025/26 in relation to new build homes. Members were advised that new builds were built to a standard of EPC B; that solar photovoltaics and air source heat pumps were included as standard; and electric vehicle chargers would be installed in line with new building regulations.

Details were provided of the planned and responsive maintenance and in relation to EPC's Members were advised that 55 per cent of council properties now had an EPC C or above; that there had been an increase of 240 homes having reached EPC C or above from January 2025 to January 2025 and roughly 1000 homes had a high scoring EPC D and required minor works to obtain an EPC rating of C. Details were also provided of the plans for 2026/27 and key areas of focus for the future.

Following a query, Members were assured that air source heat pumps worked well and engagement was being undertaken with tenants to ensure that the technology was understood and being used correctly. Members also questioned whether the air source heat pumps had helped to reduce tenants' energy bills.

Members noted the process in place to inspect work undertaken by contractors; and Members were informed that the council has worked closely with contractors to ensure they had the capacity to deliver the upgrade work for the additional 200 properties.

Members sought clarification regarding the four new build properties that were 1 point short of achieving an EPC A rating.

Further discussion ensued regarding the rolling programme of work and how this was prioritised; and Members sought clarification regarding the communal EV chargers.

RESOLVED – That the presentation be noted.

HH50 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2025-2026 - GROWING HEALTHY

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

The submitted report stated that this year's report focused on the health of children and young people, describing the current position of some 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.

It was reported that during the development of the report the Director of Public Health visited three primary schools and one secondary school, to talk to some children and young people; and Members were informed that the format of the report is web based with short videos for each section.

The report provided details of the progress made to date on the recommendations of the 2024/25 Annual Public Health Report.

The Director of Public Health gave a presentation to accompany the report, and in doing so, outlined the key issues, services and key performance indicators in relation to the main areas of focus of the report; those being health of our children and young people, pregnancy and birth, best start and early years, school children and young people, healthy lifestyle survey, oral health, substance misuse, mental health and vaccinations; and the recommendations were outlined.

Discussion ensued regarding life expectancy inequalities between wards in the town. Members noted that the work being undertaken would contribute to and have a positive impact however the outcomes would not be evident for a number of years; and in relation to licensing and planning decisions for fast food outlets in Darlington, Members were advised that Public Health worked with planning, providing information regarding obesity rates and proximity to fast food outlets and that local profiles were being developed from data collected, which would help to further inform discussions with planning and licensing.

Members raised concern regarding the statement 'Efforts continue to increase the numbers of young people with drug or alcohol addictions accessing the service for treatment' and suggested more context be provided; and Members requested the recommendations from the self-harm audit.

Following a question, members were informed of the work undertaken in relation to alcohol use in children and clarification was sought regarding the definition for new referrals to secondary mental health services for young people.

Discussion ensued regarding oral health, including advice for older people. Members were informed that an oral health strategy was being developed and would be brought to scrutiny for consideration, that additional Integrated Care Board funding had been used to purchase resources and kits for care homes and that the oral health teams work closely with care home settings.

Members also sought clarification regarding the access to perinatal mental health services.

RESOLVED – That, to allow adequate time for scrutiny, the Annual Director of Public Health report be brought back to the next meeting of this Scrutiny Committee.

HH51 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 Member suggested that this Committee scrutinises sites identified for new build council housing.

RESOLVED – That the work programme be noted.

HH52 HEALTH AND WELLBEING BOARD

It was reported that the Board last met on 19 March 2026 and that the next meeting of the Board was scheduled for 18 June 2026.

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

HH53 REGIONAL HEALTH SCRUTINY

The Tees Valley Joint Health Scrutiny Committee last met on 12 March 2026 and Members noted the approved Minutes from the meeting held on 11 December 2025 (previously circulated).

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

HEALTH AND HOUSING SCRUTINY COMMITTEE

Thursday, 14 May 2026

PRESENT – Councillors Anderson, Crudass, Holroyd and Layton

APOLOGIES – Councillors Beckett, Johnson, Pease and Mrs Scott,

ABSENT – Councillors M Nicholson

ALSO IN ATTENDANCE – Councillors Jamie Todd (Tees, Esk and Wear Valley NHS Foundation Trust), Leanne McCrindle (Tees, Esk and Wear Valleys NHS Foundation Trusts) and Chris Morton (Tees, Esk and Wear Valley NHS Foundation Trust)

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

HH54 DECLARATIONS OF INTEREST

Councillor Anderson declared an interest in Minute HH55 and left the meeting during the consideration of this item. There were no further declarations of interest reported at the meeting.

HH55 TEES, ESK AND WEAR VALLEY NHS FOUNDATION TRUST - QUALITY ACCOUNT 2025/26

The Assistant Director Law and Governance submitted a report (previously circulated) on the Quality Account 2025/2026 for Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) seeking Members input into the draft commentary.

The submitted report stated Members had previously agreed to be more involved with the local Foundation Trusts Quality Accounts to enable them to have a better understanding and knowledge of performance when submitting the commentary on the Quality Account at the end of the Municipal Year 2025/2026; and had received regular performance reports from TEWV.

The Associate Director of Quality Governance, Compliance and Quality Data, Director of Operations and Transformation and Lived Experience Director, TEWV, provided a PowerPoint presentation for Members on the Trust's Quality Account and responded to Members' questions on various aspects of the Accounts. The Trust welcomed Members comments.

RESOLVED – That a draft commentary for the Quality Accounts 2025/2026 for Tees, Esk and Wear Valleys NHS Foundation Trust be drafted and submitted to the Trust for inclusion in the Quality Accounts for 2025/2026.

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HEALTH AND HOUSING SCRUTINY COMMITTEE

Friday, 29 May 2026

PRESENT – Councillors Anderson, Donoghue, Holroyd, Layton and M Nicholson

APOLOGIES – Councillors Beckett and Johnson

ABSENT – Councillors Renton and Mrs Scott

ALSO IN ATTENDANCE – Lisa Ward (County Durham and Darlington NHS Foundation Trust) and Gill Hunt (County Durham and Darlington NHS Foundation Trust)

OFFICERS IN ATTENDANCE – Hannah Miller (Democratic Officer)

HH56 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH57 COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST - DRAFT QUALITY ACCOUNT 2025/26

The Assistant Director Law and Governance submitted a report (previously circulated) on the Quality Accounts 2025/2026 for County Durham and Darlington NHS Foundation Trust (CDDFT) seeking Members input into the draft commentary.

The submitted report stated Members had previously agreed to be more involved with the local Foundation Trusts Quality Accounts to enable them to have a better understanding and knowledge of performance when submitting the commentaries on the Quality Accounts at the end of the Municipal Year 2025/2026; and had received regular performance reports from CDDFT.

The Chief Nurse and Associate Director of Nursing (Patient Safety and Experience), CDDFT, presented the Trust's Quality Accounts and in doing so responded to Members' questions on various aspects of the Accounts. The Trust welcomed Members comments.

RESOLVED – That a draft commentary for the Quality Account 2025/2026 for County Durham and Darlington NHS Foundation Trust be drafted and submitted to the Trust for inclusion in the Quality Account for 2025/2026.

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HEALTH AND HOUSING SCRUTINY COMMITTEE

24 JUNE 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. The web version of the report can be accessed via the link: <https://www.darlington.gov.uk/public-health/public-health-annual-report-2025-26/>

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. A full list of the recommendations can be found in the report, but they include:
 - (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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DARLINGTON
Borough Council



Growing up Healthy in Darlington

Director of Public Health Annual Report
2025-2026

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Welcome to my latest independent annual report. This is an opportunity to reflect on local efforts to promote and improve the health and wellbeing of people in Darlington, alongside identifying what the data tells us about local health needs and key issues of concern.

This year's annual report is focused on the health and wellbeing of children and young people. The scope of public health is very broad, and even after 26 years of working in this field of practice I am still passionate about the work I do. The health and wellbeing of children and young people is a great example of this, as if we can support strong foundations in early childhood and continue this as children grow there is a very real opportunity to make a difference which can last a lifetime.

As this report is about the health and wellbeing of children and young people in Darlington, I took the opportunity of this report to meet with some of them directly, so you will see and hear the voices of some of our children and young people throughout the report. Many of their questions were informed by the healthy lifestyle survey results for their school, but they also had the opportunity to ask me whatever they wanted! I am very grateful to the children and young people who took part, they were truly all amazing and took the filming in their stride, showing a lot of enthusiasm and interest and coming up with some great questions. I think there may also be some budding journalists amongst them!

A huge thank you must also go to the schools and their teachers, who embraced the whole process: Abbey Junior School, Hurworth School, Reid Street Primary School and St John's Church of England Academy.

I hope the videos and the narrative within this report provide a helpful opportunity to understand more about some of the services available in Darlington for children, young people and families, as well as highlighting some of the key challenges that need our attention to improve outcomes for children and young people .

In last year's annual report, I looked at health across the life course in Darlington, with the intention of focusing in more detail on different stages of the life course in future reports. It was therefore always the intention that this report would focus on children and young people, but this is even more timely given the publication in July 2025 of the government's strategy [Giving every child the best start in life](#), which is focused on improving child development and ensuring all children have the chance to achieve and thrive, and the expansion of Best Start Family Hubs to all local authorities, something which Darlington will benefit from.

To drive forward this work locally all local authorities have been tasked with developing Best Start in Life plans, setting out how local organisations will work together to make sure every child has the best start in life. The publication of the [Local Outcomes Framework](#) in February 2026 further strengthened the focus on best start in life and every child achieving and thriving, with national priority outcomes identified to drive delivery locally and ensure progress can be measured.

[The Darlington Best Start in Life plan](#) sets out the vision that ‘Darlington will be a place where families are valued, included, and supported from the very start, with seamless, high-quality services working together, to give every child the foundations for lifelong wellbeing, learning and success.’

The importance of this work is also reflected locally in the [Joint Local Health and Wellbeing Strategy](#), which sets out thematic priorities and local actions for partners in Darlington, including a focus on improving maternal and child outcomes and reducing health inequalities.

Now more than ever, the time is right for us to approach our joint efforts to improve health outcomes and life chances for our children and young people with a renewed energy and optimism for the future.

Lorraine

Lorraine Hughes
Director of
Public Health



Acknowledgements

With thanks to:

Catherine Shaw

Emily Crathorne

Emily Reed

Jane Buckton

Kayleigh Redfern

Rebecca Morgan

Sarah Foster

Wendy Findlay

Abbey Junior School, Beaumont Hill Academy, Houghton Academy, Hurworth School, Reid Street Primary School, Springfield Academy and St John's Church of England Academy

Health of Our Children and Young People



The population of Darlington is growing, with latest figures showing a population of 112, 489 people¹. In Darlington²:



- a baby boy born today can expect to live on average for 78 years



- a baby girl born today can expect to live on average for 82 years

However, we know the number of years people live in poor health in Darlington is increasing, and this can have a big impact on people's lives every day, from reducing their ability to enjoy activities with family and friends, to no longer being able to work.

In Darlington:



- a baby boy born today could spend 20 years of their life in poor health



- a baby girl born today could spend 24 years of their life in poor health



What else does the data tell us about Darlington?

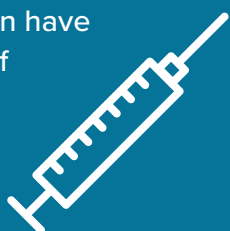
- The annual birth rate in Darlington is **1,056 live births** (this has been increasing slowly since 2022)
- **17.8%** of the population is **aged under 16 years** (22,771 people)
- **9 wards** in Darlington are in the **top 20%** most deprived in England
- **24.8%** of children in Darlington between the **ages of 0 to 15 years old live in poverty**; this represents 4,968 children³

- 10 out of the 20 wards in Darlington have levels of child poverty higher than the Darlington average of 24.8%



- **3.7% of babies** born at term have a **low birth weight** (England average is 3%)
- **8.4% of mothers** are known to be **smokers** at the time of having their baby (England average is 6.1%)
- **55.6% of babies** have **breastmilk** for their first feed (England average is 71.9%)

- Only 88.9% of children have received two doses of MMR vaccination at the age of 5 years



- 64.9% of children achieve a good level of development by the end of their reception year at school (England average is 68.3%), but this reduces to 44.7% for children with free school meal status (England average is 51.3%)



- **25.3% of 5-year-olds** have **dental decay** (England average is 22.4%)
- **26.9% of children** in reception class are **overweight or obese** (England average is 23.5%)
- **35.7% of children** in **year 6** are **overweight or obese** (England average is 36.2%)
- **For children aged 14 years and under** the rate of **hospital admissions** is **more than twice the rate of the England** average (149 per 10,000 population in Darlington, compared to 72.7 in England)

- The rate of hospital admissions in under 18s for alcohol-specific conditions is more than twice the rate of the England average (46.3 per 100,000 population in Darlington, compared to 22.6 in England)
- The rate of hospital admissions for self-harm among 10 to 24 year olds is reducing, but remains high at 382.1 per 100,000 population (England average is 266.6)





Supporting women to be as healthy as they can during pregnancy (and before conception) and during the post-natal period is important for pregnancy outcomes and the lifelong health of their children. This includes the importance of taking vitamin D and folic acid supplements, increasing the uptake of vaccinations offered during pregnancy to protect the health of mothers and their babies, supporting pregnant women who smoke to give up and stay smoke free during their pregnancy and afterwards, promoting the importance of a healthy balanced diet, not drinking alcohol during pregnancy and access to contraception after having a baby⁴.

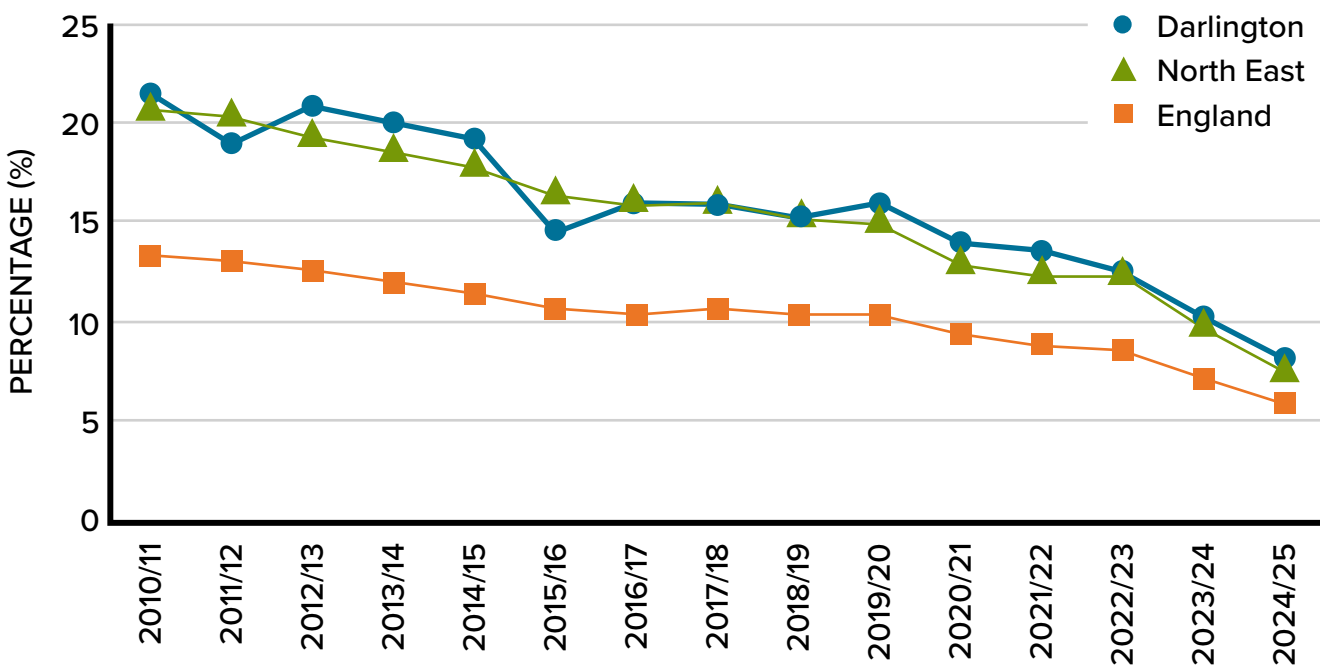
Primary care, maternity services and health visitors play a crucial role during this important time, and delivery of the [Best Start in Life plan](#) will help to drive an improvement in pregnancy and maternal outcomes.

Smoking During Pregnancy

Access to specialist support to stop smoking is available across Darlington, this includes for young people, adults and pregnant women and their partners. The levels of smoking during pregnancy, which is measured as the percentage of women who are smokers when they have their baby, continues to reduce in Darlington – but we must remain focused in our efforts to reduce this even further.

The percentage of mothers smoking at the time of delivery continues to decrease, reaching a low of 8.4% in Darlington. This is higher than the North East average (7.9%) and the England average (6.1%).

SMOKING STATUS AT TIME OF DELIVERY



Breastfeeding and the UNICEF UK Baby Friendly Initiative

Breastfeeding is widely recognised as the ideal food for babies, providing protection from illness and infection as well as reduced risk of sudden infant death syndrome. Breastfeeding also offers long term health benefits to both mother and baby.

In Darlington the most recent data shows that 55.6% of new mothers start breastfeeding and 46.7% continue to breastfeed at 6 to 8 weeks. Midwives and health visitors play a crucial role in promoting and supporting breastfeeding. There has been a strong focus on supporting breastfeeding in Darlington in recent years, including a 'Year of Breastfeeding' campaign three years ago and all health visitors are now fully trained in infant feeding. The borough also benefits from a Specialist Infant Feeding Team as part of the Growing Healthy Service, offering clinics, breastfeeding support groups and group sessions on topics such as colostrum harvesting and weaning.

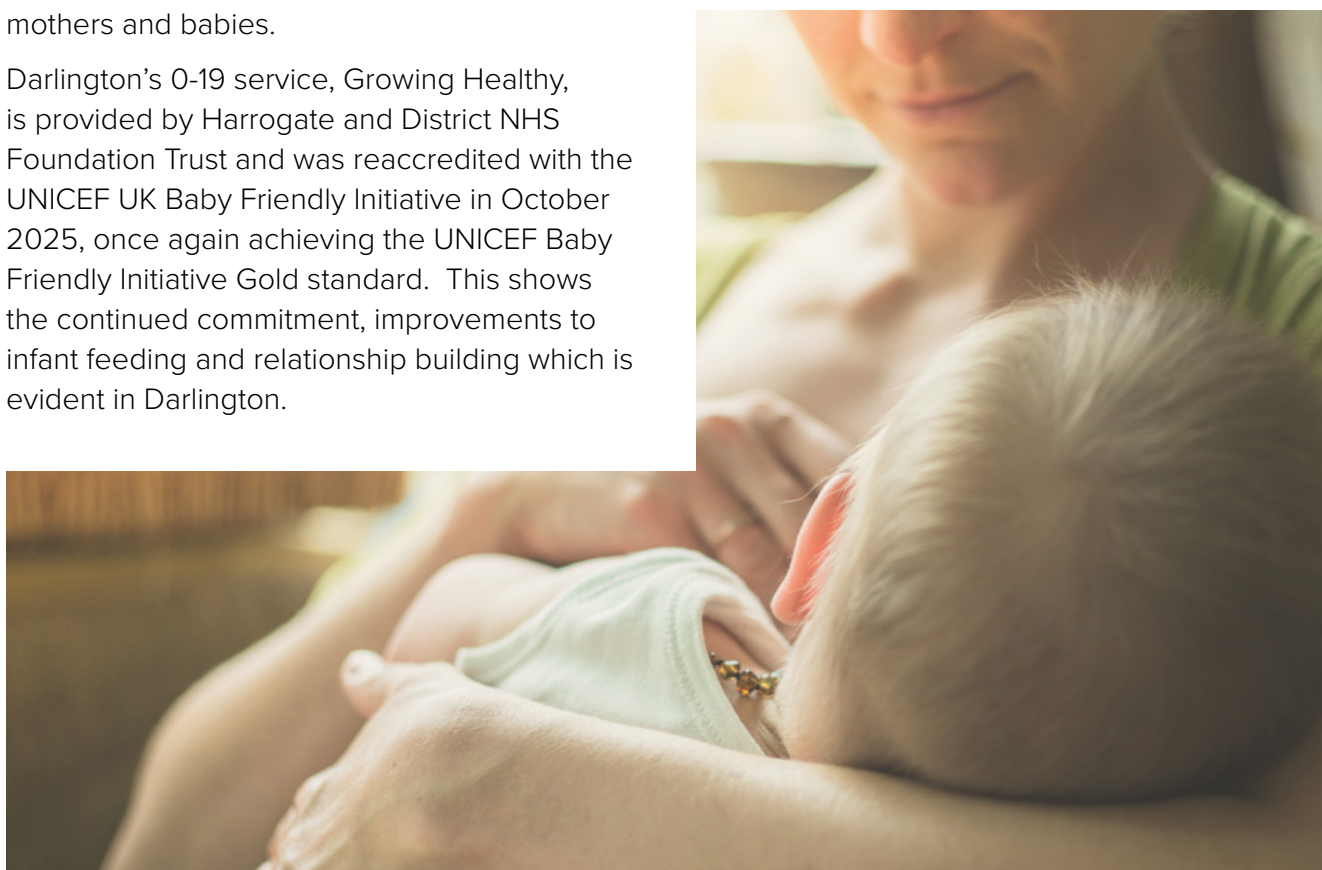
The maternity services in Darlington achieved UNICEF UK Baby Friendly Initiative⁵ accreditation in 2017 and have since undergone revalidation in 2018, 2021 and 2024, ensuring high standards of breastfeeding support for mothers and babies.

Darlington's 0-19 service, Growing Healthy, is provided by Harrogate and District NHS Foundation Trust and was reaccruited with the UNICEF UK Baby Friendly Initiative in October 2025, once again achieving the UNICEF Baby Friendly Initiative Gold standard. This shows the continued commitment, improvements to infant feeding and relationship building which is evident in Darlington.

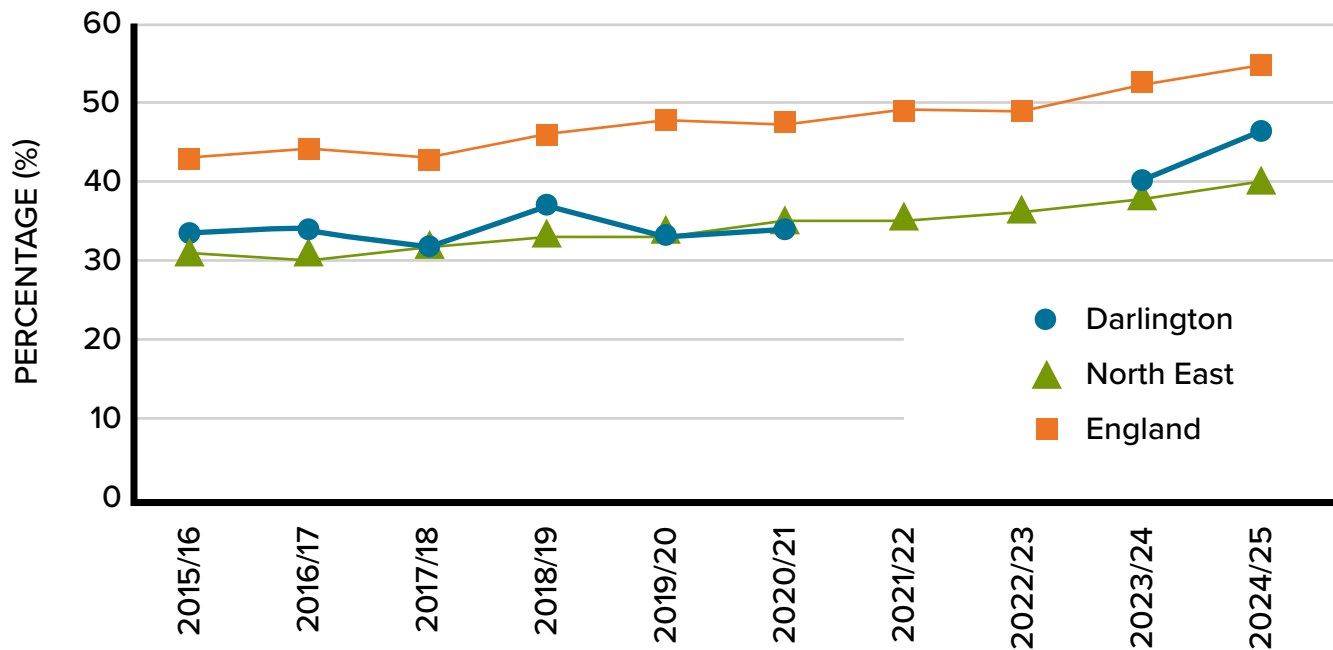
In a joint initiative the Local Authority and the Growing Healthy service work together to promote breastfeeding and support breastfeeding families in the community with the Breastfeeding Friendly Scheme Darlington. The scheme supports businesses to create a welcoming environment for breastfeeding mothers and their families to feel more confident feeding in public.

Further information about the Breastfeeding Friendly scheme, participating venues and how to get involved can be found at [Breastfeeding Friendly Scheme Darlington](#).

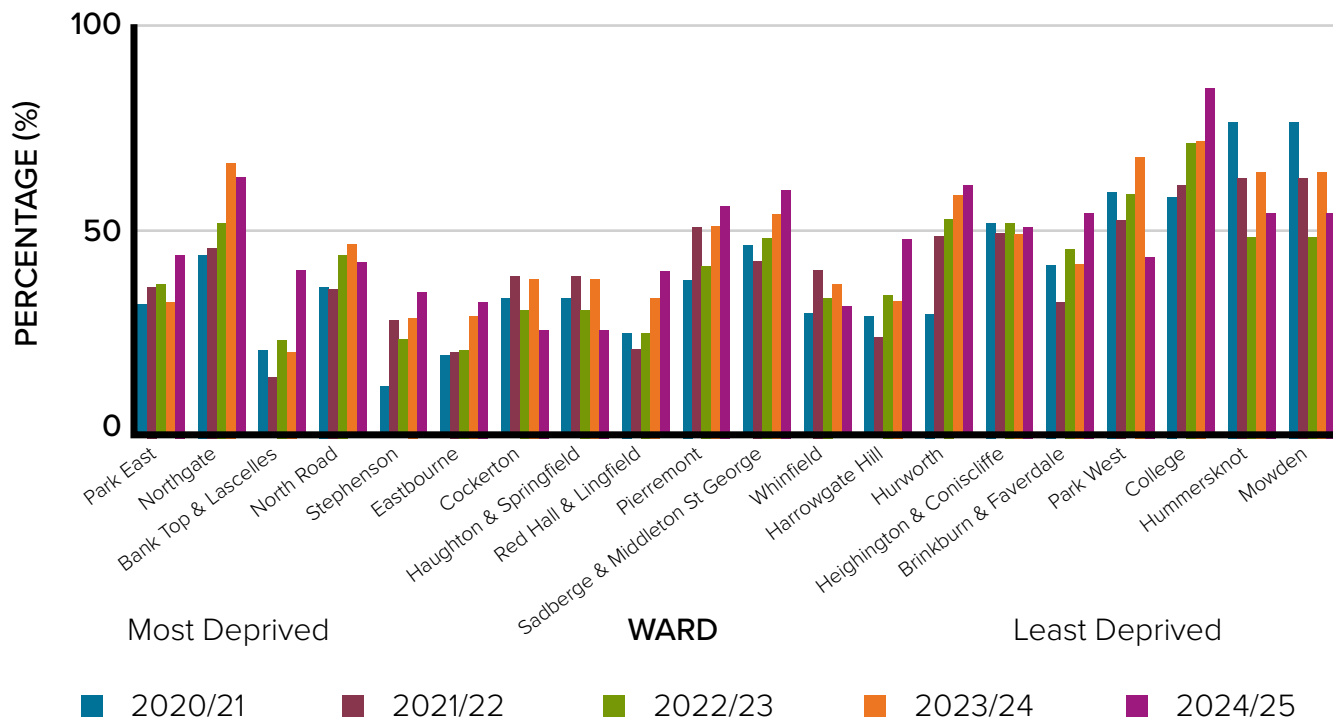
Whilst the proportion of mothers breastfeeding at 6 to 8 weeks in Darlington remains below the England average it is increasing, and has reached a high of 46.7%, which is statistically higher than the North East average. Within Darlington there are differences in levels of breastfeeding by ward, and whilst this generally follows a pattern of higher levels of breastfeeding in wards with less disadvantage, it is very encouraging to see that over the past five years there have been improvements in most wards.



BREASTFEEDING PREVALENCE AT 6 TO 8 WEEKS



BREASTFEEDING PREVALENCE AT 6 TO 8 WEEKS



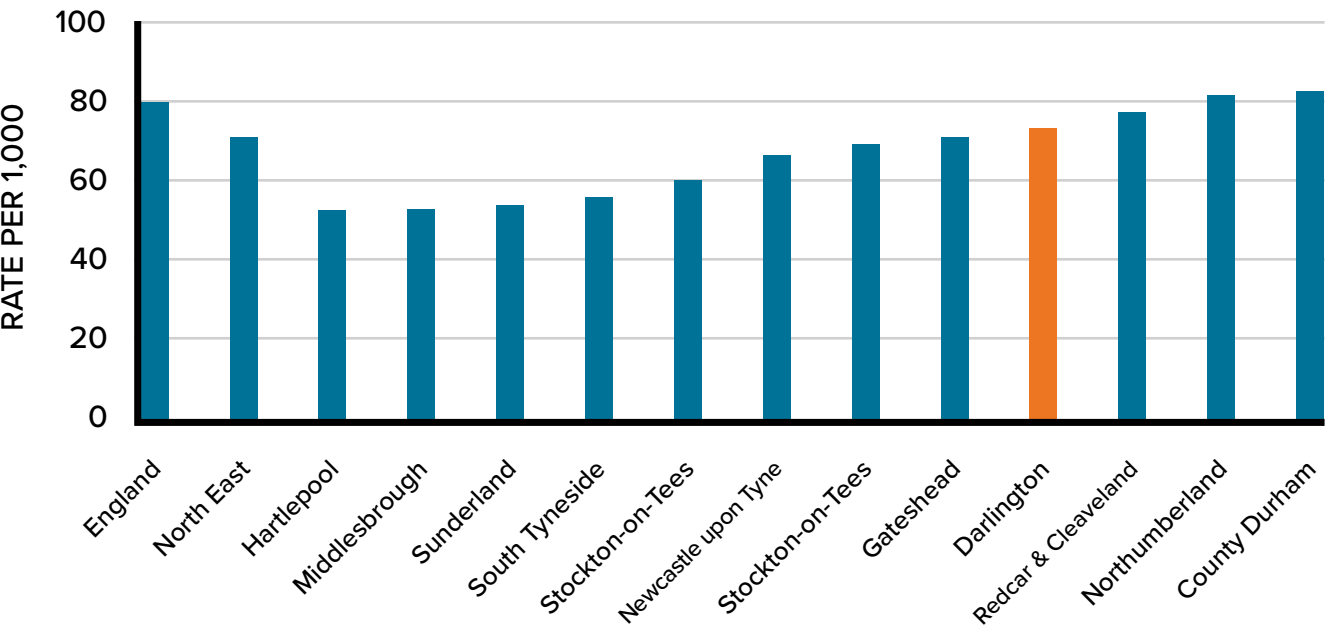
Perinatal Mental Health

Perinatal mental health (PMH) problems are those which occur during pregnancy, or in the first year following the birth of a child. Mental health issues, if left untreated, can have significant and long-lasting effects for the woman, child and the wider family and it is estimated that up to 27% of new and expectant mothers are affected. National investment in support for PMH has increased the availability of specialist PMH community services across England, including for up to 24 months after birth.⁶

Tees, Esk and Wear Valleys NHS Foundation Trust provide the community perinatal mental health service for Darlington, and further information can be found at [Perinatal mental health service in Darlington](#)

Data shows that the rate of females from Darlington accessing specialist perinatal mental health services has increased between the period of 2020/21 to 22/23, to 75 per 1,000 population. This is statistically similar to England (77.8 per 1,000) and the North East (69.9 per 1,000).

ACCESS RATE TO SPECIALIST MENTAL HEALTH SERVICES (FEMALE 15 - 54 YEARS)



Best start and Early Years (0 – 5)



The early years of a child's life provide the foundations for their childhood and beyond across a range of outcomes, including social and emotional development, health and education, and that is why it is so important that we do all we can to give every baby in Darlington the best start in life.^{7,8} Best start in life is a key theme of the [Darlington Joint Local Health and Wellbeing Strategy](#), which was developed by the Health and Wellbeing Board and partners, ensuring an ongoing focus on identified priorities and actions.

This work will be further strengthened through the establishment of the Best Start Family Hub and delivery of the [Best Start in Life plan](#), which has the following aims:

- maternal and early years health services
- home learning environment and parental interventions
- early childhood education and care access and quality
- special educational needs and disabilities (SEND) support
- transition to school and reception year

This includes early support using a 'think family' approach and listening to the voice of the child to achieve the best outcomes for children and young people growing up in Darlington.



Healthy Child Programme

The healthy child programme is a national framework for improving the health and wellbeing of children and young people. It sets out the evidence-based approaches to prevention, early intervention and family support and should be used by the NHS and local authorities to inform the commissioning and delivery of services.⁹

As Director of Public Health, I have responsibility for commissioning a public health nursing service, which includes the provision of health visitors and school nurses. Specifically, the following universal health and development reviews must be offered:

- an antenatal review from 28 weeks of pregnancy
- a new birth health and development review (between 1 day and 2 weeks old)
- a 6 to 8 week health and development review
- a 12 month health and development review (this can take place when the child is 9 to 15 months old)
- A 2 to 2 and a half year health and development review (this can take place when the child is 24 to 30 months old)

In addition to these reviews, the service in Darlington also offers a child health and development review to support school readiness and the transition to school, between the ages of 3 and 5 years of age.

The health and development reviews are all available face to face and provide an opportunity for:

- assessment of child development
- immunisation advice
- screening tests
- maternal and infant mental health support
- information and guidance to support parenting and healthy lifestyle choices
- tailored support for vulnerable infants and families

Darlington

Growing Healthy Service

All families with a child under five in Darlington have a named health visitor to deliver the healthy child programme, with care commencing during the antenatal period. The Growing Healthy Team consists of health visitors, screeners, early years practitioners, infant feeding specialists and an Inclusion Specialist Public Health Nurse. The team provide expert health assessments, advice, support and interventions for babies, children and families.

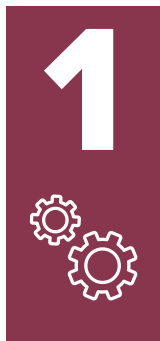
The team encourages and supports parents and carers to develop life-long skills to enable them to make informed choices that positively impact their family's future health and wellbeing.

The team is community-based and is accessible at a range of different venues including the family home, family hubs and community venues. The service works in partnership with other agencies to ensure all families receive individualised support to help build parents' confidence in their ability to give their child the best start in life.

Eyes on the Baby

The Darlington Safeguarding Partnership provides Eyes on the Baby as a package of training and resources designed to support multi agency working, to promote safer sleeping and prevent sudden infant death syndrome.

The training has been offered to staff who have contact with families, with over 400 frontline staff in Darlington trained so far. There are three different levels of training available to staff, depending on the nature of their job, which ensures the training is appropriate and can easily be put into practice. The training continues to be available and can be accessed through the [MeLearn](#) platform.



Staff who encounter vulnerable families occasionally as part of every-day work

e.g. working inside peoples' homes (maintenance workers/housing officers) or responding to a crisis (paramedics/police/domestic abuse staff)

What to see, what to say, and what to do

- keeping an eye open for babies in unsafe sleep scenarios
- mentioning sleep safety guidance to parents to check on their awareness
- signposting, referring or reporting to services as appropriate



Staff who provide direct support to vulnerable families

e.g. frequent contact with families (social workers/child minders) or support with infant care or family issues (early help practitioners/children's services)

Raise awareness of and reinforce SUDI prevention

- non-judgemental conversations and asking 'what if?' questions about unplanned scenarios.
- advocate on family's behalf for suitable equipment, housing and support
- refer or report to services as appropriate



Health Practitioners involved in routine or emergency care of vulnerable families

e.g. pre and postnatal support (mental health staff/pharmacists) or universal safer sleep information (midwives/health visitors/GP staff)

Offer universal messaging and targeted information for vulnerable families

- support families to follow safer sleep guidance by providing tailored advice.
- respond to other MAW services seeking guidance and/or referral

Great Start in Life Pathway

The Darlington 0-5 Growing Healthy team provide an enhanced single agency pathway, Great Start in Life, for babies and children with identified vulnerability which is identified in the antenatal period through to the age of 6 to 8 weeks. The enhanced pathway of support continues for the first two years of life, which is a time of rapid brain development, attachment formation and physical growth, making infants highly sensitive to their environment. Families experiencing challenges such as pre-term birth, poverty, parental mental-health difficulties, unstable housing or limited social support may struggle to meet their child's needs without additional help.

The enhanced pathway of health visiting for children aged 0–2 years offers a more responsive and intensive level of support during this crucial stage of early childhood, building on the universal provision all families are offered, by increasing the frequency of contacts. This approach supports earlier identification of developmental, emotional or environmental needs and ensures families receive timely, tailored interventions and support whilst also supporting the development of trusted relationships between health visitors and families.

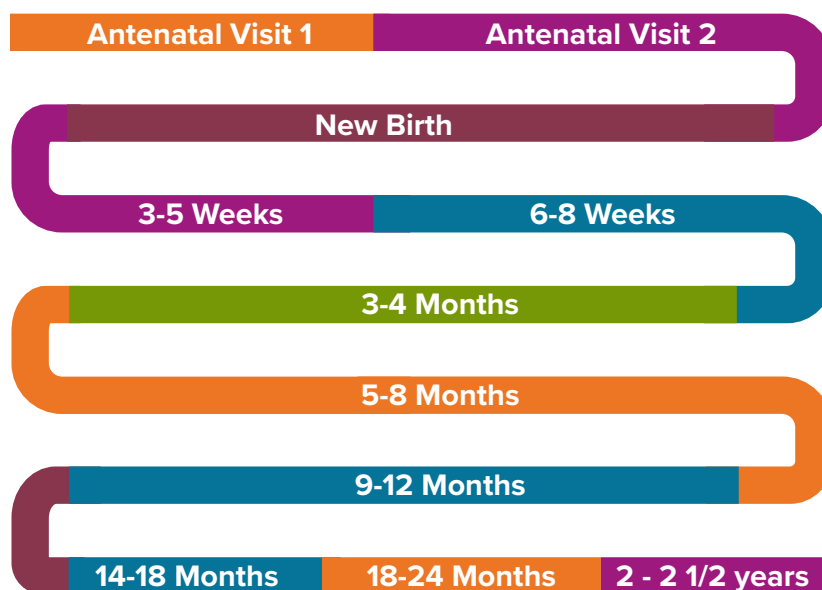
Through strengthened partnership working, personalised care planning and a focus on building parental confidence and capacity the aim of the enhanced pathway is to help create a safer and more nurturing start for infants, whilst also reducing the risk of unmet needs escalating over time.

The pathway has been developed by the Growing Healthy service and was introduced to Darlington in late 2025. Whilst it is still early days 91 families are already being supported through this pathway, with some positive outcomes already being seen. The impact will continue to be monitored.

HDFT Great Start in Life Pathway

Great Start in Life Focus

- Preparation for parenthood
- Infant Feeding and Family Nutrition
- Parent Infant Relationships
- SUDI
- ICON
- Positive Parenting
- Child Development
- Immunisations
- Play/Home Learning/Reading
- Reducing accidental Injuries
- Teething/Oral Health
- Separation Anxiety
- Home Safety



Graduate to universal pathway or continue to progress to school readiness pathway

Best Start Family Hub

The Best Start in Life and Family Hub programme aims to give early access to support and childcare, supporting the ambition of 75% of children starting school ready to learn by 2028.¹⁰

McNay Street is the main Family Hub, providing a one-stop shop of easily accessible services for families with young children. A programme of activities is offered to support children and families in Darlington with:

- preparing children for school
- parenting skills
- integrated child and family health services
- targeted early interventions
- information, advice, support and activities for families
- adult learning and employment support

Some services are also offered on an outreach basis at Red Hall Community Centre, Coleridge Centre (Skerne Park), Firthmoor Community Centre and Mount Pleasant.

Darlington Building Stronger Families Service

The Building Stronger Families Service is designed to coordinate the right timely support to children, their families and carers, prevent escalation of issues and promote resilience and independence. The service coordinates a multi-agency support offer for families, bringing together the agencies and services which are needed, so that families do not have to navigate the system alone. The needs of a family can be wide ranging, including health and wellbeing, child development and ensuring the safety of children. Families within the service are supported through an early help assessment and an offer of targeted support and interventions, including:

- help with challenging behaviour
- addressing health needs
- child or adult mental health difficulties,
- addressing substance and alcohol addiction
- domestic abuse
- reducing parental conflict help for families of children with autism spectrum disorder and additional needs
- employment, housing issues, anti-social behaviour and school attendance issues

In Darlington assessment and support for Disabled Children and Young Adults is provided by the Life Stages service. The service supports disabled children, young people and adults with a learning disability in Darlington using a Progression Model, which builds on strengths, skills and support networks, to encourage independence throughout life.

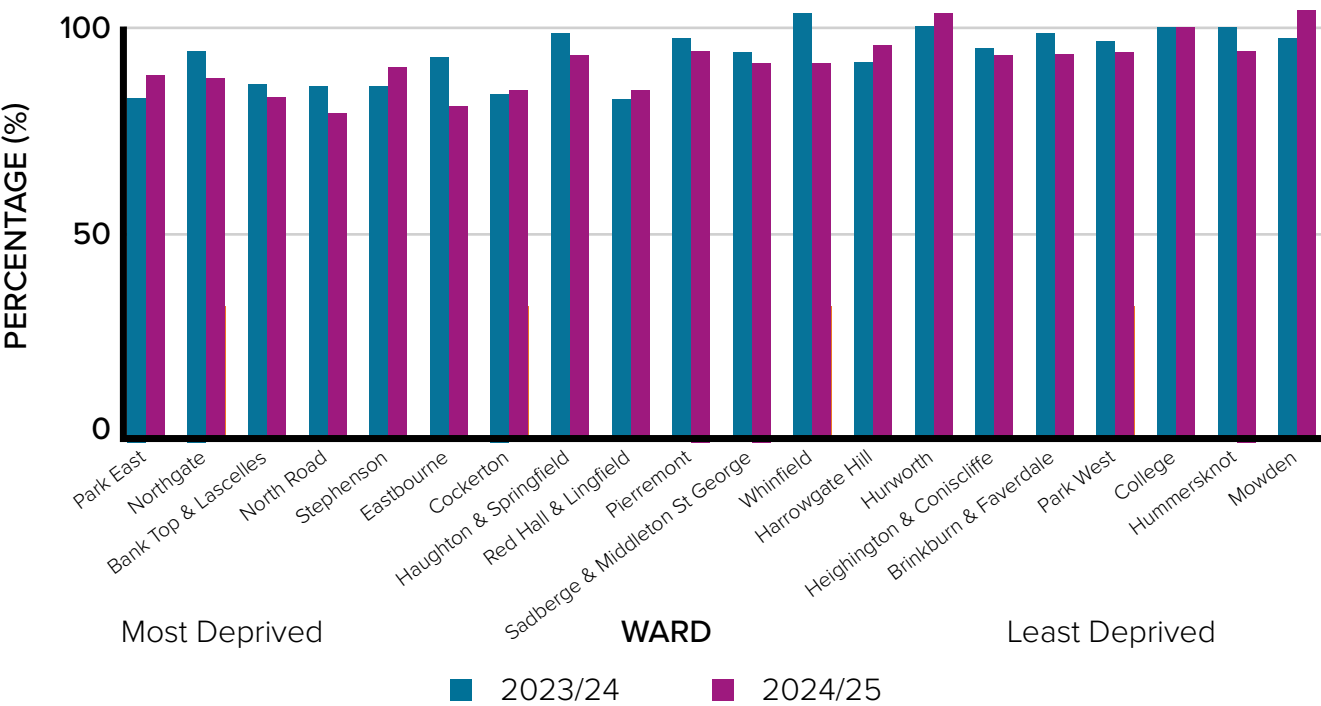
Child Development and the Ages and Stages Development Tool

As part of the child health and development review carried out by the health visiting service when a child is aged between 2 to 2 and a half years of age, the ages and stages questionnaire (ASQ) is completed, to help monitor child development in the areas of communication, gross motor skills, fine motor skills, problem solving and personal-social development. This can help to provide reassurance to parents but also means that if any delays in development are identified it will be possible to provide the right support earlier, which will be better for the child and family.

The data from this assessment shows that almost 90% of children in Darlington have a good level of development at the age of 2-to-2-and-a-half years, higher than the North East and England averages.

It is also possible to look at this data at ward level, which shows where there are differences and where more support may be needed. There is a slight correlation between higher levels of disadvantage and lower percentages of children achieving a good level of development.

CHILDREN ACHIEVING A GOOD LEVEL OF DEVELOPMENT AT 2 TO 2 AND A HALF YEARS

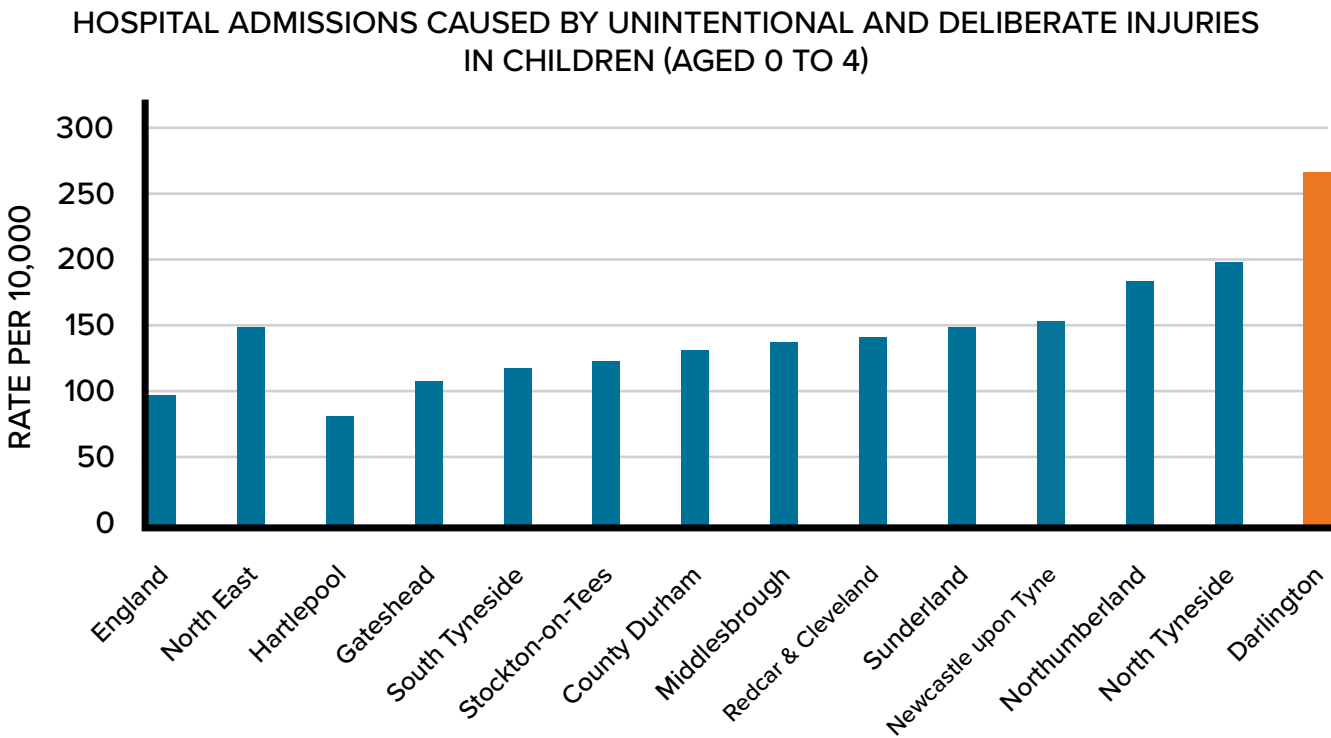


Although the ASQ tool is a different measurement of child development to the one used when children are at school (school readiness) there are many areas of commonality, and therefore it is striking that overall around 90% of children are developing as expected at this age, whilst only 65% of children are achieving a good level of development by the end of their reception year at school. This is something which should be explored further, to understand what is happening between the ages of 2-to-2-and-a-half years and when children are starting school.

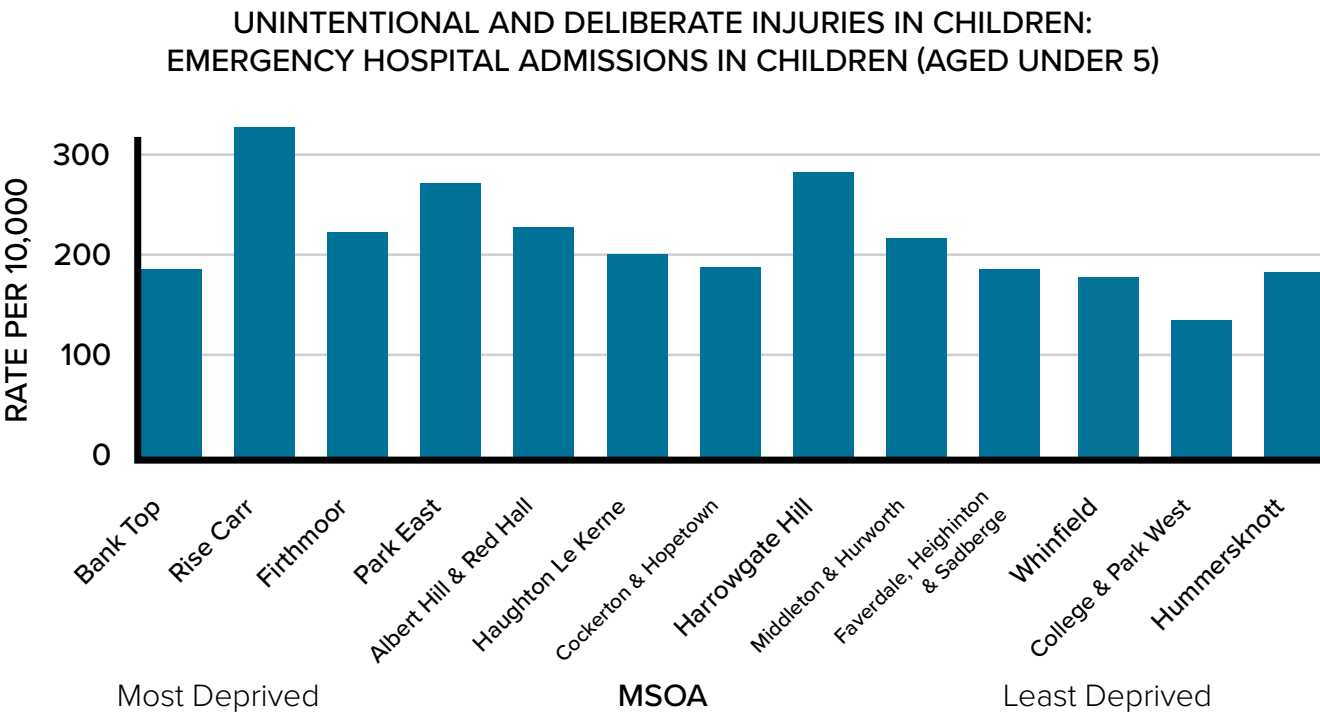
The new additional health visitor review, between the ages of 3 and 5 years, should help us to understand this in more detail, and allow local services to provide targeted help and advice. The Best Start Family Hub will be an amazing resource for helping families and services to work together to support this, and the Growing Healthy service has developed some online [Reception Ready](#) resources to offer advice and practical suggestions and they also offer weekly workshops which parents can access.

Hospital Admissions

Darlington has the highest rate of hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) in the North East and England. In 2023/24 Darlington’s rate was 252.2 per 10,000 population, compared to a rate of 140.7 in the North East and 93.2 in England.



When the rates of hospital admission in Darlington are considered on a smaller area basis (a middle super output area (MSOA)), there is no strong correlation between hospital admissions and levels of disadvantage. However, the MSOA with the highest rate of hospital admissions for unintentional and deliberate injuries in children under the age of 5 includes areas which are in the top 20% most disadvantaged in Darlington.



In response to this some actions have already been taken by the public health team, the health visiting service and County Durham and Darlington NHS Foundation Trust. This includes:

- a more detailed look at the data, to understand the circumstances of the injury and build up a picture of the main risk factors
- establishment of a multi-agency injury prevention group across County Durham and Darlington, which has developed a detailed action plan, informed by what the data tells us

- a training programme delivered by the Child Accident Prevention Trust has been delivered to front line staff, and more training is planned
- development of an injury prevention awareness video, which will be used in different settings across Darlington

It is important that this work continues going forward and progress is monitored, using opportunities through the family hub and the health visitor contacts to support parents to have the knowledge, confidence and practical skills to keep their children safe and healthy.

School Aged Children and Young People



Healthy Child Programme

The healthy child programme is a national framework for improving the health and wellbeing of children and young people. It sets out the evidence-based approaches to prevention, early intervention and family support and should be used by the NHS and local authorities to inform the commissioning and delivery of services.¹¹

As Director of Public Health, I have responsibility for commissioning a public health nursing service, which includes the provision of health visitors and school nurses. This is the Growing Healthy service in Darlington, which is provided by Harrogate and District NHS Foundation Trust.

Darlington

Growing Healthy Service

The service works with children, young people and families to empower and enable them to make informed decisions about health and support them in transitioning safely and happily into adult life. The Growing Healthy 5-19 Team works in the home, school and community settings to deliver universal and targeted interventions.

For school aged children and young people this offer includes:

- named school nurses for each school
- vision screening for reception children
- height and weight checks for children in reception and year 6
- emotional health and wellbeing support
- advice and information on a range of health issues, including smoking, drug and alcohol use, relationships, sexual health and pregnancy and oral health
- support with parenting and behavioural problems
- lower level advice and support about enuresis (involuntary urination)
- supporting children and families with additional health needs or disability
- regular secondary school health drop ins
- promotion of healthy lifestyles, in person, online and through the Children's Health Service app

National Child Measurement Programme and Child Obesity

The National Child Measurement Programme (NCMP) is a mandated public health programme in England, established in 2006, and one of the public health responsibilities of local authorities. The height and weight of children in reception and year 6 are taken (with parental consent), providing data which allows us to monitor patterns and trends and the prevalence of underweight, healthy weight, overweight and obesity in children, as well as data on child height.

Nationally, the data continues to show that the number of children living with obesity doubles between reception and year 6, and that there is an inequality in child obesity, as year on year the data has shown that the proportion of children living with obesity in the most deprived 10% of areas in England is more than twice that of the least deprived 10% of areas – a gap that continues to widen for children in reception and year 6.¹²

Childhood obesity increases the risk of developing a range of health conditions in childhood and later life.¹³ Evidence shows that 55% of children living with obesity will continue to do so during adolescence, and the risk of then experiencing obesity as an adult is even greater, which brings significant health risks.^{14 15} Living with obesity in childhood can also lead to low self-esteem, poor mental health, bullying and school absence.

Worryingly, we now have some Darlington level data¹⁶ that shows:

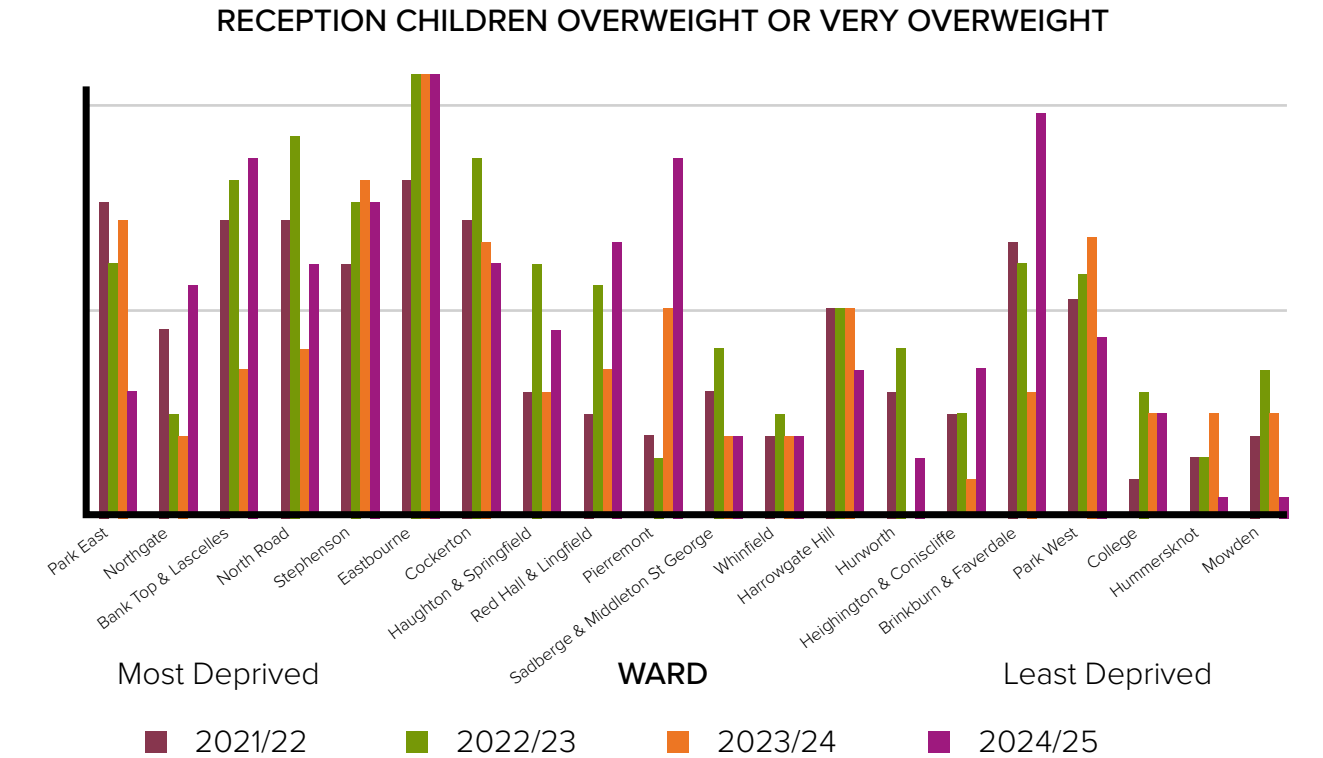
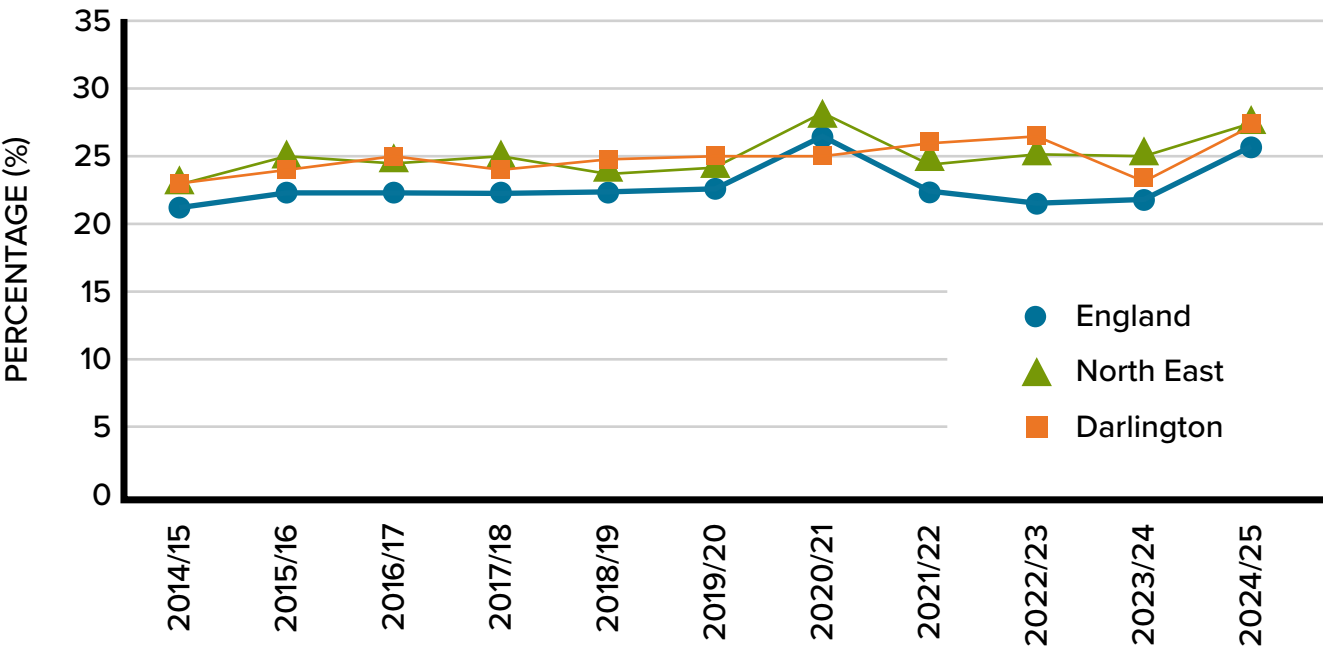
- 76.8% of children who were overweight (including obesity) in reception remained overweight in year 6 (the England average is 77.1%)
- 22% of children who were a healthy weight in reception were overweight (including obesity) in year 6 (the England average is 29.4%)



In Darlington the proportion of children in reception who were overweight (including obesity) has increased over the last 3 years and was 26.9% in 2024/25. This is similar to the North East average of 26.7% but statistically higher than the England average of 23.5%.

When the reception data for Darlington is considered at ward level there is a picture of inequality, as it shows that typically the areas which experience the greatest disadvantage have more overweight or very overweight children at reception age compared to the least disadvantaged wards.

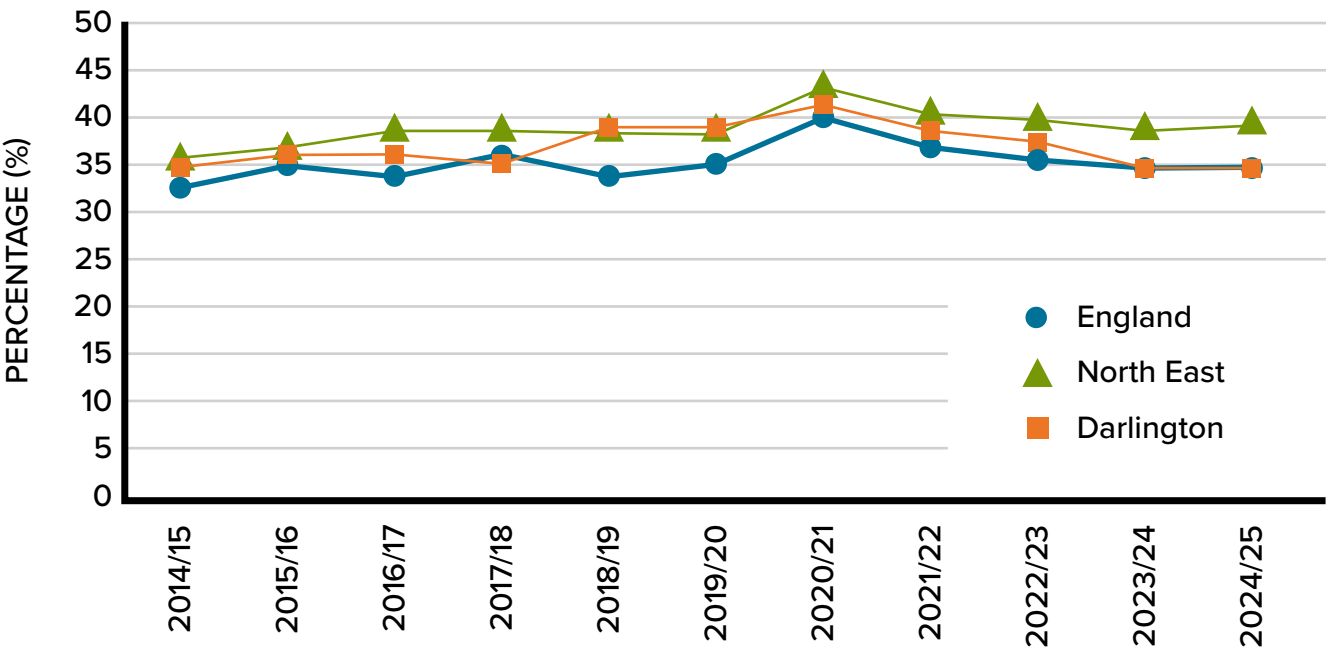
RECEPTION PREVALANCE OF OVERWEIGHT (INCLUDING OBESITY) (4 TO 5 YEARS OLD)



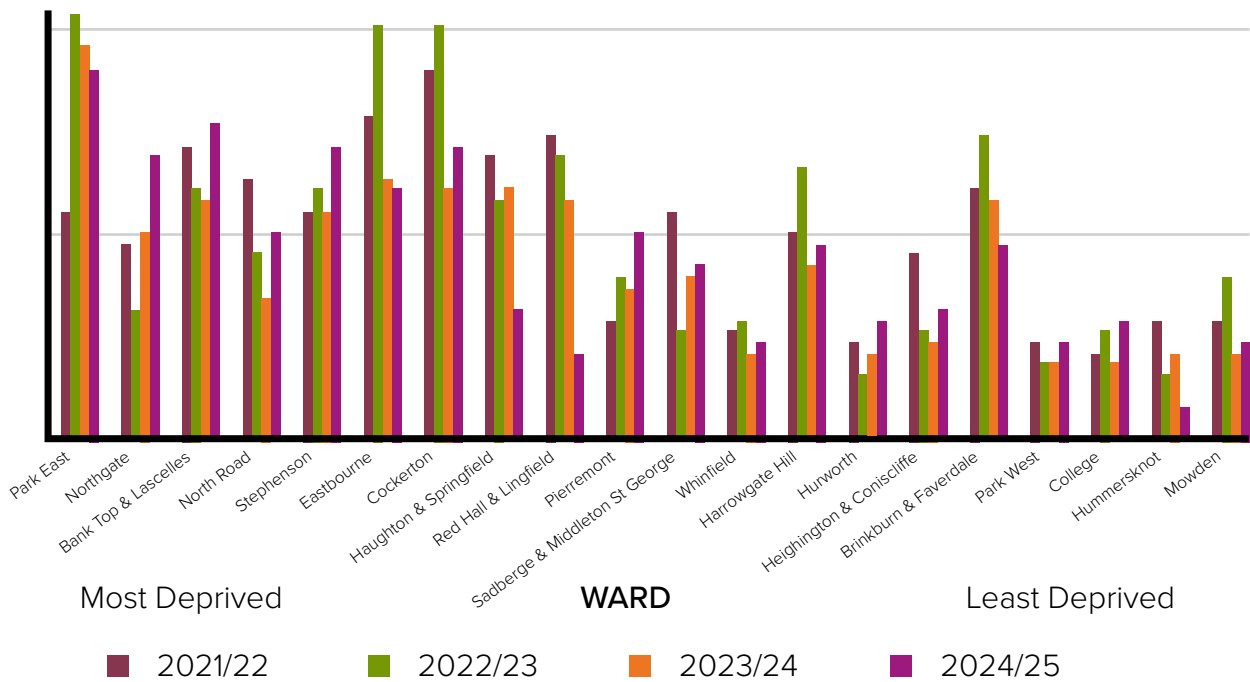
In Darlington the proportion of children in year 6 who were overweight (including obesity) has remained similar over the last 3 years and was 35.7% in 2024/25. This is statistically lower than the North East average of 39.1% but similar to the England average of 36.2%.

When the year 6 data for Darlington is considered at ward level there is a picture of inequality, as it shows that typically the areas which experience the greatest disadvantage have more overweight or very overweight children at reception age compared to the least disadvantaged wards. Comparing over time, most wards have shown a decrease since 2022/23.

YEAR 6 PREVALANCE OF OVERWEIGHT (INCLUDING OBESITY) (10 TO 11 YEARS OLD)



YEAR 6 CHILDREN OVERWEIGHT OR VERY OVERWEIGHT



The 10 Year Health Plan for England has identified addressing obesity as a priority, with a commitment to restrict junk food advertising targeted at children and banning the sale of high-caffeine energy drinks to under 16 year olds.¹⁷ Whilst these are positive steps we need to be bolder in our actions.

It has now been announced that the sugar tax (previously the soft drinks industry levy) will be extended to milk-based drinks from 2028. The tax was introduced in 2018 and already applies to most sugary and fizzy soft drinks. There is evidence that it has already had a positive impact in terms of leading to a 39.8% decline in the amount of sugar purchased from soft drinks,¹⁸ and a reduction in hospital admissions for dental caries related to tooth extractions in children.¹⁹

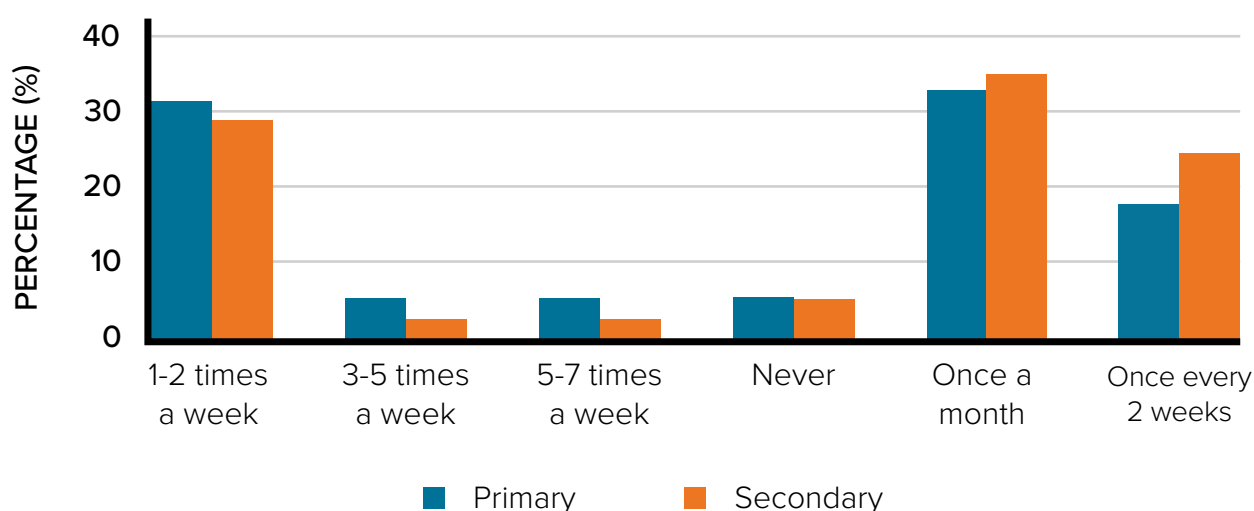
We know that the environment in which we live and work impacts our health and wellbeing, both positively and negatively. The ease of availability of fast food contributes to an obesogenic environment (an environment which makes unhealthy food choices easier, allows the advertising of unhealthy foods and does not support physical activity), and we know that fast food is much more readily available in areas with greater levels of disadvantage.

This is not right, and we should work together to ensure that the areas of Darlington which already experience higher levels of disadvantage and greater levels of child obesity are not further impacted by increasing numbers of fast food outlets, and limit the advertising of foods which are high in fat, sugar and salt and which we know appeal to children.

Data is now available at a local authority level to show the density of fast food outlets in an area, and Darlington has the second highest rate in the North East with 145 fast food outlets per 100,000 population. This is higher than the average rate for the North East (130) and England (116).

We also have local data from the healthy lifestyle survey which is carried out in many of our schools each year, with the latest data showing that 32% of primary school children and 30% of secondary school children eat a takeaway / fast food 1 to 2 times each week, and whilst the overall percentage is smaller some children are doing so even more regularly every week.

HOW FREQUENTLY DO YOU GET A TAKEAWAY/FAST FOOD?



Healthy Lifestyle Survey

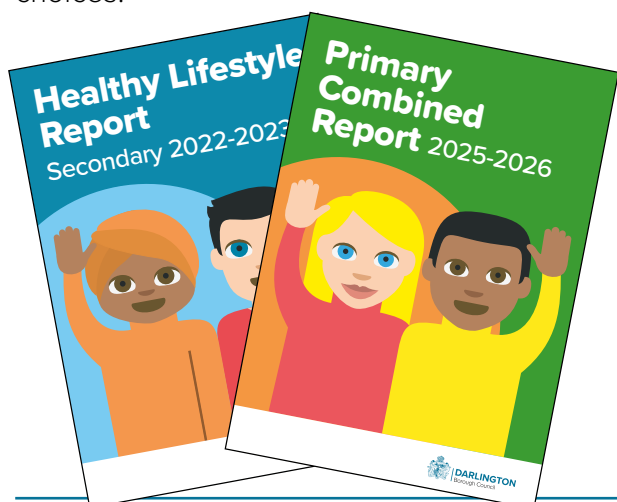


In 2025 we were able to celebrate 15 years of delivering the Healthy Lifestyle Survey in Darlington. Beginning as a small survey in secondary schools looking at two specific topics it has evolved over time and is now embedded as an annual survey of up to 6000 children and young people between the ages of 9 and 16 years.

The purpose of the survey is to understand children and young people's perceptions of their peer's health related behaviours and also their own behaviour, across a range of topics including mental health, oral health, physical activity, smoking and vaping, alcohol and relationships. The information gathered is used by public health and schools to deliver positive messages using a 'social norms' approach to challenge risk taking behaviour. For example, we know that very few young people try smoking a cigarette, however the perception amongst young people is that many young people have tried a cigarette or smoke. Using the data collected we are able to feedback that 95% of children and young people in Darlington have not tried smoking. Giving this positive messaging encourages our children and young people to question their perceptions, which can positively influence their own behaviour choices.

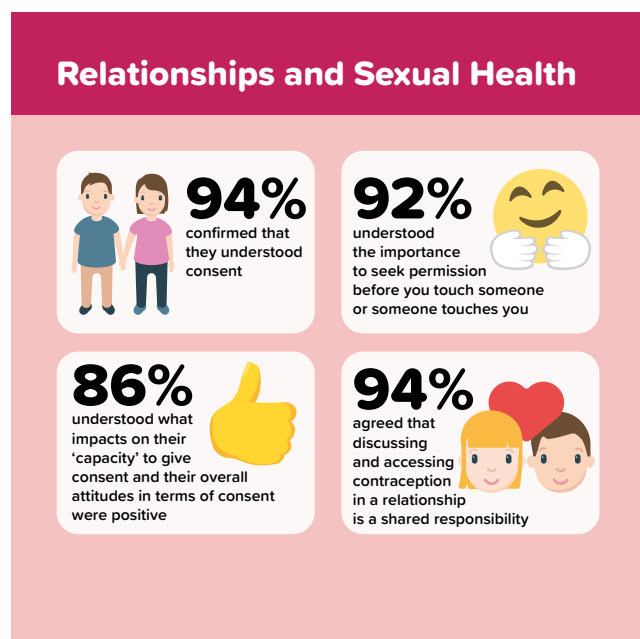
Over the years that we have been carrying out the survey we have seen changes in actual behaviours and perceptions. For example, within primary settings we have seen an increase in the number of children doing 60 active minutes daily and an increase in the number of children who understand the physical and emotional changes they will experience during puberty, showing therefore they are better prepared when they do begin to experience these changes. In secondary schools we have seen a reduction in the number of young people self-reporting that they drink alcohol or engage in sex before the age of 16.

Schools which participate in the programme consistently use the data with pupils, staff and parents and carers, including by adapting their PSHE (Personal, Social, Health Education) in school to meet the needs of the pupils and the local area. If there are areas of concern identified in the data schools will often create action plans to try and improve outcomes. Recent examples of this approach have included reviewing school meals, supporting healthy packed lunches, establishing or extending the supervised tooth brushing programme and delivering their own C Card scheme (secondary schools only).



We regularly review the questions asked in the survey, to make sure they stay relevant and can help us understand any emerging needs locally. Recent examples include asking questions about vaping, gambling and consent (some topics are only covered in the secondary school questionnaire). The public health team then use the data to inform work locally but also share key findings with other services to support their work.

This year we included questions about consent and use of contraception in the secondary school survey and overall, the findings were positive:



This is an example of how one of our secondary schools uses the tool:

Haughton

At Haughton, we make extensive use of the healthy lifestyle survey to gather vital data on pupil wellbeing and relationships and health. This information is pivotal in guiding and directing our curriculum, ensuring that what we teach is relevant and responsive to the needs of our pupils. The survey enables us, as specialist staff, to identify key areas of need so that our teaching is both proactive and reactive, addressing emerging issues as well as reinforcing positive behaviours. By analysing this data, we can evaluate the effectiveness and impact of our Personal Development, PSHE, and relationship and sex education programmes. We also cross-reference our findings with public health data to make sure that we are meeting the needs of both our pupils and the wider community. The survey plays an instrumental role in shaping the direction of personal development across the school, bringing together knowledge and priorities across assemblies, tutorials, and relevant curriculum areas. Additionally, we use Healthy Lifestyle Survey data from our primary feeder schools to ensure we are well-prepared for our incoming Year 7 cohort, allowing us to design an effective and responsive transition programme.

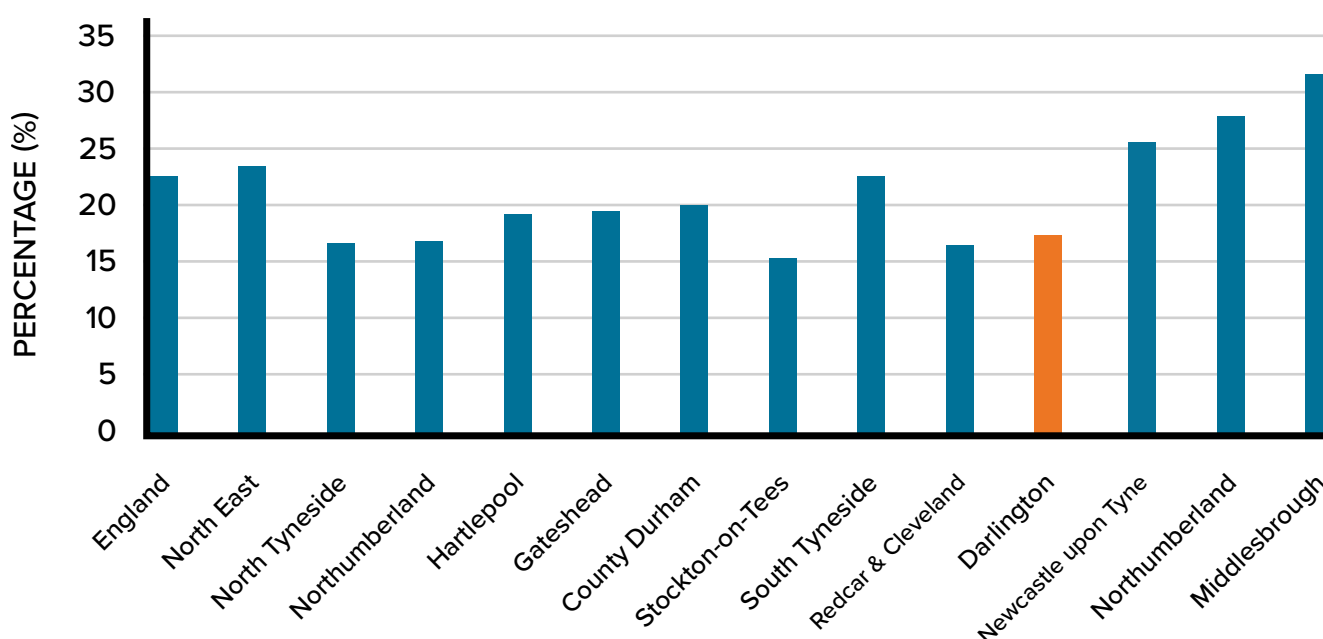


As was highlighted in last year's annual report levels of dental decay in children is a concern in Darlington. Local data is being used to inform the development of a oral health promotion strategy for Darlington, which will identify local actions to improve the oral health of our residents.²⁰ The work of the Integrated Care Board, as commissioners of NHS dental services, will also be vital to these efforts and will complement the oral health promotion work happening in Darlington.

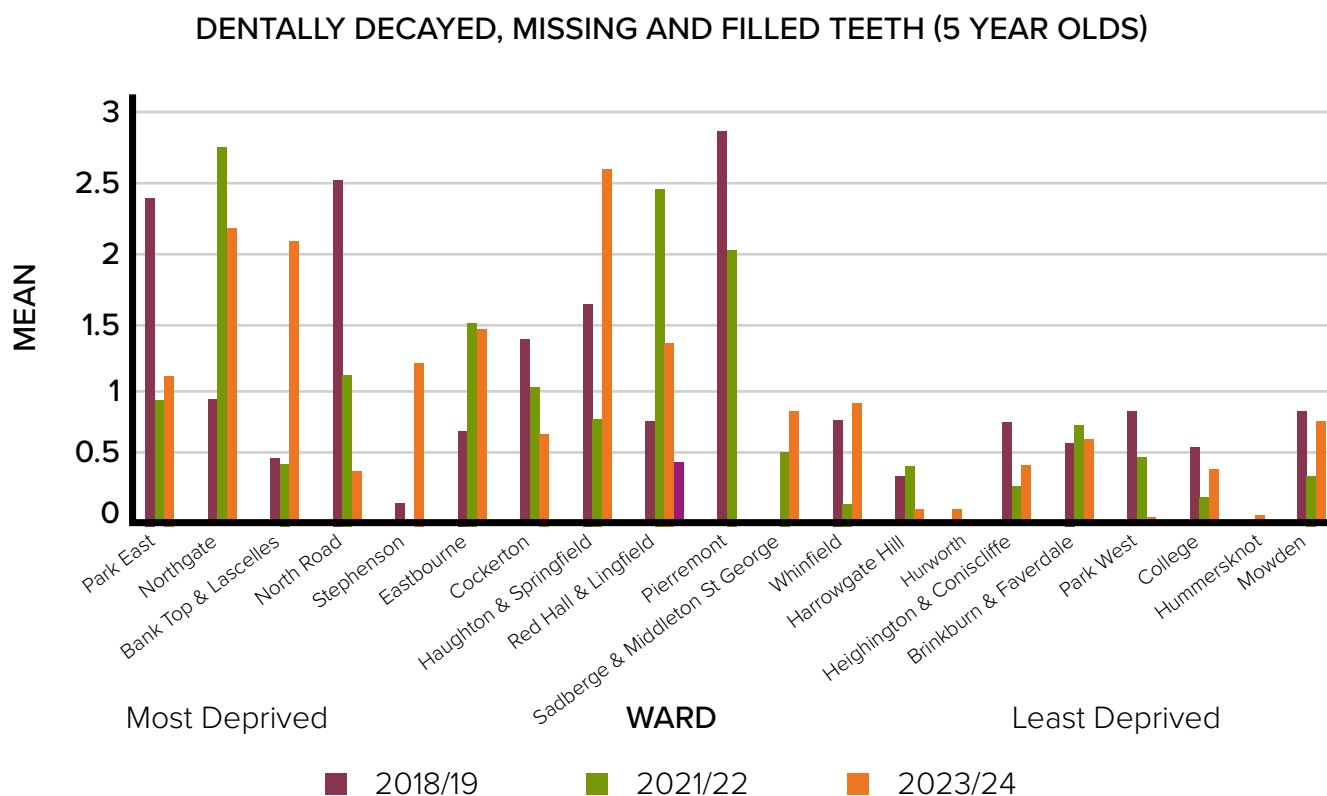
The proportion of 5 year olds with experience of visually obvious dental decay is now 25.3% in Darlington, equivalent to 1 in 4 children. This is statistically similar to the levels of dental decay in the North East (22.6%) and England average (22.4%).

We also know that one of the main reasons for hospital admission in children and young people in Darlington is poor oral health, with tooth extraction related to tooth decay the most performed surgery on children and young people. In most cases this is preventable.

PERCENTAGE OF 5 YEAR OLDS WITH EXPERIENCE OF VISUALLY OBVIOUS DENTAL DECAY



When the data on tooth decay is considered at ward level the average number of decayed, missing and filled teeth in 5 year olds is higher in the more deprived wards, across three time periods.



Our local Healthy Lifestyle Survey, delivered annually in an average of 28 schools with pupils from school years 5 to 11 (aged 9 to 16 years), asks about oral health care routines. The self-reported data (there were 1348 respondents) from 2024/25 tells us that for primary school children in years 5 and 6:

- only 69% brush their teeth the recommended twice a day
- 76% rinse after they brush (this is not recommended)
- 39% have a filling
- 28% have had a tooth extraction

For secondary schools, 3071 young people took part in the survey from across school years 7 to11. The self-reported data from 2024/25 tells us:

- only 75% brush their teeth twice a day
- 80% rinse after brushing (this is not recommended)
- 43% have had a filling
- 35% have had a tooth extraction

The oral health data from the healthy lifestyle survey is the combined averages, worryingly at a school level some schools have less than 50% of pupils self-reporting that they brush their teeth twice daily.

In March 2025 it was announced that a national programme of supervised toothbrushing would be rolled out to 3 to 5 year olds in early years settings, and at the same time the government also confirmed plans to expand community water fluoridation across the North East.²¹

The oral health team in Darlington already support settings to implement supervised toothbrushing, but over the last year the public health team have used this opportunity to work with our nurseries and schools and the oral health team to increase the number of settings offering supervised toothbrushing. Some settings have even extended the offer to other year groups, based on identified need.

The supervised toothbrushing scheme is not a replacement for brushing at home, but an evidence-based programme to improve oral health in children and give them the skills and knowledge to carry out this task at home.

Improving oral health locally across the life course is a priority for us and we will take this work forward with partners and services. How we will do this will be described in the oral health strategy, but the work has already started for children and you can find out more about this work in practice at [Darlington Xtra - Oral Health in Darlington](#)

Many of our schools have really embraced this work, as these case studies from Beaumont Hill Academy and Springfield Academy show.

Beaumont Hill Academy

Beaumont Hill Academy recognised the need for improved dental hygiene for our pupils. This view was further cemented by the facts and statistics shared during the Children's Health and Wellbeing Conference in 2024, which highlighted high levels of dental decay and tooth extractions which are 'preventable' in most cases with a good toothbrushing regime.

Toothbrushing can be a difficult task for some young people with SEND for multiple reasons including difficulties with hand-eye co-ordination and sensory considerations. To best support individuals and families in this area, Beaumont Hill Academy adopted the toothbrushing scheme across the school.

We have worked collaboratively with the local authority, oral health team and media company to develop promotional videos to showcase the positive impact of the initiative within a SEND setting.

Staff have engaged in toothbrush training organised by the local authority and acquired resources to successfully implement the toothbrushing programme and education as part of our daily curriculum offer. As the routine is becoming more established, our learners are making significant progress with their dental hygiene and levels of independence.

Collaborative working between the public health team in the local authority and Beaumont Hill Academy has also allowed us to facilitate training and awareness for parents, further supporting the initiative, overcoming barriers to good oral health and increasing positive dental hygiene among our pupils.

Springfield Academy

At Springfield Academy we have had concerns about our children's teeth for a long time. Class teachers from every class were reporting that children often complained of tooth ache and mouth pain. From our data, produced from The Healthy Lifestyle survey, we could see year after year, that some of our children didn't own toothbrushes and toothpaste, and they were not brushing their teeth twice a day. Children were missing school because of dental pain, and at least one child in every key stage needed teeth removing in hospital, every year. When we were offered the tooth brushing programme, we honestly couldn't wait to get started. Our children's health and attendance are our upmost priorities, as without these how can we possibly teach our children effectively, and set them up for a healthy, happy and successful life! We know that the toothbrushing programme is impacting directly on our children's health and this impact will continue to grow as time moves on. I consider it to be the 5 minutes of our school day, that has the biggest impact on our children's lives.



Darlington STRIDE (Support, Treatment and Recovery in Darlington through Empowerment) is an all age substance misuse service, which includes the dedicated young person's service for those under the age of 18. The young person's service plays a vital role in supporting children and young people to reduce substance related harm and improve their overall health and wellbeing.

The service provides young people with structured one to one support, harm reduction education, motivational interventions and relapse prevention work, provided by a team of experienced staff including people with lived experience. They will also work with the wider family if needed, as parents and carers play an important role in supporting young people to achieve a successful outcome.

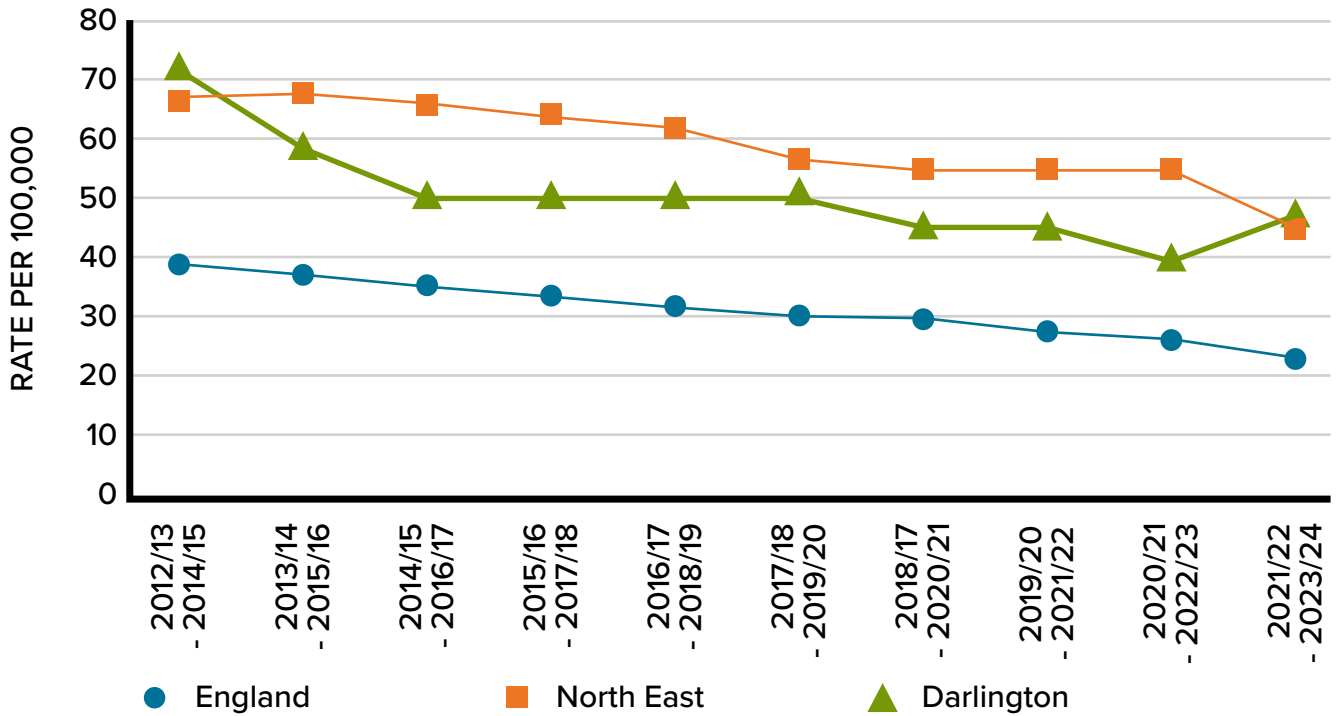
Outreach with schools and colleges in Darlington is also part of the offer, delivering interventions and education sessions to pupils and teachers, with a focus on raising awareness of substance misuse related harms, understanding risks and how to access the service if needed.

There is also a focus on multi-agency working, with strong links established with the youth justice service, voluntary sector and early help teams, including through regular drop-in sessions and hot desking to ensure the service maintains a visible presence in the community and support joined up care for young people.

Efforts continue to increase the numbers of young people with drug or alcohol addictions accessing the service for treatment, through establishing clear referral pathways including self-referral, strengthening partnerships with external agencies and ensuring young people have a positive experience when using the service. Awareness training is also available for other professionals. Further information about the service is available at [Drug and Alcohol Support for Young People and Families in Darlington](#)

Darlington has a similar rate of hospital admission episodes for alcohol-specific conditions in under 18's to the North East. Between 2021/22-23/24, the admission rate in Darlington was 46.3 per 100,000 population whilst the North East rate was 44.1 per 100,000 population. However, the rate in Darlington is significantly higher than the England average of 22.6 per 100,000 population and has increased in the most recent data release.

ADMISSION EPISODES FOR ALCOHOL-SPECIFIC CONDITIONS (UNDER 18 YEARS) (PERSONS)

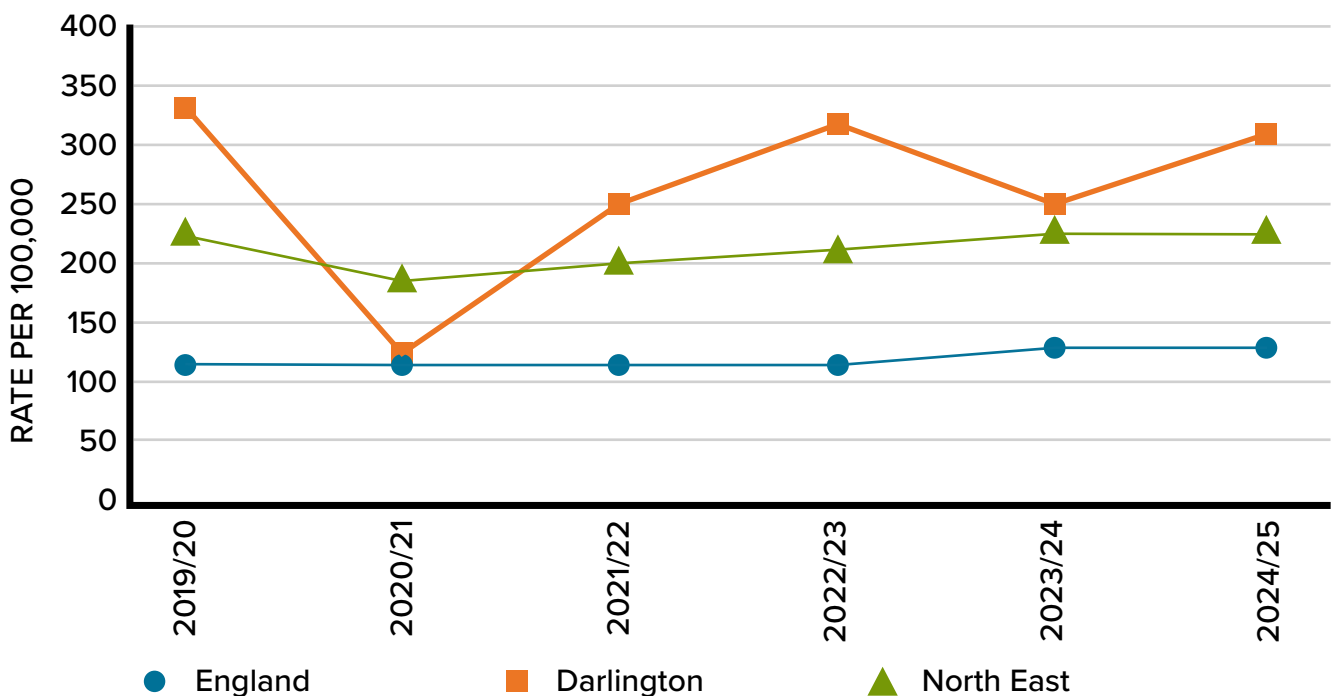


The rate of young people (under 18) in treatment locally did reduce significantly in 2020/21 but has increased to 312 per 100,000 population in 2024/25. Darlington's rate of young people in treatment is significantly higher than the rate for England (131 per 100,000 population) and the North East (219

per 100,000 population). This is reflective of high levels of need and good engagement of young people with services in Darlington.

The latest data (2024/25) shows that out of 45 discharges from structured treatment 89% (40) were successful in Darlington, compared to 85% nationally and 81% regionally.

YOUNG PEOPLE IN TREATMENT (END OF EACH FINANCIAL YEAR)





Most children and young people maintain good mental health and wellbeing throughout their childhood, often with support from the people and organisations around them to keep them well. Nationally, it is reported that 1 in 5 children or young people will experience a mental health problem at some point during their childhood²² and many face challenges in accessing timely and effective interventions. Mind report that new urgent referrals to crisis care teams for children and young people under the age of 18 each month have more than tripled since 2019.²³ Increased demand for mental health support places strain on already stretched services, and families report that children are unable to access early intervention as they do not meet thresholds for support, further increasing the risk of reaching crisis.

Children and Young People Mental Health Services in Darlington

Taking action to prevent poor mental health or to intervene with early effective support is key to reducing the risk of children and young people reaching crisis point or needing more intensive interventions. Access to early mental health support for children and young people has been identified as a key priority in Darlington's [Joint Local Health and Wellbeing Strategy](#).

Services available to children, young people and their families in Darlington are described below.

- Tees, Esk and Wear Valley Foundation Trust (TEWV) deliver the **Tees Valley Getting Help Mental Health and Wellbeing Service** ([Tees Valley Getting Help](#)) for Children and Young People. The service launched on 1st January 2026 and offers advice and support through a newly created website and 'digital front-door', and a range evidence-based mental health and trauma-focused interventions across communities and schools.
- TEWV also provide Darlington's **Mental Health Support Teams (MHST)** provision with the aim that providing support in school improves children and young people's access to early mental health support. TEWV reports that MHSTs have demonstrated a positive impact across the Tees Valley, and Darlington is the first local authority in the Tees Valley to achieve 100% coverage of MHSTs in all mainstream schools.

- Harrogate and District NHS Foundation Trust (HDFT) provide the Darlington 0-19 service, **Growing Healthy**. This includes an **Emotional Resilience Team** for the 5-19 age group, working with children, young people and families to empower and enable them to make informed decisions about their emotional health and support them in transitioning safely and happily into adult life. The team provide 1:1 support for low level short term emotional health concerns whilst offering a universal approach to schools with the Decider programme in year 6. Children and young people can directly access the service via school drop ins, phone or their website ([Growing Healthy 0-19 Darlington](#)).
- Darlington Borough Council's Building Stronger Families service ([Building Stronger Families Service](#)) supports children through their growth and development. Their Looking After Me Programme is a preventative and early intervention approach which equips children with essential life skills—such as building self-esteem, confidence, and resilience—by exploring topics like body image, relationships, problem-solving, and responsibility. This proactive approach helps reduce risk factors for poor mental health and promotes emotional wellbeing.
- All schools in Darlington have a Senior Mental Health Lead, and the Education Partnerships Team ([Darlington Education Partnerships](#)) support this programme through the Mental Health Leads Network. Many schools have invested in training staff in ELSA (Emotional Literacy Support Assistant) or have commissioned their own school counsellor.
- **Darlington Mind's** Children and Young People's service ([Darlington Mind](#)) receives referrals from ten Darlington secondary schools to support with specialist counselling in overcoming self-harm, suicidal ideation, self-esteem, anxiety, bullying, body image and social disconnection. Darlington Mind's team also collaborates closely with Mental Health Support teams in schools.

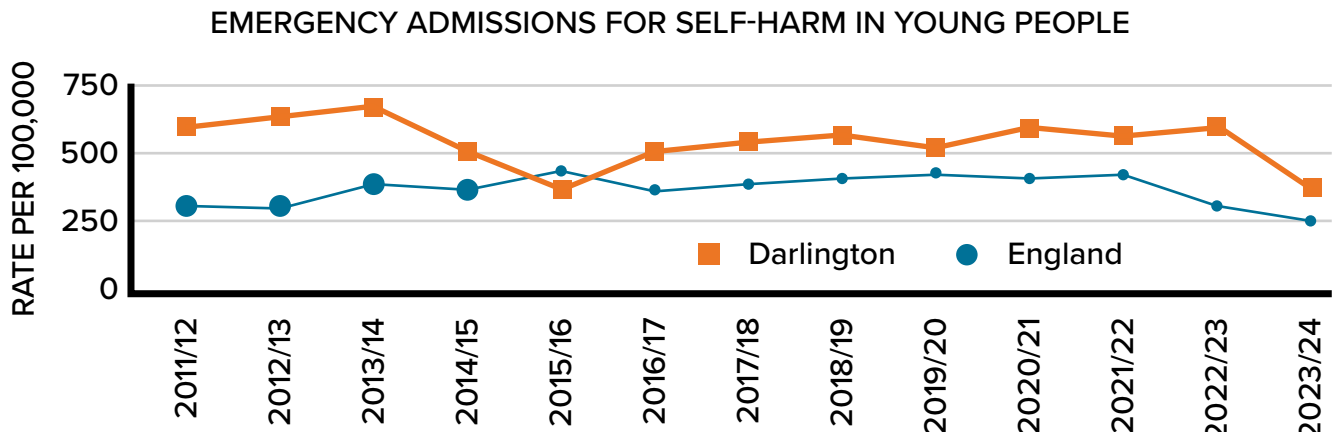
- In addition to commissioned services, there are a number of charities and community organisations, such as **The Listening Post**, offering school-based support.

While it is positive that there is a wide range of provision for mental health services for children and young people, provided both by statutory organisations and VCSE/ community providers, priorities include availability of appropriate early interventions as well as knowing how and when to access these services. System-wide work is underway to better understand and guide people through the mental health landscape, including the introduction of a young person's social prescribing service to support children and families to find the help they need at the point they need it.

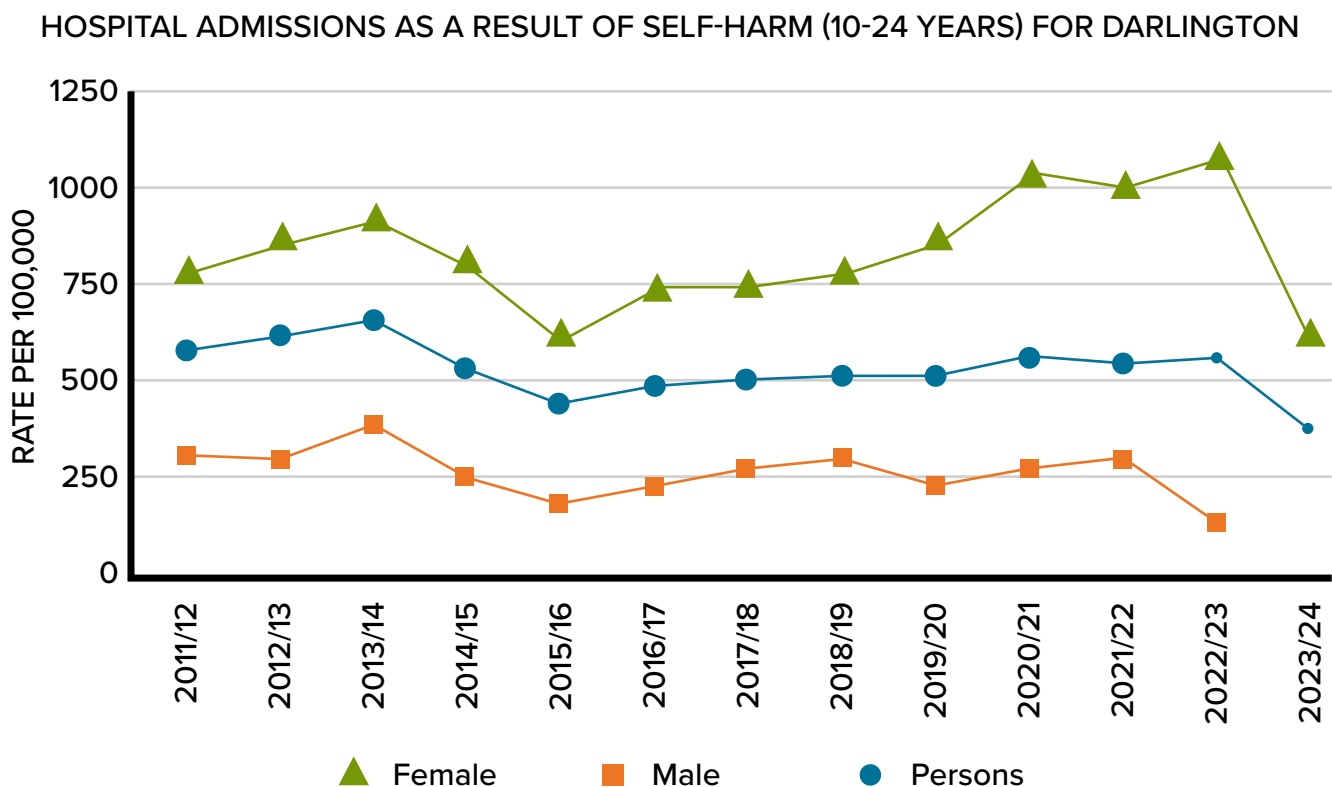


Hospital Admissions for Self-harm

Darlington's rate of emergency admissions for self-harm in children and young people per 100,000 population is higher than the England average, although encouragingly the gap is beginning to close. In the period 2023/24, the rate in children and young people in Darlington declined faster than the England rate. However, it has remained statistically higher than the rate across England and is similar to the average rate across the North East.



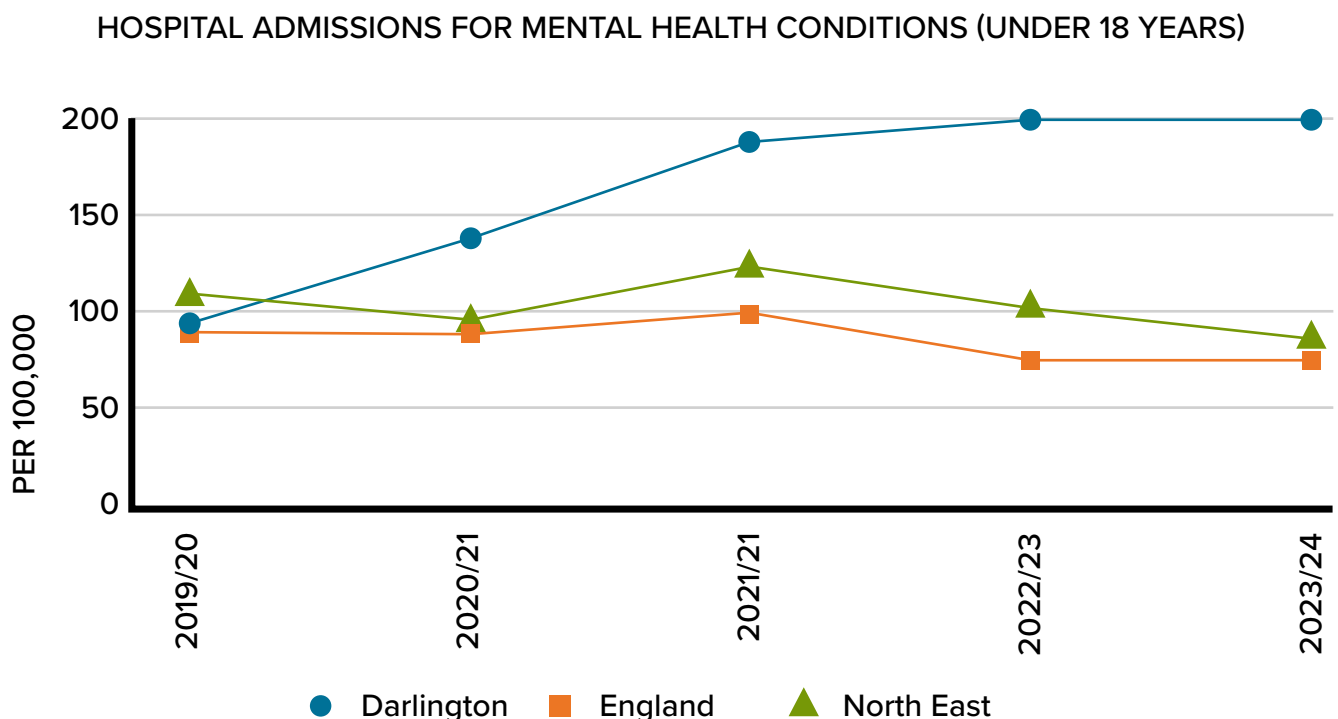
Rates in young women and girls have remained consistently higher than rates in boys and young men. The upward trend in young women and girls has halted, and in 2023/24 showed a significant reduction from 2022/23.



An audit has been undertaken by County Durham and Darlington NHS Foundation Trust (CDDFT) looking at hospital admissions for self-harm in children and young people. One key finding suggested that many of the young people had previously accessed, or were currently accessing, support services or had previous episodes of self-harm (not all requiring hospital admission). This offers potential opportunities for early intervention. The key findings from the audit have been shared with partner organisations through a number of partnership groups across in Darlington, to help inform their work on preventing self-harm.

Mental Health Admissions

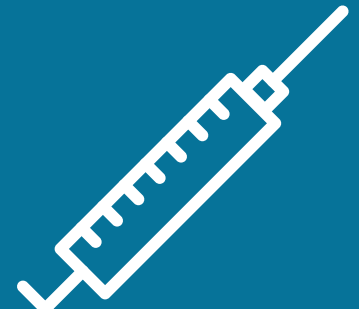
Darlington has rates of hospital admissions for mental health conditions in those aged under 18 which are higher than the average rates for England and the North East average, particularly for girls and young women.



TEWV Child and Adolescent Mental Health Services (CAMHS) team offer a range of support in relation to admissions for self-harm and mental health for children and young people. All young people have immediate access to Crisis Teams via 111. The crisis teams triage calls and assess those young people who need an assessment urgently within 4 hours. The crisis teams liaise with families and any other service such as Local Authorities, Community CAMHS teams, schools, paediatric wards or other health teams as needed.

The crisis teams, with Mental Health Intensive Home Treatment teams, 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.

There is a range of high-quality, effective services that support children and young people to maintain good mental health and wellbeing, but this needs to be more coordinated and shared widely so that children, families and providers can access, signpost or refer for the best outcomes.



Vaccination is the most important thing we can do to protect our children against infectious diseases. National evidence indicates that vaccination rates have declined across England in recent years, with coverage now falling below the recommended 95% threshold for all routine childhood vaccines. Despite this national downturn, Darlington continues to perform strongly at a population level, achieving some of the highest vaccination uptake levels in the country.

However, uptake within areas of Darlington is more variable, leaving some children without the full level of protection they require in some neighbourhoods. There are also some marked differences at a general practice level. These inequalities are particularly concerning, as achieving high coverage is essential for maintaining herd immunity and protecting the wider community, especially individuals who are not vaccinated. It is therefore important that all health professionals working with children and families communicate consistent messages about vaccination and use all opportunities to promote the importance of children receiving scheduled vaccinations on time.

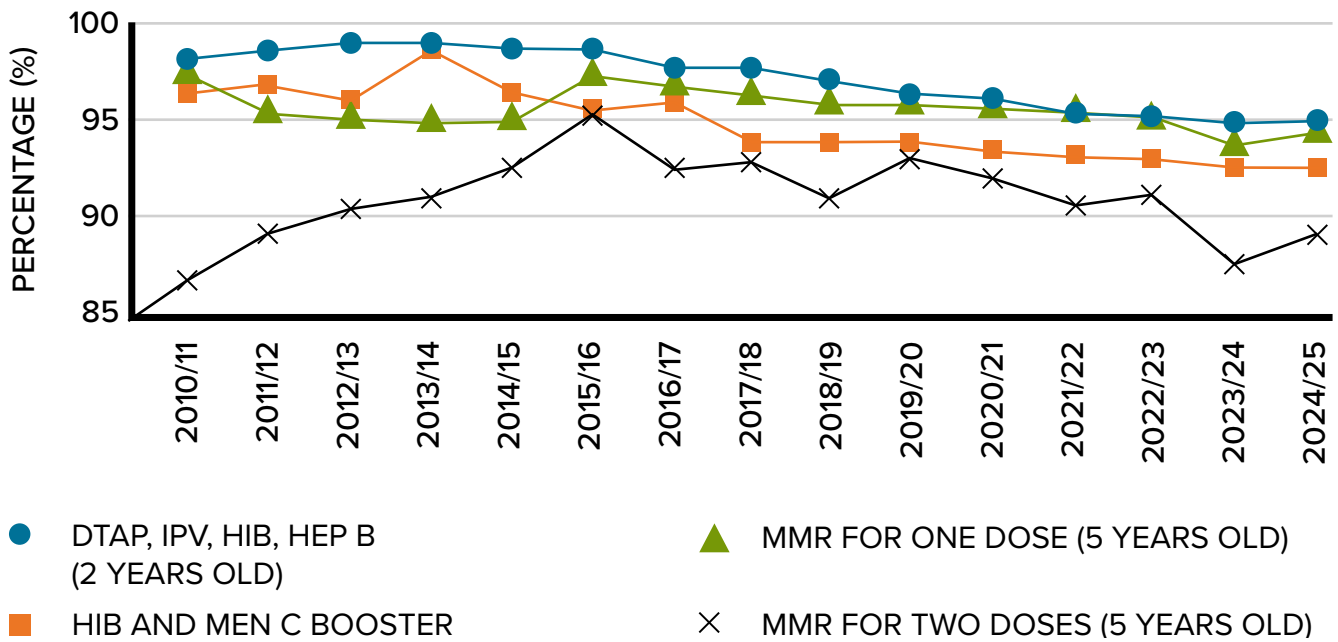
The reasons for lower uptake in Darlington are very similar to what is being identified elsewhere, for example many families struggle to secure convenient appointments or face inconsistent access to healthcare, which makes it harder to get children vaccinated on time. The spread of misinformation also influences some parents' decisions, creating uncertainty or worry about vaccines, and wider inequalities such as financial pressures, language barriers, or difficulty navigating services, mean some communities face more obstacles than others in keeping up with the vaccination schedule.

When compared with the wider North East region, Darlington is slightly below regional averages for several key vaccinations, mirroring the national decline in uptake. In response, Darlington's public health team is collaborating with general practices, schools, and the School Age Immunisation Service to make access to vaccination appointments easier, develop a more detailed understanding of neighbourhood-level differences in uptake and strengthen support for vulnerable groups, particularly children in care.

Darlington also works closely with the Tees Valley Immunisation Steering Group, which brings together public health teams, NHS partners and system leads to coordinate immunisation efforts across the region. This collaboration supports consistent messaging, shared best practice, and targeted action in areas of lower uptake. It also provides opportunities to carry out behavioural insights work and focused research to better understand what influences vaccination decisions, helping to inform more effective approaches to improving coverage in the future.

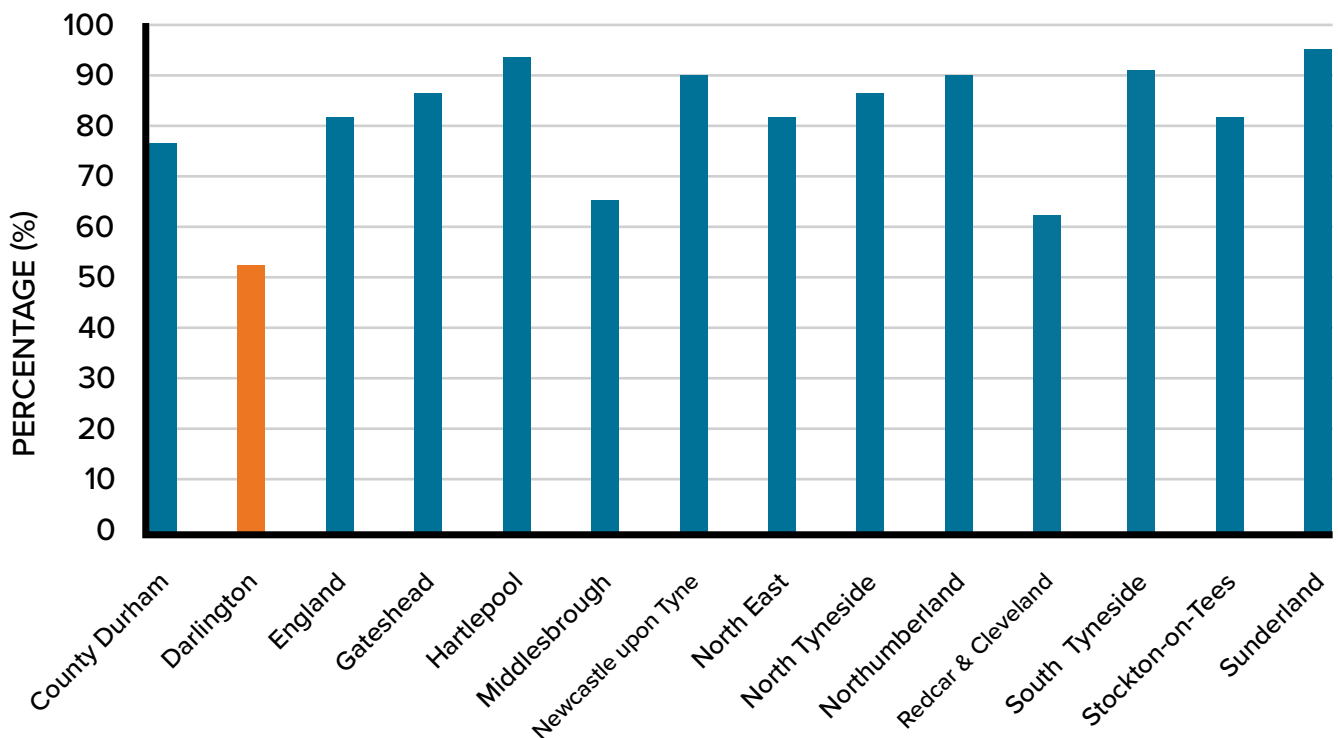


VACCINATION COVERAGE (DARLINGTON)



In last year's annual report, I highlighted that the proportion of children in care immunisations for Darlington has been decreasing since 2020/21, and was only 53% in 2023/24, compared to 82% uptake in both the North East and England. More recent data is not yet available but further investigations have suggested that the drop in uptake is in part a genuine reflection of the situation, but also potentially a data quality issue. This work needs to continue, to ensure all children who are looked-after are receiving their immunisations on time and data is being recorded correctly.

CHILDREN IN CARE IMMUNISATIONS



Recommendations



- Continue to promote the Breastfeeding Friendly scheme and deliver breastfeeding awareness training to frontline employees to promote the benefits of breastfeeding and how everyone in communities can support breastfeeding mothers
- Use ward level data to target activity to areas with the lowest breastfeeding rates, engaging with communities to identify and overcome barriers
- Maternity services, health visiting and the stop smoking service should work together to further reduce rates of smoking in pregnancy, with a focus on narrowing the inequalities in smoking rates which exist in Darlington
- Develop an injury prevention resource on the Making Every Contact Count (MECC) gateway
- Improve pathways between CDDFT and the 0-19 public health service to ensure the flow of information and better support families who experience the hospital admission of a child due to unintentional and deliberate injuries
- Partners should make the most of the opportunities through the delivery of the Best Start in Life Local Plan and Best Start Family Hub offer to work together in a more integrated way in communities to support families, improve outcomes and reduce inequalities
- Develop and implement a whole systems approach Healthy Weight Strategy for Darlington, using national evidence and local data and intelligence
- Take action to improve the nutritional content of food in early years and school settings and reduce sugar intake of children and young people in Darlington, to support healthy weight and good oral health
- Work with the planning team to influence the response and decision making on future take away applications, maximising opportunities within the refreshed National Planning Policy Framework
- Act locally to restrict the advertising of food which is high in fat, sugar and salt
- Deliver the action plan for the Darlington Physical Activity Strategy and the roll out of the Darlington place Partnership with Tees Valley Sport and Sport England, encouraging and enabling access to physical activity for all.
- Continue to raise the profile of the Supervised Toothbrushing Programme, working towards it being embedded in 100% of early years settings and extended into other year groups if there is an identified need
- Increase the number of children cleaning their teeth correctly twice daily through a range of communications and oral health interventions
- Develop an evidence based proposal for a targeted fluoride varnish programme to meet the needs of our community and reduce levels of tooth decay in children
- Follow up the findings of the self-harm audit and use these to further develop a collaborative, child-centred multiagency approach to mental health and self-harm support
- Support good mental health by seeking and using children's and families' voices in service development and evaluation, and 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

References

- ¹ [Local indicators for Darlington](#) - ONS (2024 data)
- ² [Fingertips](#) | Department of Health and Social Care
- ³ [Households below average income: for financial years ending 1995 to 2025](#) - GOV.UK
- ⁴ [Health matters: reproductive health and pregnancy planning](#) - GOV.UK
- ⁵ [The UNICEF UK Baby Friendly Initiative](#)
- ⁶ [NHS England Perinatal mental health](#)
- ⁷ [Marmot Review 10 Years On](#)
- ⁸ [The best start for life a vision for the 1001critical days](#)
- ⁹ [Commissioning the Healthy Child Programme](#)
- ¹⁰ [Giving every child the best start in life](#) - GOV.UK
- ¹¹ [Commissioning the Healthy Child Programme](#)
- ¹² [National Child Measurement Programme: operational guidance 2025](#) - GOV.UK
- ¹³ [Malnutrition in children](#)
- ¹⁴ [Healthy weight](#) - RCPCH - State of Child Health
- ¹⁵ [Adult obesity: applying All Our Health](#)
- ¹⁶ [Obesity, physical activity and nutrition](#) | Fingertips | Department of Health and Social Care
- ¹⁷ [Fit for the future: 10 Year Health Plan for England](#)
- ¹⁸ [Sugar reduction in drinks: 2015 to 2024](#)
- ¹⁹ [Estimated impact of the UK soft drinks industry levy on childhood hospital admissions for carious tooth extractions](#) | BMJ Nutrition, Prevention & Health
- ²⁰ [North East and North Cumbria Oral Health and Dental Strategy](#)
- ²¹ [Supervised toothbrushing for children to prevent tooth decay](#) - GOV.UK
- ²² [Centre for Mental Health](#)
- ²³ [Care Before Crisis: report](#)



HEALTH AND HOUSING SCRUTINY COMMITTEE
24 JUNE 2026

ORAL HEALTH PROMOTION STRATEGY 2026 – 2029

SUMMARY REPORT

Purpose of the Report

1. To share the draft Darlington Oral Health Promotion Strategy (2026 – 2029) for review and consideration.

Summary

2. Good oral health is an important part of someone's overall health and wellbeing. Oral health promotion is part of the public health responsibilities of the local authority, and the Oral Health Promotion Strategy sets out a vision for a future where everyone has the knowledge, resources and support to maintain good oral health throughout life, recognising that prevention is far more effective and less costly than treatment.
3. The priorities set out in the strategy are based upon the principles of prevention, addressing inequalities and collaboration. A life course approach is taken, with a key focus on:
 - (a) reducing childhood tooth decay and tooth extractions in children due to decay
 - (b) improving oral health care for older people in residential care
 - (c) increasing awareness of oral health promotion messages
 - (d) reducing oral health inequalities through targeted interventions for vulnerable groups
4. Delivery of the strategy will support the Council's plans to reduce inequalities and deliver on ambitions for local people to live well and stay healthy.
5. The strategy has been developed in partnership with others through the establishment of an Oral Health Alliance, which has included public health and wider council colleagues, NHS services such as the oral health team, 0-19 service and stop smoking service, the primary care network, health watch and voluntary and community sector representation.
6. Delivery of the strategy will also support the work of the North East and North Cumbria Integrated Care Board, which has responsibility for dentistry services.

Recommendation

7. It is recommended that :-

- (a) Members review the Oral Health Promotion Strategy
- (b) Members share any comments or feedback on the Oral Health Promotion Strategy

Lorraine Hughes
Director of Public Health

Background Papers

Oral Health Promotion Strategy

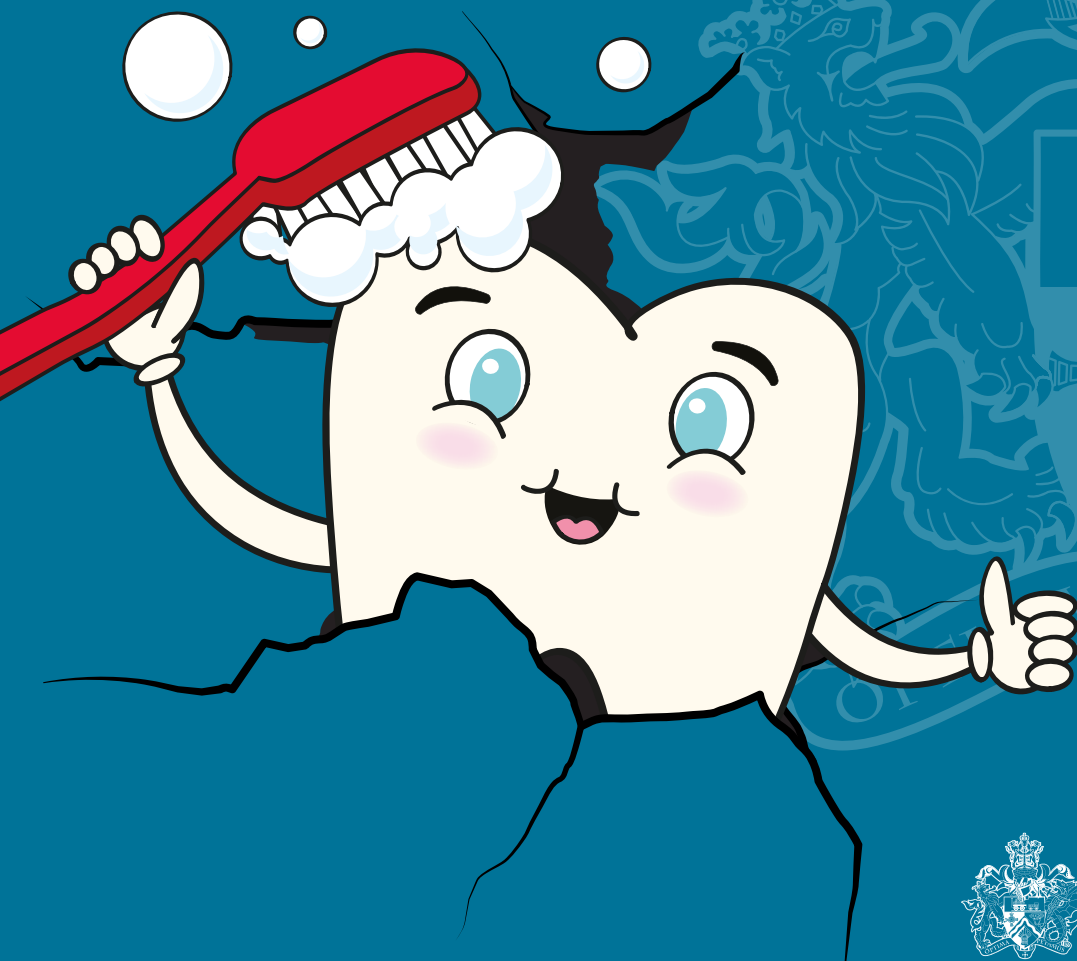
Author: Catherine Shaw

catherine.shaw@darlingtonton.gov.uk

Council Plan	The strategy supports the Council Plan ambition of living well and staying healthy.
Addressing inequalities	The strategy considers inequalities in oral health and identifies actions to address these.
Tackling Climate Change	There are no direct implications arising from this report.
Efficient and effective use of resources	The report has no impact on the Council's Efficiency Programme. The targeting of resources towards identified need will support the effective use of resources.
Health and Wellbeing	The priorities and actions identified in the strategy will support improvements in health and wellbeing for residents across all life stages and those most in need.
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 strategy considers priorities for the population of Darlington, but there is a particular focus on children and older people.
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 direct impact on Looked After Children or Care Leavers, although actions within the strategy and delivery plan may help to improve their oral health.

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Darlington Oral Health Promotion Strategy 2026-2029



DARLINGTON
Borough Council

FOREWORD

Oral health is hugely important to quality of life. We all know the issues bad teeth and gums cause. The fact that we have such an issue with it in Darlington and across the country is not good at all, especially when poor oral health is largely preventable. That is why I am really pleased that the Oral Health Promotion Strategy has been developed, setting out our vision to improve oral health for all residents in Darlington.

The priorities set out in the strategy will support the Council’s plans to reduce inequalities and deliver on ambitions for local people to live well and stay healthy. The plan recognises that some groups in society are more at risk of poorer oral health, including children, older adults and those with additional needs.

Delivery of the strategy will also support the work of the North East and North Cumbria Integrated Care Board, which has responsibility for dentistry services, as by promoting preventive oral health practices we can help people to have good oral health and experience less dental decay.

Partnership working will be really important to the successful delivery of the strategy, and so there is a strong focus on how local partners can work together positively to achieve the greatest sustainable impact, embedding oral health improvement across services and raising awareness of the importance of good oral health.

I look forward to seeing this work put into action.

Cllr Matthew Roche

Darlington Borough Council Cabinet Portfolio Holder for Health and Housing

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Good oral health is an important part of a person’s health and wellbeing, as it affects how we eat, speak and socialise and can greatly impact confidence and quality of life.

As Director of Public Health, I have responsibility for oral health promotion. I have previously highlighted in my Director of Public Health Annual Reports that local data shows by the age of five, 1 in 4 children in Darlington have visible signs of tooth decay. There are also inequalities in oral health within Darlington, as the average number of decayed, missing or filled teeth experienced by children is greater in the areas of Darlington which experience higher levels of disadvantage.

This Oral Health Promotion Strategy sets out our shared vision for a future where everyone has the knowledge, resources and support to maintain good oral health throughout life, recognising that prevention is far more effective and less costly than treatment. This is why I am really pleased to see the expansion of our supervised toothbrushing scheme in early years and school settings, as establishing good habits early on gives our children something they can take with them as they grow.

Our approach is guided by the principles of:

Prevention - starting early to help children build healthy habits from their very first tooth.

Address inequalities - improving knowledge of good oral health practices for everyone, whilst ensuring those with most need are supported through community based interventions and targeted actions.

Collaborate - working together to support families, schools, communities and services and ensure oral health is a shared priority.

This is a call to action, for us to use this opportunity to improve the oral health of people across Darlington.

Lorraine Hughes

Darlington Borough Council Director of Public Health

BACKGROUND

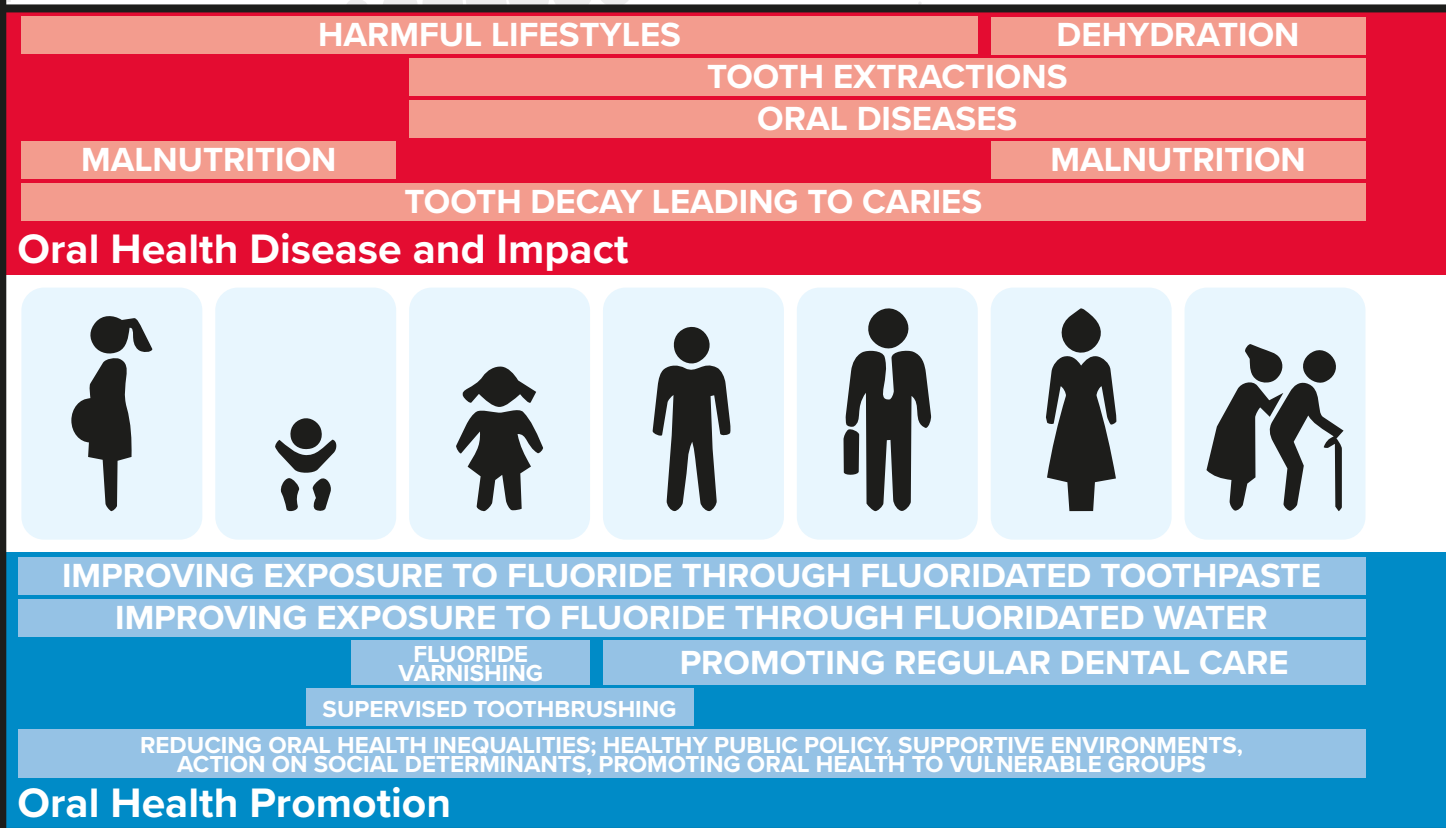
Good oral health refers to people’s teeth, gums, soft tissue and supporting bone in the mouth, tongue and lips. Good oral health ensures we have the ability to eat, speak and socialise without any active disease, discomfort, pain or embarrassment and having good oral health helps us to maintain self-esteem, have social confidence and improves our quality of life.

Good oral health has a significant part to play in having overall good health and wellbeing. Maintaining good oral health routines of regular brushing, dental check-ups and mouth friendly lifestyle choices all contribute positively to overall health.

The main causes of poor oral health are poor tooth brushing, insufficient exposure to fluoride and high sugar intake. Research evidence also shows that poor oral health can also contribute to wider health issues including heart attack, stroke, diabetes and lung disease, and an increased risk of respiratory infections and pneumonia amongst the older populations.

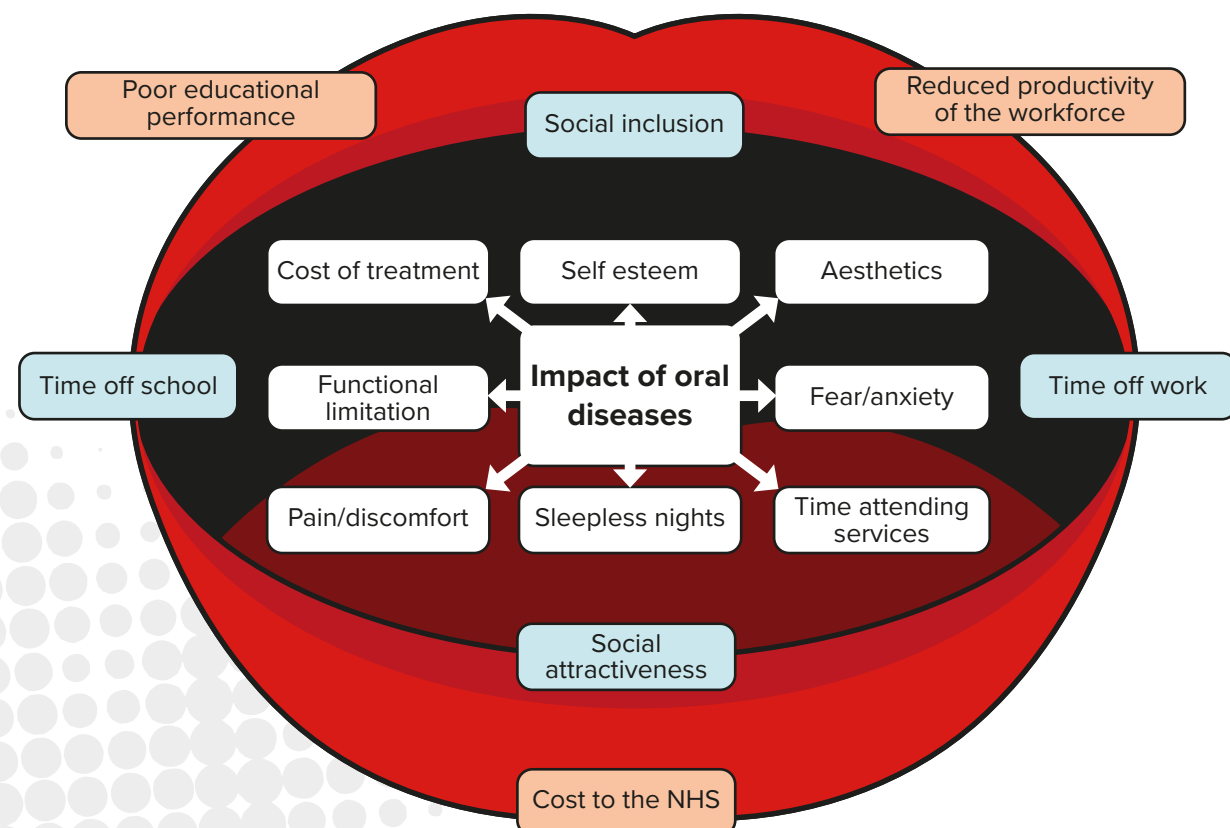
Across the different life stages of childhood, adulthood and older age, people’s needs change and they face different oral health challenges. Furthermore, vulnerable groups are more at risk of poor oral health, especially when they are unable to maintain a good oral health care routine independently and therefore are not only more likely to experience poor oral health but are also at more risk of the additional health issues highlighted above.





The circumstances in which people live and work impacts their overall health and wellbeing, including oral health. Contributory factors to poor oral health are shared with other public health concerns including obesity, and particularly an increased sugar intake. Tobacco use and alcohol consumption are also risk factors for gum disease and oral cancers.

The impact of poor oral health is evident across all stages of the life course and is visually explained in the figure below from 'Choosing Better Oral Health: DoH 2005', whilst this may be an older reference the content is still very relevant to this work.



Children and young people are significantly impacted by poor oral health in England, with children living in more deprived areas being more likely to have poorer oral health than those living in more affluent areas. Poor oral health in children can impact on their speech and language development, ability to eat, school attendance, play and socialising, self-esteem and can cause pain, infection and impaired nutrition and growth.

Large numbers of children within England have one or more teeth extracted under general anaesthesia in hospital due to dental decay, which in most cases is completely preventable.

In Darlington dental decay and tooth extractions in children is the leading cause of hospital admissions and most performed childhood surgery. The wait for this surgery can also be considerable, meaning that while waiting children are suffering for many weeks prior to their surgery from toothache and potentially at risk of infection, also making it more likely that time will be missed from school. Poor oral health in children may also be indicative of dental neglect and wider safeguarding issues.

As with children, adults living in deprivation and experiencing multiple health inequalities are more likely to have poor oral health, leading to pain, discomfort, premature tooth loss, dry mouth and sleep deprivation. This can have a significant impact on an individual, in terms of their overall health and wellbeing but also the ability to live and work well. Those adults who use tobacco or consume high levels of alcohol are most at risk of oral disease and oral cancer, which is strongly related to socio-economic deprivation, with the highest rates seen in the most disadvantaged groups and it can often go unnoticed or be diagnosed late.

The UK population is ageing, with the number of people aged 65 and over continuing to rise - a trend also seen in Darlington. Older adults have varying levels of independence; many live independently, while those with greater needs access residential care.

Challenges with accessibility, income disparities and affordability issues all contribute to poorer oral health outcomes among older adults. Many retain their natural teeth, which may be heavily restored and therefore more difficult to care for than dentures. Ensuring reliable access to oral health services and dental support for this population remains a key concern. Quality standards and care-home guidance are in place to support settings in maintaining and improving residents' oral health.

Those at higher risk of poor oral health would benefit from a range of intensive prevention activities to provide them with the knowledge, skills and tools they need to adapt behaviours and improve their oral health.

We also know that we need to focus on whole family interventions and behaviours as those parents and carers with poor oral health are more likely to have children with poor oral health. Children having teeth extractions may have younger siblings who may also require tooth extraction in the future due to dental decay.

The work plan which accompanies this strategy has been summarised as a 'plan on a page' on page 18 outlining how we intend to deliver targeted interventions, locally, across all key areas, to improve oral health outcomes for our entire population in Darlington. Our Oral Health Alliance, partnerships and commissioned services will drive forward delivery on this and continually monitor the impact.

WHAT IS THE COST?

The individual impacts of poor oral health have been outlined above; however, it is equally important to recognise the broader financial implications for the NHS and wider society. Understanding these costs allows us to judge whether current investment is delivering meaningful improvements in population health and value for public funds.

The costs to the NHS of hospital admissions for tooth extractions in children aged 0-19 years in England have been recently published by the Department for Health and Social Care.

The costs were £87.7 million for all tooth extractions and £51.2 million for decay-related tooth extractions in the financial year ending 2025. This is an increase compared with the costs in the previous financial year ending 2024 (which were £74.8 million for all tooth extractions and £45.8 million for decay-related extractions).

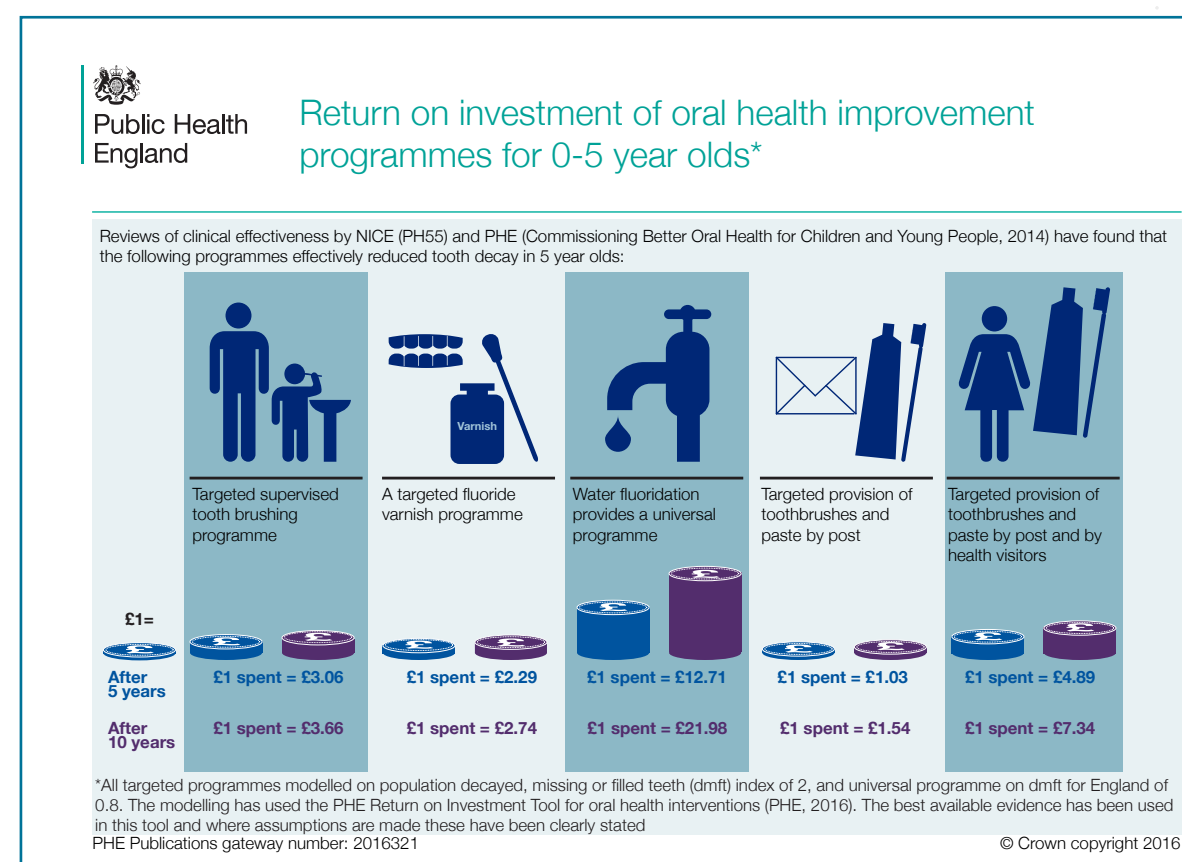
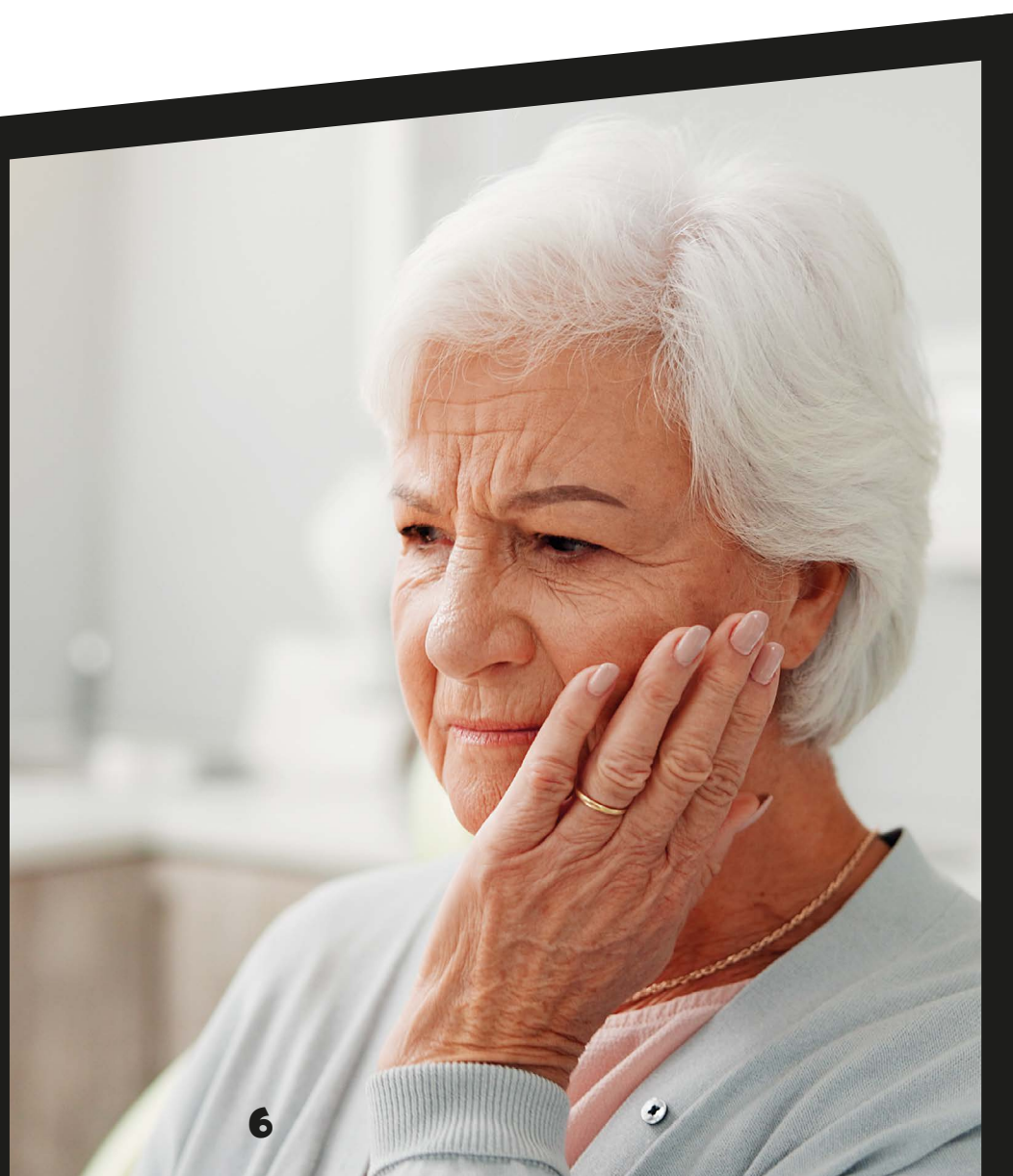
While the average unit cost for the most common tooth extraction procedure has slightly decreased, it is the increase in activity that has had the most impact on the overall increase in costs.

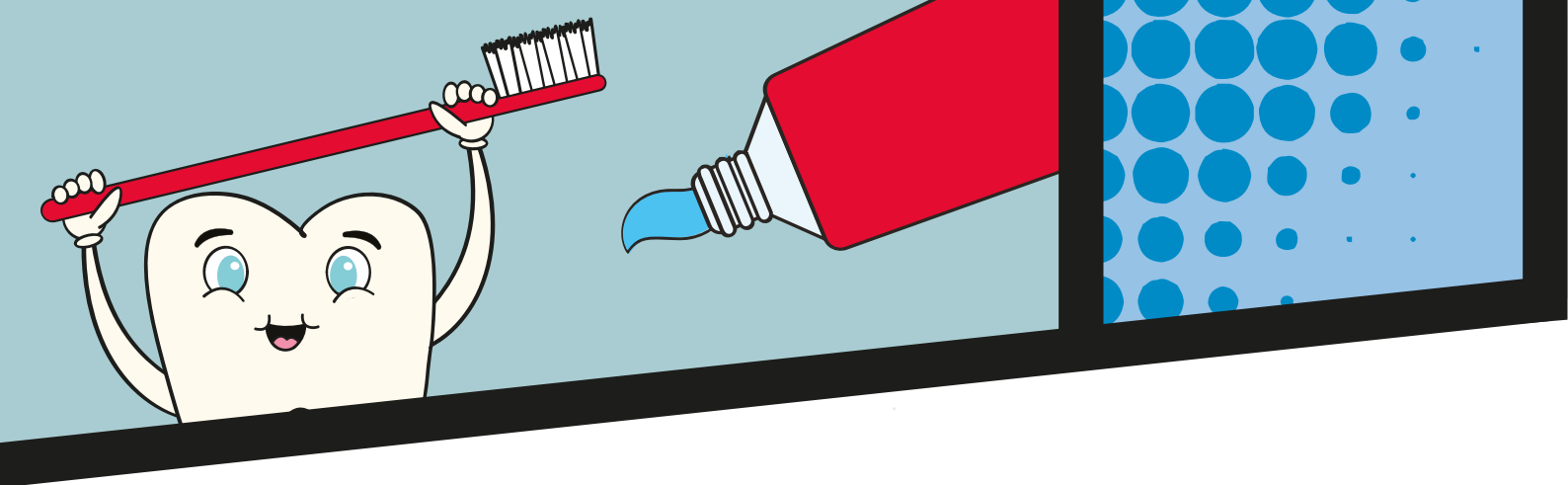
In the financial year ending 2025 there were 56,143 episodes of tooth extractions in NHS hospitals in England for 0-19 year olds. This represents a 14% increase on the previous year.

There were 33,976 episodes of tooth extractions with a primary diagnosis of tooth decay for 0-19-year-olds, an increase of 11% on the previous year. The number of tooth extractions due to tooth decay represents 60.5% of all tooth extractions for this age group.

Additional considerations include the impact of toothache and pain suffered prior to surgery, the inability to manage a normal day and eat a healthy diet and absence from education or work for treatment, surgery and recovery, and overall wellbeing.

Oral health improvement interventions are cost effective, as illustrated by the Return on Investment for oral health improvement programmes for children aged 0 to 5 years.



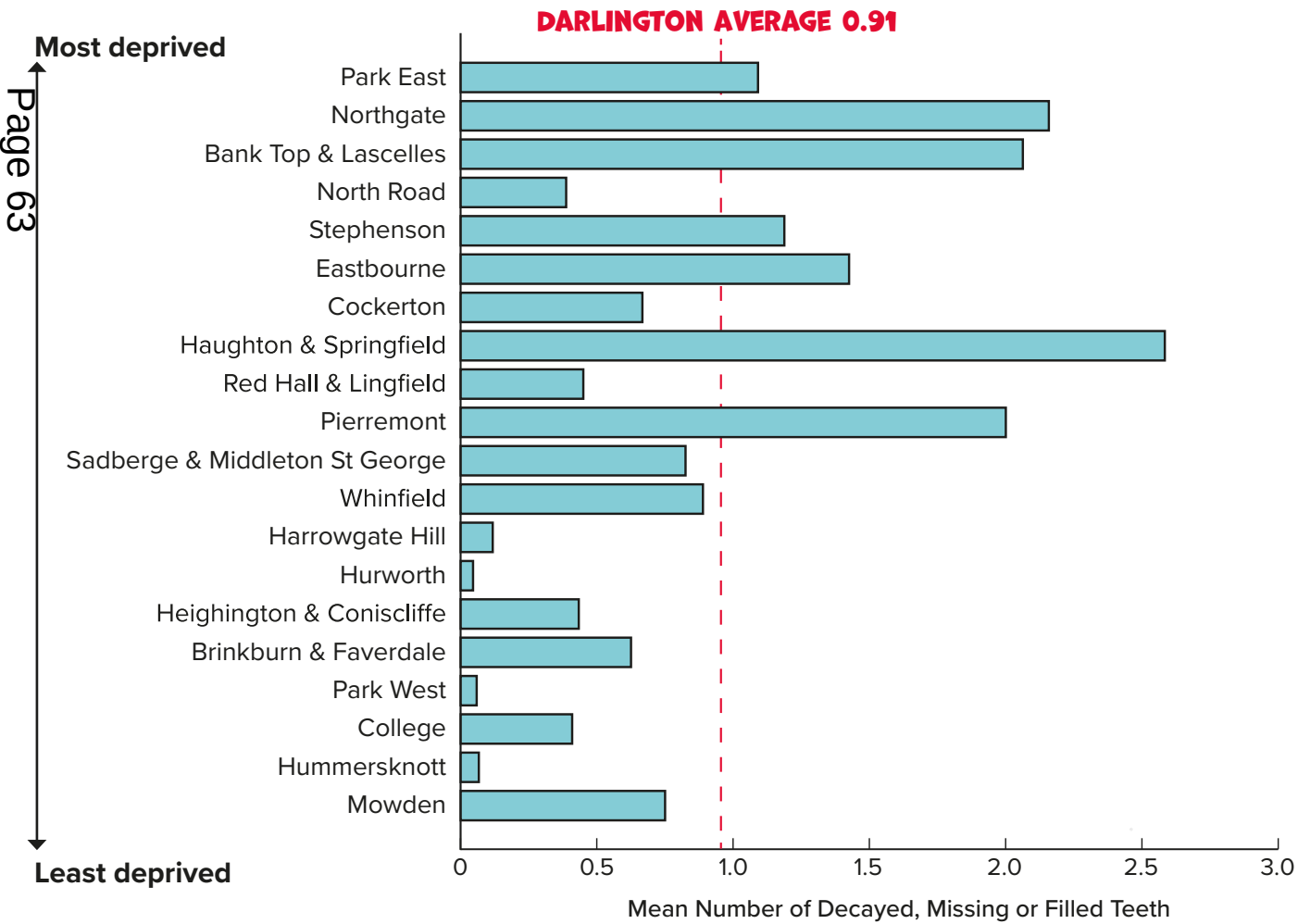


LOCAL NEED

In Darlington, an epidemiology study of 5 year olds in 2023/24 shows that generally children living in the wards with greatest need have a higher number of decayed, missing or filled teeth.

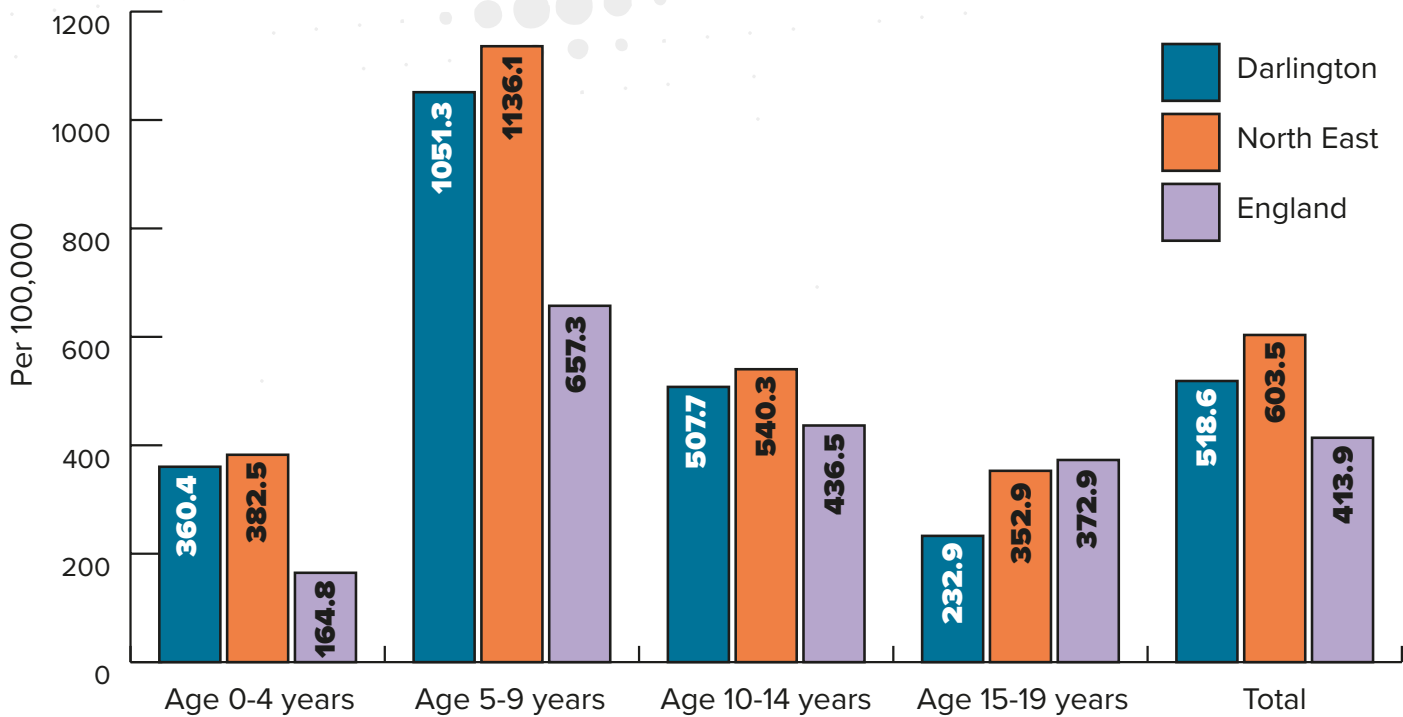
Darlington has an average of 0.91 decayed, missing or filled teeth per child. This number varies greatly across the Wards, with 4 Wards having 2 or more decayed, missing or filled teeth per child, and 8 Wards having less than 0.5 on average per child. There is a higher average of decayed, missing or filled teeth across the top 50% most deprived Wards in Darlington, reaching a high of 2.58 per child in Haughton and Springfield.

Decayed, Missing or Filled Teeth (DMFT) in 5 Year-Olds, 2023/24



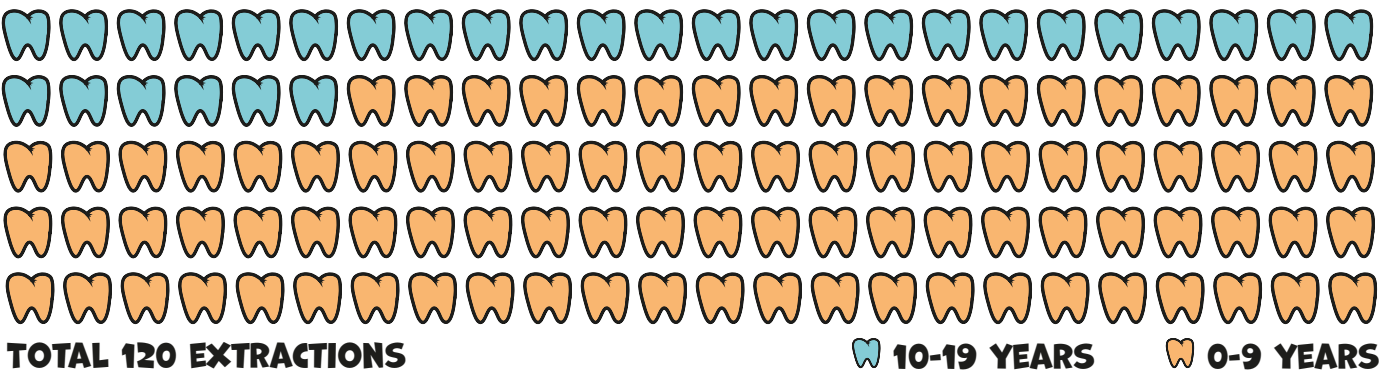
On average 1 in every 4 children age 5 in reception classes in Darlington have visible decay, this has increased from 1 in 5. Children aged 5-9 years in Darlington have the highest rate of tooth extractions, a rate almost twice that of the rate of extraction in England but slightly lower than the North East average. There is a correlation between the levels of decay we have identified and the number of extractions in this age bracket.

Finished consultant episodes for hospital tooth extractions (All diagnoses) (2024/25)



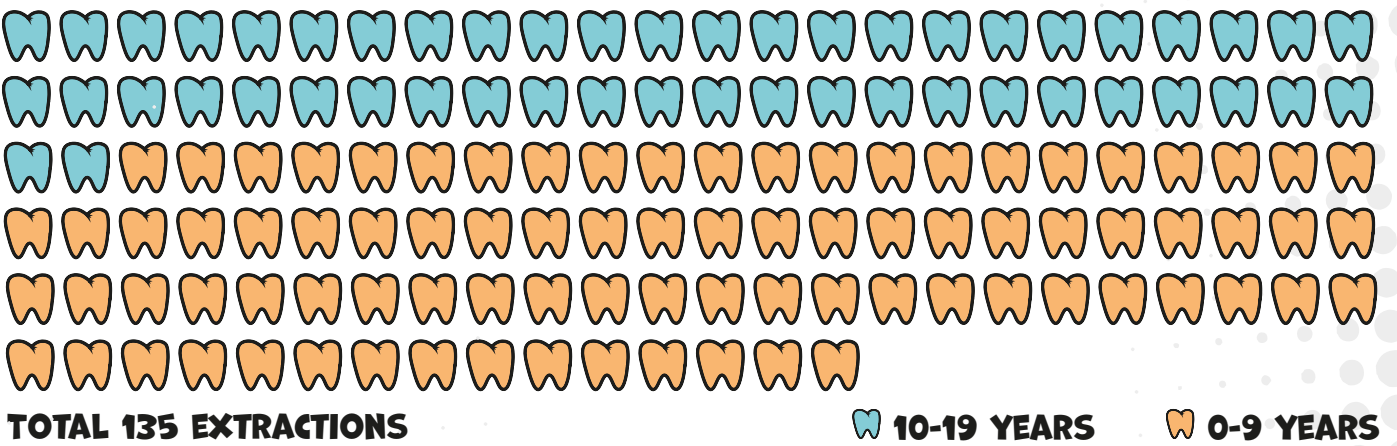
During the year of 2023/24, 120 extractions were carried out on residents aged 0-19, 90 of these were amongst 0-9 year olds.

2023/24



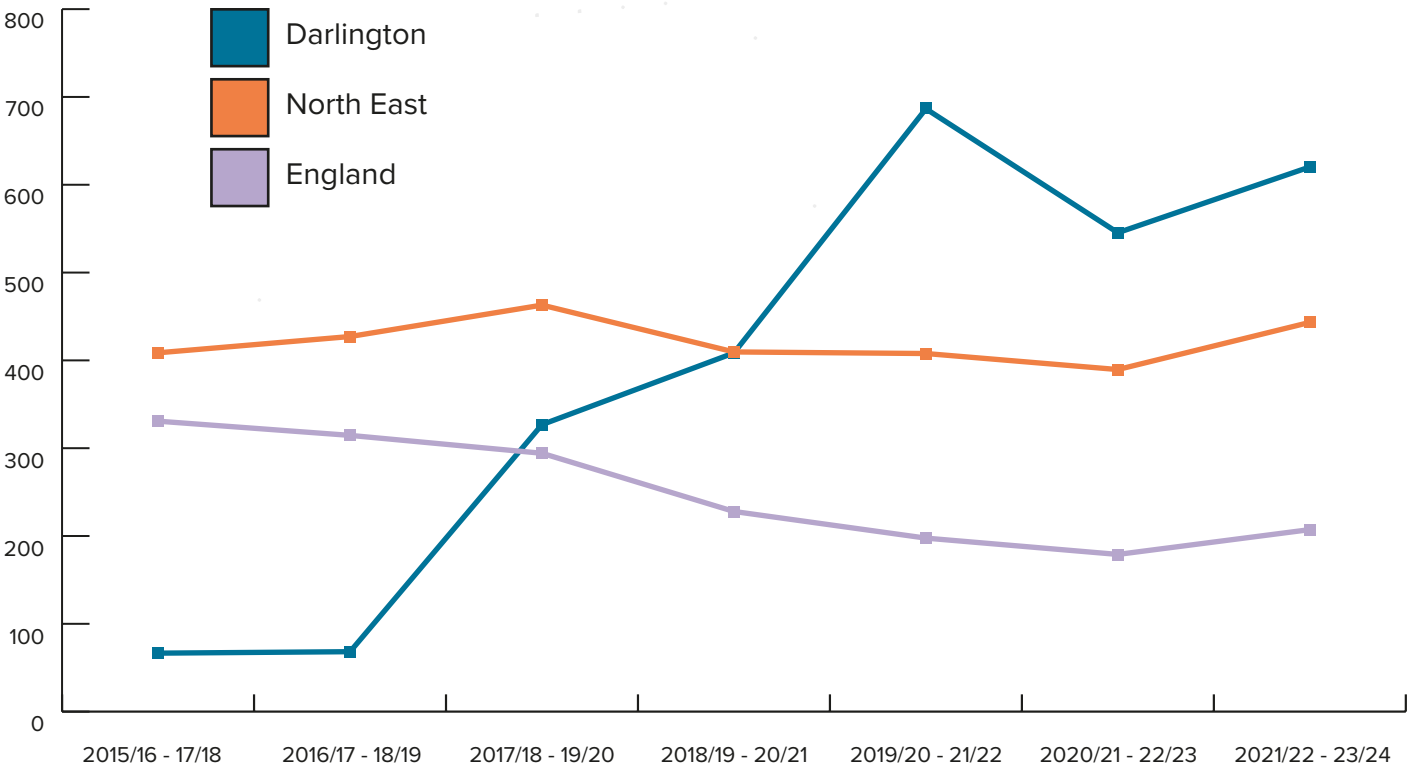
For 2024/25, 135 extractions were carried out on residents aged 0-19 and 85 were for 0-9 year olds.

2024/25



Darlington has a significantly higher rate of hospital admission for dental caries (decay) in 0-5 year olds than the England and North East average.

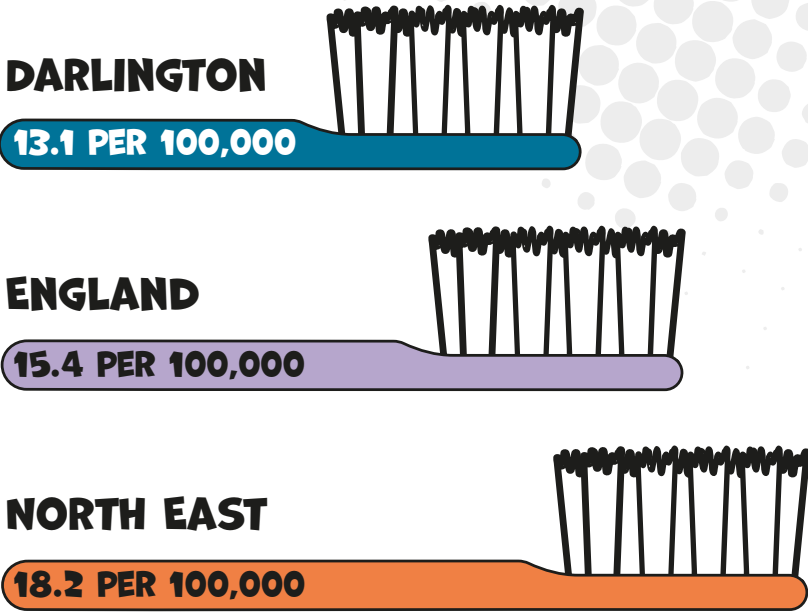
Hospital admissions for dental caries (0-5 years)



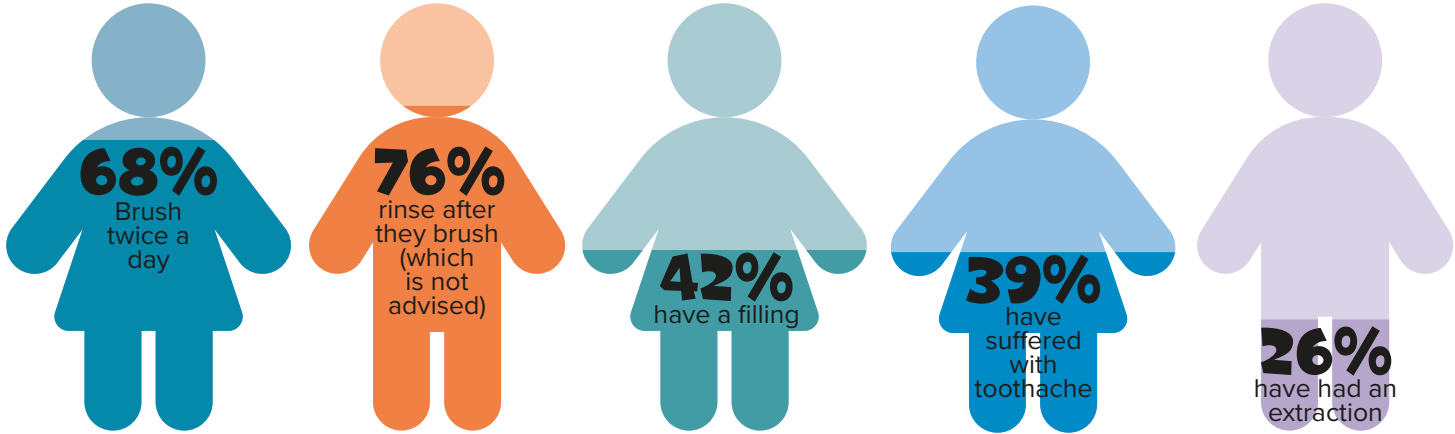
The data released in 2020 for adult oral health collected by dentitions as seen below, highlights that 27% of adult Darlington residents have active tooth decay. 21% are suffering oral health impacts, 88% have a filling or filled teeth and 87% were in need of treatment.

Local Authority Name		% with active decay (DT>0)	% suffering any oral health impacts fairly or very often	% with Filled Teeth	% with any treatment needed
North East	England	26.8	17.7	90.2	70.5
	North East	27.3	22.6	90.2	75.4
	County Durham	26.8	17.6	89.1	84.5
	Darlington	27.3	21.2	88.8	87.3
	Gateshead	26.0	22.8	82.9	63.1
	Hartlepool	25.9	24.5	83.5	80.0
	Middlesbrough	28.5	27.9	88.8	75.7
	Newcastle upon Tyne		11.8		
	North Tyneside				
	Northumberland	43.8	13.6	92.9	84.8
	Redcar and Cleveland	27.4	21.8	94.4	80.4
	South Tyneside	18.6	25.8	91.2	47.9
	Stockton-on-Tees	29.5	25.0	95.6	87.4
	Sunderland	24.0	24.7	86.7	64.0

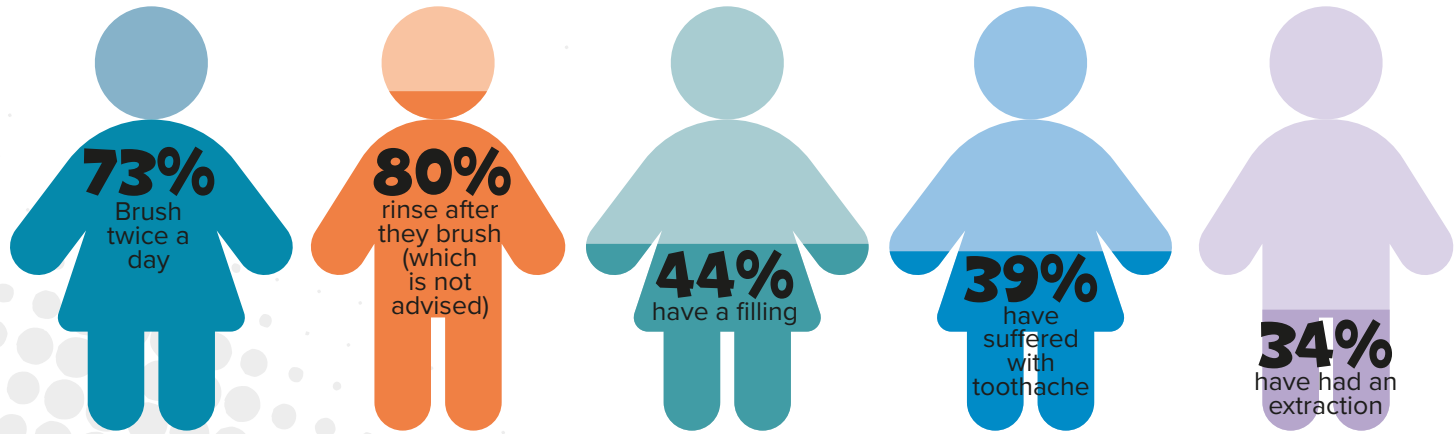
In 2017-19, the registration rate for oral cancer was 13.1 per 100,000 in Darlington. This is statistically similar to the England average of 15.4 per 100,000 population but lower than the North East average of 18.2 per 100,000.



Our local Healthy Lifestyle Survey, delivered annually, in an average of 27 schools, with pupils from school years 5-11 (aged 9-16) asks about their own oral health care routines. The self-reported data from 2025/26 tells us that from 1,717 primary school children in year 5 and 6.



In secondary schools, across school years 7 - 11, from 2839 young people, they self-report that:



This data is the combined data from all participating schools, some schools have self-reported data describing that less than 50% of pupils brush twice daily.

Each school uses their individual data to plan a response, several schools have highlighted oral health as a specific issue to target, with some extending their supervised toothbrushing provision, sending resources and information home and ensuring oral health is a key feature in the school curriculum.

WHAT ARE WE DOING?

SUPERVISED TOOTHBRUSHING PROGRAMME

As part of our prevention programme the County Durham and Darlington Oral Health Team are commissioned to deliver a supervised toothbrushing programme in early years and primary school settings. This programme provides the resources, training and support to implement the scheme in settings where children clean their teeth in school, as an addition to cleaning at home.

Our programme in Darlington has grown extensively in the last year with most settings now taking part in the scheme. The Early Years Framework highlights participation in this programme as best practice and within some of our primary schools, an extension from delivering only in reception and year one now means that some children up to year 4 are cleaning their teeth in school. Such examples of the expansion of the offer are influenced by our local data and identified need; several settings are considering a whole school model in the next academic year. It is important to communicate that brushing in nursery or school is not a replacement for brushing at home but an addition.

To further increase awareness we also aim to communicate positively with parents and carers around the importance of brushing at home and good oral health, sharing key messages which include, 'brush your teeth twice a day for 2 minutes', 'spit, don't rinse', and 'avoid lots of sugar'.

As part of the drive to increase support and participation in the Supervised Toothbrushing programme a range of videos have been developed to explain the process and benefits. The resources can be found on our Darlington Xtra page: **Darlington Xtra - Oral Health in Darlington**.

HEALTHY EARLY YEARS

The development of the HEY (Healthy Early Years Award) in Darlington allows early years settings to demonstrate their work on health issues, including oral health, physical activity and healthy eating within their setting. With staff training, policy development, activities and learning through play and communication with parents and carers, enabling them to embed healthy behaviours at home. For more information or to register your interest, you can access the criteria [here](#).

HEALTH VISITING

Our Growing Healthy Team, which includes health visitors, deliver a routine offer to all families with babies at regular intervals. As part of this offer at the 9 - 12 month visit, all parents will now be offered a free flow cup, alongside a discussion on oral health, teeth cleaning and the best drinks to offer in a free flow cup to prevent dental decay in children. Some families will also receive toothbrush and toothpaste packs to support them in developing better oral health habits with the correct equipment. The health visiting team also enquire and support access to local dentists as part of their routine conversations.

EDUCATION

As mentioned earlier, the Healthy Lifestyle Survey is a key tool for schools delivering a needs-based curriculum locally. In July 2025, the new RSHE (Relationships and Health Education) Guidance was released. Schools must be compliant with the statutory guidance from September 2026. Support has been given to schools in order to prepare for this and ensure the curriculum is prioritised on the local needs of our children and young people. This is a key feature and something we are pleased to see in the national guidance.

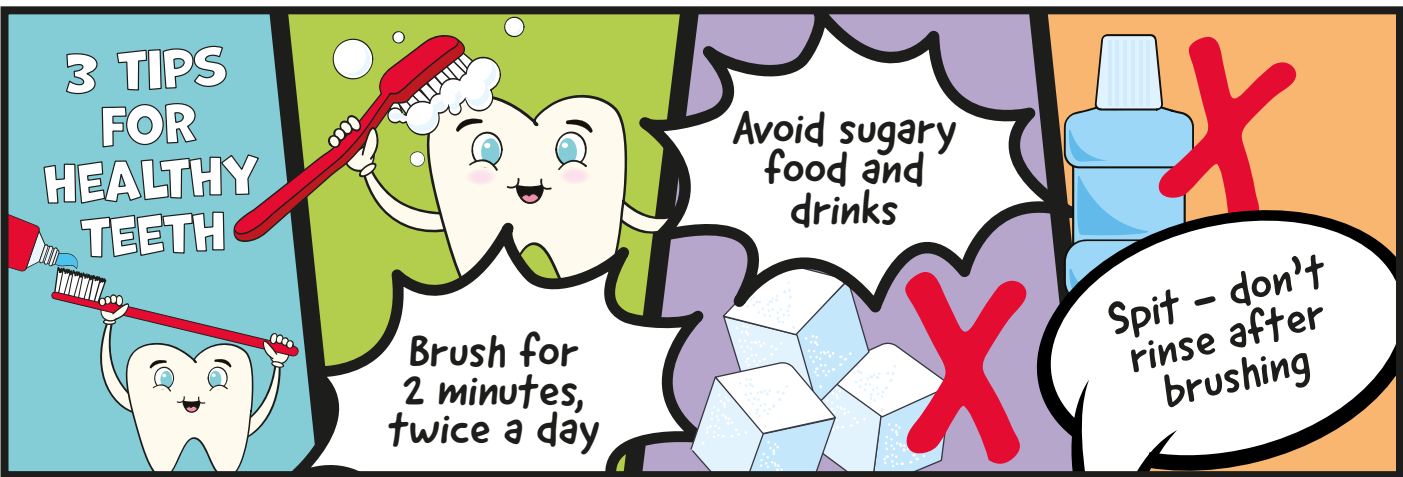
CARING FOR YOUR SMILE PROGRAMME

This is a North East oral health programme for residential care homes, developed in response to the NICE oral health for adults in care homes guidelines, and the oral health toolkit for adults in care homes. The County Durham and Darlington Oral Health Team deliver this programme with Care Homes in Darlington, utilising the Residential Care Home Provider Network to share information and increase uptake.

Delivery of the programme includes an initial meeting, needs assessment, nominating a champion in the setting, training for staff and reviewing and updating policies and procedures. Training for the staff includes developing individual mouth care plans and daily mouth care delivery, and recording diet, fluoride and denture care. The settings are issued with a resource hamper to support implementation, and follow-up support is given as and when needed, with bespoke and additional training offered for new staff.

ENGAGING WITH THE PUBLIC

In order to deliver consistent messaging to create positive behaviour changes in oral health practices we have planned a range of community engagement events, both in partnership with town events delivered at peak times and in addition more specific awareness raising, such as Mouth Cancer Month, National Smile Month and key promotion activities when there is a high level of residents attending events including Darlington by the Sea. We aim to develop a communication plan to accompany our strategy and deliver a range of consistent, simple but highly effective messages to a range of residents, alongside our other interventions, with the intention of gaining knowledge and skills to develop more positive oral health behaviours.



OPTIMISING EXPOSURE TO FLUORIDE

At a population level, fluoridation is the most effective way of reducing oral health inequalities as it ensures the most deprived areas receive fluoridated water. There is high quality scientific evidence that shows that water fluoridation is a safe and effective public health intervention that can improve overall dental health. Fluoridating water helps to strengthen dental enamel, which prevents dental decay (caries). The available evidence to support fluoridation suggests that this is a cost-effective intervention with a good return investment.

In 2024 the Department of Health and Social Care consulted on implementing a North East Water Fluoridation Scheme. The proposal was approved, and plans are being developed to implement the scheme.

PARTNERSHIP WORKING

In 2025 a local Oral Health Alliance was established, bringing together partners to develop the Oral Health Promotion Strategy and work plan. The Alliance has been instrumental to the development of the strategy, and partners are actively delivering some of the actions identified in the work plan, including engaging with residents and raising awareness of good oral health habits. The work of the Alliance will continue to support and monitor the implementation of the work plan.

ADDITIONAL CONSULTATION

In addition to the consultation and engagement work already described, across the North East and North Cumbria Healthwatch carried out community engagement with 3800 people, gathering views on dentistry and oral health. The findings have informed the NENC Oral Health and Dental Strategy and our local plans.

We also delivered a range of promotional events during 2025 and gathered feedback through direct engagement. Findings from all these events have influenced the strategy and work plan, through capturing the needs of our local population.



ACKNOWLEDGEMENTS

Many thanks to all the individuals and organisations which have contributed to the development of the Oral Health Promotion Strategy and work plan, including public health colleagues from other local authorities who have generously supported and advised.

Particular thanks go to Catherine Shaw in the Public Health Team for leading the work and developing the Oral Health Alliance.

The members of the Oral Health Alliance have been instrumental to the work, providing their expertise, ideas and feedback and championing oral health promotion.

GLOSSARY/KEY TERMS

OHC	Oral Health Care
OHP	Oral Health Promotion
STBS	Supervised Toothbrushing Scheme
DHSC	Department of Health and Social Care
CDDFT	County Durham and Darlington Foundation Trust
HLS	Healthy Lifestyle Survey
HEY	Healthy Early Years
RSHE	Relationships, Sex and Health Education





REFERENCES AND FURTHER READING

DHSC and NHS England Delivering better oral health: an evidence-based toolkit for prevention
Published June 2014, Updated September 2025

NICE: Oral Health Local Authorities and Partners Public Health Guidelines October 2014

Health and Social Care Act 2012

Public Health England Inequalities in oral health in England March 2021

A country that works for all children and young people: An evidence-based plan for improving children’s oral health with and through education settings - Child North, N8 Research Partnerships, Health Equity North and Centre for Young Lives

NENC Oral Health and Dental Strategy 2025 - 2027

PHE York Health Economics Consortium A rapid review of evidence on the cost-effectiveness of interventions to improve the oral health of children aged 0-5 years 2016

Office for Health Improvement and Disparities: Official Statistics Short statistical commentary for hospital tooth extractions in 0- to 19-year-olds 2024 - Updated 12 November 2025

DH Choosing better oral health: an oral health plan for England 2005

National Epidemiology Programme for England: oral health survey of five-year-old children 2012

Local Authorities improving oral health: commissioning better oral health for children and young people. An evidence - informed toolkit for local authorities PHE 2014

DfE RSHE Guidance July 2025

Official Statistics: Hospital tooth extractions in 0 to 19 year olds 2024

DHSC Public Health Profiles

PHE Oral health survey of adults attending dental practices 2018

Office for Health Improvement and Disparities: Official Statistics National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old school children 2024

UK Parliament Post: Water fluoridation and dental health: 2024 update

Healthwatch NENC and NHS NENC: Views and experiences of NHS dentistry in the North East and North Cumbria Briefing

NICE Oral health toolkit for adults in care homes Published 27 November 2020

Oral health toolkit for adults in care homes Published 27 November 2020

DHSC, Short statistical commentary for hospital tooth extractions in 0-19 year olds 2025 (published in 2026)

APPENDICES

Oral Health Alliance Membership

Organisation	Representative
Darlington Borough Council	• Public Health Portfolio Lead • Public Health Officer - Oral Health Lead • Public Health - Data Analyst • Early Years - Education • Children’s Services • Social Care • Communications & Marketing
County Durham and Darlington NHS Foundation Trust	• Oral Health Team • Public Health Consultant • Maternity Services • Social Prescribing
Health organisations	• Harrogate & District NHS Foundation Trust - 0-19 Services Manager • Primary Care Network • Stop Smoking Service • Dental Representative • NHS Oral Health Lead
Voluntary and Community Sector organisations	• Healthwatch • Darlington Association on Disability • Care Home Representative



ORAL HEALTH PROMOTION STRATEGY 2026 - 2029

OUR SHARED VISION:

Improve oral health care across all life stages, giving our population the knowledge, skills and tools needed to improve their own oral health care, reduce decay and normalise good oral health practices.

OUR PRIORITIES: (INTENT)

Reduce childhood tooth decay, hospital admissions and tooth extractions related to decay.

Improve knowledge on key oral health promotion messages, including brushing and rinsing.

Reduce health inequalities targeting vulnerable groups with interventions and equipment for better Oral health care.

Improve oral health care for older people in residential care and those receiving palliative care.

OUR ENABLERS: (IMPLEMENT)

Implementation of the Supervised toothbrushing scheme and research to overcome barriers to participating.

Planned interventions with parents, carers and families to distribute key knowledge and equipment.

Communication campaign, events and targeting groups and projects that already exist.

Support the implementation of water fluoridation.

Oral Health Alliance, Strategy and Work Plan delivery with partners supporting the delivery of the content.

Health Visitor 9-12 month visits - Oral health promotion discussion and distribute key information and equipment including free flow cup.

Delivery of the Smile Matter Programme for care homes and extension of information to supported living communities.

OUR IMPACT: (IMPACT)

Less visual decay in 5 year olds.

Improved toothbrushing reported in the HLS and reduced rinsing

Improved uptake and increase in the Supervised Toothbrushing Scheme in Early Years and Schools

Reduced need for urgent and emergency dental care and better access to NHS dental care in line the NENC Strategy.

Increased uptake of the Smiles Matter Programme and improved Oral health promotion in Community Care Settings.



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**HEALTH AND HOUSING SCRUTINY COMMITTEE
24 JUNE 2026**

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the draft work programme items scheduled to be considered by this Scrutiny Committee during the 2026/27 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 draft work programme (**Appendix 1**) for the 2026/27 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 3 June 2026.
3. Once the work programme has been approved by this Scrutiny Committee, 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. Members are requested to consider and approve the attached draft work programme as the agreed work programme for the Municipal year 2026/27 and any other additional items which they might wish 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

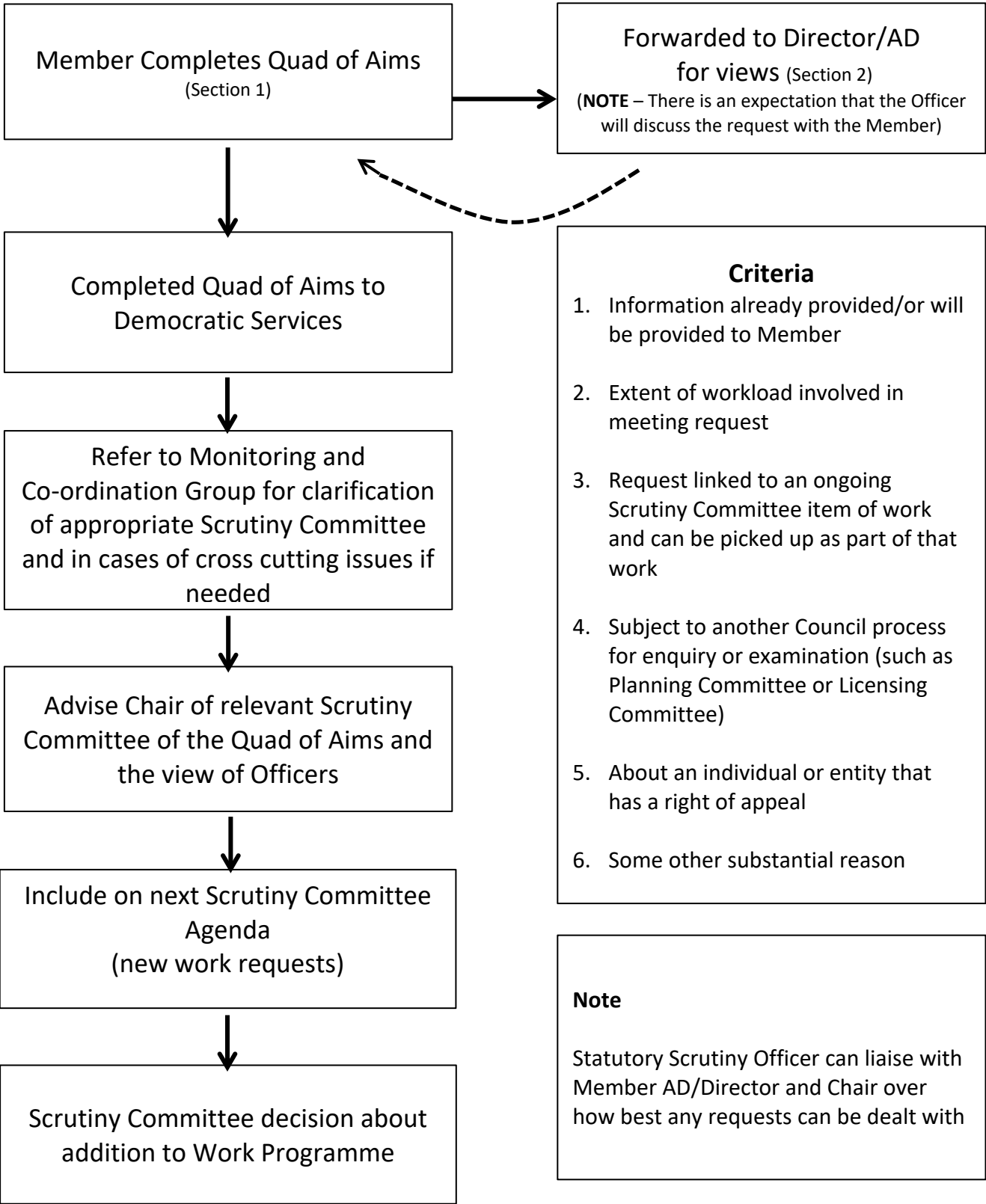
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Oral Health Strategy	24 June 2026	Catherine Shaw		Prior to submission to Cabinet
Director of Public Health Annual Report	24 June 2026 April/June 2027	Lorraine Hughes		Annual Update
Playing Pitch and Built Facilities Strategy	19 August 2026	Lisa Soderman		Prior to submission to Cabinet
Housing Services Rent Setting Policy	19 August 2026	Anthony Sandys		Prior to submission to Cabinet
Performance Management and Regulation/ Management of Change Regular Performance Reports to be Programmed	6 January 2027 19 August 2026	Relevant AD		To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Health and Safety Compliance in Council Housing update	19 August 2026	Cheryl Williams / Anthony Sandys		Annual Update
Housing Services Annual Report 2025-26	28 October 2026	Anthony Sandys		

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Housing Services Anti-Social Behaviour Policy (new policy)	28 October 2026	Anthony Sandys/ Claire Gardner- Queen		Prior to submission to Cabinet
Housing Services – Housing Management Policy (new policy)	28 October 2026	Anthony Sandys/ Claire Gardner- Queen		Prior to submission to Cabinet
Housing Services Tenant Involvement Strategy 2024-2029	28 October 2026	Claire Gardner- Queen		Annual Update
Physical Activity Strategy	6 January 2027	Lisa Soderman		Annual Update
Quality Accounts – 6 Monthly Update	6 January 2027	TEWV/ CDDFT		
Year End Update	May/June 2027			
Local Outcomes Framework Initial Reporting	6 January 2027	Lorraine Hughes/Anthony Sandys		
Housing Revenue Account MTFP 2027-31	6 January 2027	Anthony Sandys		
Medium Term Financial Plan	6 January 2027	Brett Nielsen		
Preventing Homelessness and Rough Sleeping Annual Update	3 March 2027	Janette McMain		Annual Review

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Better Care Fund	3 March 2027	Stacy Annandale		Annual Report
Health Protection Assurance Report	3 March 2027	TBC (Lorraine Hughes in interim)		Annual Update
Lifeline and Extra Care Services Model	3 March 2027	Janette McMain		
Housing Services Climate Change Strategy update	14 April 2027	Anthony Sandys		Annual update
Funding for stop smoking/Alternatives to smoking and Addiction in Children and Young People	14 April 2027	Abbie Kelly/ Mark Harrison		
Healthy Weight Plan	TBC	Jane Buckton		
Best Start in Life Plan	TBC	Jane Buckton		
Travelling Community Public Health	TBC	Florence McLean/Abbie Kelly		
House Building Programme	TBC	Anthony Sandys		

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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: 1 JUNE 2026 – 31 OCTOBER 2026**

Title	Decision Maker and Date
Adoption of a Supplementary Planning Document on Houses in Multiple Occupation Guidance	Cabinet 9 Jun 2026
Adoption of Homes Strategy and Action Plan for the Borough	Cabinet 9 Jun 2026
Cityheart – East Street development and the Stem Centre	Cabinet 9 Jun 2026
Crisis and Resilience Fund	Cabinet 9 Jun 2026
Delivery of new homes at Burtree Garden Village. Joint Venture Proposals. Site 1 (Cell LMO)	Cabinet 9 Jun 2026
Representation On Other Bodies 2026/27	Cabinet 9 Jun 2026
Approval of Victoria Embankment Conservation Area Appraisal	Cabinet 7 Jul 2026
Approval of West End Conservation Area Appraisal	Cabinet 7 Jul 2026
Collection of Council Tax, Business Rates and Rent 2025/26	Cabinet 7 Jul 2026
Climate Change Progress	Cabinet 7 Jul 2026
Community Asset Transfer Policy	Cabinet 7 Jul 2026
CPC Action Plan	Cabinet 7 Jul 2026
Land at Ingenium Parc and Morton Palms - Development Proposal	Cabinet 7 Jul 2026
Strategic Asset Plan	Cabinet 7 Jul 2026
Year End Performance Report - Quarter 4	Cabinet 7 Jul 2026
Annual Review of the Investment Fund	Cabinet 8 Sep 2026
Delivery of new homes at Burtree Garden Village. Joint Venture Proposals. Site 2. (Cell CH)	Cabinet 8 Sep 2026
Playing Pitch and Built Facilities strategy	Cabinet 8 Sep 2026
Project Position Statement and Capital Programme Monitoring - Quarter 1	Cabinet 8 Sep 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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Thursday, 12 March 2026

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

A meeting of the Tees Valley Joint Health Scrutiny Committee was held on Thursday, 12 March 2026 at the Council Chamber, Civic Centre, Ridley Street, Redcar, Yorkshire, TS10 1TD.

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

OFFICIALS C Breheny, C Jones, T Gilchrist, L McCrindle, S McKenna, C Morton, Raine, J Todd, G Woods, J Young and G Jones.

APOLOGIES FOR ABSENCE

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

38 **DECLARATIONS OF INTEREST**

The following declarations of interest (non-pecuniary) were raised: -

- Item 6 and Item 7 – Councillor J Kabuye is undertaking a PhD in public health focusing on mental health.

It was **RECOMMENDED** that the Committee note these declarations.

39 **APPOINTMENT OF VICE CHAIR 2025/26**

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

Councillor Kabuye was nominated by Councillor Layton, seconded by Councillor Besford.

Councillor Jackson was nominated by Councillor Jackson, seconded by Councillor Coulsen.

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

40 **MINUTES OF THE MEETING HELD ON 11 DECEMBER 2025**

The minutes of the meeting held on 11 December 2025 were considered.

RESOLVED that the minutes be approved as a correct record, subject to

Thursday, 12 March 2026

an amendment to include Councillor Besford's apologies.

41 **NORTH EAST AMBULANCE SERVICE (NEAS) NHS FOUNDATION TRUST QUALITY ACCOUNT FOR 2025/26**

The Committee received a detailed presentation from representatives of the North East Ambulance Service (NEAS) NHS Foundation Trust, including the Deputy Director of Quality and Safety, outlining performance against the Trust's Quality Account priorities for 2025/26 and emerging priorities for 2026/27.

In introducing the report, it was highlighted that NEAS had experienced a year of significant operational pressure, managing approximately one million calls across the region, whilst maintaining its position as one of the highest performing ambulance Trusts nationally. The Committee was advised that alongside performance, a strong emphasis continued to be placed on quality, safety and learning, particularly in ensuring that improvements were sustainable and patient-focused.

Members heard that the Trust had embedded a mature patient safety culture, evidenced by sustained high levels of incident reporting. Whilst approximately 2.7 per cent of calls resulted in recorded patient safety incidents, the majority were categorised as low or no harm. It was emphasised that this reflected a positive organisational culture, where staff were encouraged to report concerns and near misses, enabling the Trust to learn proactively and prevent more serious incidents from occurring.

The Committee also noted the Trust's strong performance in relation to patient experience, with complaints remaining consistently low at around 0.2 per cent of total activity. In contrast, levels of positive feedback and appreciations significantly exceeded complaints. It was advised that patient satisfaction across most service areas was in excess of 90 per cent, with the exception of the NHS 111 service, which had lower satisfaction levels but was subject to targeted investment and workforce expansion to improve responsiveness.

Particular attention was drawn to the Trust's quality priority relating to cardiac arrest and resuscitation outcomes, which had been a major focus throughout the year. Members were informed that this work had delivered measurable improvements, including an increase in 30-day survival rates and overall patient outcomes. The Trust was noted to already perform strongly in this area nationally, and further gains demonstrated a continued commitment to clinical excellence. Members were advised that although this would not remain a standalone priority in the forthcoming year, it would continue to be monitored closely through clinical audit processes to ensure progress was sustained.

Thursday, 12 March 2026

A further key area of focus had been workforce development and staff wellbeing. Members heard that significant improvements had been made in clinical supervision arrangements, career pathways, and staff engagement. It was advised that the introduction of a clinical career framework and enhanced support structures had resulted in improved staff survey outcomes, with employees reporting that they felt more supported, valued, and invested in. The importance of supporting staff following traumatic incidents was also emphasised, alongside ongoing work to reduce stigma associated with mental health and to promote staff wellbeing initiatives.

Members also received an update on the work undertaken to improve communication and inclusivity, particularly for patients with learning disabilities. It was highlighted that NEAS had developed its own bespoke training package tailored specifically to ambulance services, which had received national recognition. This work had contributed to improved patient experience and more effective communication with vulnerable groups, although further work was planned to expand patient involvement mechanisms, including the establishment of a Patient Experience Panel.

During discussion, Members welcomed the positive performance outlined within the report and commended the Trust for its achievements in both clinical outcomes and organisational culture. Specific praise was given to the development of career pathways and the use of patient stories at Board level to inform service improvement. However, Members also raised a number of areas for further consideration. These included:

- The availability and accessibility of complaints mechanisms, particularly for individuals who may not be able to access digital platforms;
- The need to ensure that digital exclusion did not act as a barrier to feedback or service access;
- The importance of benchmarking performance against comparable organisations to provide broader assurance; and
- The continued need to prioritise staff mental health and wellbeing, ensuring that support mechanisms were consistently applied across all operational levels.

In response, Members were assured that multiple routes were available for patients to provide feedback, including through staff on scene, and that work continued to enhance accessibility. It was also acknowledged that benchmarking remained complex due to variations between ambulance services, though national learning networks were being utilised to improve comparative understanding.

In concluding the item, the Chair thanked representatives for a comprehensive and transparent presentation, recognising both the scale of demand faced by the service and the progress made in improving quality and safety.

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RESOLVED that:

1. The update on the NEAS Quality Account 2025/26 be noted;
2. Members' comments be taken into account in finalising the Quality Account; and
3. A draft Statement of Assurance be prepared on behalf of the Committee and circulated for approval, with final sign-off delegated to the Chair and Vice-Chair.

42 **TEES ESK AND WEAR VALLEY (TEWV) NHS FOUNDATION TRUST
URGENT CARE MENTAL HEALTH CRISIS UPDATE**

The Committee received a detailed update from the Director of Operations and Transformation and the General Manager for Adult Mental Health Urgent Care at Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust on the delivery and performance of crisis mental health services across the Tees Valley.

In introducing the report, the Director outlined the significant transformation that had taken place since the introduction of the 24/7 single point of access via NHS 111 (option 2) in April 2024. This model, supported by a dedicated mental health screening team, had been designed to improve the timeliness and quality of responses to individuals experiencing mental health crises. Members were advised that this approach had represented a deliberate deviation from some national models, enabling a more clinically informed triage process at the earliest point of contact.

Performance data presented to Members demonstrated substantial improvements across key indicators. Members noted that call answer rates had increased significantly since implementation, with the service now achieving rates in excess of 95 per cent, compared to a national average considerably below this level. Abandonment rates were reported to be significantly lower than national figures, where approximately 27 per cent of calls were not answered, demonstrating the relative effectiveness of the local model.

In addition, the Trust reported strong performance in relation to responsiveness, including a high proportion of calls answered within target times and a national ranking of 7th out of 54 providers for call answering performance. Members were advised that, while performance against some internal aspirational targets remained slightly below the desired level, the Trust's position compared favourably against national benchmarks, and continuous improvement was being driven through workforce and service redesign.

Members also noted sustained improvements in triage and assessment

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processes, including increased rates of calls being answered by trained mental health professionals within seven minutes. It was advised that where an immediate response could not be achieved, robust callback systems were in place, with assurances provided that all patients received follow-up contact and appropriate clinical oversight.

With regard to clinical outcomes, Members were informed that the Trust was performing strongly against national standards for urgent and very urgent referrals. Data indicated that over 98 per cent of urgent referrals were seen within 24 hours, placing the Trust among the highest performing organisations nationally.

The Director further outlined developments in crisis pathway provision, including the continued success of crisis assessment suites, particularly in Middlesbrough, which had been operational for over a decade. These facilities were reported to manage a significant volume of self-presenting patients, alongside referrals from partner agencies such as the Police. Members noted that partnership working had been recognised through national awards, reflecting the effectiveness of multi-agency collaboration in preventing escalation and supporting patient safety.

The Committee also heard about ongoing work to expand capacity and develop community-based alternatives to hospital admission, including proposals for additional mental health crisis beds and enhanced neighbourhood-based models of care. These developments were framed within broader system changes, including the planned rollout of 24/7 neighbourhood mental health centres, which aim to integrate statutory and voluntary sector provision.

During the ensuing discussion, Members welcomed the clear evidence of improvement in crisis response performance and acknowledged that the update addressed many previously raised concerns regarding NHS 111 mental health provision. However, a number of important issues were highlighted for further consideration.

Members emphasised the need for greater transparency in reporting, particularly in relation to:

- The proportion of patients not receiving an initial response within seven minutes;
- The role and effectiveness of callback arrangements; and
- The inclusion of these measures within routine performance reporting.

In addition, Members raised concerns regarding data gaps and inequalities, specifically noting the absence of data relating to ethnicity and access for minority groups. The importance of understanding differential access and outcomes across diverse communities was

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strongly emphasised.

A significant area of discussion related to the role of community and voluntary sector provision, including wellbeing hubs and drop-in services. Members expressed concern that current reporting did not fully capture activity within these services, particularly in Stockton, and therefore did not provide a complete picture of demand across the system. Members requested further information on the scale, impact and outcomes associated with such services, and specifically asked that data relating to walk-in presentations and community engagement be provided to the Committee.

Members also explored issues relating to system capacity and demand, noting the high volume of referrals and the continuing increase in individuals seeking support. Concerns were raised regarding the sustainability of current arrangements and the need to ensure that all individuals entering the system received appropriate and timely care, without being repeatedly redirected between services.

In response, the Director acknowledged the challenges associated with demand and workforce capacity, confirming that ongoing work was being undertaken to align staffing levels with peak demand periods and to develop new models of care. It was also noted that some community-based services were commissioned externally, which had implications for data availability and reporting.

In concluding the item, the Chair thanked TEWV representatives for a comprehensive and informative presentation, noting the significant progress made whilst also recognising the continued complexity of delivering mental health crisis services within a pressured system.

RESOLVED that:

1. The update on urgent care mental health crisis services be noted; and
2. Further information be provided to the Committee on community mental health provision, including walk-in activity, wellbeing hubs and associated demand and outcomes.

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TEES ESK AND WEAR VALLEY (TEWV) NHS FOUNDATION TRUST - QUALITY ACCOUNT FOR 2025/26

The Committee received a comprehensive presentation from representatives of Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust regarding the development of the Trust's Quality Account for 2025/26 and the emerging priorities for 2026/27.

In introducing the report, the statutory requirement for NHS Trusts to

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produce an annual Quality Account, setting out performance against key quality domains of patient experience, patient safety and clinical effectiveness, alongside priorities for improvement in the forthcoming year were outlined. Members were advised that the Trust was in the process of finalising its Quality Account, with stakeholder consultation scheduled prior to publication by the end of June 2026.

A central theme of the presentation was the Trust's continued commitment to co-production, with quality priorities developed in partnership with individuals with lived experience, carers and wider stakeholders. Members noted that this approach aimed to ensure that service improvement was grounded in real experiences and reflective of the needs of those accessing services.

The Committee was advised that the Trust's three overarching quality priorities remained as:

1. Improving patient experience through education and the use of lived experience;
2. Enhancing patient safety through a focus on relapse prevention; and
3. Strengthening clinical effectiveness through personalised approaches to urgent care.

In relation to patient experience, Members heard about work to embed lived experience within training, governance and decision-making processes. This included the development of co-creation frameworks, strengthened partnerships with external organisations, and initiatives to improve carer involvement. It was also acknowledged that, whilst significant activity was underway, work to ensure consistent strategic oversight and meaningful engagement of carers remained at an early stage.

The Committee was informed that, in respect of patient safety, the Trust had focused on relapse prevention and the development of personalised safety and wellbeing plans. Progress had been made in embedding new policies and training, supported by the Quality Assurance and Improvement Programme. However, Members were advised that further work was required to ensure consistency in practice, particularly in relation to post-discharge support and meaningful carer involvement.

With regard to clinical effectiveness, the presentation highlighted the implementation of the "My Story Once" approach, designed to reduce the need for patients to repeatedly recount their experiences when accessing different services. This work was supported by improvements in information sharing, digital systems, and workforce training, alongside the development of Trust-wide guidance promoting a "One Person, One Assessment" model of care.

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Across all three priority areas, assurance was currently rated as “reasonable”, with clear evidence of progress but recognition that further work was required to demonstrate consistent impact and sustainability.

During discussion, Members welcomed the co-production approach and acknowledged the importance of embedding lived experience in shaping services. Members commended the increased focus on personalisation and improved information sharing, recognising these as critical to enhancing patient experience.

However, Members also raised a number of significant concerns and challenges. These included:

- The increasing demand for children and young people’s mental health services, including rising rates of distress and suicide;
- Long waiting times for neurodevelopmental assessments and CAMHS services, and the impact of delays on families;
- A perceived lack of communication and ongoing support for individuals awaiting assessment or treatment; and
- The need for stronger engagement with schools and community settings to support early intervention and prevention.

Members emphasised the importance of ensuring that children and young people had accessible routes to support and highlighted the value of early engagement and education in preventing escalation of need.

Further discussion explored issues relating to equality, diversity and inclusion, with Members seeking assurance regarding cultural competence and the Trust’s ability to meet the needs of diverse populations. It was acknowledged that this remained an area for development and the Director outlined ongoing work to improve understanding of inequalities, including initiatives aimed at becoming an anti-racist organisation and enhancing staff training.

Members also considered the challenges associated with data sharing and multi-agency working, noting the complexity of delivering truly integrated care across organisational boundaries. Whilst recognising existing partnership working, Members stressed the importance of continued progress towards a more unified and accessible system for both patients and professionals.

In response, the concerns raised were acknowledged, particularly in relation to waiting times and communication. It was noted that these challenges reflected wider national pressures and increasing demand. It was confirmed that work was ongoing to reshape pathways, improve communication, and strengthen partnership working, although resource constraints remained a significant limiting factor.

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In concluding the discussion, the Chair thanked representatives for a comprehensive and candid presentation, recognising both the progress made and the challenges that remained.

RESOLVED that:

1. The update on the TEWV Quality Account 2025/26 be noted;
2. Members' comments be taken into account in finalising the Quality Account; and
3. A draft Statement of Assurance be prepared on behalf of the Committee and circulated for approval, with final sign-off delegated to the Chair and Vice-Chair.

44 **WORK PROGRAMME 2025/26**

Members reviewed the items scheduled within the current programme and those identified for future consideration during the 2026/27 municipal year. In doing so, the Committee recognised the breadth and complexity of issues within the health system, and the importance of prioritising those matters that presented the greatest impact on patient outcomes and service delivery.

In concluding the item, the Chair reiterated the importance of the Work Programme as a key mechanism for the Committee to discharge its scrutiny function effectively, ensuring transparency, accountability and continuous improvement across the health system.

RESOLVED that the Work Programme be noted.

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

The Chair raised a few additional areas of concern, most notably in relation to neonatal and maternity service provision across the Tees Valley.

The Senior Democratic Services Officer advised that correspondence had recently been received from NHS England in respect of changes to neonatal services. Members were informed that the date as to when new pathway changes would come into effect was yet to be confirmed, but it was anticipated that plans were due to be implemented during summer 2026.

It was noted that since January 2026 NHS England had established an implementation board to oversee the changes. Representatives from all neonatal service providers were currently developing more detailed mobilisation plans, and this work included ongoing patient engagement activity.

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In addition, a task and finish group had been established, which included patient representatives from across the region through a Parent Advisory Group as well as continuing work carried out by Care Co-ordinators from the Neonatal Network who have very close relationships with families. It was advised that as this work progressed across the region, there would be further opportunities for the involvement of families from the Tees Valley area, and this would be specific to focus on any impact for the local area.

The Senior Democratic Services Officer advised that NHS England commissioners had advised that additional information could be provided to Members, as the implementation plans progressed.

During discussion Members drew reference to patient pathways and those involving transfers between hospital sites, with concerns expressed regarding continuity of care, specialist expertise and the overall patient experience for families. Members emphasised that these issues were of significant public interest and fell squarely within the Committee's remit for scrutiny.

Members agreed that the Committee had an important role in ensuring that significant service developments or potential risks were subject to appropriate oversight, particularly where changes could affect patient safety, accessibility or service quality. There was a shared view that future work programming should continue to reflect both locally raised concerns and strategic system priorities, ensuring that the Committee remained proactive in its scrutiny role.

The importance of engaging with partner organisations, including Trusts, Integrated Care Boards and local authorities, was also highlighted, with Members noting that collaborative working was essential to gaining a comprehensive understanding of system pressures and performance.

In response to Members' comments, it was confirmed that the issues raised would be included within the forward Work Programme, with further scoping undertaken where necessary to determine the most appropriate approach to scrutiny. It was also noted that opportunities remained for additional briefings or reports to be scheduled, either at Committee level or through informal Member development sessions, should emerging issues require more immediate consideration.

RESOLVED that an invite be extended to NHS England commissioners to attend a meeting of the TVJHSC to discuss the proposed changes regarding Neonatal Critical Care pathways across the North East and North Cumbria.