



DARLINGTON

Borough Council

Health and Housing Scrutiny Committee Agenda

10.00 am

Wednesday, 19 August 2026

Council Chamber, Town Hall, Darlington, DL1 5QT

Members of the Public are welcome to attend this Meeting.

1. Introduction/Attendance at Meeting
2. Declarations of Interest
3. To approve the Minutes of the meeting of this Scrutiny held on 24 June 2026 (Pages 3 - 6)
4. Healthy Weight Strategy Scoping Report –
Report of the Director of Public Health
(Pages 7 - 26)
5. Health and Safety Compliance in Council Housing 2025-26 –
Report of the Assistant Director – Housing and Revenues
(Pages 27 - 84)
6. Housing Services Rent Setting Policy 2026-2031 –
Report of the Assistant Director – Housing and Revenues
(Pages 85 - 108)
7. Performance Indicators Year End - Quarter 4 - 2025/26 –
Report of the Assistant Director – Housing and Revenues, Head of Leisure and Director of Public Health
(Pages 109 - 136)
8. Work Programme –

Report of the Assistant Director Law and Governance
(Pages 137 - 152)

9. Health and Wellbeing Board –
Included for information are the approved Minutes of the meeting held on 19 March 2026. The Board last met on 18 June 2026. The next meeting is scheduled for 29 September 2026.
(Pages 153 - 158)
10. Regional Health Scrutiny (Pages 159 - 168)
11. SUPPLEMENTARY ITEM(S) (if any) which in the opinion of the Chair of this Committee are of an urgent nature and can be discussed at the meeting.
12. Questions

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

Amy Wennington
Assistant Director Law and Governance

Tuesday, 11 August 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, 24 June 2026

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

ABSENT – Councillor Renton

ALSO IN ATTENDANCE – Councillor Roche

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

HH1 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH2 TO CONSIDER THE PROPOSED DATES AND TIMES OF MEETINGS OF THIS COMMITTEE FOR THE MUNICIPAL YEAR 2026/27

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

- 19 August, 2026
- 28 October, 2026
- 6 January, 2027
- 3 March, 2027
- 14 April, 2027

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

(1) 15 APRIL 2026

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 15 April 2026.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 15 April 2026 be approved as a correct record.

(2) 14 MAY 2026

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 14 May 2026.

RESOLVED – That, with the addition of Councillor M Nicholson's apologies, the Minutes of the meeting of this Scrutiny Committee held on 14 May 2026 be approved as a correct record.

(3) 29 MAY 2026

Submitted – The Minutes (previously circulated) of the meeting of this Scrutiny Committee held on 29 May 2026.

RESOLVED – That the Minutes of the meeting of this Scrutiny Committee held on 29 May 2026 be approved as a correct record.

HH4 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; and the recommendations made in the report for 2025/26 were outlined.

Discussion ensued regarding admissions for unintentional and deliberate injuries in children; and following a question regarding the stop smoking service Members acknowledged the work being undertaken to target key demographic groups. Members were pleased to note that the further improvement in the percentage of mothers smoking at the time of delivery, which had reduced further to 4.4 per cent.

Members sought clarification regarding the definition of 'poor health'; requested figures for those accessing perinatal mental health services; and discussed the uptake by schools for the Healthy Lifestyles Survey. Members noted that all schools in Darlington are invited to participate in the survey, that roughly 6000 children and young people in Years 5 to Year 11 complete the survey and that this would be rolled out to colleges in the future.

Discussion ensued regarding child poverty and how this was being addressed by the Council, with Members noting that the priority is to ensure every child has the best start in life; and reference was made to the Holiday Activity Fund and Public Health funding being used to target areas of deprivation.

RESOLVED – That the recommendations of the Annual Director of Public Health Report be accepted.

HH5 ORAL HEALTH PROMOTION STRATEGY 2026-2029

The Director of Public Health submitted a report (previously circulated) requesting that the draft Darlington Oral Health Promotion Strategy (2026-2029) (also previously circulated) be reviewed and considered.

The submitted report stated that good oral health is an important part of someone's overall health and wellbeing and oral health promotion is part of the public health responsibilities of the local authority.

It was reported that 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; and that the priorities set out in the strategy are based upon the principles of prevention, addressing inequalities and collaboration, taking a life course approach. Reference was made to the priority areas of the strategy.

Members were advised that the strategy had been developed in partnership with others through the establishment of an Oral Health Alliance, which 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 and the delivery of the strategy would also support the work of the North East and North Cumbria Integrated Care Board, which has responsibility for dentistry services.

Members extended their thanks to officers and discussion ensued regarding the importance of messaging around sugar content in drinks and the benefits of water fluoridation; Officers agreed that further work was required in relation to comms for sugar intake and informed Members that a school food working group and a comms plan would run alongside the strategy.

Members sought clarification regarding the programme of work for older adults in the community; and questions were raised in relation to monitoring the effectiveness of the strategy. Members noted that performance would be monitored by the Oral Health Alliance who have oversight of and review the plan on a page annually, in addition to the self-reported data in the Healthy Lifestyle survey and data relating to damaged/missing/filled teeth and hospital admissions for extractions.

Following a question regarding the supervised toothbrushing scheme, Members were advised that self-reporting had identified a number of benefits, including improved toothbrushing in the home environment, speech and language and attendance at school.

RESOLVED – (a) That the Oral Health Promotion Strategy be reviewed.

(b) That Members comments and feedback on the Oral Health Promotion Strategy be received.

HH6 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's draft work programme for the Municipal Year 2026/27 and to consider any additional areas to be included.

Discussion ensued on the current work programme including dates for those items currently unassigned a meeting date. It was requested that the item on 'House Building Programme' be received at the meeting scheduled for 28 October 2026 and Members agreed to receive an update on the Council's buyback programme for Council Housing. Members requested that any presentations received from external organisations be composed using an accessible size font.

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

HH7 REGIONAL HEALTH SCRUTINY

The Tees Valley Joint Health Scrutiny Committee last met on 2 June 2026 and the next meeting of the Tees Valley Joint Health Scrutiny Committee was scheduled for 23 July 2026.

Members noted the approved Minutes from the meeting held on 12 March 2026 (previously circulated). A discussion ensued regarding substitution arrangements for the joint scrutiny committee.

RESOLVED – (a) 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.

(b) That it be noted that Members of this Scrutiny Committee request that consideration be given to a review of the Council's substitution arrangements for Scrutiny Committees to ensure representation at the Tees Valley Joint Health Scrutiny Committee.

**HEALTH AND HOUSING SCRUTINY COMMITTEE
19 AUGUST 2026**

HEALTHY WEIGHT STRATEGY SCOPING REPORT

SUMMARY REPORT

Purpose of the Report

To provide scrutiny with an overview of healthy weight in Darlington, identifying the current population needs, key determinants influencing healthy weight and a proposed approach to the development of a Healthy Weight Strategy.

Summary

1. Overweight and obesity are key public health challenges locally and nationally impacting on life expectancy, healthy life expectancy and opportunities throughout the life course.
2. A whole systems approach to creating a healthy food environment is the evidence based model recommended by academia and public health leadership.
3. Key tools and programmes to support the development of a healthier food environment are the Healthy Weight Declaration, Good Food Local North East and the Sustainable Food Places network.

Recommendations:

4. It is recommended that Scrutiny Committee:-
 - (a) Note the contents of the report.
 - (b) Support the approach and timeline outlined for the development of the Healthy Weight Strategy and the actions identified, including the commitments of the Healthy Weight Declaration.

**Lorraine Hughes
Director of Public Health**

Background Papers

Darlington Best Start in Life Planⁱ
Darlington Joint Health and Wellbeing Strategyⁱⁱ
Darlington Climate Change Action Planⁱⁱⁱ
Darlington Physical Activity Strategy 2025 - 2035^{iv}

author : Jane Buckton Extension 403 042

Council Plan	This work will support the core principle of addressing inequalities and the priorities of giving children and young people the best start in life and enabling residents to live well.
Addressing inequalities	Recognises the impact of health inequalities on the population and focuses on actions to address these.
Tackling Climate Change	The work on Green Space, local growing and nature based programmes as well as reducing food waste are key elements in the Climate Change Action Plan.
Efficient and effective use of resources	This report has no impact on the Council's Efficiency Programme.
Health and Wellbeing	The work is intended to have a positive impact on the health and wellbeing of the people living, working and visiting Darlington
S17 Crime and Disorder	There are no implications arising from this report.
Wards Affected	All wards
Groups Affected	Predominantly residents but also those working in and visiting Darlington
Budget and Policy Framework	This report does not recommend any change to the Council's budget and policy framework.
Key Decision	No
Urgent Decision	No
Impact on Looked After Children and Care Leavers	The actions recommended in this report are for all people living and working as well as visiting Darlington, there are no specific actions identified at this point for Looked After Children or Care Leavers.

MAIN REPORT

Wider Context

5. The World Health Organisation (WHO)^v highlights the growing global overweight and obesity epidemic, and the associated health risks and early deaths from diseases including cardiovascular diseases, diabetes, cancers, neurological disorders, chronic respiratory diseases, and digestive disorders. In childhood there is a greater risk of early onset type two diabetes and cardiovascular disease; children living with overweight and obesity are at an increased risk of overweight and obesity in adulthood. This impacts quality of life as well as the life expectancy and healthy life expectancy. The WHO also recognise the complexity of interactions that cause obesogenic environments globally and the need for a system wide approach to tackle the issue. In 2023 to 2024, 64.5% of adults aged 18 years and over in England were estimated to be overweight or living with obesity^{vi}. Overweight and obesity have been steadily increasing over recent decades globally as well as nationally.

6. Although underweight affects a relatively small proportion of the UK population (2.1% of the UK population are classified as underweight^{vii}) compared with overweight and obesity, it remains a significant public health concern. Being underweight is associated with an increased risk of nutritional deficiencies, frailty, reduced muscle strength, impaired immunity, poorer recovery from illness, and adverse health outcomes. The burden is particularly evident among older adults, people with chronic illness, and those at risk of malnutrition. Public health approaches to healthy weight should therefore address the full weight spectrum, recognising the importance of preventing both undernutrition and excess weight while promoting equitable access to nutritious food, physical activity, and personalised support.
7. Poverty and deprivation are major determinants of good nutrition and healthy weight in the UK, influencing both food choices and wider health outcomes. People living in more deprived communities are significantly more likely to experience overweight and obesity than those living in the least deprived areas. Socioeconomic factors such as income, education, employment, housing, access to healthy food, and opportunities for physical activity all influence the risk of developing obesity^{viii}. The Food Foundation Broken Plate report 2025^x highlights that households on low incomes are more likely to experience food insecurity, with rising food, energy and housing costs reducing the amount of money available for nutritious food. As a result, families may rely on cheaper, energy dense foods that are high in fat, sugar and salt but low in essential nutrients, increasing the risk of poor diet quality, obesity and diet-related diseases. Deprivation is also associated with reduced access to healthy food retailers, fewer opportunities for physical activity, poorer housing conditions, and increased levels of stress, all of which can contribute to unhealthy weight gain. Children living in the most deprived areas are significantly more likely to be overweight or obese than those in the least deprived areas, and these inequalities often persist throughout adulthood.
8. A notable barrier to addressing overweight and obesity is weight stigma^x, it is a societal assumption that the cause of overweight and obesity is lack of self-discipline and that personal responsibility should be taken. However, evidence shows us that overweight and obesity is a complexity of genetics and environment. Weight stigma has a detrimental impact on physical and mental health, and it is a barrier to accessing services. There is an opportunity to challenge this common misconception.
9. Reducing obesity: future choices^{xi} (often referred to as the Foresight report) shows that healthy weight is a result of a complex system clustered into themes:
 - food production
 - food consumption
 - physiology
 - individual physical activity
 - physical activity environment
 - individual psychology
 - social psychology

National Policy and Guidance

10. National healthy weight policy in England is based on a whole-systems approach that recognises obesity as a complex condition influenced by biological, behavioural, environmental and social factors. Government policy aims to support healthier diets, increase physical activity and reduce health inequalities through a range of measures, including restrictions on the promotion and advertising of foods high in fat, sugar and salt, calorie labelling, the Soft Drinks Industry Levy, and access to NHS weight management services. National strategies emphasise prevention across the life course and recognise the importance of addressing the wider determinants of health, particularly the relationship between deprivation and obesity.^{xii}
11. The 10 year Fit for the Future Health Plan for England (2025)^{xiii} identifies obesity as one of the leading causes of poor health including cancer, cardiovascular disease, and type two diabetes. The plan recognises how our health and food choices are shaped by the environment that we grow, live and work in, known as the social determinants of health. It aims to move from sickness to prevention and included some key priorities as a “moonshot” to end the obesity epidemic by tackling childhood obesity through junk food and advertising restrictions as well as improving food in schools and steps to mitigate against poverty including restoration of the value of the Healthy Start scheme^{xiv} and the expansion of free school meals^{xv} for all school age children with a parent in receipt of Universal Credit. The plan also aims to engage employers to create healthier workplaces and more opportunities to be physically active, including the Place Partnership with Sport England; Darlington is currently in the test and learn phase of this programme.
12. The Association of Directors of Public Health (ADPH) What Good Healthy Weight for all ages Looks Like^{xvi} briefing paper aims to support local public health teams with a framework to bring together the collective efforts across the system. The seven pillars of the framework are:
 - a) system leadership
 - b) long term whole system approach
 - c) health planning environment
 - d) community engagement
 - e) focus on inequalities
 - f) life course approach
 - g) monitoring, evidence, evaluation and innovation

The ADPH position on healthy weight^{xvii} also highlights the need to take preventative actions and a whole system approach to create an environment that promotes good health and enables healthy eating; it also recommends that all frontline staff in the public sector should access the MECC (Making Every Contact Count) training to have conversations about healthy weight in a compassionate manner, and that efforts to address climate change at a local and national level are prioritised.

13. The Public Health England Whole Systems Approach to Obesity, a guide to support local approaches to promote healthy weight^{xviii} gives a practical guide to the complexities of the approach in order to address the drivers of overweight and obesity, which often sit outside of the public health direct responsibilities. This is also known as a health in all policies approach, and it requires the development of a collective vision to highlight how each of the stakeholders contribute towards tackling overweight and obesity. Changing a system

is a long term aim and requires leadership to drive enabling system behaviours as shown in figure 1 below

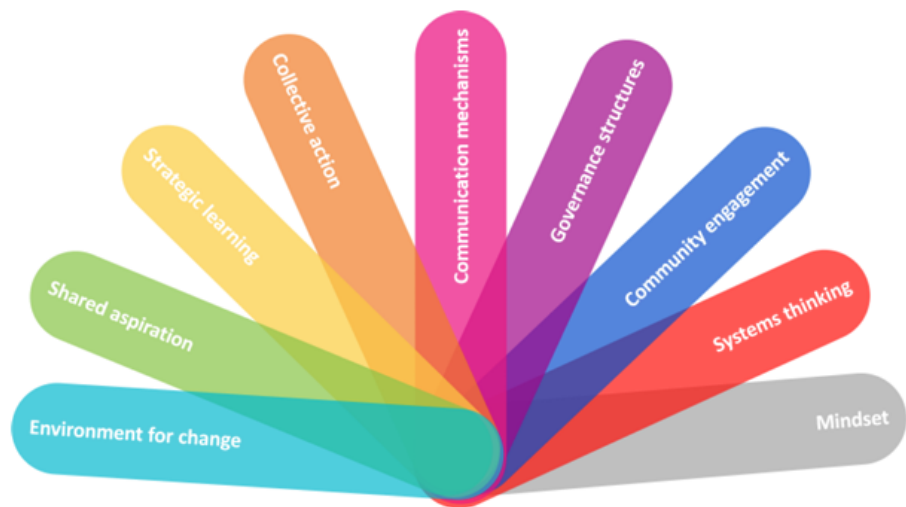


Figure 1

14. Figure two shows a process for implementing a whole systems approach. Implementation of this approach would need engagement internally from adults and children’s services, communications, heritage, sport and leisure, economic development, environmental services, highways and transportation, housing and planning. External stakeholders should include (but is not limited too) the VCSE sector, local businesses, schools and early years providers, health care providers (County Durham and Darlington Foundation Trust, Harrogate and District Foundation Trust, Tees Esk and Wear Valley Foundation Trust, GPs, dentists and pharmacists) and North East and North Cumbria ICB.

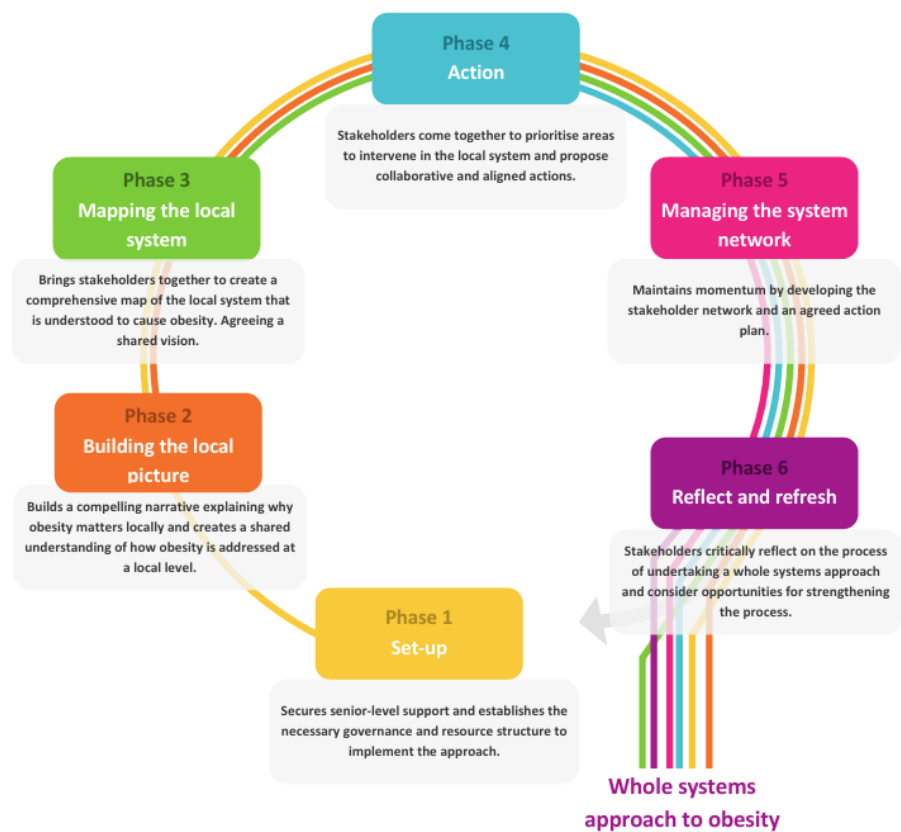


Figure 2

15. The recently updated GP contracts^{xix} now include indicators for identification of adults living with obesity to facilitate access to weight management support in primary care and equitable identification and management of adults living with obesity who meet the clinically defined NICE recommended pharmacotherapy and structured behavioural support criteria.

Regional and Local Action

16. Regionally the North East ADPH network have agreed to fund the North East Good Food Local programme for the next three years. Good Food Local is led by Sustain and provides benchmarking and support for local authorities to develop in a range of areas related to food insecurity, food related ill health and the wider food system. The North East report^{xx} has been published for 2025/26 and it demonstrates that some progress has been made by Darlington. We are currently awaiting an individualised report for Darlington, including recommendations for future development.
17. Tackling climate change is a core principle of the Council Plan, we know that climate change is a risk to the availability and affordability of healthy food and widening health inequalities. Part of the Good Food Local benchmarking includes the development of a food partnership for each local authority. We have now established a food partnership in Darlington but have recognised additional resource is needed to enable us to develop it further. The public health team are working with procurement to appoint a VCSE sector organisation to host a Food Systems Coordinator to support with this, funded through the public health grant. The role will drive forward the work locally, utilising the framework of the Sustainable Food Places^{xxi} network which brings together food partnerships to innovate and share best practice to improve access to nourishing food in local areas.
18. Food Active^{xxii} are part of the Health Equalities Group¹ which collaborates with local authorities, NHS organisations, and OHID to focus on advocacy, policy change, research, and targeted campaigns. The Healthy Weight Declaration^{xxiii} is one of the programmes delivered by Food Active to provide an evidence-based framework to facilitate strategic commitment by local authorities to take a system wide approach to healthy weight across. Sixteen commitments on the themes of health promoting infrastructures and environments, organisational change and cultural shift and monitoring and evaluation. Annex one has further details on the sixteen standards. As a participating local authority there is a range of shared learning and support opportunities to develop the local system. There are currently thirty-seven local authorities in England signed up to the Healthy Weight Declaration. Whilst Darlington undertook some of the initial work and signed up to the Healthy Weight Declaration in 2021 it has become apparent that it was not progressed further. However, we have ongoing resource secured with Food Active for the Healthy Weight Declaration, and there are no further cost implications. The resources include time and expertise from the Food Active team, and a partner pledge for organisations in the wider system. The Healthy Weight Declaration commitments are underpinned by the Good Food Local programme and Sustainable Food Places. It is recommended that Darlington seeks to formally commit to the Healthy Weight Declaration, supported by an ongoing audit process of the sixteen commitments, which will underpin the development and implementation of the Healthy Weight Strategy.

¹ Health Equalities Group is a registered charity established in Liverpool in 2005.

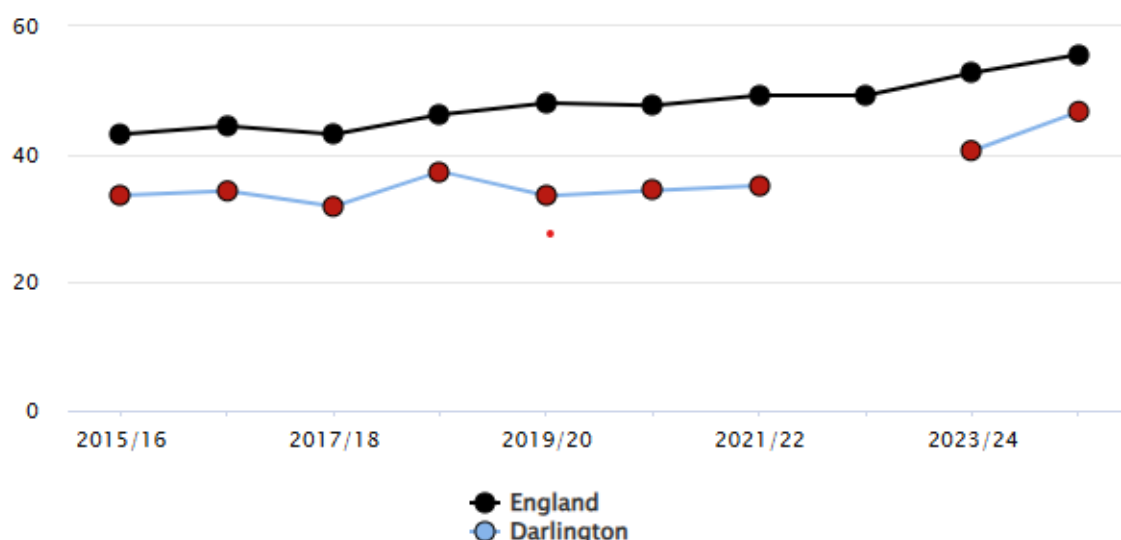
19. 'Out of home food' is an important contributor to dietary intake, as meals purchased from restaurants, takeaways and fast-food outlets are often higher in calories, saturated fat, sugar and salt than foods prepared at home, increasing the risk of overweight, obesity and diet-related ill health. Recent data published in 2025 shows that in Darlington Public Health England^{xxiv} there are 160 fast food outlets, which equates to a rate of 144.7 per 100,000 population, this is the second highest rate in the North East and higher than the average rates in the North East (130.4) and England (115.9).
20. A settings-based approach to healthy weight promotes good nutrition and physical activity opportunity within everyday environments such as schools, workplaces, healthcare settings, and community venues, creating supportive policies, cultures and food environments that make healthy choices easier and more accessible for everyone. Working with the Environmental Health team we have developed the Healthy Early Years Award for our early years settings where early years settings can be supported to improve standards in nutrition, oral health, and physical activity. To date twenty-two early years settings have achieved the standard, and we have continued interest in the programme. There is also a Healthy Catering Award for Darlington, however, this requires development and refresh. The public health team are currently working to develop a school food working group to support school food standards in our schools and educational settings. Workplaces are another key setting to engage in a systems approach to developing a healthy weight environment. Darlington are working regionally to refresh the Better Health at Work Award before adopting it locally to create healthier workplaces.
21. Obesogenic environments (an environment which promotes inactivity and makes healthy food and drinks choices more difficult) can lead to excess calorie consumption and physical inactivity, with the biggest burden on communities in areas of deprivation. In Darlington we are fortunate to have assets which support residents to be physically active. This is highlighted in the Physical Activity strategy 2025-2035^{xxv}. It includes actions to address inequalities and increase opportunities to be physically active. We are also working with Tees Valley Sport Active Partnership and Sport England to deliver the Darlington Place Partnership which aims to increase levels of physical activity, reduce levels of physical inactivity and address inequalities.
22. The first 1001 days are evidenced to be critical in child development; this is the foundation of the Best Start in Life plan for Darlington^{xxvi}. Maternal health and access to healthy food during pregnancy^{xxvii} and in the early years, as well as breastfeeding, offer an opportunity for lifelong healthy weight. The Best Start in Life delivery group brings together maternity, health visiting, children's services, and education, enabling multi agency working to get the best outcomes for families in Darlington. Work is underway to increase uptake of the Healthy Start scheme, including healthy start vitamins, improve breastfeeding rates and support healthy weaning.
23. The Darlington Holiday Activities and Food (HAF) programme provides children and young people in receipt of benefit related free school meals with the opportunity to:
 - a) Eat healthier over the holidays
 - b) Be active during the holiday
 - c) Take part in enriching and engaging activities, have fun and meet new friends
 - d) Feel safe and secure
 - e) Develop a greater understanding of food health and nutrition

f) Be engaged with school and local services

24. Sixteen of our local schools accessed the Veg Power^{xxviii} programme. Veg Power is a not-for-profit alliance dedicated to improving access to health sustainable eating. It aims to get children excited about vegetables, fruit, and beans.
25. Local growing activity is a key element to understanding food and creating access to fresh foods. The council owns seventeen allotments sites, three of these are ran by the council the remainder are self-managed sites. There are also allotment sites owned by parish councils in Heighington, Hurworth, Neasham, Sadberge and Middleton St George. Within parks and open spaces there are a number of orchards that have been created across Darlington where the community can pick the various fruits and nuts. Also, in our parks and open spaces there are areas where people can forage for wild food such as areas of wild raspberry canes, hedgerow fruit such as brambles, sloes, hazel nuts and rosehips. There is a beehive in the denes which the Darlington Beekeepers lease from the council to produce honey and carry out education work.
26. There are eight foodbanks to improve access to emergency food, and three social supermarkets operating in Darlington^{xxix} to improve access to food. Social supermarkets provide a more sustainable and empowering approach to addressing food insecurity than traditional food banks. By offering low cost food through a retail style model, social supermarkets enable people to choose their own food, helping to maintain dignity and reduce stigma. In addition to improving access to affordable food, social supermarkets often provide wider support services including welfare advice, debt management, employability support, and community activities. This holistic approach can help to address the underlying causes of food insecurity, strengthen financial resilience, reduce social isolation and contribute to wider health and wellbeing outcomes. Furthermore, social supermarkets support environmental sustainability through the redistribution of surplus food that would otherwise go to waste.

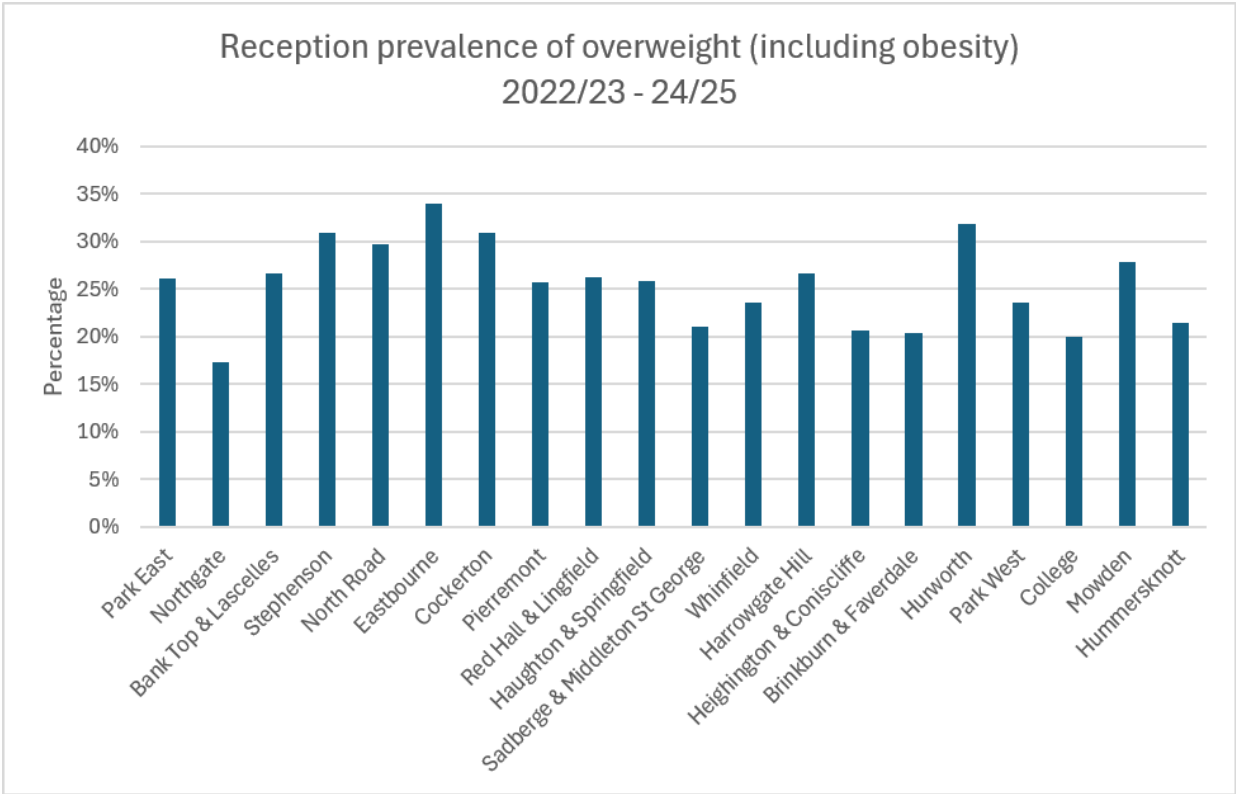
Information and Analysis

27. Breastfeeding Data at 6 to 8 Weeks



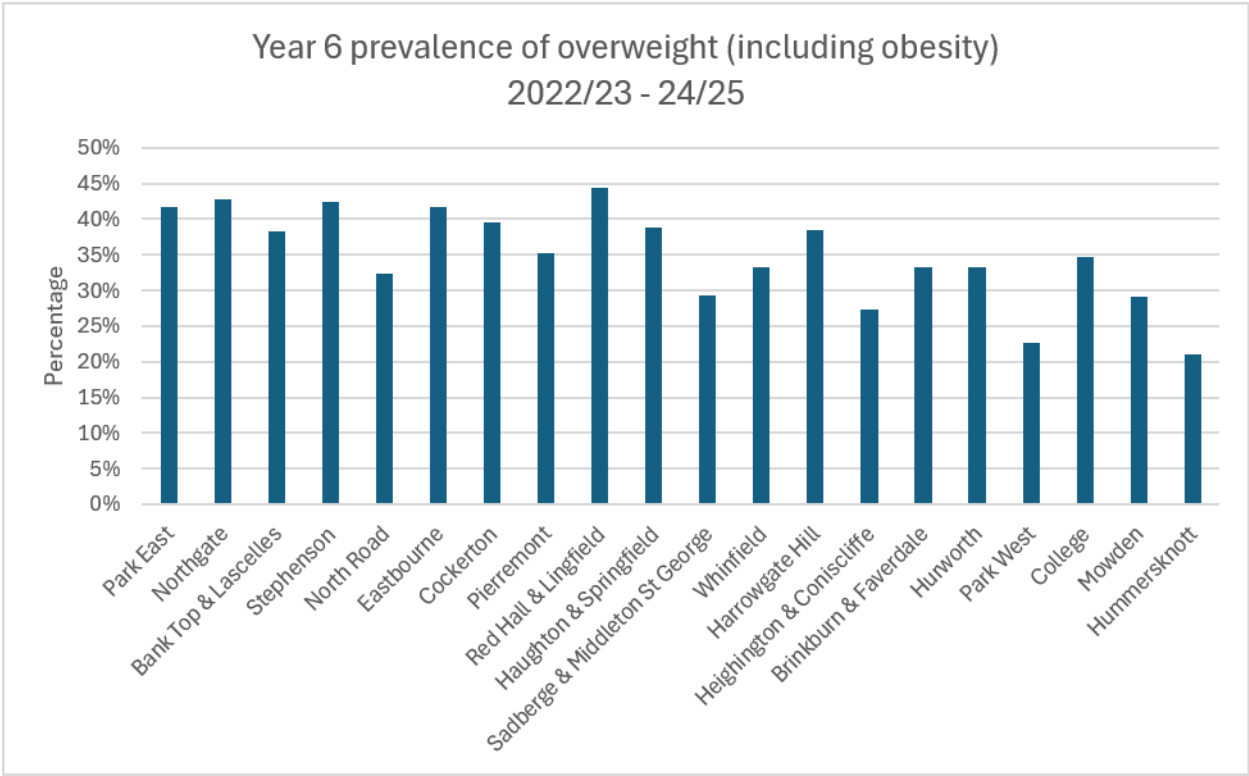
Breastfeeding can help reduce the risk of childhood obesity and is an important early-life intervention for supporting a healthy weight. Following national trends breastfeeding rates at six to eight weeks have increased from 33.6% in 2015/16 to 46.7% in 2023/24 in Darlington. This is lower than the rate for England which was 55.6% in 2023/24 but higher than the rate for the North East which was 38.5%.

28. Childhood overweight and obesity rates



The prevalence of overweight (including obesity) in reception children in Darlington in 2024/25 is 26.9%, this is statistically significantly higher than the England average (23.5%), but similar to the North East (26.7%).

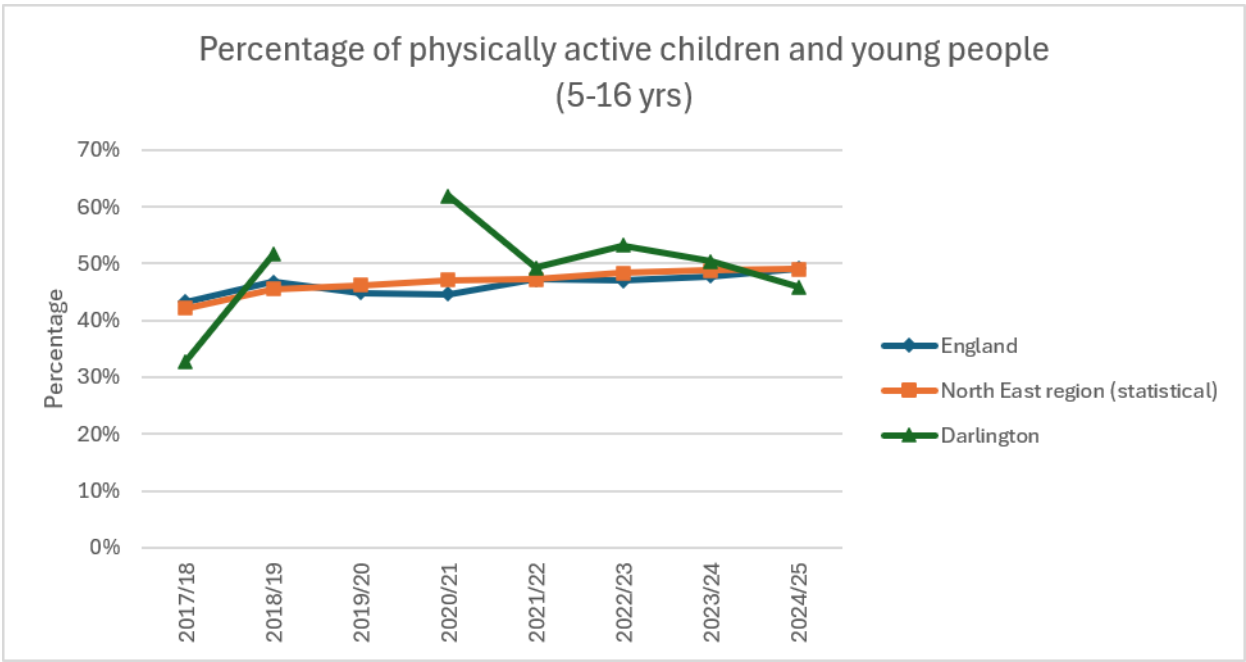
Using pooled data (2022/23-24/25), broken down by ward, Darlington has a maximum prevalence of overweight (including obesity) for reception children of 34% in Eastbourne. Eastbourne ward is ranked in the top 30% most deprived areas in England. Darlington has a minimum of 17.2% prevalence of overweight (including obesity) for reception children in the Northgate ward. The graph above displays the wards in order of deprivation, with the left being the most deprived and the right being the least deprived. Wards on the left of the graph generally tend to have prevalences of overweight around 26-34%, whereas wards on the right tend to have prevalences of overweight around 20-28%.



The prevalence of overweight (including obesity) in Year six children in Darlington in 2024/25 is 35.7%, the lowest in the North East region. Darlington is statistically significantly lower than the North East average (39.1%), but similar to the England average (36.2%).

Using pooled data (2022/23-24/25), broken down by ward, Darlington has a maximum prevalence of overweight (including obesity) for Year six children of 44.4% in Red Hall and Lingfield. Darlington has a minimum of 21.1% prevalence of overweight (including obesity) for Year six children in the Hummersknot ward. Hummersknot is in the top 10% least deprived areas in England. The graph above displays the wards in order of deprivation, with the left being the most deprived and the right being the least deprived. Wards on the left of the graph generally tend to have prevalences around 38-44%, whereas wards on the right tend to have prevalences around 21-35%.

29. Children’s Physical Activity Data



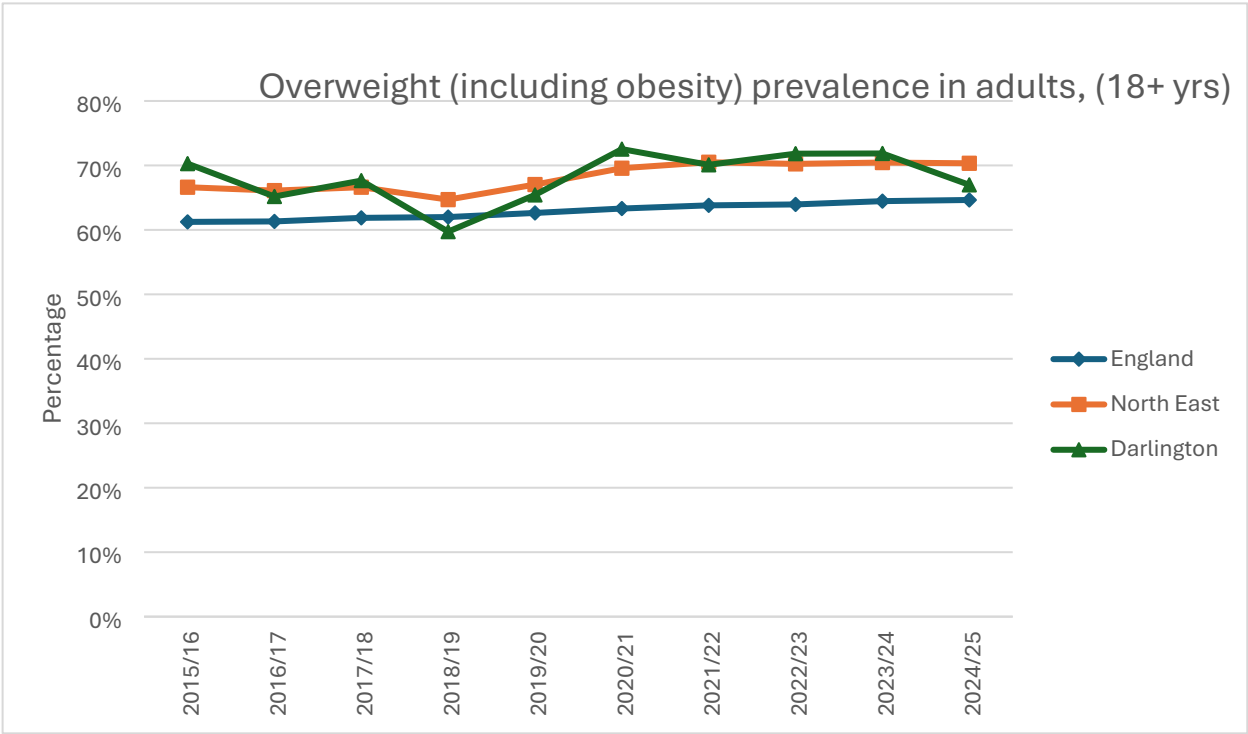
In Darlington the percentage of physically active children is 45.9% which is slightly lower than the North East average (49%) and England average (49.1%).

30. Children’s Oral Health

On average, one in four children aged five in Darlington have visible signs of tooth decay, this is similar to the England average (22.4%) and the North East average (22.6%). The rate of tooth extractions in children aged five to nine years old in Darlington is 1051.3 per 100,000, this similar to the regional rate but almost double the rate of tooth extractions in England at 657.3 per 100,000.

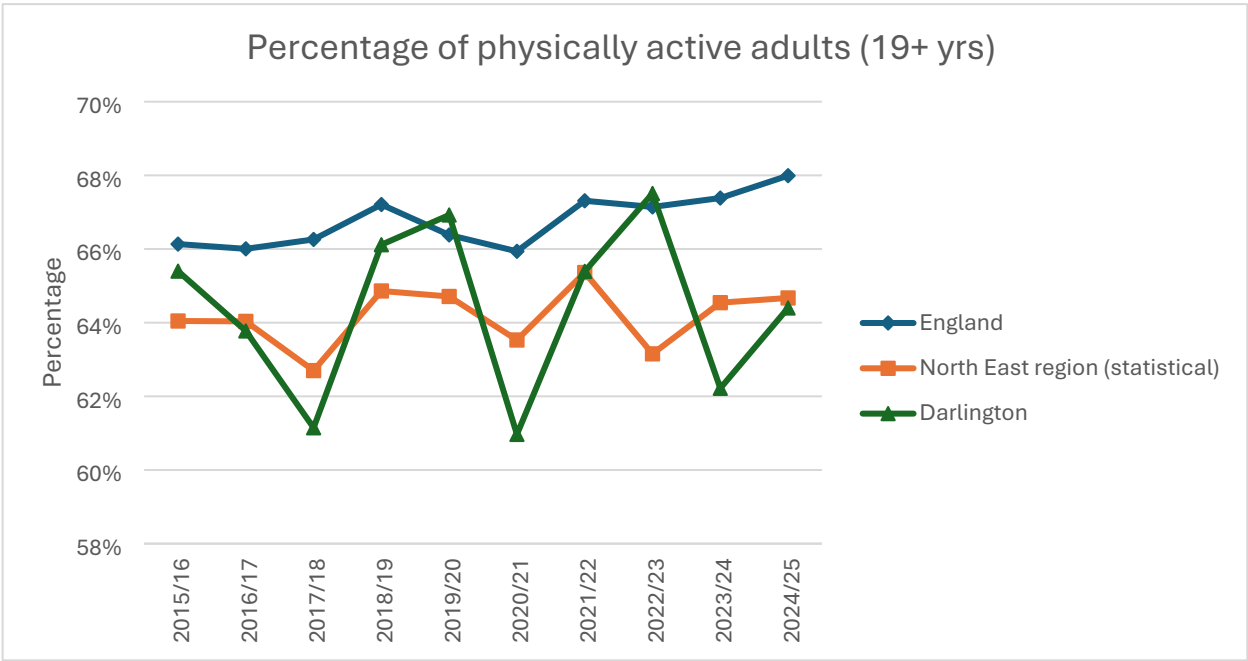
In Darlington, five year olds in wards with a higher rank of deprivation have a higher average number of decayed, missing or filled teeth, in 2024/25. There is a wide variation across Darlington, with data for some wards showing children having an average of two plus decayed, missing or filled teeth per child, whilst for some wards it is less than one in three children have decayed, missing or filled teeth at five years old.

31. Adult Overweight and Obesity Data



In Darlington, the prevalence of overweight (including obesity) in adults in 2024/25 was 67%, it has remained above 60% since 2019/20. Darlington is statistically similar to the North East (70.3%) and England (64.6%) averages.

32. Physical Activity Data



In Darlington, the percentage of physically active adults in 2024/25 is 64.4%, which is an increase from 2023/24 at 62.22%. Darlington is similar to the England average (68%) and the North East average (64.7%).

33. Cardiovascular Disease

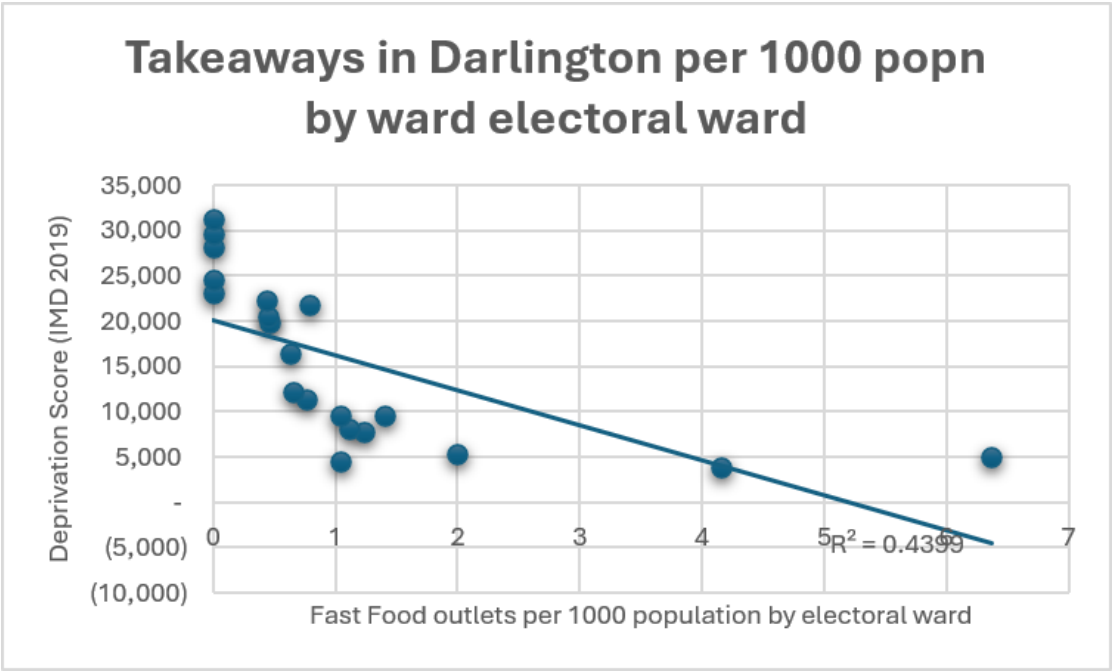
The mortality rate from cardiovascular disease in 2025 was 204.4 per 100,000, this is similar to the England average (212.9 per 100,000) and the North East average (230.6 per 100,000). Darlington has the second lowest rate in the North East, next to Redcar and Cleveland (197.5 per 100,000). When looking at under 75 mortality from cardiovascular disease specifically, the rate for Darlington in 2025 is 81.3 per 100,000. This is also similar to the England average (71.5 per 100,000) and the North East average (82.5 per 100,000).

34. Diabetes

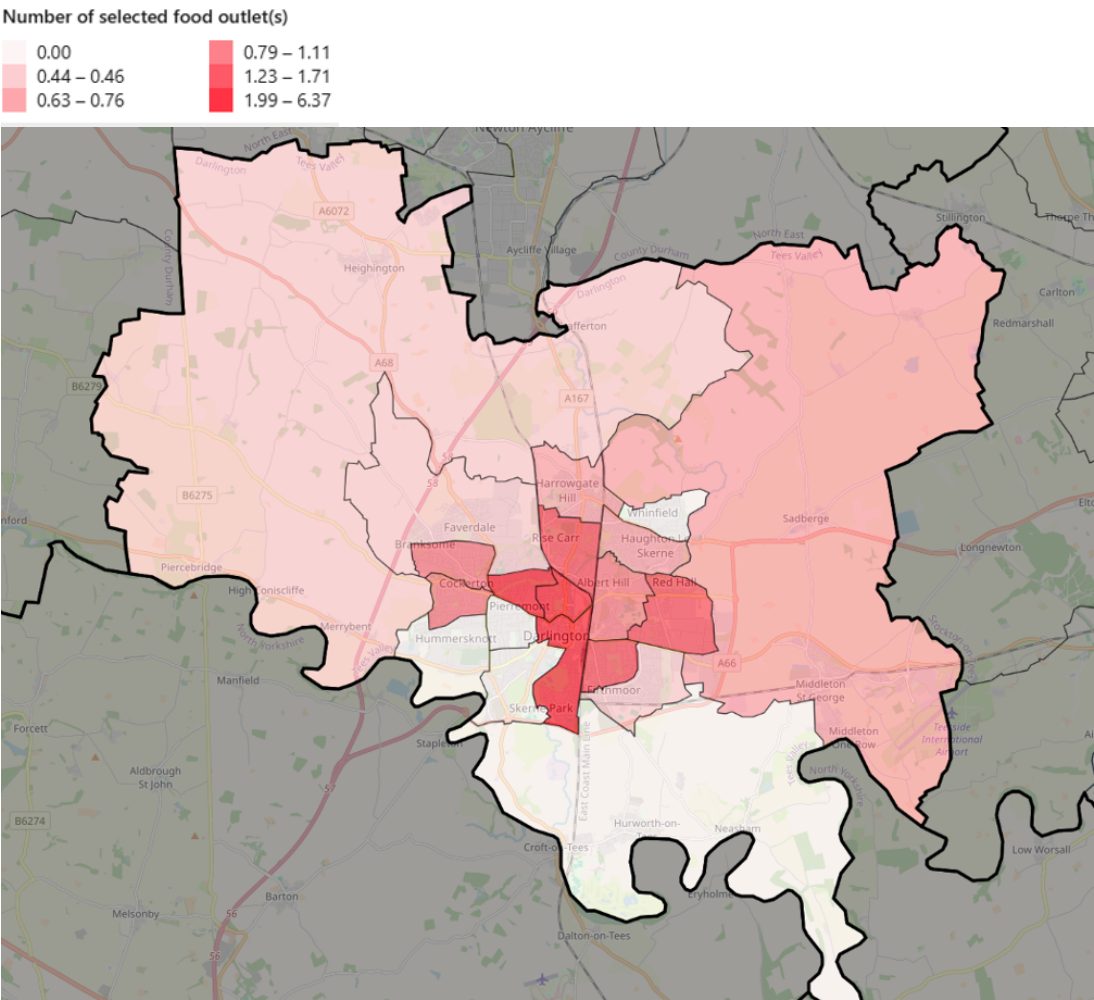
Using data from the Quality Outcomes Framework (an NHS framework used in primary care) Darlington has a prevalence of diabetes of 9.5% in 2024/25. This is statistically significantly higher than the England average (7.9%) and the North East average (8.9%). The prevalence for Darlington has steadily increased since 2012/13. There has been a percentage increase of 25.7% over the past five years.

35. Food Environment

Nationally more deprived areas have higher rates of fast food outlets, with the poorest areas seeing five times more takeaways than the most affluent areas. Trends in Darlington Borough are consistent with this. The below graph demonstrates that more deprived areas in Darlington tend to have a higher ratio of takeaways per 1,000 population.



The map below illustrates the concentration of hot food takeaways across electoral wards in the Borough. Wards shaded in deeper red indicate a higher number of takeaways per 1,000 residents, highlighting areas with greater density. The concentration of hot food takeaways is centred around more deprived urban areas and the town centre disproportionately. This is an important feature of the obesogenic environment which impacts adversely on health outcomes and particularly obesity rates.



Healthy Weight Strategy Planning and Timeline

36. Using the data and evidence provided in this report a Healthy Weight Strategy across the life course will be developed using the framework of the whole systems approach to creating a healthier environment for people to live, work and spend time in Darlington. An indicative timeline of activity is shown below.

Healthy Weight Strategy Development Gantt Chart

Activity	Aug 26	Sep 26	Oct 26	Nov 26	Dec 26	Jan 27	Feb 27	Mar 27
Healthy Weight Scoping agreed at Health & Housing Scrutiny Committee	■							
Engage political support for Healthy Weight Declaration and Strategy	■	■						
Food Partnership Coordinator embedded and VCSE engagement		■						
Engage DBC leadership in Health in All Policies approach		■						
Stakeholder engagement for Healthy Weight Strategy development		■	■					
Establish Healthy Weight Strategy Oversight Group			■					
Launch Healthy Weight Declaration and Partner Pledge sign-up								■
First draft Healthy Weight Strategy and Oversight Group review				■	■			
Second draft for DBC leadership review					■	■		
Final draft, design and print						■	■	■

ⁱ <https://www.darlington.gov.uk/children-and-young-people/best-start-in-life-plan/>

ⁱⁱ https://www.darlington.gov.uk/media/___External-Media/ModernGov/Darlington-Health-and-Wellbeing-Strategy.pdf

ⁱⁱⁱ <https://www.darlington.gov.uk/media/azondld0/cc-action-plan-web-version.pdf>

^{iv} <https://www.darlington.gov.uk/media/hyib0blo/physical-activity-strategy-signed-off.pdf>

^v <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

^{vi} <https://www.gov.uk/government/statistics/obesity-profile-may-2025-update/obesity-profile-short-statistical-commentary-may-2025>

^{vii} [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-underweight-among-adults-bmi-18-\(age-standardized-estimate\)-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/prevalence-of-underweight-among-adults-bmi-18-(age-standardized-estimate)-(-))

^{viii} <https://www.thelancet.com/journals/landia/article/PIIS2213-8587%2820%2930073-5/fulltext>

^{ix} <https://foodfoundation.org.uk/publication/broken-plate-2025>

^x <https://www.nature.com/articles/s41591-020-0803-x>

^{xi} <https://www.gov.uk/government/publications/reducing-obesity-future-choices>

^{xii} <https://commonslibrary.parliament.uk/research-briefings/cbp-9049/>

^{xiii} <https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf>

^{xiv} <https://www.gov.uk/government/publications/healthy-start-extension-application-guidance>

^{xv} <https://educationhub.blog.gov.uk/2025/06/expanding-free-school-meals-what-parents-need-to-know/>

^{xvi} <https://www.adph.org.uk/wp-content/uploads/2019/07/What-Good-Healthy-Weight-Looks-Like.pdf>

<https://www.adph.org.uk/wp-content/uploads/2023/11/Healthy-Weight-Policy-Position-Statement-2023-1.pdf>^{xvii}

https://assets.publishing.service.gov.uk/media/5d396e7140f0b604de59fde9/Whole_systems_approach_to_obesity_guide.pdf^{xviii}

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- ^{xix} <https://www.england.nhs.uk/publication/changes-to-the-gp-contract-in-2026-27/>
- ^{xx} <https://www.sustainweb.org/good-food-local/north-east/>
- ^{xxi} <https://www.sustainablefoodplaces.org/about/what-are-sustainable-food-places/>
- ^{xxii} <https://foodactive.org.uk/>
- ^{xxiii} <https://foodactive.org.uk/what-we-do/influence-policy/local-authority-declaration-on-healthy-weight/>
- ^{xxiv} <https://fingertips.phe.org.uk/search/Fast%20food%20outlets>
- ^{xxv} <https://www.darlington.gov.uk/media/hyib0blo/physical-activity-strategy-signed-off.pdf>
- ^{xxvi} <https://www.darlington.gov.uk/children-and-young-people/best-start-in-life-plan/>
- ^{xxvii} <https://pmc.ncbi.nlm.nih.gov/articles/PMC7667467/>
- ^{xxviii} <https://vegpower.org.uk/>
- ^{xxix} <https://www.citizensadvisedrc.org.uk/get-help/food-banks>

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THE 16 COMMITMENTS

Strategic/system leadership

1. Implement the Local Authority HWD as part of a long-term, 'systems-wide approach' to obesity;
2. Advocate plans that promote a preventative approach to encouraging a healthier weight with local partners, identified as part of a 'place-based system' (e.g. Integrated Care System);
3. Support action at national level to help local authorities promote healthy weight and reduce health inequalities in our communities (this includes preventing weight stigma and weight bias);
4. Invest in the health literacy of local citizens to make informed healthier choices; ensuring clear and comprehensive healthy eating and physical activity messages are consistent with government guidelines;
5. Local authorities who have completed adoption of the HWD are encouraged to review and strengthen the initial action plans they have developed by consulting Public Health England's, Whole Systems Approach to Obesity, including its tools, techniques and materials;

Commercial determinants

6. Engage with the local food and drink sector (retailers, manufacturers, caterers, out of home settings) where appropriate to consider responsible retailing such as, offering and promoting healthier food and drink options, and reformulating and reducing the portion sizes of high fat, sugar and salt (HFSS) products;
7. Consider how commercial partnerships with the food and drink industry may impact on the messages communicated around healthy weight to our local communities. Such funding may be offered to support research, discretionary services (such as sport and recreation and tourism events) and town centre promotions;
8. Protect our children from inappropriate marketing by the food and drink industry such as advertising and marketing in close proximity to schools; 'giveaways' and promotions within schools; at events on local authority controlled sites;

Health Promoting Infrastructures/Environments

9. Consider supplementary guidance for hot food takeaways, specifically in areas around schools, parks and where access to healthier alternatives are limited;
10. Review how strategies, plans and infrastructures for regeneration and town planning positively impact on physical activity, active travel, the food environment and food security (consider an agreed process for local plan development between public health and planning authorities);
11. Where Climate Emergency Declarations are in place, consider how the HWD can support carbon reduction plans and strategies, address land use policy, transport policy, circular economy waste policies, food procurement, air quality etc;

Organisational Change/Cultural Shift

12. Review contracts and provision at public events, in all public buildings, facilities and 'via' providers to make healthier foods and drinks more available, convenient and affordable and limit access to high-calorie, low-nutrient foods and drinks (this should be applied to public institutions & scrutiny given to any new contracts for food & drink provision, where possible);
13. Increase public access to fresh drinking water on local authority controlled sites; (keeping single use plastics to a minimum) and encouraging re-useable bottle refills;
14. Develop an organisational approach to enable and promote active travel for staff, patients & visitors, whilst providing staff with opportunities to be physically active where possible (e.g. promoting stair use, standing desks, cycle to work/school schemes);
15. Promote the health and well-being of local authority staff by creating a culture and ethos that promotes understanding of healthy weight, supporting staff to eat well and move more;

Monitoring and Evaluation

16. Monitor the progress of our action plan against the commitments, report on and publish the results annually.

HEALTH AND HOUSING SCRUTINY COMMITTEE 19 AUGUST 2026

HEALTH AND SAFETY COMPLIANCE IN COUNCIL HOUSING 2025-26

SUMMARY REPORT

Purpose of the Report

1. To provide Members with an update on the health and safety compliance standards for our Council housing stock and our performance against these in 2025-26.

Summary

2. The Regulator of Social Housing (RSH) sets a number of consumer standards, which social housing providers must comply with, including a condition that we must take all reasonable steps to ensure the health and safety of our tenants in their homes and associated communal areas.
3. The Council has well established and robust processes in place to monitor health and safety compliance in relation to its Council housing stock. Compliance is monitored on a quarterly basis, ensuring that any areas of non-compliance are addressed as a matter of priority.
4. The RSH expect that Members will play a significant role in ensuring that our Council housing meets those regulatory health and safety standards.
5. The report at **Appendix 1** sets out the health and safety compliance arrangements for 2025-26 and our performance against these.

Recommendation

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

Anthony Sandys
Assistant Director – Housing and Revenues

Background Papers

- (i) The RSH Consumer Standards

Anthony Sandys: Extension 6926

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

MAIN REPORT

Information and Analysis

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

priority. Details of the health and safety compliance arrangements for 2025-26 and our performance against these are set out in Appendix 1 of the report and are summarised below.

Asbestos Management Survey Programme

10. During 2025-26, a total of 9 schemes required an asbestos management survey or re-inspection, and all were completed within timescales. Therefore, this represents **100%** compliance.

Asbestos General Housing

11. During 2025-26, a total of 412 Council properties required an asbestos management or refurbishment survey, and all were completed within timescales. Therefore, this represents **100%** compliance.

Asbestos Blocks of Flats

12. During 2025-26, an annual programme identified 77 residential blocks requiring asbestos management surveys or re-inspection, due to the presence of asbestos in communal areas, and all were completed within timescales. Therefore, this represents **100%** compliance.

Awaab's Law – Emergency Hazards

13. Awaab's Law came into force on 27 October 2025. Since implementation, work has been undertaken to review and strengthen processes and ICT systems to ensure emergency hazards are identified promptly, responded to within required timescales and accurately recorded and monitored.
14. From October 2025 to March 2026, 2,714 emergency cases were reported. Part of the reason for this high number was due to the programme of stock condition surveys that were being undertaken during this period. Damp and mould hazards accounted for 1.69% of this total; most emergency hazards related to heating and electrical issues.
15. As of 31 March 2026, **86.79%** of emergency hazards were resolved within 24 hours and 81 cases were recorded as overdue.

Awaab's Law – Significant Hazards

16. From October 2025 to March 2026, 856 significant cases were reported and **94.39%** of cases were resolved within timescales.

Electrical Safety Sheltered and Extra Care Schemes

17. Electrical installations in our properties are subject to an Electrical Installation Condition Report (EICR) at 5-year intervals. The current five-year inspection programme has now been completed, with ongoing activity focused on maintaining compliance through cyclical re-inspection.

18. During 2025-26, a total of two schemes required an EICR, and both were completed within timescales. Therefore, this represents **100%** compliance. Following the inspections, no actions were outstanding at the end of the year.

Electrical Safety General Housing

19. During 2025-26, a total of 5,215 Council properties were within compliance (where an EICR had been completed within 5 years), which represents **99.47%** compliance.
20. Following the inspections completed in 2025-26, there were four C2 potentially dangerous conditions that were outstanding at the end of the year. One has now been completed, one has work scheduled and two remain outstanding, due to no access issues, which are being resolved by our Tenancy Management team.
21. During 2025-26, a total of 584 quality checks were undertaken on electrical certificates. Housing Services undertakes random quality checks of electrical certificates to verify accuracy, including correct property details and certification dates. Where discrepancies or missing documentation are identified, cases are escalated to the Electrical Manager.
22. The overall quality was 98.01%. Four certificates were outstanding at the end of the year, where works had been completed but certification had not yet been verified. These have now been received.

Electrical Safety Blocks of Flats

23. During 2025-26, a total of 34 flat blocks required an electrical service, and all were completed within timescales. Therefore, this represents **100%** compliance.

Fire Risk Assessments (FRAs) Sheltered and Extra Care Schemes

24. FRAs operate on a three-year cycle, covering 18 sheltered schemes and community centres. During 2025-26, nine schemes required a Fire Risk Assessment, and all have been completed. Therefore, this represents **100%** compliance.
25. As of 31 March 2026, there were nine fire safety actions outstanding from 2024-25:
 - (a) Two of these actions were high risk; both have now been completed.
 - (b) Five of these actions were medium risk; one has been completed and the remaining four actions are currently being resolved.
 - (c) Two of these actions were low risk; one has been completed and the remaining one action is currently being resolved.
26. As of 31 March 2026, there were 21 fire safety actions outstanding from 2025-26:
 - (a) Eight of these actions were high risk; five have been completed and the remaining three actions are currently being resolved.

- (b) Nine of these actions were medium risk; three have been completed and the remaining six actions are currently being resolved.
- (c) Four of these actions were low risk; three have been completed and the remaining one action is currently being resolved.

Fire Risk Assessments Blocks of Flats

- 27. FRAs operate on a three-year cycle, covering 199 blocks. During 2025-26, 67 blocks required a Fire Risk Assessment, and all have been completed. Therefore, this represents **100%** compliance.
- 28. As of 31 March 2026, there were 151 fire safety actions overdue:
 - (a) One of these actions was classed as priority one urgent; this has now been completed.
 - (b) Five of these actions were classed as priority two short-term; all of these are currently being resolved.
 - (c) 145 of these actions were classed as priority three medium-term; all of these are currently being resolved.
 - (d) There are no overdue priority four long-term and priority five consideration for the future actions.

Fire Door Installations

- 29. In 2024-25, Housing Services commenced a 3-year programme to replace fire doors in communal blocks to meet Fire Safety (England) Regulations 2022, and 2025-26 represented year 2 of the programme. Overall, 842 doors require replacement and 560 were completed by 31 March 2026 (or **66.5%**). Therefore, the programme is on track and should be fully completed by 31 March 2027.

Fire Door Inspections

- 30. Fire door inspections are carried out on an annual basis, aligned to the date the door was installed, to ensure ongoing compliance with fire safety regulations. During 2025-26, 336 fire doors were due for inspection and 175 inspections were completed, or **52.1%**.
- 31. The percentage of fire doors inspected in 2025-26 was impacted by staffing resources and no access issues. However, these are actively being improved, and compliance is now up to 85%. We are therefore confident that full compliance will be achieved in 2026-27 and will be monitored quarterly.

Gas Safety Sheltered and Extra Care Schemes

- 32. During 2025-26, a total of 16 schemes required an annual gas safety inspection, with all schemes completed. Therefore, this represents **100%** compliance.

Gas Safety General Housing

33. During 2025-26, a total of 4,996 Council properties required an annual gas safety inspection, of which 4,980 were completed by 31 March 2026, which represents **99.68%** compliance.
34. Of the 16 properties outstanding, 12 have now been completed. Of the four properties remaining, two have been capped but are awaiting supporting documentation to verify compliance, and two are void properties where the gas safety check will be completed before the property is let.
35. During 2025-26, a total of 372 quality checks were undertaken on gas certificates. Housing Services undertakes random quality checks of electrical certificates to verify accuracy, including correct property details and certification dates. Where discrepancies or missing documentation are identified, cases are escalated to the Gas Manager.
36. The overall quality was 100%, with none outstanding at the end of the year.

Smoke and Carbon Monoxide Alarms

37. During 2025-26, a total of 5,007 smoke alarms were due for inspection, of which, 4,948 were completed, which represents **98.82%** compliance. Performance remains high overall; however, the small decrease is linked to a rise in capped properties, which limits access for full internal checks, including smoke alarm testing.
38. During 2025-26, a total of 4,777 carbon monoxide alarms were due for inspection, of which, 4,772 were completed, which represents **99.89%** compliance.

Legionella Sheltered and Extra Care Schemes inspection and monitoring

39. Sheltered and Extra Care Schemes require risk reviews for legionella at least every two years. During 2025-26, all 10 schemes were compliant by 31 March 2026, which represents **100%** compliance.

Stock Condition Surveys

40. The RSH's Consumer Standards state that social housing providers must have an accurate, up to date and evidenced understanding of the condition of their homes that reliably informs their provision of good quality, well maintained and safe homes for tenants. Their code of practice indicates that this is best achieved via stock condition surveys undertaken every 5 years.
41. In 2025-26, a total of 4,138 Council properties had a stock condition survey carried out in the last 5 years, which represents **77.8%** compliance.
42. The current total of outstanding stock condition surveys is 962 and these have been programmed in for 2026-27, to ensure full compliance by the end of the financial year.

Housing Scheme Lifts

43. During 2025-26, 10 sheltered and extra care scheme lifts required regular inspection, with all schemes completed. Therefore, this represents **100%** compliance.

Residential Stairlifts

44. During 2025-26, 48 stairlifts in Council properties required servicing, with 46 completed within timescales, representing **95.83%** compliance. For the two properties overdue, one relates to a void property where the stairlift has now been removed and one is being resolved by our Tenancy Management team.

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Housing Health and Safety Compliance Report 2025/26



DARLINGTON
Borough Council



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Summary

This annual compliance report covers the period from **1 April 2025** to **31 March 2026**, focusing on DBC's sheltered schemes and tenanted properties.

RAG Rating provides a summary of performance against a target. **Green** indicates performance was strong. **Amber** shows performance needs improvement, but actions are in place to address the gap. **Red** highlights that performance was inadequate and action is required.

Alongside the RAG Rating, a trend indicator is also provided. This shows whether performance has improved, declined, or remained the same compared to the previous quarter. Where applicable, the percentage change is detailed within the relevant area of compliance section.

Trend Indicator	Explanation
▲	This indicates an increase from the previous quarters rating.
▼	This indicates a decrease from the previous quarters rating.
=	This indicates the rating has remained the same as the previous quarters.
N/A	The RAG Rating is not recorded for this compliance area.

RAG Ratings

Area of compliance	RAG Rating	Trend
Asbestos - Overall Rating	100%	=
Management Surveys Programme	100%	=
General Housing	100%	=
Residential Blocks	100%	=
Awaab's Law		
Emergency Hazards	86.79%	N/A
Significant Hazards	94.39%	N/A
Electrical Safety - Overall Rating	99.82%	
Sheltered Schemes	100%	=
General Housing	99.48%	▲
Residential Blocks	100%	=
Fire Risk Assessments - Overall Rating	100%	=
Sheltered Schemes / Community centres	100%	=
Residential Blocks	100%	N/A
Fire doors (Installations)	66.50%	▲
Fire doors (Inspections – new doors)	52.10%	▲
Gas Safety - Overall Rating	99.53%	
Sheltered Schemes	100%	=
General Housing	99.68%	▲
Residential Alarms		
Smoke Alarms	98.82%	▼
Carbon Monoxide Alarms	99.89%	▲
Legionella (Sheltered accommodation inspection, and monitoring)	100%	=
Radon	N/A	N/A
Stock Condition Surveys	77.80%	▲
Stairlifts & Lifts (Communal and residential)		
Housing Scheme Lifts	100%	=
Residential Stairlifts	95.83%	▲

N/A – Not comparable / new metric (Overall figure shown is a simple average and not based on TSM property-level calculation)

Outstanding Actions

Who?	Action	Action raised	Target date	Updates/notes	Completion date
Housing Asset and Compliance Manager	Develop Fire Alarm Activation Process - Need to pull together program to decommission other properties.	September 2024	Dec 2026	This is still in progress, however Housing are due to embark on decommissioning alarms in the low-rise flats due to the stay-put policy; so this will eliminate false call outs.	
Housing Asset and Compliance Manager	Review processes on Fire Risk Assessments	September 2024	September 2026	Housing Asset and Compliance Manager working with Building Surveying Manager. Need to document the plan. Work is ongoing with MRI to automate this in the system.	
QS and M&E Surveying /Compliance Manager	Update Housing Asset and Compliance Manager with where APEC are.	18/11/24	July 2026	A 50% checked data load test was completed by the Compliance Officer and handed back to the Systems Administrator with a few key points to resolve.	
All	Work on meeting Awaab's Law requirements	14/8/25	March 2026	First phase complete. Need to continue to monitor processes to make sure they're working.	June 2026
Building Surveying Manager and Service & Repairs	Complete sheltered fire door inspections,	10/11/25	August 2026	Received sample fire doors, will be testing a couple soon. Results may not be received back till next year.	

Manager (Public Build)	assess for automation.				
Housing Manager, Building Surveying Manager, and Housing Asset and Compliance Manager	Publicise Fire Risk Assessment	25/2/26	August 2026		
Housing Asset and Compliance Team Leader	Develop Radon testing programme	12/5/26	September 2026		
Housing Asset and Compliance Team Leader	Add new "External Validation" section to Report	12/5/26	May 2027		
Housing Asset and Compliance Team Leader	Fix Awaab's data quality issues	22/6/26	October 2026	Will be discussed as part of the Damp & Mould Working Group.	

Asbestos

Asbestos Management Survey Programme

During 2025/26, a total of **9 schemes** required an asbestos management survey or re-inspection.

Annual Performance Summary

Measure	Survey Completed
Schemes requiring survey	9
Schemes completed	9
Compliance	100%

Quarterly delivery profile (supporting detail):

Performance across the year is set out below:

Quarter 1 (April – June)

No schemes due for survey. Compliance maintained at 100%.

Quarter 2 (July – September)

3 schemes were due; all were completed – 100% compliance.

Quarter 3 (October – December)

3 schemes were due; all were completed – 100% compliance.

Quarter 4 (January – March)

3 schemes were due; all were completed – 100% compliance.

For regulatory reporting, compliance is measured based on dwelling units within relevant properties, rather than the number of buildings.

- 3 of the 9 buildings are Community Centres and contain no dwelling units; these are excluded from the regulatory return.
- The remaining 6 schemes contain 244 dwelling units, all of which are compliant

All required surveys were completed by year-end.

Year-end position: 100% compliance

TREND – 100%, no change from 2024/25 year-end position

Asbestos

Asbestos General Housing

The asset system is now configured to accept asbestos survey data; however, further work is required to establish a fully operational asbestos register. This includes the preparation and formatting of both historical and newly commissioned survey data for upload. The system is currently undergoing testing and quality assurance with MRI, with implementation anticipated in 2026.

Work is ongoing to ensure operatives have access to accurate and up-to-date information on the presence or presumed presence of asbestos.

There are two types of asbestos surveys applicable to general housing:

- Management surveys
- Refurbishment and demolition (major works) surveys

There is no legal requirement to undertake asbestos surveys within occupied tenanted properties.

Annual Performance Summary:

Measure	Value
Properties requiring surveys	412
Surveys recorded	412
Compliance	100%

Quarterly delivery profile (supporting detail):

Quarter	Required	Completed	Compliance
Q1	96	96	100%
Q2	89	89	100%
Q3	88	65	73.86%
Q4	139	162	100%

Performance in Quarter 3 was impacted by access constraints. These surveys were subsequently completed in Q4, resulting in completions exceeding the number originally due in that quarter.

Year-end position: 100% compliance

TREND – 100%, no change from 2024/25 year-end position

Asbestos

Asbestos Flat Blocks

An annual programme identified **77 residential blocks** requiring asbestos management surveys or re-inspection due to the presence of asbestos in communal areas.

Annual Performance Summary:

Measure	Value
Blocks requiring survey	77
Surveys completed	77
Compliance	100%

Quarterly delivery profile (supporting detail):

Quarter	No blocks requiring surveys	Surveys completed	Completion %
Q1	6	6	100%
Q2	9	9	100%
Q3	43	43	100%
Q4	19	19	100%

There are 77 blocks (379 dwelling units) requiring an asbestos management survey or re-inspection, and all are fully compliant.

Year-end position: 100% compliance

TREND – 100%, no change from 2024/25 year-end position

Awaab's - Emergency Hazards

Awaab's Law came into force on **27 October 2025**. Since implementation, work has been undertaken to review and strengthen processes and ICT systems to ensure emergency hazards are:

- Identified promptly
- Responded to within required timescales
- Accurately recorded and monitored

Controls have been introduced to reduce the risk of cases not being captured or actioned appropriately.

Benchmarking and engagement with sector partners, including Housemark, has supported the development of a consistent approach to data collection and reporting.

Due to the timing of implementation partway through the financial year, performance data reflects a partial-year position (Q3–Q4 only).

Annual Performance Summary:

Measure	Total
Emergency cases reported	2714
Cases per 1,000 properties	518
Emergency cases resolved	2506
% resolved within 24 hours	86.79%

Quarterly delivery profile (supporting detail):

Quarter	Reported	Resolved	% within 24 hrs
Q3	1521	1394	89.16%
Q4	1193	1112	83.72%

Year-end position

- 86.79% of emergency hazards resolved within 24 hours.
- 81 cases recorded as overdue at year-end.

Update 29th June: 77 cases are still listed as overdue. This is a difficult metric to monitor manually. From Q1 2026/27, cases will be replaced by individual jobs, regardless of any duplicate entries, as they are currently too difficult to track and this change will simplify audit reporting. It is unlikely that these jobs are still ongoing; however, the tickets were never formally closed. Work will begin in July to email all unresolved job tickets for review, with the aim of assessing and closing them where appropriate.

“Resolved” refers to completion of work required to make the property safe and mitigate the immediate hazard. Any follow-on or preventative works are excluded from this measure.

Key Observations

- Damp and mould hazards accounted for 1.69% of emergency cases from Q3 onwards; on a full-year basis this increased from 0.02% (2024/25) to 1.2% (2025/26), reflecting improved identification and reporting following the introduction of Awaab’s Law.
- Most emergency hazards related to heating and electrical issues.
- 2 properties required rehousing, with 1 refusal recorded.

Reported volumes in Q3 were likely elevated due to the stock condition survey programme, which continued into Q4. As this activity reduces, reported cases are expected to stabilise from Q1 2026/27 onwards.

Year-end position: 86.79% compliance

TREND – Not comparable (Awaab’s Law introduced October 2025)

Awaab's - Significant Hazards

A 'significant hazard' under Awaab's Law is one that poses a significant risk of harm to the health or safety of an occupier of a social home.

Due to the legislation coming into force during the year, performance data reflects a partial-year position (Q3–Q4 only).

Annual Performance Summary:

Measure	Total
Significant cases reported	856
Significant cases investigated	856
% investigated within target	94.39%
% damp & mould repairs initiated within 5 days	55.96%

Quarterly delivery profile (supporting detail):

Quarter	Reported	Within target %	Repair initiation %
Q3	496	98.99%	58.50%
Q4	360	88.10%	52.78%

Year-end position

- 94.39% of cases investigated within required timescales.
- Reported performance for repair initiation remains developing and subject to data limitations.

Key observations

- Reported volumes in Q3 were elevated due to stock condition survey activity.
- This activity continued into Q4 and is expected to reduce from Q1 2026/27.
- Further work is required to improve data capture and reporting accuracy.
- Significant damp and mould cases increased from 1,073 in 2024/25 to 1,583 in 2025/26; this rise may reflect the impact of Awaab's Law and improved identification and reporting processes.

Year-end position: 94.39% compliance

TREND – Not comparable (Awaab’s Law introduced October 2025)

Data limitations and methodology (supporting context)

Measurement of the percentage of **damp and mould repairs initiated within 5 working days** is still a concern due to:

- Hazards identified through the stock condition survey programme not being recorded through standard workflows.
- Repairs not consistently logged as distinct, trackable events.
- Missing or incomplete timestamps required to assess performance.
- Cases still ongoing at the point of reporting.

As the stock condition survey programme slows down, there will be fewer “investigations” taking place outside of the repairs system, so it should get easier to track this.

Where sufficient and reliable data was not available, cases were excluded from the calculation.

Among cases where data was available, performance was mixed, with a proportion of repairs initiated within required timescales.

Electrical Safety

Electrical Safety – Sheltered Schemes, Extra Care & Community Centres

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

Annual Performance Summary:

Measure	Value
Schemes requiring EICR in year	2
Completed within timescale	2
Compliance	100%

Quarterly delivery profile (supporting detail):

A total of 2 schemes required electrical inspection during 2025/26.

Quarter 1 April – June

1 due for safety check, 1 completed within date.

Quarter 2 & Quarter 3 – September & December

1 due for safety check, 1 completed within date.

Quarter 4 January – March

0 properties due.

8 of the 18 buildings are Community Centres and contain no dwelling units; these are excluded from the regulatory return.

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

Year-end position: 100% compliance

TREND – 100%, no change from 2024/25 year-end position.

Inspection results

Two DEICR inspections were undertaken during the year. One inspection was assessed as satisfactory, with no remedial actions required. The other was assessed as *Unsatisfactory*, indicating that the electrical installation either presented an immediate danger to life or contained potentially hazardous defects.

- **C1** – Immediate danger; urgent remedial action required.
- **C2** – Potentially dangerous condition that, while not immediately life-threatening, could escalate into a serious hazard.
- **C3** – Non-dangerous issue where improvement is recommended.
- **FI** – Further investigation is required to determine the safety of the installation.

Actions

Risk Level	Total identified during the year	Total completed during the year	Outstanding at year end
C1	0	0	0
C2	2	2	0
C3	12	N/A	N/A
FI	0	0	0

C3 classifications are advisory recommendations only, typically relating to installations that do not meet current regulations but remain compliant with the regulations in place at the time of installation. As such, there is no requirement for retrospective remedial action.

FI classifications indicate that further investigation is required to determine the safety of the installation. **No FI cases were identified during the year.** Where FI cases are identified, they will be reviewed and managed in line with the agreed compliance process.

Following internal compliance discussions, C3 cases will be recorded within the risk remedial log going forward. Recommendations will be documented and reviewed; however, they may not necessarily be actioned.

A total of **12 C3 cases were identified during the year.** These are excluded from the “Outstanding” figures reported above, as they do not constitute mandatory works and are therefore not considered outstanding.

Electrical Safety

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

Electrical installations in our properties are subject to an EICR at 5-year intervals. The current five-year inspection programme has now been completed, with ongoing activity focused on maintaining compliance through cyclical re-inspection.

Overall compliance for quarters

Date	Overall, compliance at end of quarter	Overall, out of compliance	Total	Total compliance as %
Q1	5161	82	5243	98.44%
Q2	5167	67	5234	98.72%
Q3	5211	34	5245	99.35%
Q4	5216	27	5243	99.48%

TREND – 99.48%, an increase of 3.31 percentage points from the 2024/25 year-end position.

Year-end Breakdown

Status	End of year totals
Abatement Notice Letter	3
Job Raised	1
Notice of Intended Entry	19
Property Void	4
Total	27

(A Notice of Intended Entry is a formal written notice issued when a tenant fails to provide access. It gives at least 24–48 hours of the landlord's intent to enter the property.)

Time Spent Out of Compliance

Length of time	Total
0-3 Months (1–90 Days)	5
3-6 Months (91–180 Days)	0
6-12 Months (181–365 Days)	0
Over 12 Months (366+ Days)	22

Update 29th June:

There are currently 16 properties non-compliant, comprising 3 within 0–3 months and 13 over 12 months. Of the 13 over 12 months, three have appointments scheduled in July, with recent activity also including a no access visit in May, contact made in June, and telephone contact in May across other cases. While some records show no new updates since the last quarter, these cases reflect ongoing access constraints and previous repeated attempts to gain entry. They continue to be actively managed, with next steps under review and further action progressing where required.

Tenancy Management Update:

Legal proceedings and active chasing remain in place for all outstanding addresses, with Housing teams continuing to work closely with tenants to secure appointments or gain access to properties.

Warrants:

- Two properties had warrants applied for during the year where servicing had not yet been completed. Of these, one property had a safety check completed in April 2026, and the second property is scheduled to be serviced in mid-May 2026. (Update – property no accessed again in May so remains outstanding).

Injunctions:

- No injunctions were applied for during the year.

Inspection results

- C1 – Immediate danger requiring urgent remedial action.
- C2 – Potentially dangerous condition that, while not immediately life-threatening, could escalate into a serious hazard.
- C3 – non-dangerous issue where improvement is recommended.
- FI – Further investigation is necessary to determine the safety of the installation.

Codes	Number of observations (year so far)	Number of addresses affected (year so far)	No. properties with outstanding observations
C1	37	24	0
C2	333	149	4
C3	3669	869	9
FI	357	237	237

(Out of 1110 addresses)

All C1 actions are addressed and resolved on the same day as the electrical service. C2 actions are addressed on the same day where possible, or the next working day if immediate rectification is not feasible.

Of the **four outstanding C2 cases at year-end**, one has been completed, one has works scheduled, and two remain outstanding due to access issues despite multiple attempts. These have been escalated, with further appointments arranged and cases under ongoing monitoring.

Electrical Certificate Quality Checks

Annual Performance Summary

Measure	Value
Checks due	360
Checks completed	584
Requiring validation	54
Overall quality	98.01%
Outstanding at year-end	4

Quarterly Delivery Profile (Supporting Detail)

Quarter	Checks due	Completed	Requiring validation	Outstanding	Quality
Q1	90	90	9	0	100%
Q2	90	90	8	2	97.77%
Q3	90	90	11	4	95.55%
Q4	90	314	26	4	98.73%

Narrative

The team undertakes random quality checks of electrical certificates to verify accuracy, including correct property details and certification dates. Where discrepancies or missing documentation are identified, cases are escalated to the Electrical Manager.

Where more than 16% of checks identify issues within a given period, the sample size is increased to 20%, alongside recommendations for improved practice.

A higher number of checks were completed in Quarter 4 in response to issues identified earlier in the year. As a proportion of checks undertaken, issues reduced in Q4 and so sampling will return to normal levels.

Update:

Four certificates were outstanding at year-end where works had been completed but certification had not yet been received. All documentation has since been provided and verified, and there are now no outstanding certificates.

Electrical Safety

Electrical Safety – Residential Flat Blocks

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

Programme Overview

Year & group	Number of blocks	Next due
Phase A	39	2024/25
Phase B	34	2025/26
Phase C	34	2026/27
Phase D	37	2027/28
Phase E	53	2028/29

Across all phases there are **978 dwelling units**. The 2025/26 programme (Phase B) comprised 34 flat blocks, all scheduled for servicing during the financial year.

Annual Performance Summary

Measure	Value
Blocks requiring service	34
Blocks compliant at year-end	34
Compliance	100%

Year-end position: 100% compliance

TREND – 100%, no change from 2024/25 year-end position

Update:

Communal flat blocks have now been incorporated into the Asset system, improving visibility of compliance data and supporting ongoing monitoring.

Fire Risk Assessment

Fire Risk Assessment – Fire Regulatory Reform Audits (FRRA)

FRRAs operate on a three-year cycle, covering 18 sheltered schemes and community centres.

During 2025/26, 9 schemes required an FRA.

Annual Performance Summary

Measure	Value
Schemes requiring FRA	9
Schemes completed	9
Completed within target date	1
Compliance	100%

Quarterly Delivery Profile (Supporting Detail)

Quarter	Due	Completed	Completed in date	Compliance
Q1	1	1	1	100%
Q2	3	3	0	100%
Q3	0	0	0	100%
Q4	5	5	0	100%

Narrative

For regulatory reporting, compliance is measured based on the number of dwelling units within properties requiring an FRA, rather than the number of individual schemes.

Of the 18 buildings included in the programme, **8 are community centres** and contain no dwelling units. These are excluded from the regulatory return.

Across the remaining **10 schemes (353 dwelling units)**, 100% are compliant.

Year-end position: 100% compliance

TREND – 100%, no change from 2024/25 year-end position

Actions

Risk Level	Total Identified (Year)	Total Completed (Year)	Outstanding 2025/26	Outstanding 2024/25
Priority 1 - High Risk	8	0	8 (1 still within date target)	2
Priority 2 - Medium Risk	12	3	9 (2 still within date target)	5
Priority 3 - Low Risk	8	4	4 (3 still within date target)	2
TOTAL	28	5	21 (6 still within date)	9

Outstanding from 2024/25:

High Risk

King William Street Community Centre

- Rear fire exits external signage:
The rear fire exit requires a 'Fire Exit Keep Clear' sign on the outside of the door to ensure it is kept clear. **Works now complete, as of 30/06/26.**

Wesley Court Community Centre

- Rear fire exits external signage:
The rear fire exit requires a 'Fire Exit Keep Clear' sign on the outside of the door to ensure it is kept clear. **Works now complete, as of 30/06/26.**

Medium Risk

King William Street Community Centre

- Visiting groups fire safety training:
Fire emergency plan in place but visiting groups' awareness is unclear—provide all users with fire safety instructions or training as part of facility use agreements.
Corporate Landlord has requested an update from scheme manager as this is their responsibility to organise (30/06/26).

Richard Court Community Centre

- Visiting groups fire safety training:
Fire emergency plan in place but visiting groups' awareness is unclear—provide all users with fire safety instructions or training as part of facility use agreements.
Corporate Landlord has requested an update from scheme manager as this is their responsibility to organise (30/06/26).

Roxby Court

- Electrical meter cupboard doors:
Issue identified 23/07/2024 regarding unknown fire resistance of meter cupboard doors. Check instigated 09/01/2026 and chased 23/01/2026. Site visit carried out 29/01/2026, confirming doors are original and not fire-resistant. Matter discussed with Gary Bage and client, to be progressed. **Works now complete, as of 26/05/26.**
- Stair edging – stone staircase:
Requirement for contrasting stair edge markings identified 23/07/2024. Check instigated 09/01/2026 and chased 23/01/2026. Site visit completed 29/01/2026, confirming staircase remains unpainted. Issue referred to Gary Bage for remedial works. **Contractor Mitie have been chased by Corporate Landlord multiple times to provide suitable dates for the work.**

Wesley Court Community Centre

- Visiting groups fire safety training:
Fire emergency plan in place but visiting groups' awareness is unclear—provide all users with fire safety instructions or training as part of facility use agreements. **Corporate Landlord has requested an update from scheme manager as this is their responsibility to organise (30/06/26).**

Low Risk

Dalkeith House

- Goodwill Advice – Advice only:
It is recommended that a class F extinguisher is provided in the kitchen due to the use of a deep fat fryer. **Purchase order raised 06/07/26 by Corporate Landlord for extinguisher to be provided.**

Richard Court Community Centre

- Lack of fire extinguishers:
An additional water or foam extinguisher should be provided in the main room of the centre. **Works now complete, as of 30/06/26.**

Outstanding 2025/26:

High Risk

Dinsdale Court:

- Compartmentation (laundry room door): **(Completed 22/04/2026)**
- Compartmentation (plant room door): **(Completed 22/04/2026)**

- Compartmentation (scooter door): (Completed 22/04/2026)
 - Compartmentation (flat doors):
Included within the Housing Surveying Team's fire door replacement programme.
(Housing Surveying Team is currently running a programme of replacing all fire doors
- works on schemes due to start October 2026)
-

Linden Court

- Fire Door Repair:
Door furniture (spy hole and letterbox) fire rating unknown—inspect and replace if required to ensure flat entrance doors maintain their fire resistance performance.
(Housing Surveying Team is currently running a programme of replacing all fire doors
- works on schemes due to start October 2026)
-

Oban Court

- Compartmentation above cross-corridor door:
Missing fire stopping identified 16/02/2026. Partial works undertaken. EFS Quote received; approval pending. (Works completed as of 05/05/26, paperwork provided 06/07/26)
 - External fire escape route – slip hazard:
Issue identified 16/02/2026. Cleaning requested 10/03/2026, reminder issued 19/03/2026. (Completed 22/04/2026)
-

Windsor Court

- Compartmentation above cross-corridor door:
Issue identified 24/02/2026. Referred for advice 14/04/2026 following omission from fire door survey. Quote requested 21/04/2026. (Job ticket raised 10/07/26, by Corporate Landlord, to check works are completed. Completed 13/7/26)

Compliance update: three of the nine outstanding medium-risk actions from 2025/26 and three of the four low-risk actions have now been completed.

Fire Risk Assessment

Fire Risk Assessment – Blocks of Flats

Fire Risk Assessments (FRAs) for blocks operate on a three-year cycle. There are **199 blocks** in total, split across three cycle groups.

Although legislation does not prescribe a fixed timeframe, it requires FRAs to be reviewed regularly to ensure they remain up to date.

Programme Overview

Year & Group	Number of blocks	No of Units	Next due
2023/24 (Group A)	80	400	2026/27
2024/25 (Group B)	52	268	2027/28
2025/26 (Group C)	67	310	2028/29

Annual Performance Summary

Measure	Value
Blocks requiring FRA	67
Blocks completed	67
Compliance	100%

Quarterly Delivery Profile (Supporting Detail)

Quarter	Completed Blocks	Completed Dwellings	Outstanding Blocks	Outstanding Dwellings
Q1	3	16	3	17
Q2	64	294	0	0
Q3	0	0	0	0
Q4	0	0	0	0

Narrative

All blocks due for a fire risk assessment during 2025/26 have been assessed, with all documentation completed and confirmed.

Across all phases, there are **978 dwelling units**, of which 100% are compliant.

Year-end position: 100% compliance

TREND – Not comparable

FRA Log Actions

Risk Level	Total Raised	Total Complete	Total Ongoing	Total Overdue
Priority 1 - Urgent	699	698	0	1
Priority 2 - Short Term	545	405	135	5
Priority 3 - Medium Term	350	134	71	145
Priority 4 - Long Term	188	183	5	0
Priority 5 - Consideration for future	384	374	9	0

Overdue Summary

Overdue Priority 1

- For Surveying, 1 action remains outstanding and overdue, for confirming fire resistance of boxing. (Update May 2026 – Priority 1 action completed)

Overdue Priority 2

- There remain 5 actions overdue for Tenancy Management, all involving the removal of items from balconies. All have been sent initial and follow up letters with latest action on 30/03/2026 to raise to Management Officers. Fire doors due to be replaced in area in July 2026 so items will be reviewed during visit.

Overdue Priority 3

- Actions remain overdue relating to the completion of PCFRA's for lifeline (extra care) flats and the development of improved fire safety data recording and monitoring systems.
- Work is ongoing to implement identified actions and establish consistent reporting and oversight arrangements.

Fire Risk Assessment

Fire Safety – Doors

- Housing commenced a 3-year programme to replace fire doors in communal blocks to meet Fire Safety (England) Regulations 2022.
- An enhanced inspection regime has been introduced to complement Fire Risk Assessments, ensuring non-compliant doors are replaced on a responsive basis.
- A fire safety document is in development, providing detailed guidance on fire door management and policy.
- Housing will replace flat entrance doors within communal schemes, while Building Services will replace communal doors.

All non-sheltered scheme doors are included within the replacement programme. A total of **842 doors** have been inspected, with re-inspections undertaken by Anglian following the initial survey.

Programme progress is summarised below:

Annual Performance Summary

Measure	Value
Doors requiring replacement	842
Doors completed	560
Completion	66.50%

The programme commenced from a baseline of 0%. By the end of Year 2 of 3, **66% completion has been achieved**, indicating the programme is on track.

Access is attempted on three occasions by the contractor before cases are referred to Management Services for escalation.

TREND – 66.50%, an increase of 26.94 percentage points from 2024/25 year-end position.

Fire Safety Door Inspections:

Fire door inspections are carried out on a cyclical basis, aligned to installation cohorts, to ensure ongoing compliance.

Annual Performance Summary

Measure	Value
Doors due for inspection	336
Doors inspected	175
Inspection rate	52.10%
Passed inspection	136
Failed inspection	39

The majority of failures appear to be due to gaps being too narrow, so need adjustments. We are arranging training with our Contractor so that our Surveyors will be able to carry this out themselves.

The % fire doors inspected was low in 2025/26 due to staffing resources and no access issues. However, the current performance is now approx. 85% and we are confident of full compliance in 2026-27.

Quarterly Delivery Profile (Supporting Detail)

Quarter	Due	Inspected	% Inspected
Q1	91	61	61.90%
Q2	37	21	57.00%
Q3	47	29	61.70%
Q4	161	64	39.75%

Narrative

Where access issues have delayed inspections, progress against each quarterly cohort is updated cumulatively. This means inspections completed in later quarters are attributed back to the original due period.

TREND – 52.10%, an increase of 31.70 percentage points from 2024/25 year-end position.

Ongoing developments

Fire door compliance will be incorporated into the Asset system, with a defined inspection process now in place.

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

Gas Safety

Gas Safety – Sheltered Schemes

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

Annual Performance Summary

Measure	Value
Schemes requiring gas safety inspection	16
Schemes completed	16
Compliance	100%

Quarterly Delivery Profile (Supporting Detail)

Quarter	Due	Completed
Q1	2	2
Q2	2	4
Q3	6	6
Q4	6	4

Narrative:

Of the 16 schemes, 7 are community centres and contain no dwelling units; these are excluded from the regulatory return.

Across the remaining **9 schemes (335 dwelling units)**, all are compliant.

Year-end position: 100% compliance

TREND – 100%, no change from 2024/25 year-end position

Gas Safety

Gas Safety - General Housing

At year-end, **4,980 of 4,996 properties** requiring a gas safety check had a valid certificate in place, achieving **99.68% compliance**, exceeding the annual target of 99.5%.

Annual Performance Summary

Measure	Value
Properties requiring gas safety check	4,996
Properties compliant at year-end	4,980
Compliance	99.68%

Quarterly Delivery Profile (Supporting Detail)

Quarter	Properties requiring check	Compliant at quarter end	Overdue	% compliant
Q1	4995	4978	17	99.66%
Q2	4986	4960	20	99.60%
Q3	5003	4978	25	99.50%
Q4	4996	4980	16	99.68%

Narrative: Fluctuations in stock numbers reflect Right to Buy sales and new build properties being added during the year.

Enforcement and Activity

- 130 abatement notices issued.
- 17 successful Management Officer visits (69 unsuccessful).
- 4,929 calls made relating to gas servicing.
- 5 warrants executed.

All properties subject to warrant action were compliant at year-end, either through completed servicing or safe capping of the gas supply.

TREND – 99.68%, an increase of 0.14 percentage points from 2024/25 year-end position.

Time Spent Out of Compliance

Length of time	Properties at year-end	Position at 29/04/2026
0-3 Months (1–90 Days)	12	0
3-6 Months (91–180 Days)	3 (1 void)	3 (1 void)
6-12 Months (181–365 Days)	1 (1 void)	1 (1 void)
Over 12 Months (366+ Days)	0	0
Total	16	4

Update:

Following year-end, all properties within the 0–3 month category were serviced or safely capped in April. A small number required manual intervention to raise jobs.

Of the 4 properties remaining:

- 2 have potentially been capped but are awaiting supporting documentation.
- 2 are void properties.

Capped Properties

Length of time Capped	Tenanted properties	Void properties
3 months (0-90 Days)	16	101
3 months or above (91+ days)	76	47

Narrative

Capped properties are not automatically recorded within the Asset system and rely on manual job creation. A review of this process is underway to improve tracking and reduce the risk of cases being missed.

Tenancy Management Officers continue to support tenants in restoring gas supply where properties have been capped for extended periods.

Gas Certificate quality check

Annual Performance Summary

Measure	Value
Checks due	335
Checks completed	372
Requiring validation	8
Overall quality	100%
Outstanding at year-end	0

Quarterly Delivery Profile (Supporting Detail)

Quarter	Due	Completed	Requiring validation	Outstanding	Quality
Q1	90	117	3	0	100%
Q2	90	100	3	3	96.67%
Q3	90	90	1	0	100%
Q4	65	65	1	0	100%

Quality checks are undertaken on a sample basis to ensure certification accuracy and completeness. Where discrepancies are identified, cases are escalated to the Gas Manager for validation.

Gas Safety

Smoke & Carbon Monoxide Alarms

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

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

Smoke Alarms

Quarter	Due for inspection	Completed	Outstanding	% Checked
Q1	5005	4965	40	99.20%
Q2	4996	4948	48	99.04%
Q3	5007	4966	41	99.18%
Q4	5007	4948	59	98.82%

Performance remains high overall; however, a small decrease is linked to a rise in capped properties, which limits access for full internal checks, including smoke alarm testing.

TREND – 98.82%, a decrease of 0.42 percentage points from the 2024/25 year-end position.

Carbon Monoxide

Date	Due for inspection	Completed	Outstanding	% Checked
Q1	4811	4800	11	99.77%
Q2	4791	4782	9	99.81%
Q3	4743	4730	13	99.72%
Q4	4777	4772	5	99.89%

TREND – 99.89%, an increase of 0.65 percentage points from the 2024/25 year-end position.

Legionella

Legionella – Risk Assessment, Council Housing

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

Legionella – Sheltered Accommodation Inspection & Monitoring

2 yearly risk reviews

There are 18 schemes requiring risk reviews for legionella at least every two years. This means not all schemes will have a review each year.

Quarter 1 April – June

Two schemes completed

Quarter 2 July – September

Eight schemes completed

Quarter 3 October – December

Six schemes completed

Quarter 4 January – March

Zero schemes completed

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

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

In the 10 remaining schemes, there are 353 dwelling units. 353 dwelling units were compliant at the end of March 2026 **(100%)**.

TREND – 100%, no change from 2024/25 year-end position

RAAC & Radon

RAAC

Inspections have confirmed none of our schemes or flat blocks contain RAAC.

Radon

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

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

Assessment summary:

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

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

The programme for this is not yet established. This will require us to ensure these are set up in tenants homes correctly upon receipt as they are delivered 'active' to record findings. Asset & Compliance Team to take lead on this going forward with tenancy/surveying to agree how this will be managed.

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

Stock Condition Surveys

Housing Stock Condition – Inspection Programme

The RSH's Consumer Standards state that social housing providers must have an accurate, up to date and evidenced understanding of the condition of their homes that reliably informs their provision of good quality, well maintained and safe homes for tenants. Their code of practice indicates that this is best achieved via stock condition surveys undertaken every 5 years.

Annual Performance Summary

Measure	Value
Properties with survey (last 5 years)	4,138
Total housing stock	5,320
Coverage	77.80%

Quarterly Delivery Profile (Supporting Detail)

Quarter	Surveys completed	Total in-date	Outstanding	% in-date
Q1	48	N/A	N/A	N/A
Q2	70	929	4,278	21.7%
Q3	2,509	3,438	1,882	65.8%
Q4	728	4,138	1,182	77.8%

Narrative

By the end of Quarter 4, 77.8% of properties had a stock condition survey completed within the last five years.

This follows a large-scale programme delivered with Savills, which completed over **3,136 surveys**, alongside additional surveys undertaken by internal teams.

The remaining properties are largely those where access has not been achieved, with previous attempts made by the contractor. A significant proportion of these outstanding properties relate to access constraints rather than a backlog of unprogrammed works.

A targeted approach is being taken to improve access rates, including aligning surveys with existing appointments such as gas servicing.

Data and Programme Development

Work is ongoing to validate survey data and ensure accuracy within the Asset system. This will support:

- assessment of component lifecycles (e.g. roofs, windows, doors).
- energy performance analysis.
- future investment planning through the Medium-Term Financial Plan and 30-year business plan.

Forward Plan (2026/27)

A programme has been established to achieve 100% coverage, with the majority aiming to be completed in 2026/27 and any remaining to be completed in Q1 2027/28. As the programme was created once we had already started 2026/27's surveys, the total figure to complete is less than the 1,182 outstanding at the end of 2025/26.

Quarter	Target to complete
Quarter 1	224
Quarter 2	224
Quarter 3	224
Quarter 4	290
Total	962

TREND – 77.8%, up from approx. 14% 2024/25 year-end position

Stairlifts & Lifts

Housing Scheme Lifts – Inspection Programme

A total of **10 schemes** require regular lift inspections.

- **7 schemes** are subject to monthly inspections (279 dwelling units), with all inspections completed within the reporting period
- **3 schemes** are subject to quarterly inspections (74 dwelling units), with all inspections completed within the reporting period

For regulatory reporting, compliance is measured based on **the number of dwelling units within properties with communal passenger lifts**, rather than the number of schemes.

The position at year-end is summarised below:

Annual Performance Summary

Measure	Value
Schemes requiring inspection	10
Dwelling units covered	353
Compliance	100%

Year-end position: 100% compliance

TREND – 100%, no change from 2024/25 year-end position

Stairlifts & Lifts

Residential Stairlifts – Lift Servicing

Our stairlift supplier is TK Elevator UK (TKE), who undertake repairs and servicing. Stairlifts are serviced every six months.

Annual Performance Summary

Quarter	No. stairlifts	No. compliant	Overall compliance to date (cumulative)
Q1	51	44	86.27%
Q2	50	44	88.00%
Q3	48	44	91.66%
Q4	48	46	95.83%

Narrative

At year-end, **95.83% of stairlifts were compliant.**

Two properties remained overdue at the end of the reporting period. One relates to a void property, where the stairlift has since been removed. For the second property, Housing and TKE are working jointly to secure access, with a service visit planned to coincide with a scheduled Housing Tenancy Management (HTM) appointment on 27th May 2026. (Update: The appointment on 27th did not go ahead. A follow-up visit was scheduled for 9th June but was subsequently cancelled by a family member of the tenant. TKE have new appointment booked for 21st July)

TREND – 95.83%, increased by 1.48 percentage points from the 2024/25 year-end position.

Time Spent Out of Compliance

Length of time	Total
0-3 Months (1–90 Days)	1
3-6 Months (91–180 Days)	0
6-12 Months (181–365 Days)	0
Over 12 Months (366+ Days)	1

Update:

The remaining overdue cases are actively being managed:

- The 0–3-month case related to a void property has been resolved, with stairlift removal completed on 21 April 2026.
- The over 12-month case has an appointment booked, with access being coordinated alongside tenancy management activity.

Appendices

Definitions

BS01 – Gas safety checks (P30)

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

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

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

See more info at [Annex 4: Tenant Satisfaction Measures - Technical requirements \(accessible\) - GOV.UK](#)

BS02 – Fire safety checks (P32)

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

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

required.

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

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

See more info at [Annex 4: Tenant Satisfaction Measures - Technical requirements \(accessible\) - GOV.UK](#)

BS03 – Asbestos safety checks (P33)

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

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

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

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

See more info at [Annex 4: Tenant Satisfaction Measures - Technical requirements \(accessible\) - GOV.UK](#)

BS04 – Water safety checks

Proportion of homes for which all required legionella risk assessments have been carried

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

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

Legionella Risk Assessment, (LRAs) relating to a dwelling unit include all LRAs or re-inspections required both within the dwelling and on any communal or other relevant parts of the property that serve the dwelling. This includes hot and cold-water systems which serve dwelling, whether or not such systems are communal, or only serve the dwelling. For example, if an LRA is required on a communal water tank that serves a number of relevant dwelling units, providers must ensure that this LRA is carried out to be able to report that all required LRAs have been carried out for these dwelling units. If multiple LRAs were required for a dwelling unit (e.g., within the dwelling and on a related communal part), providers must have ensured that all these checks were carried out to report compliance.

See more info at [Annex 4: Tenant Satisfaction Measures - Technical requirements \(accessible\) - GOV.UK](#)

BS05 – Lift safety checks

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

In order to report that all LOLER inspection reports have been carried out for a particular property – and therefore for the dwelling units in that property – providers must ensure that LOLER inspection reports had been carried out for every communal lift within the property and that these were appropriately recorded.

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

A communal passenger lift within a property is a lift provided for use of the occupants of a dwelling unit in common with the occupants of at least one other unit in the property. In

this context, a property is a building with at least one such communal lift (e.g., a tower block).

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

Where the provider owns LCRA and/or LCHO units in a property owned by a third-party landlord, then these dwelling units must not be counted within item A of the TSM calculation unless the provider had obtained evidence or otherwise made sure that LOLER inspection reports had been carried out for every communal passenger lift in the property. Dwelling units must not be double counted in either part A or B of the TSM calculation. Any vacant LCRA or LCHO dwelling units within each property must be included within the calculation of this TSM.

See more info at [Annex 4: Tenant Satisfaction Measures - Technical requirements \(accessible\) - GOV.UK](#)

Awaab's Law

Awaab's Law came into force for the social rented sector on 27 October 2025. From this date, social landlords are required to address all emergency hazards, including damp and mould hazards that pose a significant risk of harm to tenants, within prescribed timeframes.

An 'emergency hazard' poses an imminent and significant risk of harm to the health or safety of an occupier of the social home. Examples of hazards that could be emergency hazards requiring emergency action include, but are not limited to:

- gas or carbon monoxide leaks
- broken boilers
- total loss of water supply
- electrical hazards such as exposed wiring
- significant leaks
- broken external doors or windows that present a risk to home security
- prevalent damp and/or mould that is having a material impact on a tenant's health
- significant structural defects or disrepair

A 'significant hazard' under Awaab's Law is one that poses a significant risk of harm to the health or safety of an occupier of the social home. Currently this is only damp and mould.

From 2026, the scope of Awaab's Law is being extended to include a wider range of hazards where they present a significant risk of harm. These include:

- excess cold and excess heat
- falls associated with baths etc., on level surfaces, on stairs and between levels

- structural collapse, and explosions
- fire, and electrical hazards
- domestic and personal hygiene and food safety

Awaab's Law requirements on social landlords

1. Emergency Repairs — Within 24 hours

- For issues classified as emergency hazards (e.g. severe damp/mould affecting breathing), landlords must undertake relevant safety work as soon as practicable, and within 24 hours of being made aware of the issue.

2. Significant Investigation — Within 10 calendar days or quicker

- Once the landlord is informed of a potential significant hazard, they must complete an investigation within 10 calendar days.

3. Written Summary — Within 3 working days after investigation concludes

- After completing the investigation, the landlord must issue tenants a written summary of findings (including risk level and next steps) within 3 working days, unless the hazard has been fixed and no further action is needed.

4. Safety work for Significant Hazards — Start within 5 working days

- If the mould/damp is determined to pose a significant risk to health, relevant safety work must commence within 5 working days of the investigation conclusion.

5. Supplementary preventative work — Start within 5 working days

- If the mould/damp is determined to pose a significant or emergency risk to health, any supplementary preventative work to prevent a significant or emergency hazard recurring must begin, or steps must be taken to begin, within 5 working days. If steps cannot be taken to begin work in 5 working days this must be done as soon as possible, and work must be physically started within 12 weeks.

See more detail at [Awaab's Law: Guidance for social landlords - Timeframes for repairs in the social rented sector - GOV.UK](#)

Electrical safety checks

Proportion of homes for which all required electrical safety checks have been carried out .

This measure is aligned with the Regulator of Social Housing proposed Tenant Satisfaction Measure covering electrical safety checks.

This measure is a snapshot at the end of the month. Proportion of homes for which all required electrical safety checks have been carried out at the end of the benchmarked period. Note that an annual version of this measure is also collected in our regulatory measure module.

Formula

$$(A \div B) \times 100$$

A = Number of domestic properties (i.e. dwelling units) owned for which all required electrical safety checks were carried out and recorded as at the end of the month.

In order to report that all required electrical safety checks were carried out for a particular dwelling unit, you must ensure that all statutory obligations in relation to carrying out electrical safety checks relating to this unit were met, all physical checks had taken place and that these were appropriately recorded.

Electrical safety checks include inspections, testing and investigative work that relate to the electrical safety of electrical installations or electrical equipment.

B = Number of domestic properties (i.e. dwelling units) owned for which electrical safety checks were required to have been carried out as at the end of the month.

The number of low-cost rental accommodation dwelling units where you have landlord responsibility for complying with electrical health and safety regulations.

Stock type

Low-Cost Rental Accommodation (LCRA) and Low-Cost Home Ownership (LCHO) where units served by communal or other relevant parts that require electrical safety checks.

Further information

In order to report that all required electrical safety checks were carried out for a particular dwelling unit, you must ensure that all statutory obligations in relation to carrying out electrical safety checks relating to this unit were met, all physical checks had taken place and that these were appropriately recorded (e.g. carry out an Electrical Inspection Condition Report within the last five years).

Statutory obligations in relation to carrying out electrical safety checks include statutory obligations for keeping electrical safety checks up to date, but not the completion of remedial actions (except for those related to further investigative work specifically) that may be identified in electrical safety checks.

Electrical safety checks relating to a dwelling unit include all checks required both for the dwelling and on any communal or relevant part that serves the dwelling. For example, if an electrical safety check is required on an electrical installation (or other fixture), fitting or appliance that serves a number of relevant dwelling units, you must ensure that this check is carried out to be able to report compliance for these units.

Dwelling units for which all required electrical safety checks were not carried out as at year end must not be counted within item A of the TSM calculation, even if the reason for this concerned an inability to gain access to the dwelling unit (or a communal or other relevant part).

If multiple electrical safety checks were required for a dwelling unit (e.g. both on an electrical installation and electrical equipment) providers must have ensured that all these checks were carried out in order to report compliance – dwelling units must not be double counted in either part A or B of the calculation.

Providers must determine what statutory obligations with respect to electrical safety checks apply to any vacant LCRA or LCHO dwellings and reflect these in the calculation of this TSM. If any vacant LCRA or LCHO dwellings were served by communal or related parts requiring an electrical safety check, these dwellings must be included in reported compliance with respect to these communal or related parts.

The calculation of this measure must reflect all electrical safety checks that relate to dwelling units owned, including checks for which a third party is responsible. These may include, for example, checks on an electrical installation (or other fixture) in a building owned by a third-party landlord, which serves LCRA and/or LCHO units owned by the provider. In these circumstances, a dwelling unit must not be counted within item A of the TSM calculation if the provider was not able to obtain evidence or otherwise make sure that required checks on communal or other parts that serve the dwelling were carried out.

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HEALTH AND HOUSING SCRUTINY COMMITTEE 19 AUGUST 2026

HOUSING SERVICES RENT SETTING POLICY 2026-2031

SUMMARY REPORT

Purpose of the Report

1. For Members to consider the draft Housing Services Rent Setting Policy 2026-2031, before approval by Cabinet on 8 September 2026.

Summary

2. The Housing Services Rent Setting Policy 2026-2031 at **Appendix 1** sets out how rent levels and services charges for our Council homes are set within the regulatory guidelines, which:
 - (a) Are affordable and meet the needs and expectations of our tenants.
 - (b) Ensure we can meet financial and business plan commitments and objectives, thereby ensuring the financial viability of our Housing Services.
 - (c) Provide cost effective and high-quality services to our tenants.
 - (d) Are in accordance with the terms and conditions of the Tenancy Agreement, licence or lease.
3. The Regulator of Social Housing's (RSH) Rent Standard sets out the framework for rent policy and applies to all registered providers of social housing, including local authorities. All registered providers of social housing must comply with the requirements and expectations of the Rent Standard and the government's rent policy statement.
4. Our Tenants Panel has been consulted on the draft policy, and they have given their full support. An equality impact assessment screening form at **Appendix 2** has been completed on the draft policy, but no adverse impacts have been identified.

Recommendation

5. It is recommended that Members:-
 - (a) Consider the report and draft Housing Services Rent Setting Policy 2026-2031 at **Appendix 1** and agree its onward submission to Cabinet

Anthony Sandys
Assistant Director – Housing and Revenues

Background Papers

(i) The RSH Rent Standard 2026

Anthony Sandys: Extension 6926

Council Plan	This report supports the Council Plan's HOMES priority to provide affordable and secure homes that meet the current and future needs of residents
Addressing inequalities	An equality impact assessment screening form has been completed on the draft policy, but no adverse impacts have been identified
Tackling Climate Change	The setting of rents enables the Council to fund a range of energy efficiency measures, which will support our Housing Services Climate Change Strategy
Efficient and effective use of resources	This policy will ensure we adhere to the RSH Rent Standard and that we can provide cost effective and high-quality services to our tenants
Health and Wellbeing	Setting rents which are affordable and meet the needs and expectations of our tenants will support their health and wellbeing
S17 Crime and Disorder	There are no issues which this report needs to address
Wards Affected	All wards with Council housing
Groups Affected	All Council tenants
Budget and Policy Framework	This report does not recommend a change to the Council's budget or policy framework
Key Decision	This report does not represent a key decision
Urgent Decision	This report does not represent an urgent decision
Impact on Looked After Children and Care Leavers	There are no issues which this report needs to address

MAIN REPORT

Information and Analysis

6. The Housing Services Rent Setting Policy 2026-2031 sets out how rent levels and services charges for our Council homes are set within the regulatory guidelines, which:
 - (a) Are affordable and meet the needs and expectations of our tenants.
 - (b) Ensure we can meet financial and business plan commitments and objectives, thereby ensuring the financial viability of our Housing Services.
 - (c) Provide cost effective and high-quality services to our tenants.
 - (d) Are in accordance with the terms and conditions of the Tenancy Agreement, licence or lease.

RSH Rent Standard 2026

7. The RSH Rent Standard sets out the framework for rent policy and applies to all registered providers of social housing, including local authorities. All registered providers of social housing must comply with the requirements and expectations of the Rent Standard and the government's rent policy statement. The government has directed the RSH to set a Rent Standard that reflects the government's 10-year rent settlement.
8. The Rent Standard 2026 sets out the following:
 - (a) Social landlords will generally be allowed to increase rents for social rent and affordable rent homes by up to the Consumer Price Index (CPI) +1% each year.
 - (b) Landlords will be able to further increase the weekly rent on social rent homes that are currently below 'formula rent'. As well as the CPI +1% increase, rents for these homes can increase by up to £1 more each week from 1 April 2027. From 1 April 2028, these rents can increase by up to £2 per week, until formula rent is reached. This is known as rent convergence.
9. The Housing Services Rent Setting Policy 2026-2031 sets out how rent levels and services charges for our Council homes are set and increased within the regulatory guidelines and covers the following areas:
 - (a) The types of rent we set for our Council homes.
 - (b) How rents and service charges are set for our Council homes.
 - (c) How rent and service charge increases are decided each year.
 - (d) Rent convergence.
 - (e) Appeals and complaints.

Outcome of Consultation

10. Our Tenants Panel has been consulted on the draft policy, and they have given their full support.

Equalities considerations

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

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DARLINGTON
Borough Council

Housing Services

Rent Setting Policy

2026-2031



Name of Policy	Housing Services Rent Setting Policy 2026-2031
Version Number	1.0
Author	Head of Housing
Date Approved by Tenants Panel	28/05/2026
Date approved by Scrutiny Committee	
Date approved by Cabinet	
Original issue date	
Next Review date	2031/2032

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Introduction

Darlington Borough Council aims to set Council home rents, which are affordable and meet the needs and expectations of our tenants.

Our policy is to set rents at levels within the regulatory guidelines, which:

- Are affordable and meet the needs and expectations of our tenants.
- Ensure we can meet financial and business plan commitments and objectives, thereby ensuring the financial viability of Housing Services.
- Provide cost effective and high-quality services to our tenants.
- Are in accordance with the terms and conditions of the Tenancy Agreement, licence or lease.

Council home rent is the main source of revenue for the Housing Revenue Account (HRA), paying for the management, maintenance, and modernisation of our existing homes. It is also the primary source of funds for repaying the loans that enable us to build or acquire new Council homes.

The quality of our assets and how they perform also directly impacts on our tenants and the communities they are part of. Good quality and well-maintained homes can significantly impact upon the health, wellbeing and quality of life of our residents.

Aims of this policy

This policy explains how Darlington Borough Council calculates and increases rents and service charges (where these are applicable) for homes that sit within the HRA.

The HRA is a landlord account that records the expenditure and income arising from the provision of Council owned homes for social and affordable rent. The main source of income for the HRA is the rent and service charges paid by tenants. It is a ring-fenced account, which means that the income received can only be spent on services to homes within the HRA.

These services include repairs and maintenance, collecting rent, letting properties to new tenants, dealing with anti-social behaviour and providing tenancy management for our tenants. The income received also helps fund the provision of new Council homes and upgrades of our existing homes.

This policy will also help ensure that the Council adheres to legal and regulatory requirements when calculating and increasing rents and service charges, particularly in relation to the Regulator of Social Housing's (RSH) Rent Standard and the government's Policy Statement on rents for social housing.



Policy Scope

This policy applies to all secure, flexible, non-secure and introductory tenants within the HRA. It will also apply to those tenants who have been provided with accommodation through the HRA. It applies to both social and affordable rents. The policy also sets out how rents will be increased for rent to buy properties.

There are some homes where there are different arrangements for calculating and setting rents and service charges where this policy does not apply.

This includes:

- Leasehold properties.
- Specialised supported accommodation.
- Some temporary social housing.

For these, the arrangements for calculating and setting rents and service charges may be set out in the lease, licence or tenancy agreement to occupy the property.

Relevant legislation, strategies, plans and policies

This policy supports our 30-year Business Plan for the HRA; due consideration has been given to the following Council plans, strategies, policies and customer standards:

- Council Plan 2024-2027.
- Homes Strategy (draft at time of writing) 2025-2030.
- Workforce Strategy.
- Housing Services Housing Management Policy 2026-2031 (draft at time of writing).
- Housing Services Asset Management Strategy 2024-2029.
- Housing Services Preventing Homelessness and Rough Sleeping Strategy 2025-2030.
- Housing Services Rent Account Standard.
- Housing Services Tenancy Agreement.
- Housing Services Climate Change Strategy.
- Housing Services Vulnerability Policy 2024-2029.
- Housing Services Tenant Involvement Strategy 2024-2029.
- Housing Services Allocation Policy 2023-2028.
- Welfare Reform and Work Act 2016.
- Housing Act 1985, 1988.
- Social Housing Rents Regulations 2016.
- RSH Rent Standard 2026.



Rent Setting Background

Since 2000, rents for properties at a social rent (which are many of our homes) have been based on a formula set by the government. This created a formula rent for each property, based on the relative value of the property as of 1999, relative local income levels, average rents and the size of the property.

In 2011, the government introduced “affordable rents”, which permitted rents (including service charges) to be set at up to 80 % of market rent. The resulting higher rents made it possible to build more new social housing.

Affordable rents could only be charged for new and existing homes if certain conditions are met. However, from April 2026, the restrictions on affordable rents has been eased following the RSH’s Rent Standard, meaning that affordable rents can be applied to any new properties brought into the HRA that have not been subject to a social rent without approval from any government body.

Annual rent increases and decreases

From 2012, rents were allowed to increase annually by the retail price index (RPI) + 0.5% + £2.00 each week.

The government introduced a new 10-year rent setting policy from 2015-16 that allowed rents to increase by the consumer price index (CPI) + 1%. In 2016, restrictions were placed on the annual rent increases that could be applied to both social and affordable rents. The Welfare Reform and Work Act 2016 required social landlords to reduce rents by 1% each year for four years up to 2019-20 to reduce benefit spending.

From April 2020, the government allowed social landlords to increase rents by CPI in September of the previous year + 1%. Because of high levels of inflation in 2023-24, rent increases were capped at 7% but reverted to CPI + 1% until 2025-26.

From 2026-2027, the government re-introduced a further 10-year rent setting policy, which included a rent convergence element, allowing social housing providers to increase their rent costs by a set figure on top of CPI + 1%.

Rent convergence

Rent convergence is a term which relates to the government policy of increasing social housing rents to bring them in line with similar properties. It was first introduced in 2002 but halted in 2015 by the government until 2026-2027.

Rent convergence helps to ensure that similar social housing homes in the same areas have similar, consistent rent levels, regardless of whether they are owned by the Council or a Housing Association. For example, if a home’s formula rent is £120 each week and the current rent is £115 each week, the landlord may apply a standard annual increase (for example, CPI + 1%) plus a £2 per week “convergence increase”, until the rent reaches the £120 target.

Regulatory requirements

We are required to comply with the RSH’s Rent Standard ([Rent Standard 2026 - GOV.UK](#)). This sets out how we should set and increase rents in line with the government’s policy statement on rents for social housing ([Policy Statement on rents for social housing](#)).



Types of rent

Social rent

Most tenants living in a Council home are charged a social rent based on the government formula, as set out below. The initial formula rent was set in 2000 and has been increased by inflation each year.

Rent increases for existing tenants are set in line with the government’s Policy Statement on rents and are applied in April each year. Rents may be currently increased by a maximum of CPI + 1% in line with the government’s rent policy.

Tenants will receive at least 4 weeks’ notice of any increase or change to their rent in writing; this is a notice of variation. Where a tenant’s rent is less than formula rent, from April 2027 we may increase rents by a maximum additional £1 each week above CPI + 1%, rising to £2 each week above CPI + 1%, from April 2028.

Any properties that are re-let during the year will be let at the rent charge that is held on the rent accounting system against each property,

Formula rent

Formula rents are subject to a rent cap based on the number of bedrooms in a property and exist to avoid excessive charges.

The rent cap is increased currently by 1.5% each year. If the formula rent is higher than the rent cap, then the rent is set at the cap. Where a formula rent is also higher than the rent cap at reletting, then the rent cap will be applied.

Example of rent cap for 2026-2027

Number of bedrooms	Rent Cap
1 and studio flats	£204.35
2	£216.35
3	£228.36
4	£240.37
5	£252.39
6 or more	£264.41

The rent cap does not include service charges.

From 2027-28, rent caps will continue to increase by CPI (as at September of the previous year) plus 1.5%, each year.

The government's policy on rents provides flexibility to allow social landlords to set rents up to 5% above formula rents (10% for supported housing, including sheltered housing) for individual properties. In deciding whether to apply this flexibility, we can consider local factors and concerns such as the cost of investment in improving or refurbishing properties.

We do not currently apply this flexibility and any decision by Members to do so would be in consultation with tenants.

Affordable rent

Affordable rent properties are currently only those which Homes England, or the Secretary of State, has agreed can be let at an affordable rent, however from 2026, we can set other properties at affordable rent without the Secretary of State or Homes England agreement. Affordable rents are inclusive of service charges, such as those charges for communal cleaning and gardening.

Affordable rents are set at up to 80% of the gross market rent for a property. This is the rent that the property might reasonably be expected to be charged in the private rented sector. Property size, location type and service provision must be considered when determining what gross market rent a property might achieve if let in the private rented sector. For example, if a private house rents for £1,000 each month, an affordable rent, would cost £800 each month or less.

Affordable rents cannot be lower than the formula rent for social rent. We do not charge affordable rents that are above the Local Housing Allowance (LHA). LHA is a flat-rate allowance, usually paid through Housing Benefit or Universal Credit, and is based on the area a person lives in and the size of their household (number of bedrooms), rather than the actual rent charged. More information can be found about LHA at [Local Housing Allowance - GOV.UK](#)

Valuations for initial rent setting must be made in accordance with a method recognised by the Royal Institute of Chartered Surveyors. When reletting a property on an affordable rent, we must review the amount to be charged to ensure that it is no more than 80% of the gross market rent. We will seek

comparable rents to reset the affordable rent using a desktop valuation review of recent transactions. If comparable rents are not available, the Council will commission a full market valuation.

Rent increases for existing tenants are set in line with the government's Policy Statement on rents and are applied in April each year. Rents are currently increased by a maximum of CPI + 1% and tenants will receive at least 4 weeks' notice of any increase.

Garage rents

We set rent charges for Council owned garages annually and this is based on costs to repair and maintain these. The cost to Council tenants does not include VAT.

Garage rents are set by the Council as part of the annual rent setting process and garage rent charges form part of the rent consultations carried out with tenants each year.

Changes to garage rents require 7 days' notice, however we endeavour to give 4 weeks' notice in March each year. Rents increase or decrease in April each year.

New Council Homes Rent

For new Council homes that are to be let at a social rent, we will obtain a 1999 valuation of the property to calculate a formula rent from an external Valuation Officer.

The use of 1999 property valuations for social rent setting in England is a foundational element of the government's Rent Standard and is designed to ensure consistency, fairness, and affordability across the social housing sector. It allows us to calculate a formula rent based on the relative value of a property at a fixed point in time, rather than constantly changing market values and assists us in ensuring consistency, fairness and long-term stability in setting formula rents.

The valuation will be in accordance with a method recognised by the Royal Institute of Chartered Surveyors. We may not carry out valuations for each individual property but instead rely on a more generic valuation for types and sizes of properties in different locations.

Whilst we are not permitted to regularly revalue properties, we can revalue a formula rent for an

existing social rent home, where major works have been carried out that materially affect its value. This does not include repairs or updating a property, for example, fitting a new kitchen or bathroom, but does include major structural alterations, such as extensions. If we revalue a property, the new formula rent will not be applied to the existing tenant but will be applied when the property is relet.

Depending on the funding we receive for new Council homes, they may be set as a social rent or affordable rent. This will be explained in any offer letters, viewings and affordability discussions with new tenants.

Service charges

Rent paid by tenants covers the provision of general housing services, such as repairs and improvements to properties, lettings, estate management, rent collection, anti-social behaviour and helping tenants sustain their tenancies.

We also incur costs for providing additional services over and above what is normally included in the rent paid by tenants. These include communal cleaning and gardening, grounds maintenance, communal electricity, heating and bulk refuse removal. Service charges are calculated to recover reasonable costs of providing these additional services. For those tenants who pay an affordable rent, any service charges are included in this total cost.

We will always consult with residents before we introduce any new services that will result in a charge being paid, or where we introduce a new charge for an existing service. Our charges will be reasonable and transparent and are included in the annual rent increase letter we send to all tenants.

Service charges are part of the rent paid by tenants, but we will identify these separately when letting properties to new tenants and when applying rent and service charge increases.

Service charges are calculated to recover reasonable costs. We may increase or decrease the charges by providing at least 4 weeks' notice in writing. This will be done while we increase or change rents, but we may also do it at any other time and more than once a year, if we introduce a new charge or charge for the services that we already provide. Service charges are not increased in the same way as rents, but we endeavour to keep charges affordable.

Normally, changes to charges will be based on what has been spent in previous years, but we may

also consider how inflation and other costs such as prices from contractors, and how many tenants are receiving the service, which may affect the charge. This means that some increases may be above inflation, but we will ensure we clearly explain this as part of our rent consultation and our reports to Members. Examples of above inflation costs in recent years have included building insurance price increases and utility costs.

Sometimes we may have to estimate a charge where new services are being introduced, but we will review this annually. We may also decide to phase in new charges, where appropriate.

If we spend more on providing services to tenants than we have collected from them, then we may make up the difference. We may not ask tenants to pay this but the service charge for the next year may be adjusted accordingly to take account of any increase.

If we spend less than we have collected, then any money left over may not be refunded but the service charge for the next year may be adjusted accordingly.

We use fixed service charges for our tenants. This means that each year the charge will be set, and it will not change until the next year unless we introduce a new service, change a service or discontinue a service. This also allows the cost of some services to be spread throughout the year, for example, heating where tenants will pay the same amount during the summer as they do in the winter.

Fixed service charges are cheaper and easier for us to administer. They also mean that tenants do not receive an additional bill during the year, if we have not collected enough to cover our costs. Fixed

charges mean that tenants cannot ask the First-Tier Tribunal (Property Chamber) to determine any issue relating to how much is payable. However, in complying with the Policy Statement on rents for social housing, we are expected to set reasonable and transparent service charges. We will also seek to keep increases in service charges in line with rent increases, to keep charges affordable.

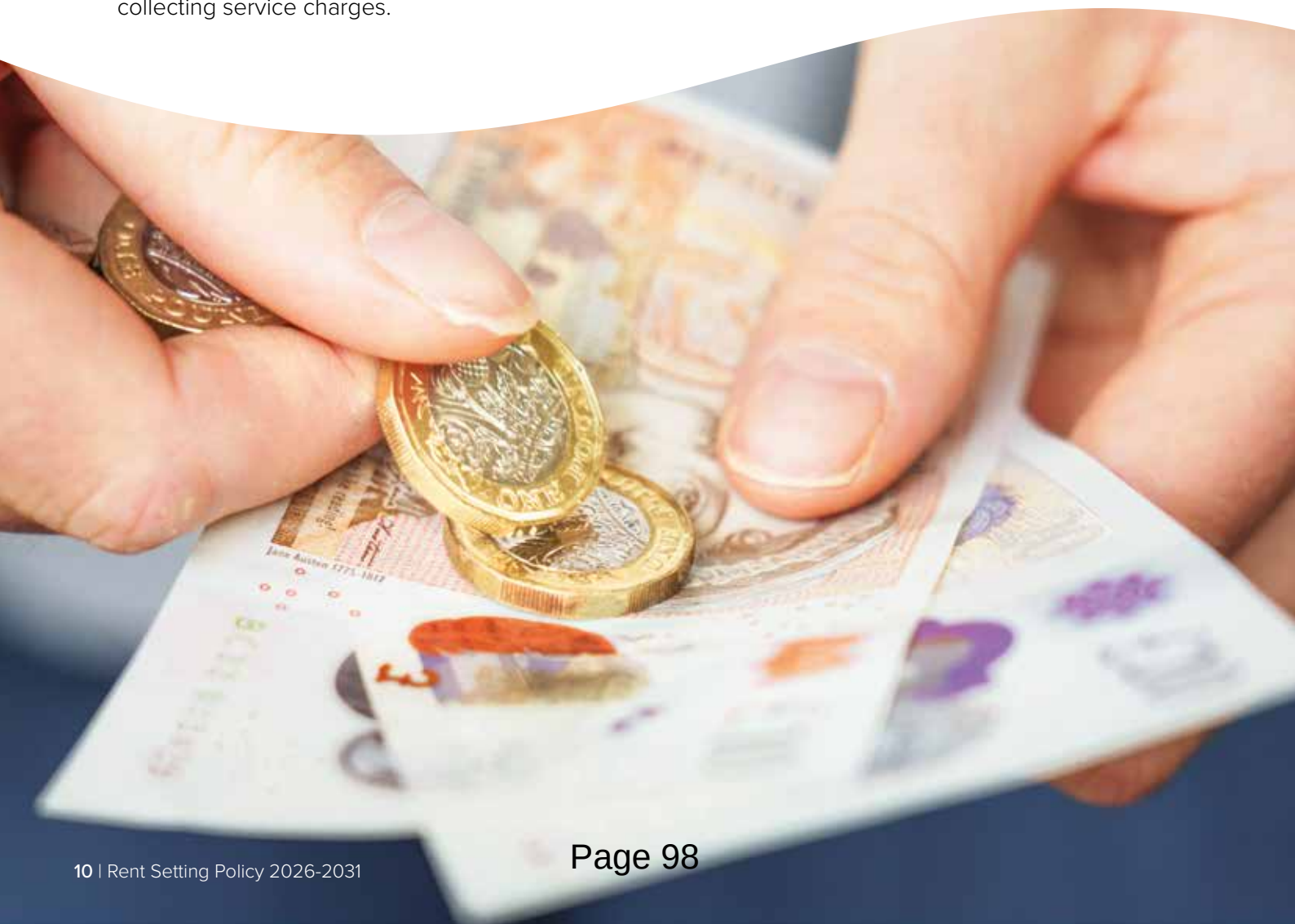
Some service charges are eligible for Housing Benefit or Universal Credit, such as (not exhaustive), window cleaning for first floor properties, ground maintenance, lifts and door entry systems. Other service charges such as (not exhaustive), individual heating costs, lighting and communal furniture are not eligible and therefore full costs are payable.

Service Charge Value for Money

We are committed to delivering high-quality and affordable services to our tenants that deliver good value for money. We aim to achieve this by:

- Complying with legislation and regulatory requirements for setting, presenting and collecting service charges.

- Ensuring service charges represent good value for money through effective procurement, monitoring of service quality and management of contractors and directly provided services.
- Undertaking detailed checks on budget costs and assumptions.
- Consulting tenants and Council Members when introducing or making significant changes to services.
- Listening to tenant feedback views through the annual Rent and Service charge consultation survey, tenant involvement activities and complaints.
- Where possible, ensuring that our service charges are eligible for Housing Benefit/ Universal Credit.



Affordability for new and existing tenants

New Tenants

Council homes are allocated in accordance with our Housing Services Allocation Policy. As part of this policy, we complete affordability checks with prospective tenants at the point of offer, to ensure they can meet the financial requirements of running and managing the property. If prospective tenants do not meet the financial requirements, we will work with them to see if we can assist them to increase their income via welfare benefits or other sources, before considering retracting the offer.

Some allocations have an additional local lettings policy, which may state that affordability checks will be completed prior to an offer being made.

Existing tenants

We provide support for current tenants through our Tenancy Sustainment team.

This team offers specialist support to tenants around affordability, welfare benefits and signposts and refers tenants to relevant specialist agencies for additional advice and support. They work closely with the agencies such as Citizens Advice, Step Change and Money Advice Service. Details can be found at [Darlington BC - Help with your tenancy](#)

Rent Setting Roles

Housing Services are accountable for ensuring that the correct rent and service charges are charged to tenants and that all legal and regulatory requirements are met.

We are also responsible for completing annual consultation with tenants, the collection of rent and arrears and taking enforcement action to recover rent and service charges owed to the Council, as necessary.

Responsibility for determining the policy is through our governance structure of formal Scrutiny Committee and Cabinet.

Annual rent charges require full Council approval each year.

The Tenants Panel are responsible for considering and reviewing this policy through effective scrutiny and for providing their views on annual rent charges each year.

The following table provides brief details of who is involved in the decision-making process for annual rents, with a basic timeline of the rent setting process.

Timescale	Who is Involved	Role
October to November	Finance Officers, in consultation with Senior Housing Officers, and the Cabinet Member for Health and Housing	To prepare a draft Medium Term Financial Plan (MTFP) and proposals for rent, for the following financial year, based on CPI+1% in September
November to December	Cabinet	To consider proposals for the MTFP and rent, for the following financial year, as a basis for consultation with Council tenants
December	Council tenants and the Tenants Panel	To provide views on the proposals for the MTFP and rent, for the following financial year.
January	Health and Housing Scrutiny Committee	To consider proposals for the MTFP and rent, for the following financial year, and the outcome of consultation, and to make any recommendations to Cabinet
February	Cabinet	To consider proposals for the MTFP and rent, for the following financial year, the outcome of consultation and any recommendations from Health and Housing Scrutiny Committee, and to make recommendations to Council
February	Council	To approve the MTFP and rent for the following financial year
February to March	Housing Services Officers	To update ICT systems with the agreed rent and service charge costs for the following year. To produce and send out letters to all tenants notifying the new charges



Consultation with tenants

We recognise and are committed to listening to the views of our tenants and we carry out extensive consultation each year with our tenants and the Tenants Panel in relation to rent and service charges.

Feedback from consultation events and surveys is included in all reports to Scrutiny, Cabinet and full Council. Tenants can provide their feedback in several ways, including through face-to-face events, online surveys and by telephone.

We communicate events and surveys face-to-face, through email, text and social media ensuring that we meet the diverse needs of our tenants and making consultation as accessible as possible.

Staff Training

Suitable training on this policy will be given to members of staff whose job either directly or indirectly is affected by this policy. Training may be provided internally or externally to ensure a consistent approach to rent setting and collection.

Training on this policy will also be given to staff or when the policy is reviewed or changed.

Appeals and Complaints

We recommend that tenants contact us to discuss any issues or complaints in relation to rent setting in the first instance.

Our complaints policy is available to any resident who is dissatisfied with the quality of work or service they receive from us, and if tenants remain unsatisfied, they can also bring complaints to the Housing Ombudsman for investigation.

Council tenants in England can challenge or appeal a rent increase, although the process differs from private renting.

If tenants believe the rent increase itself is unreasonable or that the council has not followed legal guidelines (for example, in setting rents above the allowed inflation cap + 1%), tenants may be able to challenge it through a court process known as a judicial review. As this is a complicated, long process that can incur costs, we recommend that legal advice is taken by any tenant considering this action.

It is important to seek advice from organizations like Citizens Advice or Shelter, as tenants should not stop paying current rent while disputing an increase, or they may risk falling into arrears.

Monitoring and Policy Review

Effective audits are essential to minimise risks, ensure fair charges, and prepare for increased scrutiny from regulators regarding rent policies. We have robust internal processes in place for rent setting, consultation and annual implementation of rent charges, but it is also important to regularly check these processes for accuracy and efficiency.

To ensure our rent setting complies with regulatory frameworks, policies and accurate calculation are completed, we carry out bi-annual internal audits of a sample of rent accounts. The findings of these audits are communicated to Members and tenants through our annual report.

This policy is reviewed every 5 years or when a change to the Rent Standard or other relevant legislation is made. This ensures the policy reflects current legislation and regulatory standards.





Housing Services contact details



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housing@darlington.gov.uk



www.darlington.gov.uk/housing



[darlingtonbc](https://twitter.com/darlingtonbc)



facebook.com/DBCHousing



Initial equality impact assessment screening form

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

Directorate:	Resources & Governance
Service Area:	Housing Services
Activity being screened:	Rent Setting Policy 2026-2031
Officer(s) carrying out the screening:	Claire Gardner-Queen
What are you proposing to do?	Implement a rent setting policy across Housing Services.
Why are you proposing this? What are the desired outcomes?	This policy explains how Darlington Borough Council calculates and increases rents and service charges (where these are applicable) for homes that sit within the HRA. The main source of income for the HRA is the rent and service charges paid by tenants. It is a ring-fenced account, which means that the income received can only be spent on services to homes within the HRA. These services include repairs and maintenance, collecting rent, letting properties to new tenants, dealing with anti-social behaviour and providing tenancy management for our tenants. The income received also helps fund the provision of new Council homes and upgrades of our existing homes. The policy will ensure that the Council adheres to legal and regulatory requirements when calculating and increasing rents and service charges, particularly in relation to the Regulator of Social Housing's (RSH) Rent Standard and the government's Policy Statement on Rents for Social Housing. It sets out how we set the recharges, through service charges, for other services provided such as grounds maintenance and communal heating. The use of this policy is covered by Housing legislation and government guidance. It is considered a regulatory requirement along with good practice to have a rent setting policy.
Does the activity involve a significant commitment or removal of resources? Please give details	No

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

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

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

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

Protected characteristic	Yes	No	Don't know/ Info not available
Age		x	
Disability		x	
Sex (gender)		x	
Race		x	
Sexual Orientation		x	
Religion or belief		x	
Gender reassignment		x	
Pregnancy or maternity		x	
Marriage or civil partnership		x	
Other			
Carer (unpaid family or friend)		x	
Low Income		x	
Rural Location		x	
Does the activity relate to an area where there are known inequalities/probable impacts (e.g. disabled people's access to public transport)? Please give details.	Housing Services provide accommodation to over 5000 tenants and garage tenants, some of are vulnerable and have disabilities. Some Council tenants are on a low income and could be reliant upon welfare benefits as the main source of household income. All tenants have the propensity to have some protected characteristics, however, are not adversely impacted by the policy. The policy simplifies current legislation and government guidance and explains how this is put into practice by Housing Services.		
Will the activity have a significant effect on how other organisations operate? (e.g. partners, funding criteria, etc.). Do any of these organisations support people with protected characteristics? Please explain why you have reached this conclusion.	No		

Decision (Please tick one option)	EIA not relevant or proportionate:	x	Continue to full EIA:	
Reason for Decision		The introduction of this rent setting policy will assist Housing Services in continuing to set rent and service charges in line with legislation and government guidance. It assists us in meeting regulatory requirements from the Rent Standard and Transparency, Influence and Accountability Standard too. It will ensure that Members, tenants and prospective tenants are assured that Council house rent and service charges are set in line with guidance. The policy will be reviewed every 5 years, or when a legislative or regulatory standard change is made.		
Signed (Assistant Director)				
Date		09/06/2026		

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HEALTH AND HOUSING SCRUTINY COMMITTEE 19 AUGUST 2026

PERFORMANCE INDICATORS YEAR END - QUARTER 4 - 2025/26

SUMMARY REPORT

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2025/26 up to the end of March 2026 (Quarter 4).

Background

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

Indicator Summaries

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

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

9. Rent arrears of current Council tenants in the financial year as a percentage of rent debit is not as good because it increased (HBS 013 - 2.85% to 3.38%).
10. The amount of rent collected as a proportion of rents owed on Council homes, including arrears brought forward debit is not as good because it decreased (HBS 016 – 98.2% to 96.2%).

11. The average number of days spent in Bed and Breakfast accommodation for people affected by homelessness is not as good because it increased (HBS 025 – 13,849 to 14,546).
12. The number of positive outcomes where homelessness has been prevented is not as good because it decreased (HBS 027i - 496 to 399).
13. The average number of days to re-let empty Council dwellings is not as good because it increased (HBS 034 – 113.25 to 157.86).
14. The percentage of dwellings not with a gas service within 12 months of the last service date has improved because it decreased (HBS 072 - 0.5% to 0.32%).

Leisure Indicator figures (annual) - 2024 comparison to 2025

15. The % of the adult population physically inactive, doing less than 30 minutes moderate activity per week is not as good because it increased (CUL 008a – 25.3% to 26.1%).
16. The % of the adult population physically active, doing 150 minutes moderate activity per week has improved because it increased (CUL 009a – 60.9% to 62.4%).
17. The % of the adult population taking part in sport and physical activity at least twice in the last month is not as good because it decreased (CUL 010a - 77.5% to 76.9%).

Leisure Indicators figures - April to March 2024/25 comparison to 2025/26

18. Visitor numbers to the Dolphin Centre has improved because it increased by 27,470 (CUL 030 – 903,209 to 930,679).
19. The number of school pupils participating in the sports development programme has improved because it increased by 1,119 (CUL 063 – 12,560 to 13,679).
20. Number of individuals participating in the community sports development programme has improved because it increased by 989 (CUL 064 – 18,978 to 19,967).

Public Health Indicators

21. Six of the twenty-three annually reported Public Health indicators have had updated information to report since the 2025/26 Quarter 2 report.

Public Health Indicators – 2021/22 compared to 2023/24

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

Public Health Indicators – 2022/23 compared to 2023/24

23. Rate of under-18 conceptions per 1,000 population has improved because it decreased (PBH 016 – 15.4 to 12.5).

24. Emergency Hospital Admission rate for Intentional Self-Harm per 100,000 population has improved because it decreased (PBH 031 - 197.5 to 121.0).
25. HIV late diagnosis is not as good because it increased (PBH 050 - 28.6% to 33.3%).

Public Health Indicators – 2023/24 compared to 2024/25

26. The % of low birth weight of term babies is not as good because it increased (PBH 009 - 3.0% to 3.7%).
27. Breastfeeding prevalence at 6-8 weeks after birth has improved because it increased (PBH 013c - 40.6% to 46.7%).
28. Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review has improved because it increased (PBH 018 – 99.5% to 99.9%).
29. Reception: Prevalence of overweight (including obesity) children is not as good because it increased (PBH 020 23.3 to 26.9).
30. Year 6: Prevalence of overweight (including obesity) children is not as good because it increased (PBH 021 - 35.4 to 35.7).
31. Hospital admission rate caused by unintentional and deliberate injuries in children (aged 0-4 years) per 10,000 population has improved because it decreased (PBH 024 - 252.2 to 171.2).
32. Hospital admission rate caused by unintentional and deliberate injuries in children per 10,000 population (aged 0-14 years) has improved because it decreased (PBH 026 – 149.0 to 120.8).
33. Hospital admission rate caused by unintentional and deliberate injuries in young people per 10,000 population (aged 15-24 years) has improved because it decreased (PBH 027 - 127.8 to 104.3).
34. Prevalence of smoking among persons aged 18 years and over is not as good because it increased (PBH 033 – 7.3% to 7.9%).
35. Successful completion of drug treatment - opiate users is not as good because it decreased (PBH 035i – 7.6% to 7.0%).
36. Successful completion of drug treatment - non-opiate users has improved because it increased (PBH 035ii – 21.8% to 28.6%)
37. Successful completion of alcohol treatment has improved because it increased (PBH 035iii – 28.1% to 31.4%).
38. Admission episode rate for alcohol-related conditions (narrow) per 100,000 population has improved because it decreased (PBH 044 – 659 to 621).

- 39. Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five-year period is not as good because it decreased (PBH 046 – 41.6% to 39.9%).
- 40. Rate of chlamydia detection per 100,000 young people aged 15 to 24 is not as good because it decreased (PBH 048 – 1,507 to 1,427).
- 41. Under 75 mortality rates from cardiovascular diseases considered preventable (one year range) per 100,000 population is not as good because it increased (PBH 056a – 31.9 to 33.8).
- 42. Under 75 mortality rate from respiratory disease (1 year range) is not as good because it increased (PBH 060 - 43.5 to 46.8).

Public Health Indicators – 2024/25 compared to 2025/26

- 43. Smoking status at time of delivery has improved because it decreased (PBH 014 – 8.4% to 4.4%)
- 44. Under 75 mortality rates from cancer (one year range) per 100,000 population is not as good because it increased (PBH 058 – 111.1.1 per to 122.5).

Performance Summary

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

Housing:

- a) 1 of the 6 indicator figures improved.
- b) 5 of the 6 indicator figures were not as good.

Leisure:

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

Public Health:

- e) 10 of the 23 indicator figures improved.
- f) 13 of the 23 indicator figures were not as good.

Changes in Indicators

This committee was briefed at a meeting on the 3rd June 2026 by the Assistant Director – Housing and Revenues about changes to the housing indicators to be reported for 2026/27 to this committee which reflect the outcomes within the Regulator of Social Housing’s consumer standards.

Recommendation

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

Anthony Sandys
AD – Housing and Revenues

Lisa Soderman
Head of Leisure

Lorraine Hughes
Director of Public Health

Background Papers

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

S17 Crime and Disorder	This report supports the Councils Crime and Disorder responsibilities
Health and Well Being	This report supports performance improvement relating to improving the health and wellbeing of residents
Carbon Impact and Climate Change	There is no impact on carbon and climate change as a result of this report
Diversity	This report supports the promotion of diversity
Wards Affected	This report supports performance improvement across all Wards
Groups Affected	This report supports performance improvement which benefits all groups
Budget and Policy Framework	This report does not represent a change to the budget and policy framework
Key Decision	This is not a key decision
Urgent Decision	This is not an urgent decision
Council Plan	This report contributes to the Council Plan by involving Members in the scrutiny of performance.
Efficiency	Scrutiny of performance is integral to optimising outcomes.
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers

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Health and Housing Scrutiny Committee 2025 - 2026 QUARTER 4												APPENDIX 1					
												Year End data direction of travel			Current Qtr 4 comparison with previous Qtr 4		
Indicator	Title	Return Format	Reported	What is best	2022/2023	2023/2024	2024/2025	2025/2026 - Qtr 1	2025/2026 - Qtr 2	2025/2026 - Qtr 3	2025/2026 - Qtr 4	Qtr 4 - 2023/2024 compared to 2022/2023	Qtr 4 - 2024/2025 compared to 2023/2024	Qtr 4 - 2025/2026 compared to 2024/2025	Qtr 4 - 2025/2026 compared to 2022/2023	Qtr 4 - 2025/2026 compared to 2023/2024	
CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week	Percentage Value	Annually	Lower	30.1%	25.8%	25.3%	Annual indicators no data to report for these quarters				26.1%	↑	↑	↓	↑	↓
CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week	Percentage Value	Annually	Higher	61.4%	64.6%	60.9%					62.4%	↑	↓	↑	↑	↓
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month	Percentage Value	Annually	Higher	71.5%	77.9%	77.5%					76.9%	↑	↓	↓	↑	↓
CUL 030	Total number of visits to the Dolphin Centre (all areas)	Number	Monthly	Higher	851,821	742,527	903,209	228,796	475,985	696,818	930,679	↓	↑	↑	↑	↑	
CUL 063	Number of school pupils participating in the sports development programme	Number	Monthly	Higher	14,167	11,515	12,560	3,657	7,245	10,345	13,679	↓	↑	↑	↓	↑	
CUL 064	Number of individuals participating in the community sports development programme	Number	Monthly	Higher	12,987	18,987	18,978	4,756	11,659	15,107	19,967	↑	↓	↑	↑	↑	
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)	Percentage	Quarterly	Lower	3.46%	3.69%	2.85%	3.11%	3.10%	3.43%	3.38%	↓	↑	↓	↑	↑	
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd	Percentage	Quarterly	Higher	95.9%	96.0%	98.2%	95.3%	97.4%	96.0%	96.2%	↑	↑	↓	↑	↑	
HBS 025	Number of days spent in Bed and Breakfast	Days	Monthly	Lower	7,308	9,616	13,849	2,206	7,562	13,102	14,546	↓	↓	↓	↓	↓	
HBS 027i	Number of positive outcomes where homelessness has been prevented	Number	Monthly	Higher	720	547	496	105	263	299	399	↓	↓	↓	↓	↓	
HBS 034b	Average number of days to re-let dwellings (year to date)	Average Days	Monthly	Lower	54.01	70.45	113.25	180.83	165.82	142.67	157.86	↓	↓	↓	↓	↓	
HBS 072	% of dwellings not with a gas service within 12 months of last service date	Percentage	Monthly	Lower	0.50%	0.44%	0.50%	0.34%	0.52%	0.50%	0.32%	↑	↓	↑	↑	↑	
PBH 009	Low birth weight of term babies (PHOF C04)	Percentage	Annually	Lower	2.3%	3.0%	3.7%	Annual indicators no data to report for these quarters				No data available	↓	↓	NA	NA	NA
PBH 013c	Breastfeeding prevalence at 6-8 weeks after birth - current method (PHOF 2.02ii)	Percentage	Annually	Higher	38.1%	40.6%	46.7%					No data available	↑	↑	NA	NA	NA
PBH 014	Smoking status at time of delivery (PHOF C06)	Percentage	Annually	Lower	12.9%	10.6%	8.4%					4.40%	↑	↑	↑	↑	↑
PBH 016	Rate of under-18 conceptions (PHOF C02a)	Per 1,000 pop	Annually	Lower	15.4	12.5	No data available					No data available	↑	NA	NA	NA	NA
PBH 018	Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review	Percentage	Annually	Higher	99.5%	99.3%	99.9%					No data available	↓	↑	NA	NA	NA
PBH 020	Reception: Prevalence of overweight (including obesity) (PHOF C09a)	Number	Annually	Lower	26.7	23.3	26.9					No data available	↑	↓	NA	NA	NA
PBH 021	Year 6: Prevalence of overweight (including obesity) (PHOF C09b)	Number	Annually	Lower	37.3	35.4	35.7					No data available	↑	↓	NA	NA	NA
PBH 024	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) (PHOF C11a)	Per 10,000 pop	Annually	Lower	206.5	252.2	171.2					No data available	↓	↑	NA	NA	NA
PBH 026	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) (PHOF C11a)	Per 10,000 pop	Annually	Lower	154.2	149.0	120.8					No data available	↑	↑	NA	NA	NA
PBH 027	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) (PHOF C11b)	Per 10,000 pop	Annually	Lower	186.3	127.8	104.3					No data available	↑	↑	NA	NA	NA
PBH 031	Emergency Hospital Admissions for Intentional Self-Harm (PHOF C14b)	Per 100,000 pop	Annually	Lower	197.5	121.0	No data available					No data available	↑	NA	NA	NA	NA
PBH 033	Prevalence of smoking among persons aged 18 years and over (PHOF C18)	Percentage	Annually	Lower	11.5%	7.3%	7.9%					No data available	↑	↓	NA	NA	NA
PBH 035i	Successful completion of drug treatment - opiate users (PHOF C19a)	Percentage	Annually	Higher	4.4%	7.6%	7.0%					No data available	↑	↓	NA	NA	NA
PBH 035ii	Successful completion of drug treatment - non-opiate users (PHOF C19b)	Percentage	Annually	Higher	15.2%	21.8%	28.6%					No data available	↑	↑	NA	NA	NA
PBH 035iii	Successful completion of alcohol treatment (PHOF C19c)	Percentage	Annually	Higher	18.0%	28.1%	31.4%					No data available	↑	↑	NA	NA	NA

Health and Housing								Scrutiny Committee				2025 - 2026 QUARTER 4				APPENDIX 1				
												Year End data direction of travel			Current Qtr 4 comparison with previous Qtr 4					
Indicator	Title	Return Format	Reported	What is best	2022/2023	2023/2024	2024/2025	2025/2026 - Qtr 1	2025/2026 - Qtr 2	2025/2026 - Qtr 3	2025/2026 - Qtr 4	Qtr 4 - 2023/2024 compared to 2022/2023	Qtr 4 - 2024/2025 compared to 2023/2024	Qtr 4 - 2025/2026 compared to 2024/2025	Qtr 4 - 2025/2026 compared to 2022/2023	Qtr 4 - 2025/2026 compared to 2023/2024				
PBH 044	Admission episodes for alcohol-related conditions (narrow) (PHOF C21)	Per 100,000 pop	Annually	Lower	774	659	621					No data available	↑	↑	NA	NA	NA			
PBH 046	Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period (PHOF C26b)	Percentage	Annually	Higher	45.8%	41.6%	39.9%					No data available	↓	↓	NA	NA	NA			
PBH 048	Rate of chlamydia detection per 100,000 young people aged 15 to 24 (PHOF D02a)	Per 100,000 pop	Annually	Higher	1,972	1,507	1,427					No data available	↓	↓	NA	NA	NA			
PBH 050	HIV late diagnosis (%) (PHOF D07)	Percentage	Annually	Lower	28.6%	33.3%	No data available					No data available	↓	NA	NA	NA	NA			
PBH 054	Percentage of 5 year olds with experience of visually obvious dental decay (PHOF E02)	Percentage	Biennial	Lower	No data available	25.3%	No data available					No data available	NA	NA	NA	NA	NA			
PBH 056	Under 75 mortality rate from cardiovascular diseases considered preventable (PHOF E04b)	Per 100,000 pop	Annually	Lower	30.5	31.9	33.8					No data available	↓	↓	NA	NA	NA			
PBH 058	Under 75 mortality rate from cancer (1 year range) (PHOF E05a)	Per 100,000 pop	Annually	Lower	141.6	129.1	111.1					122.5	↑	↑	↓	↑	↑			
PBH 060	Under 75 mortality rate from respiratory disease (1 year range) (PHOF E07a)	Per 100,000 pop	Annually	Lower	43.1	43.5	46.8					No data available	↓	↓	NA	NA	NA			
(PHOF) is the Public Health Outcomes Framework reference number.								Better than =	↑			20	15	6	10	8				
								Not as good as =	↓			14	16	8	4	6				
								The same as =	↔			0	0	0	0	0				
								No comparative data	NA			1	4	21	21	21				

Page

HEALTH AND HOUSING SCRUTINY COMMITTEE

19 AUGUST 2026

Performance Indicators - Qtr 4 2025/26

Appendix 2

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

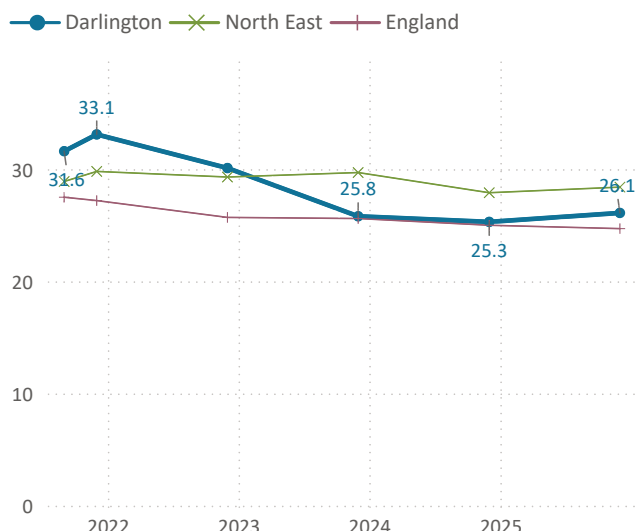
The 2024-25 Active Lives survey results show that there has been a slight increase from the 2023-24 results, from 25.3% to 26.1%, which is below the North East average (28.4%) but above the national average (24.7%).

The Sport England Place Expansion Development Award is now underway in Darlington, supporting a collaborative, test and learn approach to increasing physical activity, reducing inactivity, and addressing health inequalities.

The work focuses on young people aged 13–18, disabled people with a learning disability, and active environments, with delivery led by YMCA Tees Valley, Darlington Association on Disability, and Groundwork NE and Cumbria. Activity is concentrated in Red Hall, Albert Hill, Skerne Park, and Northgate, funding pilots, local insight gathering, capacity building, and enhanced Active Lives surveys to strengthen evidence, develop a shared Theory of Change, and inform long term system change. Potential test and learn projects are currently being submitted.

CUL 008a

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



Lead Officer: Lisa Soderman: Head of Leisure

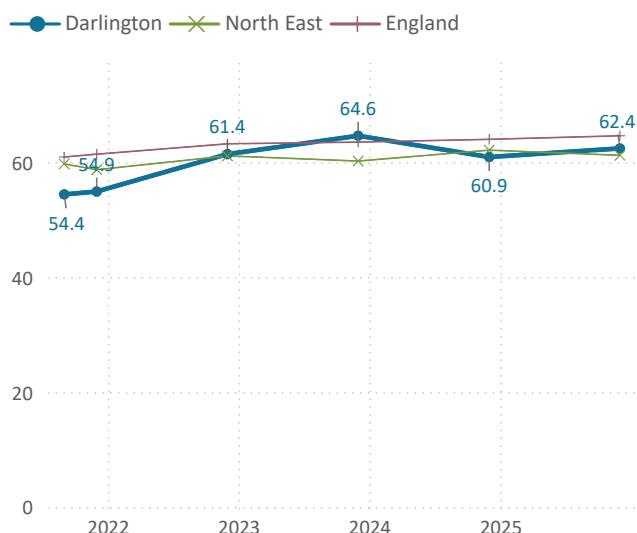
Service Area: Leisure

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

The 2024-25 Active Lives survey results show that there has been a small increase in the amount of adults completing more than 150 minutes of physical activity in Darlington (60.9% 2023-24 to 62.4% 2024-25) which is a positive sign. The results are also above the North East average of 61.2%. This increase is in line with an overall national trend that people are doing more physical activity consistently.

CUL 009a

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



Lead Officer: Lisa Soderman: Head of Leisure

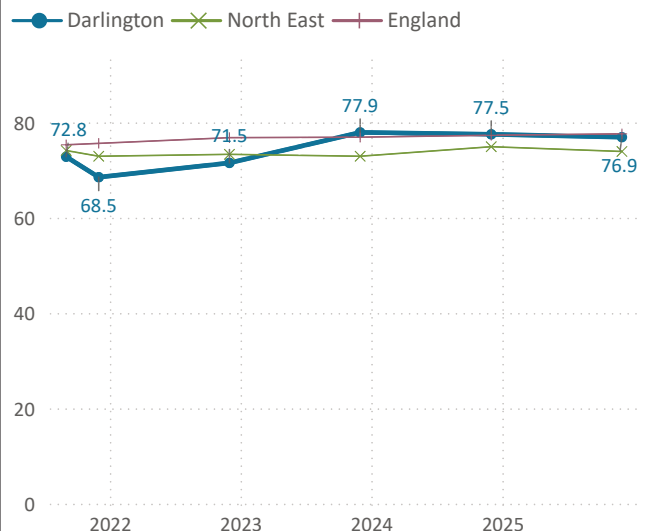
Service Area: Leisure

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

The 2024-25 Active Lives Survey results show there has been an very small decrease in adults taking part in sport and physical activity at least twice a month in Darlington (77.5% 2023/24 to 76.9% 24/25). This is a good trend as it shows we are maintaining this activity at a satisfactory level with Darlington still being above both the North East average of 73.9% and close to the national England average of 77.6%.

CUL 010a

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



Lead Officer: Lisa Soderman: Head of Leisure

Service Area: Leisure

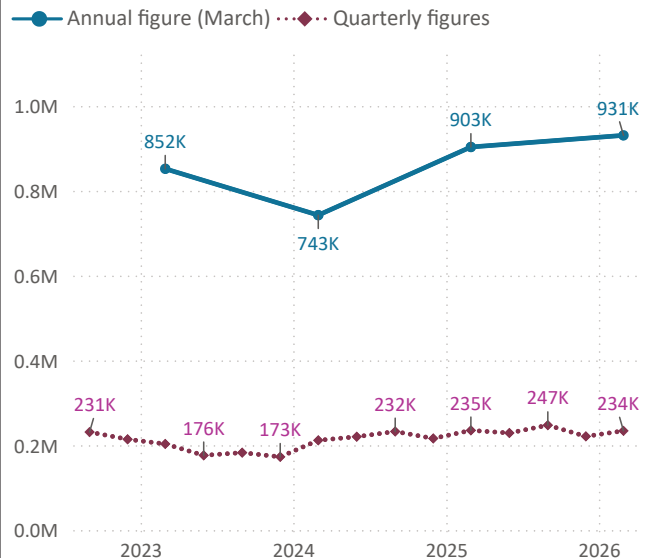
Total number of visits to the Dolphin Centre (all areas)

The centre has continued to attract high footfall despite areas such as the Bistro and Fitness Studio closing in February 2026 to facilitate the major project work. The introduction of the temporary pop-up café has proven a big success maintaining a good proportion of the footfall from the Bistro and reducing lost income whilst retaining regular customers.

Footfall has dropped slightly in quarter 4 following the closure of business areas however overall footfall in 2025-2026 has demonstrated that the centre remains valued by customers with 27,000 more visitors to the facilities in comparison to 2024-25.

CUL 030

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



Lead Officer: Lisa Soderman: Head of Leisure

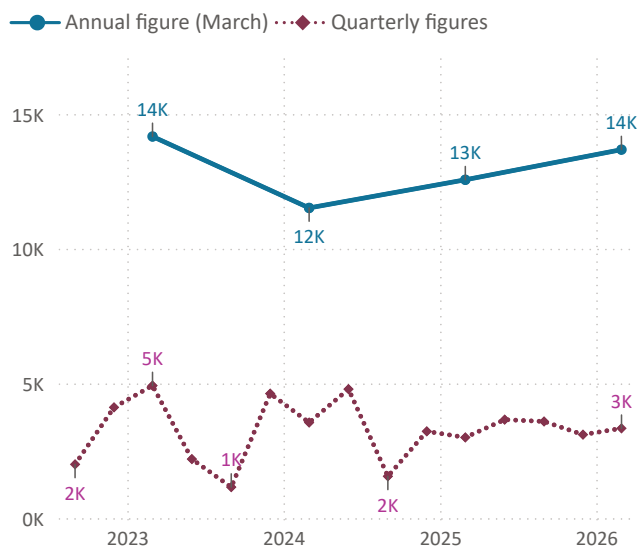
Service Area: Leisure

Number of school pupils participating in the sports development programme

A full School Games programme has been delivered this year with a slight increase in participation from the year 2024/25 following additional events added to the calendar. The new events have included T1 Rugby, Tees Valley Basketball, Primary and Secondary Panathlon, Secondary Aqua splash, Secondary Basketball, Mental Health Awareness Day, Army Outreach, Year 5/6 Tennis and Primary and Secondary golf festivals. We have delivered extra key stage 1 multi skills events every half term. Developing Young Leaders is still a key target area and we are offering lunchtime supervisor training to support the active play time offer. A full programme will be delivered in 2026/27.

CUL 063

Number of school pupils participating in the sports development programme



Lead Officer: Lisa Soderman: Head of Leisure

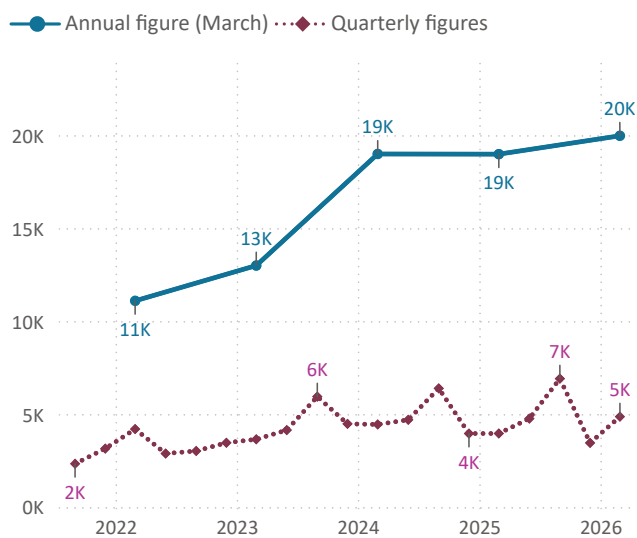
Service Area: Leisure

Number of individuals participating in the community sports development programme

The Darlington Move More Team continue to offer weekly activities and programmes throughout the community of Darlington for residents at Eastbourne Sports Complex and a variety of outdoor and indoor venues across the borough. Projects include Health in Haughton, Sheltered Housing, Holiday Activity and the Community Move Move More programme. Activities include Nordic Walking, Health Walks, Chair Based Exercise, Tai Chi, Bat and Chat, Walking Football, GEM Keep Fit, Exercise After Stroke, Adult Day Centre classes, Children's Multi Activity sessions and a Dementia Friendly Physical Activity Session. Figures remain consistent with a slight increase from 2024/25.

CUL 064

Number of individuals participating in the community sports development programme



Lead Officer: Lisa Soderman: Head of Leisure

Service Area: Leisure

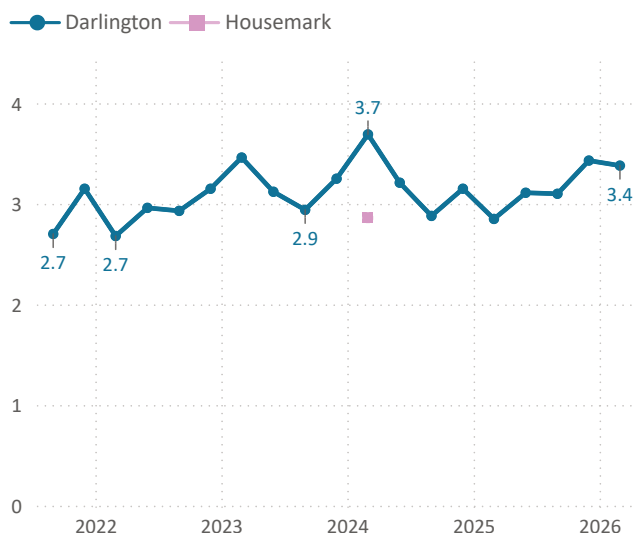
Rent arrears of current tenants in the financial year as a percentage of rent debit

The Income team have met the target for Q4 2025-26 for collecting rent and service charges, by maintaining the arrears under 3.4%. The year ended on 3.38% and the team collected £30,215.385.97 in rent and service charges. This has been an excellent result given that managed migration from legacy benefits onto Universal Credit has continued throughout the year. Tenants receive their benefits in arrears making rent collection more difficult.

Managed migration is in the final phases and at end 2025-26, there were 2964 tenants on Universal Credit, this means that 56.2% of tenants were in receipt of some element of UC, 22.3% in receipt of Housing Benefits and 21.5% receive no benefits.

HBS 013

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



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

Service Area: Revenue & Benefits

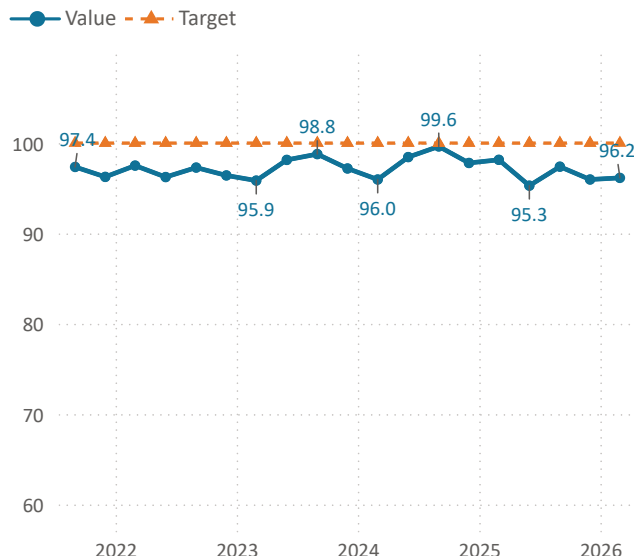
Rent collected as a proportion of rents owed on HRA dwellings

Collection rates have increased from 95.9% in Q3 2025-26 to 96.2% in Q4. However, in comparison to Q4 2024-25, the collection rate has slightly decreased from 98.15% to 96.15% in Q4 2025-26. During that period over 500 tenants have migrated onto Universal Credit (UC) from legacy benefits, which is paid 5 weeks in arrears so this has had an impact on the collection of rent. At end of Q4, 2964 tenants received some element of UC which equates to over 56% of Council tenants.

The Income team continues to promote help and guidance and making affordable repayment plans with customers throughout their tenancy, only taking court and enforcement action where all reasonable steps have been taken.

HBS 016

Rent collected as a proportion of rents owed on HRA dwellings



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

Service Area: Revenue & Benefits

Number of days spent in "Bed and Breakfast"

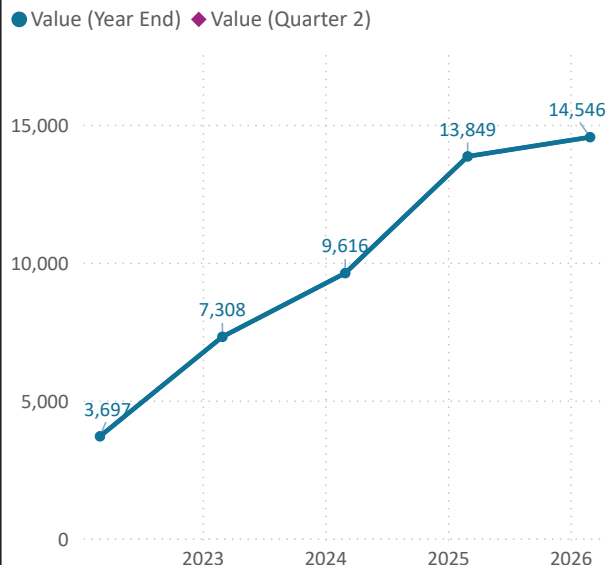
Number of days spent in Bed and Breakfast/Temporary accommodation increased by 5.03% from Q4 2024/2025.

The team continue to see an increase in emergency presentations, leading to more placements in temporary accommodation. Permanent move on options are limited with limited affordable private sector housing available. We have also seen a rise in those presenting as homeless as having complex needs which can make permanent move on options more difficult.

A key action within the Preventing Homelessness and Rough Sleeping Strategy is to increase the availability of temporary housing and move on accommodation and steps have been made to build relations with both social housing providers and private landlords. Some move on options are unaffordable as rents are above LHA rates making them unaffordable for those on low incomes.

HBS 025

Number of days spent in "Bed and Breakfast"



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

Service Area: Housing

Number of positive outcomes where homelessness has been prevented

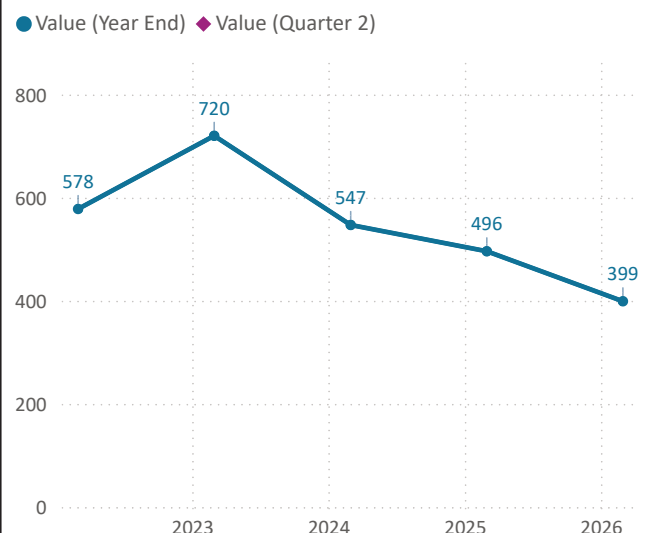
At end Q4 we have had 399 positive outcomes which is a decrease of 19.5% (496) from 2024/25.

This is due to the increased number of presentations and reduction of affordable, suitable move on options. Not all clients are eligible for social housing and many have complex needs making move on difficult., due to this clients are spending longer in temporary accommodation.

A key action in the Preventing Homelessness and Rough Sleeping Strategy is to increase temporary and move on accommodation and we continue to invest in increasing social housing stock through the new-build programme and acquisitions, other providers have also increased their housing, this will continue through 2026/27.

HBS 027i

Number of positive outcomes where homelessness has been prevented



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

Service Area: Housing

Average number of days to re-let dwellings

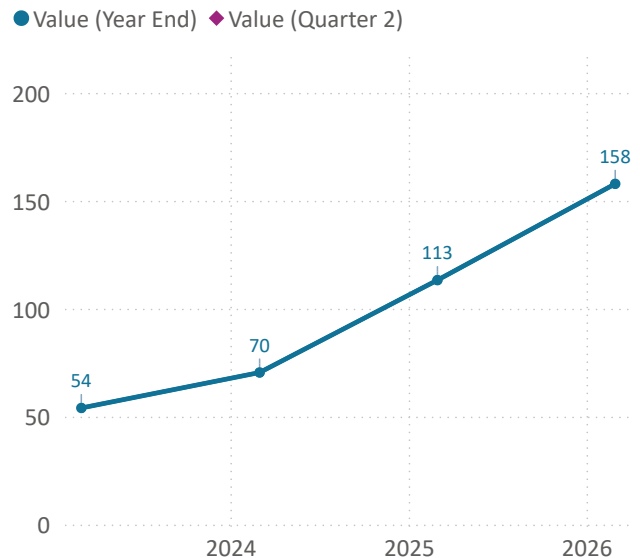
Nationally, staffing resource for tradespeople continues to be difficult, we continue to invest in apprenticeships to increase qualified tradespersons and build resilience, we also continue with active recruitment to trades.

A working group of senior managers have looked at improvements and new void standards have been agreed and will be embedded across the teams. We expect improvements throughout 2026/27 once the backlog of older properties is cleared.

In addition, to improve management resources, a new Void Trade Manager has been recruited and will start in Q1 2026/27, the major works and relet void trade workers have merged into one team giving more resilience across the trades..

HBS 034b

Average number of days to re-let dwellings



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

Service Area: Housing

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

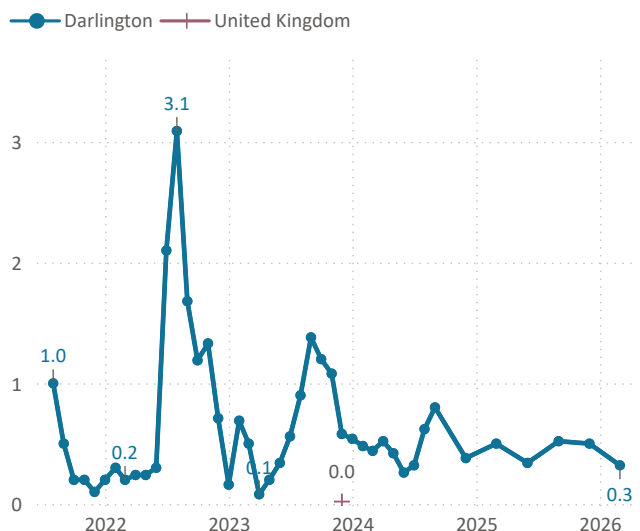
The percentage of Council dwellings without a gas service within 12 months of the last service date was 0.3% in quarter 4 of 2025-26. This is an improvement from the same quarter of 2024-25 at 0.5%.

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

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

HBS 072

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



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

Service Area: Housing

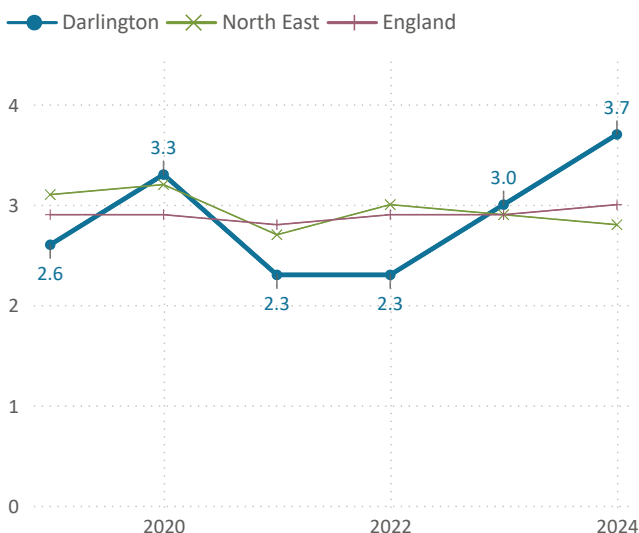
Percentage of live births (with a gestational age of at least 37 weeks) which have a low birth weight

In 2024, 3.7% of full-term births were recorded as low birth weight. Darlington is statistically similar to the North East and England, although ranked second highest in the North East region.

Multiple, interconnected factors, including smoking in pregnancy, nutrition, mental health, lifestyle, and access to care, shape pregnancy outcomes. Maternity services and the 0-19 service carry out CO monitoring and referrals into maternal stop smoking services, promotion of the healthy start programme as well as signposting advice and guidance to ensure the best possible support for every family.

PBH 009

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

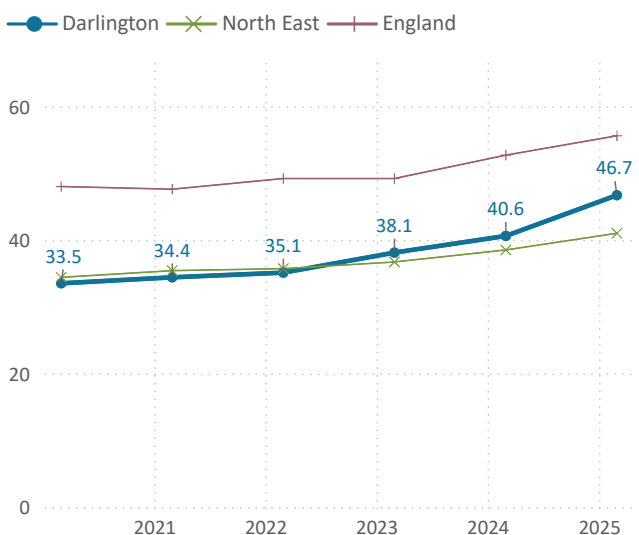
Percentage of infants that are totally or partially breastfed at age 6-8 weeks

The latest data from 2024/25, shows that 46.7% of infants in Darlington are totally or partially breastfed at 6-8 weeks after birth. This is now statistically higher than the North East, although statistically lower than the England average.

Breastfeeding support from midwives and health visitors ensures continuity of care, ongoing community support and the development of breastfeeding-friendly venues to increase the number of babies breastfed for longer in Darlington. The Health Visiting Service was successful in revalidation as a UNICEF Gold Baby Friendly accredited service in October 2025, being highly commended for the work.

PBH 013c

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

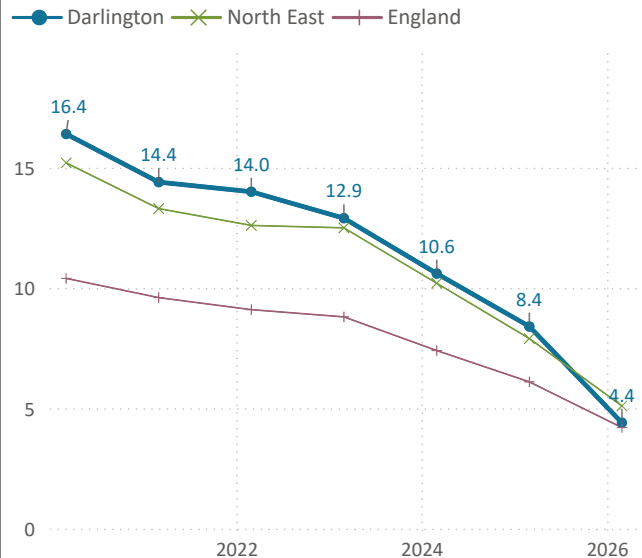
Percentage of women who smoke at time of delivery

In 2025/26, 4.4% of mothers are known to be smokers at the time of delivery. This has reduced steadily since 2020. Darlington is now lower than the North East Average and similar to England. The gap between Darlington and England has continued to narrow.

The Trust's Tobacco Dependency in Pregnancy service provides specialist support throughout pregnancy to promote smoking reduction and cessation. They offer both pharmacological treatment and behavioural support, including nicotine replacement therapy (NRT) and regulated vaping products. The trust also delivers the National Maternity Incentive Scheme, which provides financial incentives linked to validated carbon monoxide (CO) readings.

PBH 014

Percentage of women who smoke at time of delivery



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

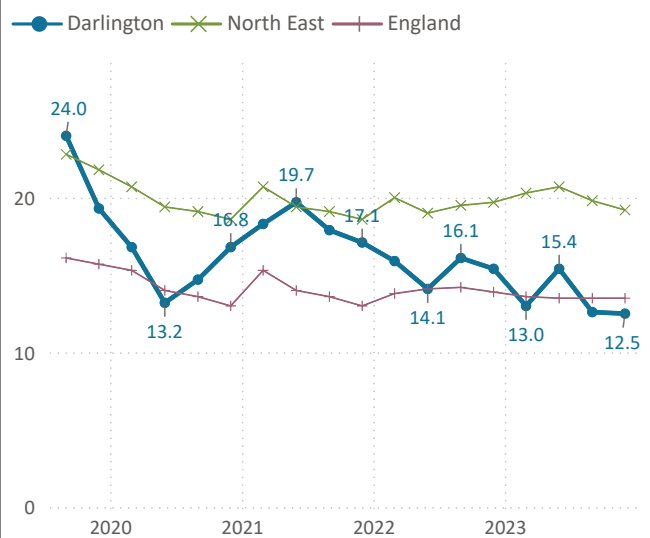
Conceptions in women aged under 18, per 1,000 females aged 15-17

Data for 2022 shows that there is a continued decrease in the trend for the under-18s conception rate, now at 12.5 per 1,000 females aged 15-17. Darlington is lower than the North East and statistically similar to England averages.

The issue with up to date data not being received has been highlighted at a national level and will hopefully be resolved in the very near future, there are concerns nationally that progress to further reduce teenage conceptions has halted. Locally we have launched a new Sexual and Reproductive Health Partnership, where teenage Pregnancy will be a key focus in the workplan, ensuring prevention of conceptions is key and access to services is easy and well communicated.

PBH 016

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

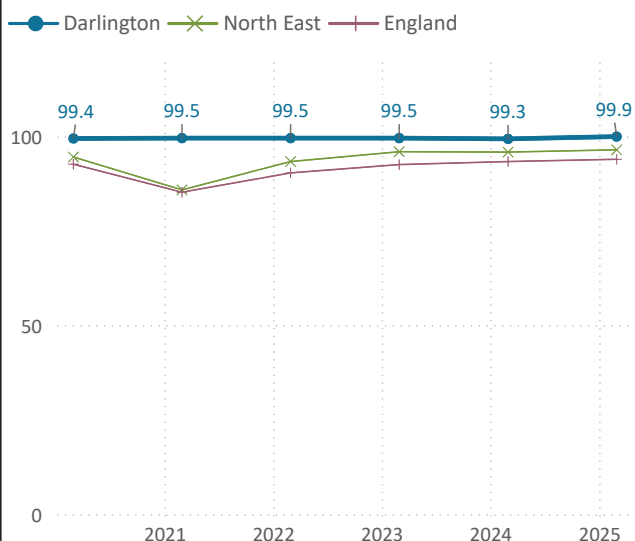
Percentage of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review

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

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

PBH 018

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

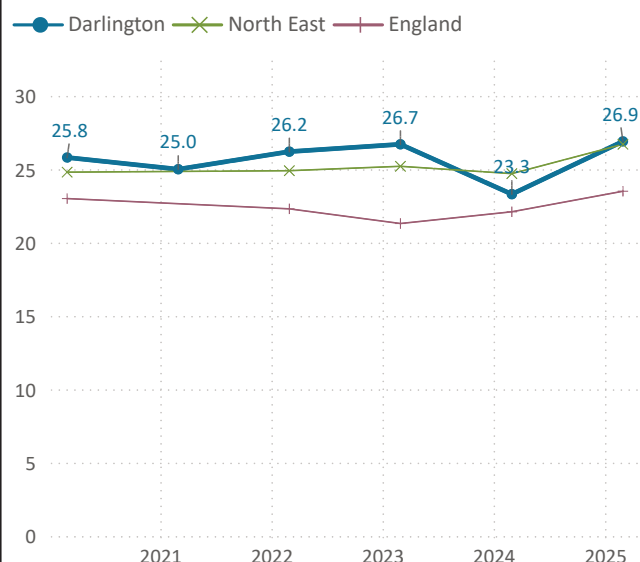
Excess weight among Reception pupils (%)

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

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

PBH 020

Excess weight among Reception pupils (%)



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

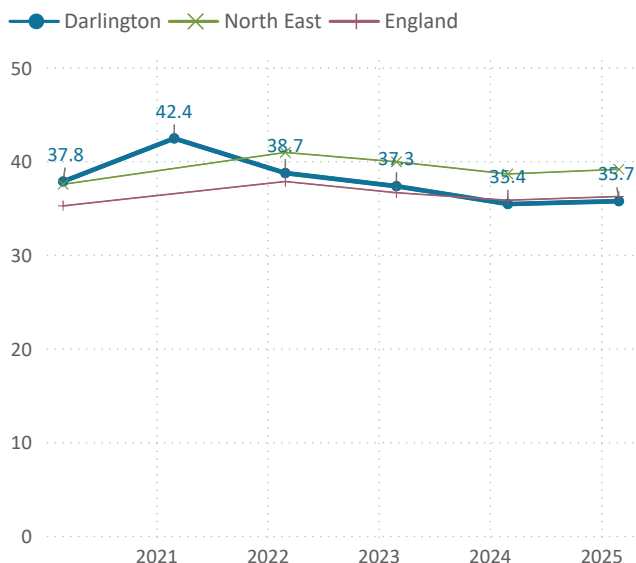
Excess weight among Year 6 pupils (%)

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

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

PBH 021

Excess weight among Year 6 pupils (%)



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

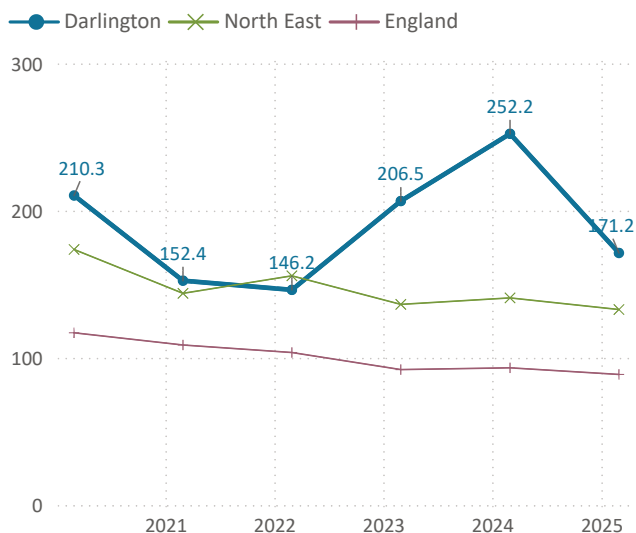
Hospital admissions caused by unintentional and deliberate injuries in children aged under 5 years (per 10,000 0-5 population)

Emergency admissions for children aged 0-4 fell to 171.2 per 10,000 in 2024/25, Darlington is statistically worse than England and the North East.

An audit identified key causes, leading to a multi-agency partnership across County Durham and Darlington. The group sets priorities, reviews evidence, and coordinates action on injury prevention. A joint campaign (DBC, DCC, CDDFT and partners) is in development using audit data to target key groups. A training offer delivered by the Child Accident Prevention Trust has been commissioned for the next 12 months. We have introduced an injury prevention tile to the Making Every Contact Count (MECC) gateway for information and support services.

PBH 024

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

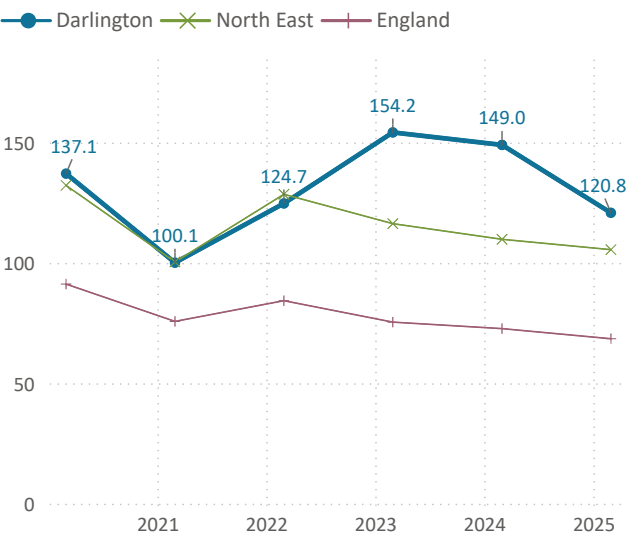
Hospital admissions caused by unintentional and deliberate injuries in children aged under 15 years (per 10,000 0-15 population)

The latest data from 2024/25 shows that the rate for Darlington is 120.8 per 10,000 population for emergency admissions for those aged 0-14 years. There is a slight reduction from last year, but Darlington remains statistically worse than England.

Following an audit to understand the key reasons for hospital admissions a multi-agency partnership group has been established across County Durham and Darlington. The group agree priorities, identifies the evidence base and agree a joint approach to reduce unintentional injuries. The group has worked with the Making Every Contact Count (MECC) gateway to include an injury prevention tile to signpost to information and support services.

PBH 026

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

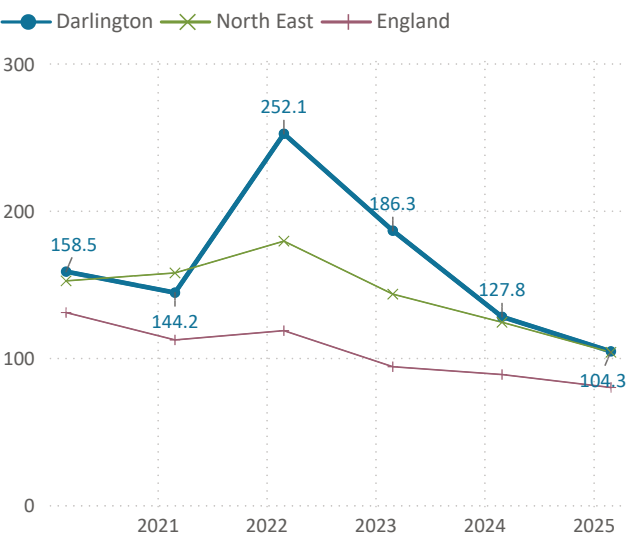
Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 years (per 10,000 15-24 population)

The latest data (2024/25), shows that the rate of emergency hospital admissions is 104.3 per 10,000 population amongst 15-24 year olds, and continues to reduce from a peak in 2022. This is statistically worse than England, but similar to the North East.

Following an audit to understand the key reasons for hospital admissions, a multi-agency partnership group has been established across County Durham and Darlington. The group agrees priorities, identifies the evidence base and agree a joint approach to reduce unintentional injuries. The group has worked with the Making Every Contact Count (MECC) gateway to include an injury prevention tile to signpost to information and support services.

PBH 027

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

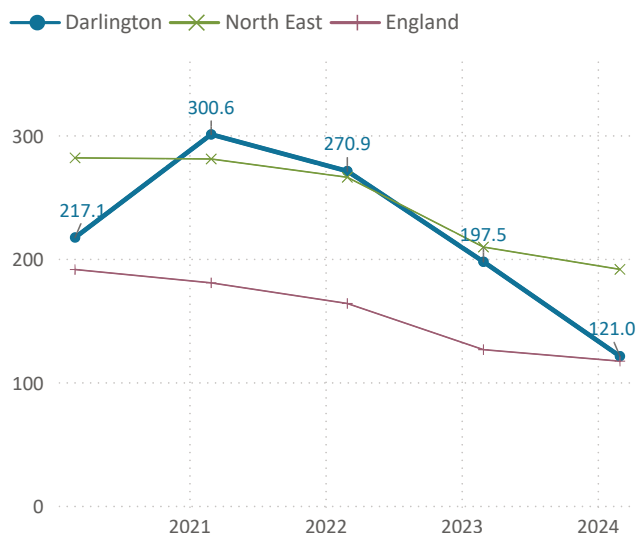
Emergency Hospital Admissions for Intentional Self-Harm (per 100,000 population)

In 2024/25, the rate of emergency hospital admissions for intentional self-harm was 121 per 100,000, which is similar to England and is statistically lower than the North East. This trend is decreasing.

Self-harm is complex and affects people in different ways, taking many forms and resulting from a range of factors. Serious self-harm episodes can increase the risk of further hospital admissions and future suicide, so early intervention and prevention are crucial in supporting those at risk. Work is underway with partners in mental health services to understand existing pathways for those who have self-harmed and explore opportunities for earlier intervention and risk reduction.

PBH 031

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

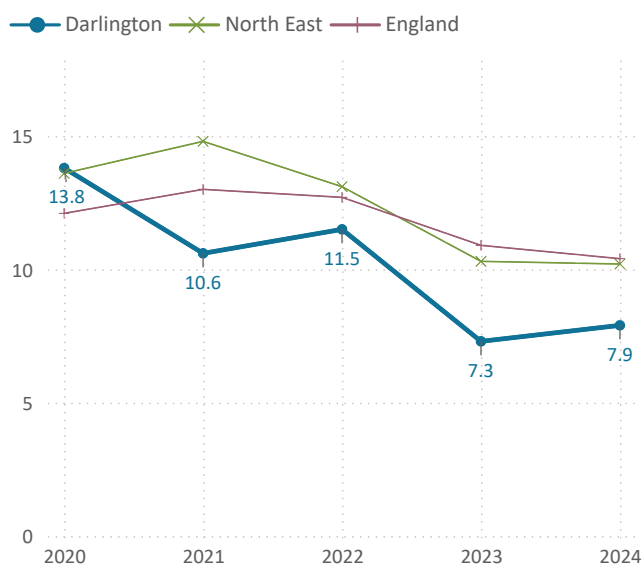
Prevalence of smoking among persons aged 18+ years

This latest data from the 2024 Annual Population Survey (APS) shows that 7.9% of those who responded aged 18+ self-reported themselves as smokers in Darlington. This is a slight increase from the previous year, but a decrease from a peak in 2022. Darlington is now statistically better than the North East and England.

The Stop Smoking Service work hard to reduce the number of people who smoke, by making the service more accessible through community venues, offering many ways to support a quit attempt. Those include one-to-one behavioural support, use of NRT products, pharmacotherapy, vapes and digital tools, and the smoke-free app.

PBH 033

Prevalence of smoking among persons aged 18+ years



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

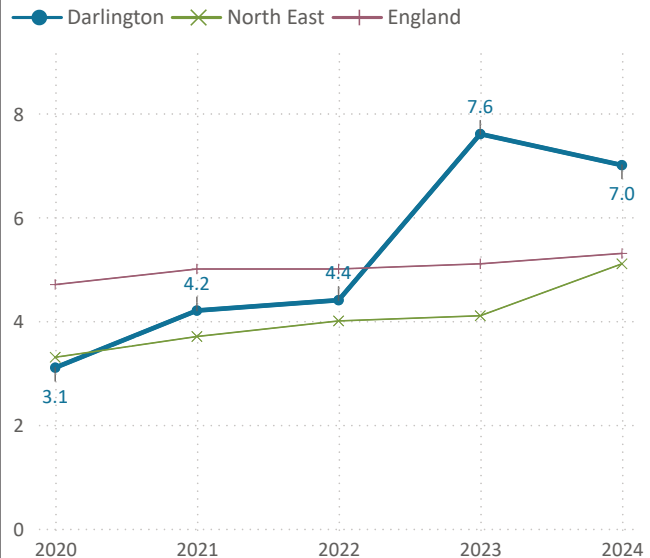
Percentage of opiate users successfully completing their treatment

In 2024, there was a slight decline in the proportion of opiate users successfully completing structured drug treatment. 7% in Darlington completed treatment successfully, a rate statistically higher than both the North East and England.

The Council ensures a broad, high-quality treatment offer to engage and retain individuals, including same-day Medication Assisted Treatment. This is delivered with evidence-based psychosocial interventions and underpinned by a strong Peer Recovery Support offer from our commissioned Lived Experience Recovery Organisation and development of community support structures, with options for community or inpatient detoxification and rehabilitation.

PBH 035i

Percentage of opiate users successfully completing their treatment



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

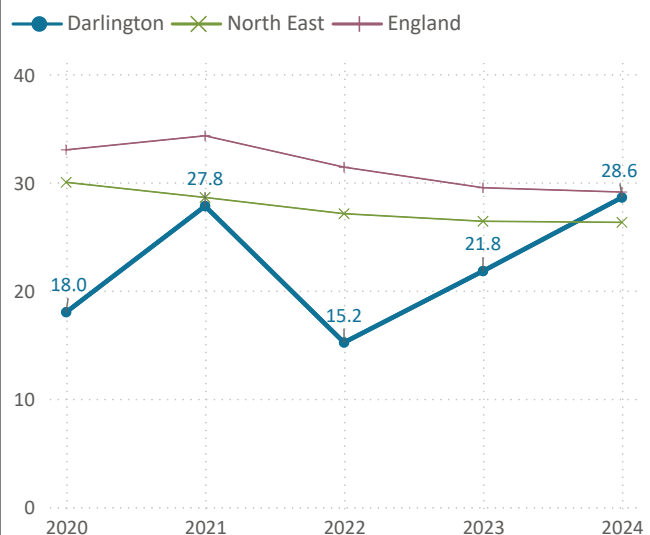
Percentage of users on non-opiates successfully completing their treatment

In 2024, there was a slight incline in the proportion of non-opiate users successfully completing treatment. 28.6% in Darlington successfully completed structured drug treatment, and is statistically similar to the North East and England.

The Council ensures there is a treatment offer to engage and retain individuals in high quality treatment, reducing barriers to access and provision of evidence-based psychosocial interventions. Underpinned by a strong Peer Recovery Support offer from our commissioned Lived Experience Recovery Organisation and development of community support structures, with options for community or inpatient detoxification and community or residential rehabilitation.

PBH 035ii

Percentage of users on non-opiates successfully completing their treatment



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

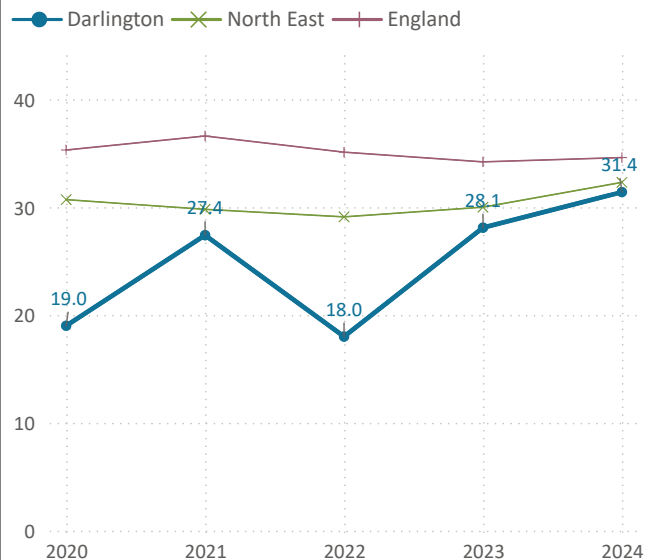
Percentage of alcohol users successfully completing their treatment

In 2024, 31.4% of alcohol users successfully completed structured treatment in Darlington. This is similar to the North East but remains lower than England.

The Council ensures that there is a treatment offer to engage and retain individuals in high quality treatment, reducing barriers to access and provision of same day access to Medication Assisted Treatment. This is delivered with evidence-based psychosocial interventions and underpinned by a strong Peer Recovery Support offer from our commissioned Lived Experience Recovery Organisation and development of community support structures, with options for community or inpatient detoxification and community or residential rehabilitation.

PBH 035iii

Percentage of alcohol users successfully completing their treatment



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

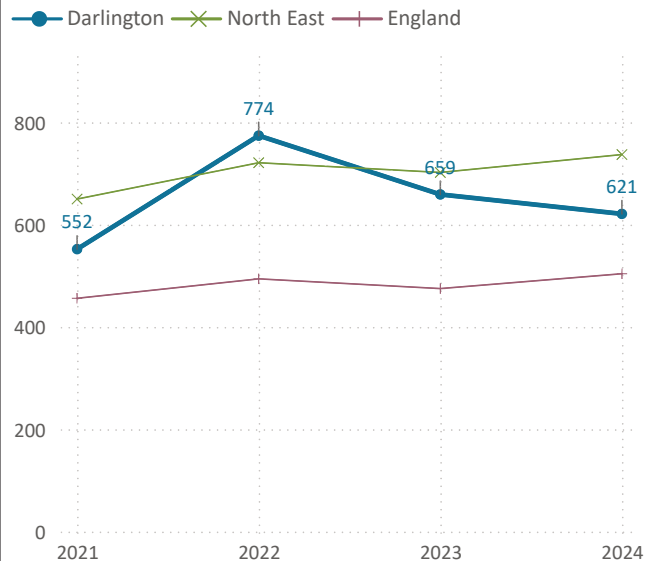
Alcohol related admissions to hospital (per 100,000 population)

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

The Council is working with partners to increase early identification & prevention within both Primary Care & Community and developing integrated care pathways, particularly with our local hospital-based Alcohol Care Teams and Emergency Departments to identify and support individuals with repeated alcohol-related admissions.

PBH 044

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

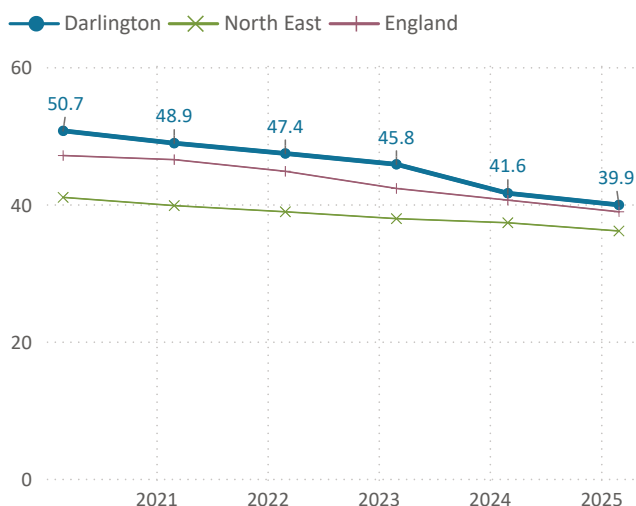
Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check in the five year period

In 2024/25, 39.9% of eligible people in Darlington who were offered an NHS Health Check received one. This is statistically higher than England and the North East, though uptake is declining.

NHS Health Checks help identify people at greater risk of cardiovascular disease, diabetes and kidney disease. They are available every 5 years to residents aged 40-74 (excluding those with certain pre-existing conditions). Darlington Borough Council commissions the GP Federation to deliver and manage the programme, supporting individual practices to identify and invite eligible individuals. Increasing uptake can help more people reduce their risk and stay healthier for longer.

PBH 046

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

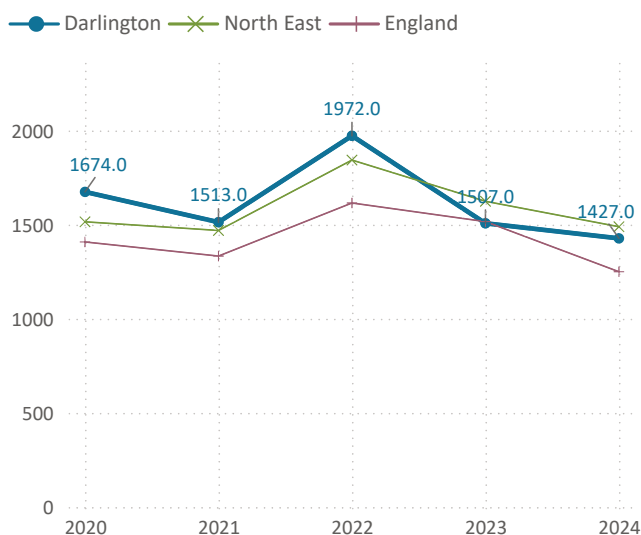
Chlamydia diagnoses in 15-24 year olds (per 100,000 15-24 population)

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

Chlamydia is the most common sexually transmitted infection. The council commissions a specialist Sexual Health Service which has been working to improve uptake of screening. Testing is proactively offered to females in community settings and remains available for males and females in sexual health services, including access to online testing for over 16 years.

PBH 048

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

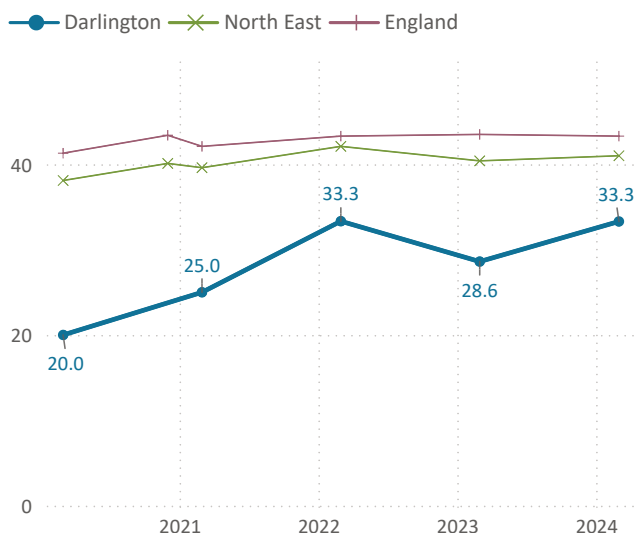
People presenting with HIV at a late stage of infection (percentage of all those presenting with HIV)

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

The Sexual Health Service offers all new patients a HIV risk assessment and HIV testing, in person and via online tests, to make access easier. The new national HIV Action Plan for England (2025 to 2030) was published in December 25, identified priorities include preventing HIV transmission, scaling up testing and rapid access to HIV treatment.

PBH 050

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

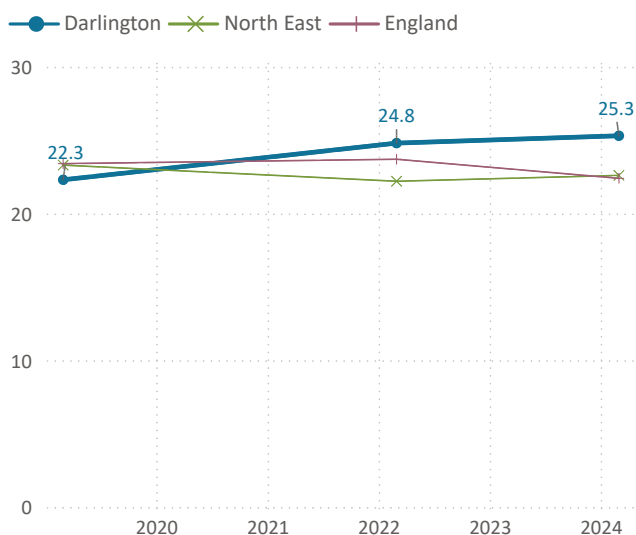
Percentage of 5 year olds with experience of visually obvious dental decay

The latest data shows that the percentage of Darlington 5-year-olds with experience of visually obvious dental decay has increased to 25.3%, in 2023/24. This is statistically similar to both England and the North East.

An Oral Health Promotion Strategy has been developed locally to drive forward the work to reduce decay in children and young people and support good oral health across the life stages. This plan includes a continued roll out and extension of the Supervised Toothbrushing Scheme, delivery of home packs for all 3 - 5 year olds, links with the Healthy Early Years Award and a Fluoride Varnish Scheme for 3 - 8 year olds in settings within our most deprived areas.

PBH 054

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

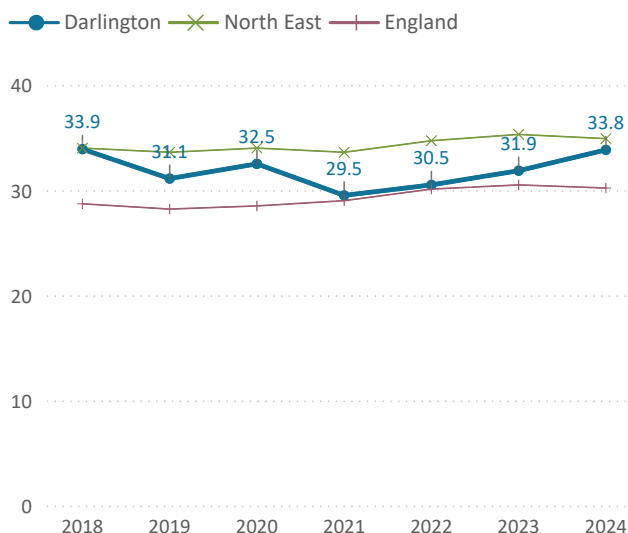
Under 75 mortality rate from cardiovascular diseases considered preventable (per 100,000 population)

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

Preventable mortality refers to deaths that could largely be avoided through effective public health measures and primary prevention strategies. Cardiovascular disease can be prevented through a combination of healthy lifestyle such as not smoking and maintaining a healthy weight, regular physical activity, a heart-healthy diet and medical management of conditions such as high blood pressure and cholesterol.

PBH 056

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

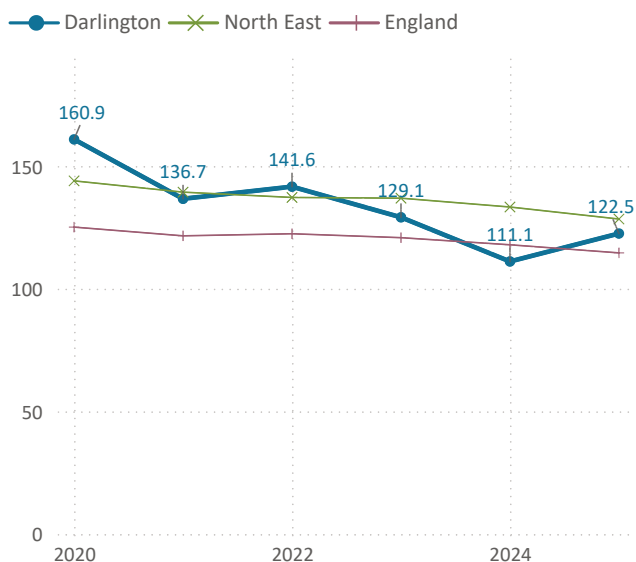
Under 75 mortality rate from cancer (per 100,000 population)

The latest data for 2025 shows that the rate of under-75 mortality from cancer in Darlington has increased to 122.5 per 100,000 population. Darlington is statistically similar to England and the North East.

Cancer is the leading cause of death in England in under 75s, and action should continue to focus on prevention and timely access to treatment. There are many different types of cancer, with different symptoms. Quitting smoking, cutting down on alcohol intake, maintaining a healthy weight can reduce risk and increasing uptake of screening programmes is important to support early detection and access to treatment.

PBH 058

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

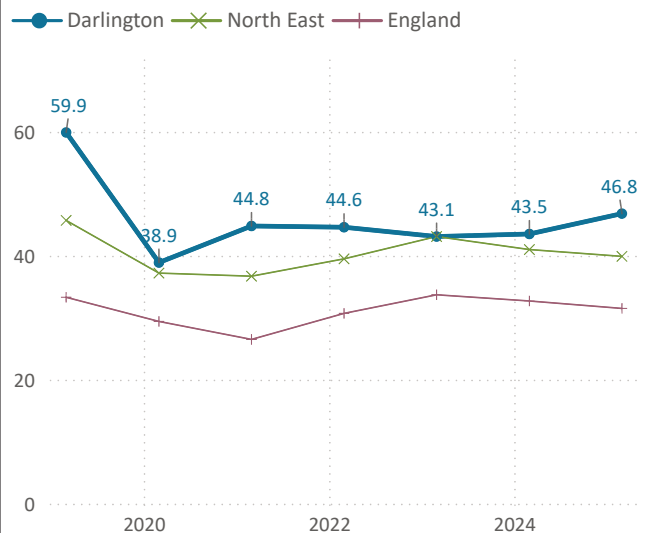
Under 75 mortality rate from respiratory disease (per 100,000 population)

The latest data (2025) shows that Darlington has a rate of 46.8 per 100,000 deaths from respiratory diseases in people aged under 75. This is statistically higher than England but similar to the North East.

Respiratory disease is a leading cause of death in under 75s in England, with chronic obstructive pulmonary disease (COPD) being one of the main respiratory diseases. Preventing smoking can reduce the the risk of respiratory disease, and supporting people who do smoke to stop is important. Environmental factors such as air pollution are also an important factor.

PBH 060

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



Lead Officer: James Stroyan: Executive Director - People

Service Area: Public Health

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HEALTH AND HOUSING SCRUTINY COMMITTEE 19 AUGUST 2026

WORK PROGRAMME

SUMMARY REPORT

Purpose of the Report

1. To consider the work programme items scheduled to be considered by this Scrutiny Committee during the 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 work programme (**Appendix 1**) for the remainder of the 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. Any additional areas of work which Members wish to add to the agreed work programme will require the completion of a quad of aims in accordance with the previously approved procedure (**Appendix 2**).

Recommendation

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

Amy Wennington
Assistant Director Law and Governance

Background Papers

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

Author : Hannah Miller 5801

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

MAIN REPORT

Information and Analysis

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

Forward Plan and Additional Items

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

Climate Considerations

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

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HEALTH AND HOUSING SCRUTINY COMMITTEE WORK PROGRAMME

Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Healthy Weight Plan – Scoping Report	19 August 2026	Jane Buckton		
Housing Services Rent Setting Policy	19 August 2026	Anthony Sandys		Prior to submission to Cabinet
Performance Management and Regulation/ Management of Change	6 January 2027	Relevant AD		To receive biannual monitoring reports and undertake any further detailed work into particular outcomes if necessary
Regular Performance Reports to be Programmed	19 August 2026			
Health and Safety Compliance in Council Housing update	19 August 2026	Cheryl Williams / Anthony Sandys		Annual Update
Playing Pitch and Built Facilities Strategy	Special 16 September 2026	Lisa Soderman		Prior to submission to Cabinet
Housing Services Annual Report 2025- 26	28 October 2026	Anthony Sandys		
Housing Services Anti-Social Behaviour Policy (new policy)	28 October 2026	Anthony Sandys/ Claire Gardner- Queen		Prior to submission to Cabinet

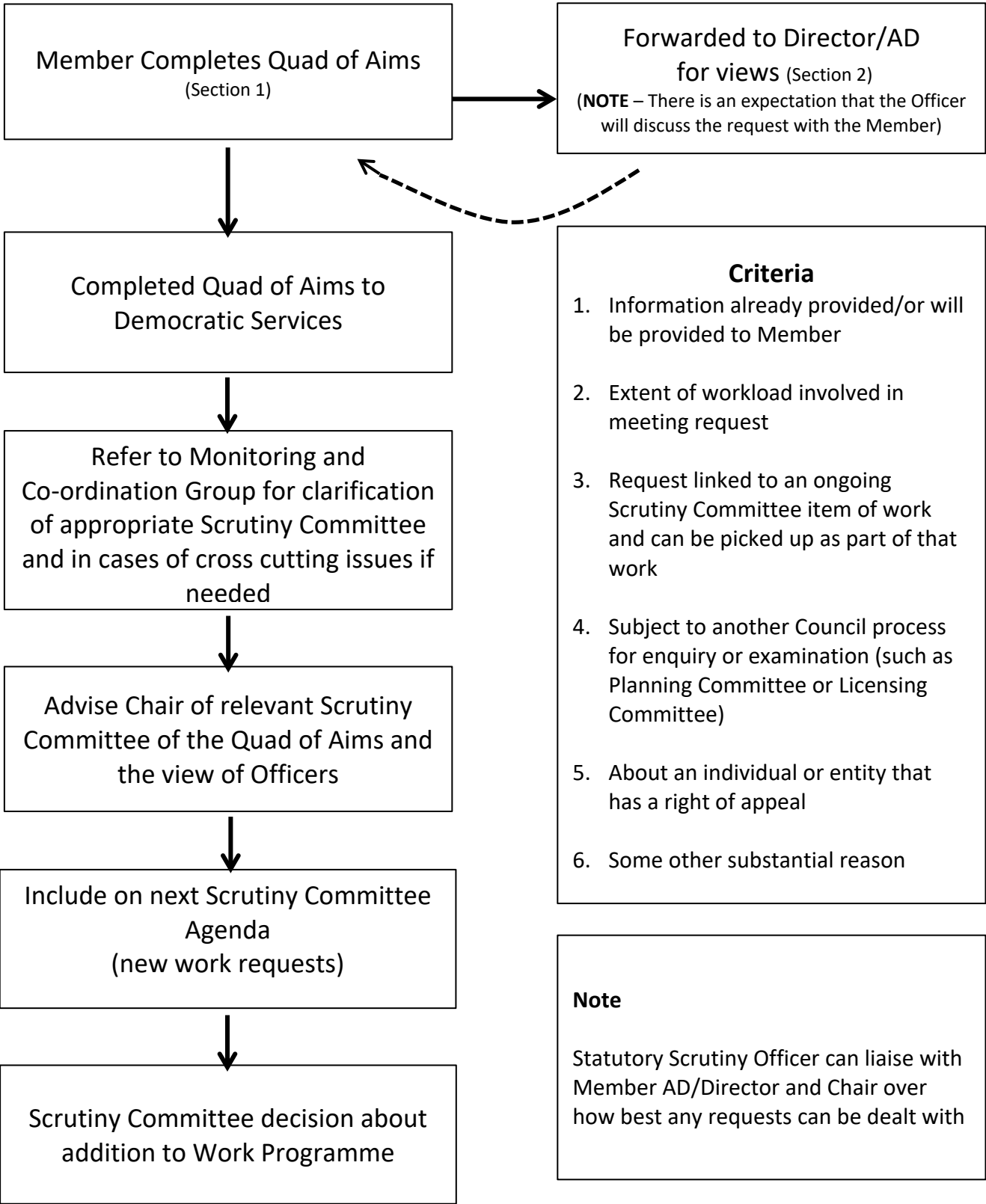
Topic	Timescale	Lead Officer/ Organisation Involved	Link to PMF (metrics)	Scrutiny's Role
Housing Services – Housing Management Policy (new policy)	28 October 2026	Anthony Sandys/ Claire Gardner-Queen		Prior to submission to Cabinet
Housing Services Tenant Involvement Strategy 2024-2029	28 October 2026	Claire Gardner-Queen		Annual Update
House Building Programme	28 October 2026	Anthony Sandys		
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		
Best Start in Life Plan	3 March 2027	Jane Buckton		
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		
Director of Public Health Annual Report	14 April 2027	Lorraine Hughes		Annual Update
Healthy Weight Plan	14 April 2027	Jane Buckton		
Travelling Community Public Health	TBC	Florence McLean/Abbie Kelly		

Archived Items

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

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 AUGUST 2026 – 31 DECEMBER 2026**

Title	Decision Maker and Date
Approval of Victoria Embankment Conservation Area Appraisal	Cabinet 8 Sep 2026
Approval of West End Conservation Area Appraisal	Cabinet 8 Sep 2026
Annual Review of the Investment Fund	Cabinet 8 Sep 2026
Acquisition of 18 King Street	Cabinet 8 Sep 2026
Complaints Made to Local Government Ombudsman	Cabinet 8 Sep 2026
Complaints, Compliments and Comments Annual Reports 2026/27	Cabinet 8 Sep 2026
Consultation on Local Plan Review and Submission to Secretary of State.	Cabinet 8 Sep 2026
Commencement of work on a Joint Tees Valley Minerals and Waste Local Plan	Cabinet 8 Sep 2026
Death in service - Cher Wigglesworth	Cabinet 8 Sep 2026
Dog Control PSPO renewal	Cabinet 8 Sep 2026
Housing Services Rent Setting Policy	Cabinet 8 Sep 2026
Land at Morton Palms - disposal of plot	Cabinet 8 Sep 2026
Lease of premises for an Employability Hub	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
Regulatory Investigatory Powers Act (RIPA)	Cabinet 8 Sep 2026
Revenue Budget Monitoring -	Cabinet 8 Sep 2026

**DARLINGTON BOROUGH COUNCIL
FORWARD PLAN**

Quarter 1	
Red Hall Primary School - Capital Works	Cabinet 8 Sep 2026
Rent Setting Policy	Cabinet 8 Sep 2026
Treasury Management Annual Report and Outturn Prudential Indicators 2024/2025	Cabinet 8 Sep 2026
STEM Centre of Excellence - Appointment of Cityheart as Development Manager to deliver the project	Cabinet 6 Oct 2026
Delivery of new homes at Burtree Garden Village. Joint Venture Proposals. Site 2. (Cell CH)	Cabinet 6 Oct 2026
Land at Ingenium Parc and Morton Palms - Development Proposal	Cabinet 6 Oct 2026
Land at Staindrop Road & West Park - Proposed access to Hall Farm (Site 100)	Cabinet 6 Oct 2026
Oral Health Promotion Strategy	Cabinet 6 Oct 2026
Procurement Plan Update	Cabinet 6 Oct 2026
Community Asset Transfer Policy	Cabinet 3 Nov 2026
Project Position Statement and Capital Programme Monitoring - Quarter 2	Cabinet 3 Nov 2026
Revenue Budget Monitoring - Quarter 2	Cabinet 3 Nov 2026
Housing Services Anti-Social Behaviour Policy	Cabinet 3 Nov 2026
Housing Services - Housing Management Policy	Cabinet 3 Nov 2026
Strategic Asset Plan	Cabinet 3 Nov 2026
Council Tax Calculation of Tax Base 2026/27	Cabinet 1 Dec 2026

Climate Considerations

Questions for scrutiny committee members to ask

1. Will the proposal/project result in an increase in carbon emissions?
 - How have you ensured that energy is not wasted or lost through poor insulation, heating the wrong areas or inefficient lighting?
 - Will there be an increase in business travel or commuting?
 - How easy will it be for people to travel by public transport, bicycle or walking?
 - Is there a need for travel at all?
 - Will there be an increase in waste disposal?
2. How will you reduce emissions?
 - How can you reduce energy use?
 - How can you reduce use of natural resources?
 - How can you ensure suppliers are working in a sustainable way?
 - How can you reduce waste?
 - How can you improve energy efficiency?
3. Will the proposal have any impacts on biodiversity (positive or negative)?
 - Will there be a net reduction in trees?
 - Are there opportunities for planting?
 - Are there other habitats or wildlife considerations?
4. Does the proposal incorporate/promote the development of renewable energy?
 - How can you increase the use of renewable energy in your project?
5. How can you minimise emissions from transport?
 - How can your project enable and encourage active travel?
 - How can you reduce the need for travel at all?
6. How will you make the proposal/project resilient to the impacts of climate change, such as more frequent severe weather, floods and heatwaves?
 - How can your project be designed to be resilient to these occurrences?
 - How can you ensure the building does not overheat in summer?
 - How will your service travel during these events?
 - How can communities using your service be protected?

Supplementary questions

- Does any procurement consider the impact on the environment?
- How does the project/proposal support the climate change strategy, tree and woodland strategy and sustainable communities strategy?
- How does the project/proposal support local businesses and employers to be sustainable?
- How can the project/proposal help develop local skills?

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HEALTH AND WELLBEING BOARD

Thursday, 19 March 2026

PRESENT – Councillor Roche (Cabinet Member with Health and Housing Portfolio) (Chair), Councillor Harker (Leader of the Council), Councillor Mammolotti, Lorraine Hughes (Director of Public Health), Martin Short (Director of Place - North East and North Cumbria Integrated Care Board) and Andrea Petty (Chief of Staff) (Durham Police and Crime Commissioner's Office)

ALSO IN ATTENDANCE – Councillor Curry (Cabinet Member for Adults), Councillor Holroyd, Amanda Hugill (Safeguarding Boards Business Manager), Victoria Cooling (County Durham and Darlington NHS Foundation Trust) and Hannah Miller (Democratic Officer)

APOLOGIES –Councillor Mrs Scott, Councillor Tostevin, Steve Russell (Chief Executive) (County Durham and Darlington NHS Foundation Trust) and Alison MacNaughton-Jones (Joint Clinical Director) (Darlington Primary Care Network)

HWBB26 DECLARATIONS OF INTEREST.

There were no declarations of interest reported at the meeting.

HWBB27 TO HEAR RELEVANT REPRESENTATION (FROM MEMBERS AND THE GENERAL PUBLIC) ON ITEMS ON THIS HEALTH AND WELL BEING BOARD AGENDA.

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

HWBB28 TO APPROVE THE MINUTES OF THE MEETING OF THIS BOARD HELD ON 4 DECEMBER 2025

Submitted – The Minutes (previously circulated) of the meeting of this Health and Well Being Board held on 4 December 2025.

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

REASON – They represent an accurate record of the meeting.

HWBB29 NEIGHBOURHOOD HEALTH PLAN

The Director of Place, North East and North Cumbria Integrated Care Board provided a verbal update on the Neighbourhood Health Plan.

It was reported that the Neighbourhood health framework was published on 17 March 2026, setting out the government's plan to establish and deliver neighbourhood health; that there were three key areas, namely improving services for people who need routine care, improving prevention and proactive care for people and deliver better alternatives to hospital care.

Members were informed that the Integrated Care Board would work with the Health and Wellbeing Board and partners to determine and agree the neighbourhood footprint for delivering services in Darlington, either as a single neighbourhood provider or multi-neighbourhood provider. Reference was also made to the immediate actions to be implemented in the 2026/27 financial year and longer-term reform from 2027 to 2029.

Discussion ensued regarding the neighbourhood footprint; it was highlighted that due to its size, Darlington does not currently align with a single neighbourhood provider or multi-neighbourhood provider model, however there is an opportunity to develop a single approach with local nuance, to ensure there is a focus on the most disadvantaged communities to help reduce inequalities.

Following a question, Members were advised that the Better Care Fund (BCF) would change form; there is a requirement to identify and confirm how the BCF would be used; and that as the fund has been fully committed, this would need to be reshaped to deliver neighbourhood health.

Discussion ensued regarding governance arrangements at a local level. It was highlighted that there is still a requirement for governance at a place level, however there would no longer be a sub-committee, and budgets would be delegated to place partners.

Concern was raised regarding potential loss of funding for services in Darlington, however Members were informed that there was limited Darlington specific funding with most being held in a shared Tees Valley/County Durham pot; and should any funding risks be identified these would be closely managed to ensure acute services are not impacted.

It was suggested that the Neighbourhood health framework and a briefing note be circulated to Members of the Board, and a Board development session was proposed to help develop the plan for Darlington.

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

REASON – To convey the views of the Board.

HWBB30 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 will be web based with short videos for each section.

Reference was made to the recommendations outlined in the report, in response to identified local need and policy priorities; and details of the progress made to date on the recommendations of the 2024/25 Annual Public Health Report were outlined.

Particular reference was made to the partnership working with County Durham and Darlington NHS Foundation Trust, in particular to address smoking in pregnancy and hospital admission for unintentional and intentional injuries.

RESOLVED – That the recommendations of the Annual Director of Public Health report be accepted.

REASON – (a) The Health and Social Care Act 2012 sets out a requirement for all Directors of Public Health to produce an annual independent report on the health of their local population and for their local authority to publish it.

(b) The annual report has used available epidemiological data, local case studies and information from services to highlight areas of progress, issues of concern and make recommendations for action.

HWBB31 DARLINGTON SAFEGUARDING PARTNERSHIP ANNUAL REPORT - 2024/2025

The Executive Director of People submitted a report (previously circulated) presenting the Annual Report of the Darlington Safeguarding Partnership (DSP) for the period 2024/25 (also previously circulated).

It was reported that Local Safeguarding Partnerships are required to produce an Annual Report to account for the Partnerships achievements over the previous year and make an assessment of the effectiveness of multi-agency safeguarding arrangements within the local area; and that the report summarises and reflects on the work of the Partnership over the 2024/25 period.

The Annual Report provided details of the statutory requirements of the partnership; reference was made to the significant changes to the partnership's leadership and governance arrangements in line with revised statutory guidance; and provided an overview of the local area. Members noted the vision for the DSP is for Darlington to be a place where children and adults can live their lives safely.

Details were also provided of the progress against statutory guidance, this included sub group activity and key achievements and achievements against the five partnership priorities. Members noted the learning from rapid reviews, local child safeguarding practice reviews, safeguarding adult reviews and learning lesson reviews undertaken.

Clarification was sought regarding safeguarding children at risk of coercion in cases of domestic abuse.

RESOLVED – (a) That the DSP Annual Report for 2024/25 which has been published on DSP website, be noted by the Health and Wellbeing Board.

(b) That the thanks of the Board be extended to the Safeguarding Partnership Business Manager for her service.

REASON – (a) Health and Wellbeing Board have an understanding of the Partnerships work to date.

(b) To have assurance that the Safeguarding Partnership is effectively coordinating multi agency safeguarding practice in Darlington and promoting the welfare of children and adults with needs for care and support.

(c) To convey the views of the Board.

HWBB32 HEALTH AND WELLBEING BOARD - TERMS OF REFERENCE AND MEMBERSHIP

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to amendments to the Terms of Reference and membership for the Health and Wellbeing Board (also previously circulated).

The submitted report stated that the Terms of Reference were last considered and approved by the Board at its meeting held on 14 December 2023: it had been agreed to review them on a regular basis; and that a number of minor amendments had been proposed.

Further changes were proposed, namely the inclusion of two representatives from the Voluntary and Community Sector and to change the representation from the North East and North Cumbria Integrated Care Board on the Board from three members to one.

RESOLVED – (a) That the terms of reference (as appended to the submitted report) be approved, with the inclusion of the additional proposed changes, and the amendments be noted.

(b) That the Board representative of the North East and North Cumbria Integrated Care Board be appointed as Vice Chair of the Board.

(c) That the revised Terms of Reference be included within this Council's Constitution.

REASON – (a) To enable the Terms of Reference to be updated with a number of changes.

(b) To enable the Board to consider any further amendments to the Terms of Reference, as necessary

HWBB33 CHILD DEATH REVIEW PROCESS FOR COUNTY DURHAM AND DARLINGTON ANNUAL REPORT 2024/25

The Executive Director of People submitted a report (previously circulated) presenting the

County Durham and Darlington Child Death Overview Panel Annual Report for the period 2024/25(also previously circulated) and to provide a summary of the report.

It was reported that the County Durham and Darlington Child Death Overview Panel (CDOP) Annual Report summarises the panels activity over the last year which aims to review all deaths of children normally resident in the County Durham and Darlington in order to learn lessons and share any findings for the prevention of future deaths; and that the CDOP seeks to take action on modifiable risk factors with examples highlighted within the report.

It was reported that the child death review process covers children under 18 years of age and that a child death review must be carried out for all children regardless of the cause of death. The report provided an overview of the key achievements for 2024/25, the deaths that had been reviewed and finalised at CDOP and cases reviewed and closed in 2024/25. The report also outlined the modifiable factors identified in the cases and recommendations and learning from CDOP 2024/25.

Discussion ensued regarding the child death review process and the criteria for a Joint Agency Response.

RESOLVED – That the CDOP Annual Report for 2024/25 which has now been published, be noted by the Health and Wellbeing Board.

REASON – HWBB have an understanding of the County Durham and Darlington Child Death Review Process and the learning identified from child deaths.

HWBB34 GAMBLING-RELATED HARMS HEALTH NEEDS ASSESSMENT

The Director of Public Health informed Members that the Gambling-Related Harms Health Needs Assessment 2025 (previously circulated) was included for information.

Members were informed of the links between gambling and mental health and increased risk of suicide; and reference was made to the recommendations in the health needs assessment.

Members noted that Durham Constabulary became the first UK police force to sign the Gambling Charter, and this included consideration of harmful gambling habits when assessing new detainees that come into custody.

RESOLVED – That the Gambling-Related Harms Health Needs Assessment 2025 be noted.

REASON – To inform the Board.

HWBB35 PHARMACEUTICAL NEEDS ASSESSMENT - ANY SIGNIFICANT CHANGES TO REPORT SINCE THE LAST REVIEW

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

The Director of Public Health confirmed that there were currently no significant changes to report at present.

RESOLVED – That the update be noted.

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

HWBB36 HEALTH AND WELLBEING BOARD FORWARD PLAN

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

Discussion ensued on the forward plan. Members noted that Ageing Well would be deferred to a later date and that a deep dive would be brought forward to the next meeting along with an update on the Neighbourhood Health Plan.

RESOLVED – That the forward plan be updated to reflect discussion.

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

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE (TVJHS)

A meeting of the Tees Valley Joint Health Scrutiny Committee (TVJHS) was held on Tuesday 2 June 2026.

PRESENT: Councillors D Jackson (Chair), D Branson, J Kabuye, M Layton, N Anderson, M Jorgeson, C Cawley, S Crane, J Coulson and L Hall

ALSO IN ATTENDANCE: C Balazs, Y Sultana-Khan - NHS England
S Harigopal – Northern Neonatal Network
C Blair - North East & North Cumbria Integrated Care Board
J Connor, R Metcalf, M Neligan and A Oxley – University Hospitals Tees NHS Foundation Trust
J Todd, Tees, Esk and Wear Valley NHS Foundation Trust

OFFICERS: C Jones, S Lightwing, J Stevens, C Breheny and G Woods

APOLOGIES FOR ABSENCE: Councillors N Johnson, H Scott, D Bruce, C Hannaway and M Besford

1 DECLARATIONS OF INTEREST

There were no declarations of interest received at this point in the meeting.

2 APPOINTMENT OF CHAIR 2026/27

Members were invited to make nominations for the position of Chair of the Tees Valley Joint Health Scrutiny Committee for 2026/2027.

Councillor Kabuye was nominated for the position of Chair.

Councillor Jackson was nominated for the position of Chair.

A vote was taken, and Councillor Jackson received the majority of votes cast.

RESOLVED that Councillor Jackson be elected as Chair for the Tees Valley Joint Health Scrutiny Committee for 2026/27.

3 APPOINTMENT OF VICE CHAIR 2026/27

Members were invited to make nominations for the position of Vice Chair of the Tees Valley Joint Health Scrutiny Committee for 2026/27.

Councillor Johnson was nominated for the position of Vice Chair.

Councillor Scott was nominated for the position of Vice Chair.

A vote was taken, and the result was tied. Following discussion, Members agreed that the appointment of Vice Chair be deferred to the next meeting of the Committee.

RESOLVED that consideration of the appointment of Vice Chair for 2026/27 be deferred to the next meeting of the Tees Valley Joint Health Scrutiny Committee.

4 TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE - PROTOCOL AND TERMS OF REFERENCE

The Democratic Services Manager presented a report setting out the Tees Valley Joint Health Scrutiny Committee Protocol and Terms of Reference.

The Protocol and Terms of Reference, attached at Appendix A, are presented to the Tees Valley Joint Health Scrutiny Committee at the beginning of each municipal year. The Committee was asked to consider whether any changes or amendments were required prior to adoption for the 2026/27 municipal year.

A Member raised a query regarding the wording of the protocol at paragraph 9, relating to substitute attendance, specifically seeking clarity around the circumstances in which substitutes may attend meetings and whether voting rights applied. It was noted that the intention was for the arrangements to be consistent with the Constitutions of the constituent authorities, and it was agreed that individual Councils would be asked to review the position locally.

A further query was raised in relation to paragraph 16 of the protocol, concerning the appointment of the Chair of the Committee. A Member expressed the view that the Chair of the Tees Valley Joint Health Scrutiny Committee should be the current Chair of the administering authority's health scrutiny function. It was agreed that further clarification was required on this point.

The Committee agreed that legal and Monitoring Officer advice would be sought to provide clarity on these matters, and that the Protocol and Terms of Reference would be reconsidered at a future meeting.

RESOLVED that:

1. Relevant legal and Monitoring Officer advice be sought in respect of the Protocol and Terms of Reference.
2. The Protocol and Terms of Reference be resubmitted to a future meeting of the Committee for consideration and approval.

5 **MINUTES OF THE MEETING HELD ON 12 MARCH 2026**

The minutes of the Tees Valley Joint Health Scrutiny Committee meeting held on 12 March 2026 were submitted and approved as a correct record.

NOTED.

6 **DELIVERY OF NEONATAL CARE ACROSS NORTH EAST AND NORTH CUMBRIA REGION**

The Committee received a presentation providing an update on neonatal services across the North East and North Cumbria. Representatives from the Northern Neonatal Network, NHS England Specialised Commissioning and the North East and North Cumbria Integrated Care Board were in attendance to deliver the presentation.

By way of introduction, the representatives provided an overview of neonatal critical care services, explaining that this included intensive care, high dependency care and special care for newborn babies requiring ongoing hospital admission following birth. It was highlighted that services were delivered through a networked model across the region, with care provided based on clinical need and cot availability, which could result in families travelling to access specialist care. Members were advised that a dedicated neonatal transport service was in place to support the safe transfer of babies between units.

The Committee heard that neonatal services operated across a number of hospital sites within the Northern Neonatal Network, comprising Neonatal Intensive Care Units, Local Neonatal Units and Special Care Units. Background information was provided in relation to the Neonatal Critical Care Review, published in 2019, which aimed to standardise neonatal services nationally in line with defined service specifications. It was noted that, following direction from NHS England, a regional review had been undertaken to ensure compliance with these standards.

Members were informed of the proposed changes required across the region to align with national requirements. This included increasing the admission threshold within a number of Special Care Units from 30 to 32 weeks gestation, and the re-designation of Sunderland

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Neonatal Intensive Care Unit to a Local Neonatal Unit, with a corresponding change to its admission threshold. It was reported that these changes were intended to ensure consistent standards of care and improve outcomes for babies

The Committee was advised that, while babies already moved across the region to access appropriate care, the proposed changes were expected to have a limited impact in terms of additional transfers. It was estimated that a small number of babies from the North Tees and Darlington areas would require care at alternative sites each year, representing less than 1% of total births.

In terms of patient and family impact, the Committee heard that feedback had highlighted the importance of clear communication, early information and support for families, including travel and accommodation arrangements. Work had been undertaken to review available support services across all sites, and assurances were provided that appropriate facilities and support were in place. Ongoing engagement with families and patient representatives had also been undertaken to inform the proposals and implementation planning.

The Committee noted that the proposals were supported by system partners, including NHS England, the Integrated Care Board and provider organisations. It was further reported that implementation of the pathway changes was anticipated during summer 2026, with continued engagement and monitoring of patient experience to accompany the transition.

A Member expressed appreciation for the briefing paper and welcomed the extent of consultation that had been undertaken. However, the Member challenged the assertion regarding declining birth rates in the Tees Valley, suggesting that this did not fully reflect the local position.

The Member further queried the position in relation to staffing, including how findings from the Ockenden Review had been reflected, and emphasised the importance of ensuring that staffing levels and supporting services remained robust.

In response, representatives advised that staffing continued to be a key consideration across all units. It was highlighted that, although staffing pressures were recognised across the wider system, there were very few occasions where cots were closed due to staffing shortages. The Committee was assured that the majority of the time, services operated without significant staffing issues and that appropriate staffing mixes were carefully monitored through both monthly and quarterly national reporting processes.

It was further explained that, following the re-designation of services at North Tees, appropriate staffing arrangements had been put in place and continued to be reviewed. Representatives added that, in some cases, babies required transfer to other units for higher levels of care; however, this ensured access to more specialised support for those with greater clinical need, with babies returned to local units when appropriate.

A Member queried whether engagement had taken place with voluntary organisations, specifically Neo Angels, and highlighted the positive support such groups provided to residents and young families. The Member expressed a view that these organisations should be recognised as part of the wider support offer. Representatives advised that, as part of the reconfiguration process, there had not been direct consultation with individual charities. However, it was noted that no adverse feedback had been received from voluntary organisations. The Committee was assured that the support provided by such groups was valued, and that care coordinators within the neonatal network played a key role in signposting and ensuring families were able to access appropriate support services where required.

A Member queried neonatal capacity pressures and the potential impact of the proposed changes, particularly given that James Cook University Hospital and the Royal Victoria Infirmary were the main neonatal intensive care centres. The Member queried how often babies might be transferred between units, the number of moves a baby could experience, and the impact on families from areas such as East Cleveland where public transport links were limited. Reference was also made to challenges in attending diagnostics and appointments, and the need to be mindful of vulnerable mothers and families.

Representatives advised that leadership teams were aware of these challenges and emphasised that a key focus of the proposed changes was improved communication with families, ensuring that mothers were kept well informed throughout the care pathway. It was

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confirmed that special care units would continue to care for babies from 33 weeks gestation and above, with babies requiring higher levels of care transferred appropriately, and that these issues had been considered as part of the review.

Representatives explained that neonatal intensive care was a highly specialised service delivered through fewer specialist centres in line with national standards. It was highlighted that the regional model aimed to keep babies as close to home as possible, with care provided at centres such as Newcastle and James Cook, rather than transfers outside the region. Cot capacity was modelled at a regional level and was considered sufficient overall, with transfers outside the region now occurring very rarely.

A Member queried references within the presentation to a lack of regulatory support for alternative service models. Representatives advised that specialised neonatal services were nationally prescribed and that regulators did not support deviation from national service specifications, meaning providers were required to align services with nationally agreed models of care.

A Member raised questions regarding accommodation for families, particularly for those requiring longer stays away from home, and the importance of recognising the link between neonatal and postnatal support for mothers. Representatives advised that accommodation arrangements were discussed regularly with providers and that work was ongoing to improve facilities where possible. It was reported that accommodation in Newcastle was used around 70% of the time and that capacity was consistently available. Representatives acknowledged that issues such as financial support, car parking and access to food could be challenging and confirmed that families were signposted to relevant charities and voluntary organisations for additional support.

RESOLVED that:

1. The update on neonatal services be noted.

7

UNIVERSITY HOSPITALS TEES - QUALITY ACCOUNT 2025-2026

The Committee received a presentation from the Deputy Chief Executive and Chief Strategy Officer, the Deputy Director of Quality, and the Deputy Director of Nursing, of University Hospitals Tees NHS Foundation Trust, providing an overview of the Quality Account for 2025/2026, covering services delivered across South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust.

Members were advised that this was the second full Quality Account produced since the formal establishment of University Hospitals Tees as a hospital group. It was reported that a single Quality Account had been developed to reflect shared quality priorities, performance and achievements across both Trusts, while maintaining local accountability and site-specific transparency. Members were advised that residents would continue to access services at their local hospitals, although service delivery would increasingly take place across all University Hospitals Tees sites.

The Committee was informed that the purpose of the Quality Account was to provide assurance on quality, safety and patient experience, summarise performance across the South Tees and North Tees and Hartlepool localities, and highlight progress, challenges and next steps.

Members received an overview of the Trust's shared Quality Priorities for 2025/2026, structured around patient safety, clinical effectiveness and patient experience. It was reported that a number of priorities had been carried forward from the previous year, alongside new priorities focused on reducing healthcare-associated infections and embedding infection prevention and control practices.

Information was provided on patient safety and learning from incidents, including the implementation of the Patient Safety Incident Response Framework, improvements in incident reporting arrangements through a unified system, and progress in medication safety. Members were advised of reductions in medication omissions, the continued roll-out of electronic prescribing and medicines administration, and ongoing work to strengthen antimicrobial stewardship.

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The Committee heard updates on infection prevention and control, including actions taken to reduce *Clostridioides difficile* and other infections, strengthened audit and compliance arrangements, and the continued use of deep-clean and decant programmes. Learning from deaths and mortality processes were also outlined, with Members advised that mortality review arrangements had been strengthened through increased resources, revised governance structures and a single learning framework across University Hospitals Tees.

Members were provided with information on clinical effectiveness and audit activity, including compliance with NICE guidance and the introduction of strengthened oversight arrangements. Updates were also provided on patient experience and complaints, including improvements in Friends and Family Test scores, enhanced oversight of complaints handling, and actions taken in response to patient feedback.

The Committee noted the work undertaken in relation to mental health and vulnerable groups, including the implementation of a joint Mental Health Strategy, suicide prevention initiatives, staff training and trauma-informed care. Updates were also provided on urgent and emergency care performance, including improvements to patient flow, ambulance handover delays and the operation of urgent treatment centres and emergency assessment services.

Members were advised of proposed changes to Quality Priorities for 2026/2027, including the discontinuation of some priorities where actions had been completed, and the revision and continuation of others to allow for further embedding and delivery. It was emphasised that patient safety, patient experience and clinical effectiveness would remain central to the Trust's quality improvement work moving forward.

A Member queried whether recent and planned investment represented value for money. Representatives advised that capital investment was a necessary and integral part of the Trust's strategy, particularly given that the North Tees estate was approaching the end of its operational life. It was explained that, while a potential new hospital build could take up to ten years to deliver, it remained important to continue maintaining and investing in the existing estate in the interim, with some improvements expected to form part of any future configuration. Members were advised that a Strategic Outline Case, setting out estate options across University Hospitals Tees and community sites, had been presented to the Trust Board within the previous two months, and that this work was being progressed in collaboration with the Integrated Care Board and other commissioners.

A Member congratulated the Trust on the awards received, particularly in relation to dementia services, and welcomed the positive Freedom to Speak Up culture, noting the importance of staff being able to raise concerns face to face.

The Member queried the scope of electronic prescribing and whether this mainly related to hospital-based prescribing, asking how the Trust ensured a full picture of patients' medications, including prescriptions from GPs and dentists, particularly in relation to antibiotic use. Representatives advised that there was a strong focus on medicines reconciliation. It was explained that pharmacists undertook discussions with patients at the point of admission and again at discharge to ensure an accurate and comprehensive understanding of medication use.

A Member raised concerns that A&E waiting times remained high and emphasised the need for continued improvement. Representatives advised that patients were prioritised according to clinical need and moved as required to support safe care and patient flow. It was explained that a review process was in place for patients waiting between 35 and 45 minutes, with those assessed as "fit to sit" moved to free up cubicle capacity. Representatives added that work to eliminate corridor care continued, with fewer instances reported over the previous winter, and that a range of initiatives, including a Care Home Project, were in place to support care in community settings and reduce unnecessary attendance at the Emergency Department.

A Member raised concerns regarding performance against the 62-day cancer pathway at North Tees, noting that it was significantly below target. The Integrated Care Board representative advised that increased demand across the Durham and Darlington patch had contributed to pressures on the pathway. It was reported that work was ongoing with hospital trusts to provide assurance on recovery plans and to manage patient pathways in clinical priority order.

A Member raised concerns regarding staff morale, noting a reduction in response rates and results over recent years. Reference was made to declining Staff Friends and Family Test

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scores, and the importance of ensuring a resilient and motivated workforce to support patient care. The Member queried whether there was an underlying reason for the year-on-year decline. Representatives acknowledged the concerns raised and advised that staff morale was a complex and multifaceted issue. It was recognised that the impacts of COVID-19, wider societal pressures, cost-of-living challenges and changes to working lives had contributed to the current position. While acknowledging that the figures were a concern, representatives emphasised that the Trust took staff experience seriously and was seeking to focus efforts on areas where meaningful improvements could be made.

A Member referred to the previous Patient and Carer Experience Council in Stockton and queried how feedback from the current engagement arrangements could be reported to the Committee to support effective scrutiny. The Member suggested that such feedback should also be reflected within future Quality Accounts. Representatives acknowledged the comments and confirmed that the feedback would be considered.

A Member commented on the length of the Quality Account following the merger of the Trusts, expressing concern that clearer and more specific targets were required and noting that dementia appeared to be referenced relatively infrequently within the report. Representatives acknowledged the Member's comments and confirmed that the feedback would be taken into account.

RESOLVED that:

1. The Quality Account 2025/2026 for University Hospitals Tees NHS Foundation Trust be noted.
2. A formal response to the Quality Account be drafted on behalf of the Committee and submitted to University Hospitals Tees NHS Foundation Trust, with the draft circulated to Members for information and the Chair authorised to approve and sign the final response.

8

UNIVERSITY HOSPITALS TEES - PLANNED WORKFORCE REDUCTIONS

The Committee received a presentation from the Deputy Chief Executive and Chief Strategy Officer, and the Chief People Officer, University Hospitals Tees NHS Foundation Trust, providing an overview of the Trust's planned workforce reductions for 2026/2027.

By way of context, Members were advised of the national and strategic challenges facing the NHS, including ongoing economic pressures, rising costs, workforce growth since 2019/20, and the requirement for a financial and productivity reset. It was reported that, while activity levels were broadly comparable to pre-pandemic levels, workforce expansion and declining productivity had contributed to significant financial pressures across the system.

The Committee heard that University Hospitals Tees had experienced workforce growth of 2,833 whole-time equivalent posts since 2019/20, linked to additional commissioned activity, quality and safety improvements, and COVID-related workforce increases. Members were advised that the Trust's Medium-Term Financial Plan required delivery of significant cost improvement savings, including a £90m cost improvement programme in 2026/27, with staffing costs representing approximately 65% of overall expenditure.

It was reported that, as part of these plans, the Trust was required to reduce its workforce by 558 whole-time equivalent posts during 2026/27, representing approximately 3.7% of the workforce. Members were advised that workforce reductions were aligned with service redesign, vacancy assumptions and voluntary exits, with guiding principles in place to prioritise patient safety and deliver reductions through voluntary means wherever possible. A voluntary redundancy scheme had been launched in May 2026 and had recently closed to applications. The scheme was operating alongside a vacancy freeze and wider cost improvement plans.

The Committee was informed of the Trust's approach to workforce productivity, including reducing reliance on bank and agency staffing, improving sickness absence rates, and delivering service redesign to support more efficient models of care. It was highlighted that both Trusts benchmarked as highly productive within the North East, although further productivity improvements were required to deliver sustainable services within available resources.

Information was also provided on workforce turnover and sickness absence. Members were advised that turnover rates remained relatively low and were being used as part of workforce planning to minimise compulsory redundancies. Sickness absence was acknowledged as an area for improvement, with actions in place to reduce absence levels through strengthened management processes and revised policies.

A Member queried the ambition to achieve a 30% reduction in agency staffing and sought clarification on current agency spend. Representatives advised that the majority of agency staff were sourced through NHS Professionals. It was explained that NHS Professionals staff were employed on Trust terms and conditions, with no enhanced rates paid, and that overall agency spend was already relatively low. Representatives added that further reductions would be challenging, as agency use was largely limited to small numbers of specialist medical roles. It was confirmed that there had been no recent increases in rates through NHS Professionals.

A Member raised concerns that student nurses were being advised that there were currently no substantive nursing posts available, with some encouraged to delay registration and instead work on the bank. It was noted that this could result in students completing their training without securing permanent employment. Representatives advised that the Trust had a strong and established relationship with Teesside University, which was regarded as a key source of the local nursing workforce. It was reported that, in the previous year, the Trust had offered guaranteed employment to newly qualified nurses, although this approach was not being mandated nationally for the current year. Representatives explained that anticipated retirements and natural turnover were being taken into account, and that vacancies were being managed to support future recruitment opportunities for newly qualified nurses.

A Member queried the Trust's plans to move towards a more proactive care model, including increased delivery of care within community settings, and whether the workforce had the necessary experience to support this shift. In response, representatives advised that some staff already had experience of working in community-based and proactive care models. However, it was acknowledged that the future workforce would require broader, more multi-skilled roles. Members were advised that this shift could influence how roles developed over time and may also inform future changes to nursing education and training. It was confirmed that discussions would continue with Teesside University to ensure workforce development aligned with future service needs.

A Member highlighted concerns regarding the potential impact of workforce reductions on waiting times and sought assurance regarding the future of the Rowan Suite and emergency care provision in Hartlepool. In response, representatives advised that Hartlepool continued to form an integral part of the Trust's strategic plans moving forward.

RESOLVED that:

1. The update on planned workforce reductions at University Hospitals Tees NHS Foundation Trust be noted.

9

ADULT EATING DISORDER SERVICES REVIEW – TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST (TEWV)

The Committee received a presentation from the Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) which provided an overview of adult eating disorder services and outlined a review of the current model of care across the North East and North Cumbria.

Members were informed that adult eating disorder services were delivered through a Provider Collaborative arrangement between TEWV and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust. It was reported that recent service data demonstrated a sustained reduction in demand for inpatient care, alongside increased use of community-based and intensive alternatives.

The Committee heard that a formal engagement process had commenced to review the existing pathway and service model. This work aimed to understand what was working well, identify opportunities for improvement and ensure an appropriate balance between inpatient, day and

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community-based care. Members were advised that engagement involved people with lived experience, families and carers, staff and system partners through surveys, workshops, events and data review.

Information was provided on the current service configuration, including inpatient provision and the operation of intensive day services and outreach models. Members were advised that commissioned inpatient capacity currently stood at 20 beds across the region, and that changes to ward provision had created an opportunity to review the balance between inpatient and community services. It was reported that investment in intensive day services had coincided with a reduction in inpatient bed occupancy.

The Committee was informed of the key areas under consideration as part of the review. These included rebalancing inpatient and community provision, strengthening community and home-based services, exploring seven-day service models, expanding intensive day services as alternatives to admission, and addressing variation in service provision across the region.

Members were advised that no decisions had been made at this stage and that patient safety, access to inpatient care when clinically required, and equity of provision across the region remained core principles.

A Member queried travel times and transport links from Skinningrove to Darlington, and highlighted the importance of engaging with elected Members in areas served by Brotton Hospital, noting that the hospital also served residents in North Yorkshire. The Member suggested that these factors should be considered when exploring the expansion of day services. In response, the Director of Operations and Transformation thanked the Member for the helpful feedback and advised that adult eating disorder services were highly specialised. It was confirmed that geographical access, transport considerations and engagement with local elected Members would be taken into account as part of the ongoing review process.

A Member asked whether the voluntary sector had been engaged as part of the review. It was confirmed that voluntary organisations had been a central part of the engagement process and had played a significant role in shaping both the engagement activity and the emerging review work.

A Member queried how transitions between children's and adult eating disorder services were managed, and how effective links were maintained between the two pathways. The Director of Operations and Transformation advised that children's and adult services worked very closely together and that a clear transition pathway was in place. It was highlighted that there was a strong ambition to support early intervention and recovery within children's services, with the intention that young people would be supported to recover and not require ongoing eating disorder services into adulthood.

RESOLVED that:

1. The update on the review of adult eating disorder services be noted.

10

WORK PROGRAMME 2026/27

The Committee considered its draft Work Programme for the 2026/2027 municipal year. Members reviewed the current programme, which included standing items alongside those previously agreed by the Committee.

Members were invited to advise of any additional items of interest they wished the Committee to consider. It was explained that suggestions could be raised during meetings or submitted directly to the Democratic Services Officer via email. The Committee was further advised that the Democratic Services Officer would contact all Members by email to invite and collate suggestions for future agenda items, which would then be reported back to the Committee as part of the ongoing work programme review process.

During the discussion, a Member requested that 'Accessing Specialist Community Perinatal Mental Health Services' be included as an agenda item for the next meeting of the Committee, scheduled to take place on 23 July 2026.

RESOLVED that:

1. The Work Programme for the Tees Valley Joint Health Scrutiny Committee for the 2026/2027 municipal year be noted.
2. 'Accessing Specialist Community Perinatal Mental Health Services' be included as an agenda item for the meeting scheduled to take place on 23 July 2026.

11

ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.

There were no items certified as urgent by the Chair.

NOTED.

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