

**HEALTH AND HOUSING SCRUTINY COMMITTEE
29 JUNE 2022**

PERFORMANCE INDICATORS QUARTER 4 - 2021/22

SUMMARY REPORT

Purpose of the Report

1. To provide Members with performance data against key performance indicators for 2021/22 at Quarter 4.

Summary

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. Following agreement at Council on 5 December 2019 to align Scrutiny Committees to the updated Cabinet Portfolios, the indicator set has been re-aligned accordingly.
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-six indicators are reported to the committee, nine of them on a six-monthly basis and twenty-seven annually.
5. Six indicators are reported by both services Housing or Leisure and twenty-four by Public Health.

Headlines: Housing

6. Rent collection targets have been achieved this quarter and we continue to promote help and guidance, arranging affordable repayment plans with residents and helping with benefit claims and budgeting skills.
7. Average re-let times have decreased significantly to only 19 days due, in part, to high quality recruitment of priority trades.
8. The percentage of our homes which have not had a gas service within 12 months has fallen. We have moved towards MOT style servicing, completing more services in the summer months allowing us to focus on repairs and maintenance in the winter.
9. A revised council tenancy agreement has been introduced including a zero-tolerance approach to anti-social behaviour.

10. Despite varied challenges and restrictions, staff have helped 578 homeless people find accommodation. This has included negotiating with landlords, friends and family and support providers to find accommodation.
11. The number of days people have been in temporary bed and breakfast accommodation has reduced.
12. Staff worked alongside health colleagues, to deliver Covid vaccinations to homeless people.
13. We have continued to improve the energy rating of council houses with work to upgrade loft insulation and double glazing. Some homes are being fitted with air source heat pumps and solar panels. More than £1.4m in government funding has been awarded for these green social housing schemes. We have been awarded an extra £290,000 to provide external and cavity wall insulation and window and loft upgrades to 23 properties.
14. £7.35million of grant funding from Homes England has been secured for 150 new council homes on Neasham Road and work has started on phase two of the Sherbourne Close development.

Headlines: Leisure

15. Visitor numbers to the Dolphin Centre have continued to grow following the reopening of facilities. Hospitality and soft play have experienced high numbers and the new bowling alley has increased footfall.
16. The number of school pupils taking part in our sports development programme is returning to post pandemic levels. The holiday activity project worked with 2,500 young people taking in 2021/22.

Headlines: Public Health

17. Health visitors and midwives continue to support new mothers with breastfeeding and 34.4% of infants continue to be totally or partially breastfed at 6-8 weeks old. The stop smoking service and public health are working to encourage pregnant women to stop smoking.
18. A higher proportion of children aged 2-2.5years are receiving the ages and stages questionnaire which provides a comprehensive assessment of child development. The health visiting team is working with early years providers to ensure that those with poor scores are referred to specialist services.
19. The childhood healthy weight plan for Darlington is bringing parents, schools and other agencies together try to reduce childhood obesity as figures remain constant in Darlington.
20. Work is ongoing to support those with drug and alcohol issues and to help them with sustained recovery in the community.
21. Early detection and diagnosis and access to treatment are all key to reducing the worst outcomes of cardiovascular disease in under-75s. We have commissioned NHS Health

Checks in all our GP practices to try to detect and diagnosis the condition early. The public health team and primary care network are working to identity those in high-risk communities and improve access to identification and treatment.

22. Air pollution is identified as a significant risk factor in the development of lung disease, and we monitor and take action to reduce air pollution produced by homes, industry and transport. This includes considering the impact of pollution in local economic development plans. We are continuing our educational work to dissuade children and young people from starting smoking and our stop smoking service continues to offer advice and help to anyone who wants to quit.
23. The sexual health service has increased the proportion of new patients receiving an HIV risk assessment and are now providing more and easier routes to access HIV testing including the provision of postal testing kits. They also run a condom distribution programme at a variety of outlets across the borough including some community pharmacies.

Housing and Leisure

24. The twelve indicators reported annually all have year-end data.
- (a) Of the twelve indicators reported quarterly two have a target to be compared against.

HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd

- (b) HBS 013 had a target of 3.4%, the actual performance of 2.7% is therefore better than the target.
- (c) HBS 016 had a target of 100%, the actual of 97.51% is therefore not as good as the target.
- (d) Of the twelve indicators reported annually all can be compared against their data at Qtr. 4 2020/21.
- (e) Seven indicators are showing performance better than at the same period last year.

CUL 008a	% of the adult population physically inactive, doing less than 30 minutes moderate activity per week
CUL 030	Total number of visits to the Dolphin Centre (all areas)
CUL 063	Number of school pupils participating in the sports development programme
CUL 064	Number of individuals participating in the community sports development programme

HBS 027i	Number of positive outcomes where homelessness has been prevented
HBS 034	Average number of days to re-let dwellings
HBS 072	% of dwellings not with a gas service within 12 months of last service date

(f) Five indicators are showing performance not as good as at the same period last year:

CUL 009a	% of the adult population physically active, doing 150 minutes moderate activity per week
CUL 010a	% of the adult population taking part in sport and physical activity at least twice in the last month
HBS 013	Rent arrears of current tenants in the financial year as a % of rent debit (GNPI 34)
HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd
HBS 025	Number of days spent in Bed and Breakfast

(g) Of the twelve indicators reported quarterly two can be compared against the previous quarter data.

(h) One indicator showing performance better than at Qtr 3.

HBS 034	Average number of days to re-let dwellings
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(i) Two indicators are showing performance not as good as at Qtr 3.

HBS 016	Rent collected as a proportion of rents owed on HRA dwellings *including arrears b/fwd
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25. A detailed performance scorecard is attached at **Appendix 1**.

Public Health

26. Indicators are mostly reported annually with the data being released in different months throughout the year.

27. Fourteen of the twenty-four indicators have had new data released since last reported.

(a) Eight indicators reported are showing better performance than their previous year.

PBH 013c	(PHOF 2.02ii) Breastfeeding prevalence at 6-8 weeks after birth - current method
PBH 014	(PHOF C06) Smoking status at time of delivery

PBH 018	Child development - Proportion of children aged 2-2½yrs offered ASQ-3 as part of the Healthy Child Programme or integrated review
PBH 024	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)
PBH 026	(PHOF C11a) Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)
PBH 027	(PHOF C11b) Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)
PBH 050	(PHOF D07) HIV late diagnosis (%)
PBH 060	(PHOF E07a) Under 75 mortality rate from respiratory disease (1 year range)

(b) Five indicators are showing performance not as good as there previous year.

PBH 020	(PHOF C09a) Reception: Prevalence of overweight (including obesity)
PBH 021	(PHOF C09b) Year 6: Prevalence of overweight (including obesity)
PBH 035ii	(PHOF C19b) Successful completion of drug treatment - non-opiate users
PBH 035iii	(PHOF C19c) Successful completion of alcohol treatment
PBH 056	(PHOF E04b) Under 75 mortality rate from cardiovascular diseases considered preventable (1 year range)

(c) One indicator is showing performance the same as there previous year.

PBH 035i	(PHOF C19a) Successful completion of drug treatment - opiate users
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28. The Public Health Q3 and Q4 Performance Highlight report is attached as **Appendix 2** and a scorecard as **Appendix 3**, providing more detailed information about the Public Health indicators (ref PBH).

Recommendation

29. It is recommended that performance information provided in this report is reviewed and noted, and relevant queries raised with appropriate Assistant Directors.

Anthony Sandys
AD – Housing and Revenues

Ian Thompson
AD – Community Services

Penny Spring
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

MAIN REPORT

Information and Analysis

Housing

30. HBS 013 and HBS 016 – Rent arrears and collection: Rent collection targets have been achieved this quarter with rent arrears at a similar level to 2020/21 (2.68% compared to 2.42%). During Q4, performance has been comparable with other social housing providers in the region. Collection rates have increased in Q4 compared to Q3. We continue to promote help and guidance, making affordable repayment plans with customers, assisting with benefit claims and budgeting skills at the beginning of a tenancy and throughout. Numbers of Universal Credit (UC) claimants is at its highest since the introduction of UC with over 1,750 of all Council tenants now receiving UC. Our average arrears for each tenant receiving UC (£393.31) remains at less than 5 weeks rent. Court hearings have recommenced, which had been adjourned during the Covid pandemic, through a mix of face to face and telephone hearings. Enforcement and eviction warrants have been carried out where tenants have continued to breach court orders, but levels of evictions remain low as this is our last option.
31. HBS 025 – Days spent in bed and breakfast: The number of days in temporary bed and breakfast accommodation has slightly reduced in Q4 but it is still extremely challenging to move clients into sustainable accommodation. This is due to lack of move on accommodation as a result of landlords in the private sector still having to serve a 4-month notice period until October 2021. In addition, we have seen an increased number of landlords who require higher bonds and a guarantor, meaning it is more challenging re-housing these customers. Reducing our number of days in temporary bed and breakfast accommodation, despite these challenges, is a great success.
32. HBS 027i – Positive outcomes where homelessness has been prevented: This figure has reduced in comparison to quarter 4 of 2020/21 as it is increasingly difficult to secure tenancies for our customers. Private landlords are demanding higher rents and guarantors and there is a higher demand for social housing. Despite the challenges and restrictions, the team have shown initiative and have been productive in achieving positive outcomes for 578 clients. This has included negotiating with landlords, friends and family and support providers to find sustainable accommodation. We have also been successful in a number of funding bids, which has enabled us to move customers onto different pathways to help meet their needs.
33. HBS 034 – Average number of days to re-let dwellings: The average re-let times have decreased significantly since December, by over 56% to only 19 days. The increase in previous quarters was due to the new Homefinder system being established, plus the remaining backlog from the Covid pandemic. Despite changing from repairs on letting to repairs before letting to improve the service for tenants, we have managed to reduce this backlog and our re-let times. Good availability and resources from Building Services due to recruiting labour on priority trades also made a big impact on our ability to re-let to tenants quickly.

34. HBS 072 – Council dwellings not with a gas service within 12 months of last service: The percentage of dwellings without a gas service within 12 months of last service date is 0.2% in Quarter 4. This is a great improvement from 2020-21, and an improvement since quarter 2 of 2021-22. To improve our gas servicing, we appointed an external contractor to assist with completing gas services over a three-month period from August to November. This allowed us to move gas service dates forward, as we have moved towards MOT style servicing, completing more services in the summer months and less in the winter months. This will allow us to focus more on our repairs and maintenance during the busy winter months. Overall performance in this key area continues to be excellent.

Housing Achievements for Quarter 4

35. Housing Services continued to undertake work to improve the Energy Performance Certificate (EPC) rating of Council homes during quarter 4, as part of the Local Authority Delivery (LAD) programme Phase 1. Work commenced in June 2021 to upgrade loft insulation and double glazing to 709 Council homes.
36. In addition, work continues as part of the LAD funding phase 2 to upgrade 33 homes with works including Air Source Heat Pumps, Solar PV and Loft insulation. This brings the total Government funding received across these schemes for social housing to over £1.4m.
37. We have also been successful in obtaining £290,000 from the Social Housing Decarbonisation Fund Grant, which will enable us to provide a full house fabric first upgrade across 23 properties, including External Wall Insulation, Cavity Wall Insulation, Windows and Loft Upgrades.
38. £7.35million of grant funding from Homes England has been secured for the Neasham Road new build schemes, which will deliver 150 new Council homes. This equates to £49,000 for each property and work on the site will commence shortly.
39. Construction work on the Sherbourne Close (phase 2) new build scheme has commenced, delivering 14 new Council homes.
40. New terms and conditions for all Council tenants have been agreed and implemented as part of a revised tenancy agreement. A full consultation exercise was completed with our tenants before implementation. The new terms and conditions are clearer to understand and introduce a zero-tolerance approach to anti-social behaviour.
41. Our Housing Options team worked alongside Health colleagues, to offer and deliver Covid vaccinations to homeless people in Darlington. The clinic was provided specifically for this client group to deliver all vaccinations including first, second and booster doses. Voluntary organisations including the 700 Club, Humankind and Foundation supported the clinic and encouraged their clients to attend. Those who attended also received food parcels.

Leisure

42. CUL 008a/CUL 009a/CUL 010a – Adult population physical activity: The Sport England figures have remained fairly static from those reported for the period May 20 to May 21

(Qtr 2), there isn't any significant difference, given lockdown and coming out of the pandemic it is a positive that there hasn't been a significant drop off.

43. CUL 030 – Dolphin Centre visits: Visitor numbers have continued to grow throughout the year following the reopening of facilities and the recovery of the business post Covid-19 restrictions, with numbers in April 21 at 14,000 rising to just short of 620,000 at the end of Q4. Hospitality and soft play have experienced high numbers and the new addition of the bowling alley in May 21 has welcomed a new footfall of customers into the Dolphin Centre.
44. CUL 063 - School pupils participating in the sports development Programme: There has been a marked increase due to the fact that we are now delivering all of our projects and programmes with no COVID restrictions, so the participation levels are more towards pre-lockdown which again is a positive and Schools are now attending the festivals and engaging in after school clubs.
45. CUL 064 - Individuals participating in the community sports development programme: The Holiday Activity Project has also helped the figures significantly improve as we have engaged with 2,500 young people through that project in 2021/22 and all of our other community projects and sessions are now operating at full capacity

Public Health

46. PBH 013c - Breastfeeding prevalence at 6-8 weeks after birth: This data (from 2020/21), shows that there is no significant change to the trend for breastfeeding prevalence at 6-8 weeks after birth. 34.4% of infants are totally or partially breastfed at 6-8 weeks after birth. Compared to our North East neighbours Darlington is ranked 6th. Statistically similar to the North East and statistically worse than England.
The midwifery team in the hospital initiates breastfeeding with new mothers at the time of delivery. When the mother and baby is discharged from the midwifery service the Health Visiting team then provides a proactive offer of structured breastfeeding help for new mothers and also provide a range of extra support, including extra visits and calls, to new mothers who are identified as experiencing difficulties with breastfeeding. During Covid the Health Visiting team have supported new mums virtually and offer telephone and face time support, where required.
Increasing the rates of breastfeeding is a key performance indicator within the 0-19 contract provided by Harrogate and District NHS Foundation Trust.
47. PBH 014 - Smoking status at time of delivery: The data (from 2020/21) shows that there is no significant change to the trend for women who smoke at time of delivery. 14.4% of mothers are known to be smokers at time of delivery. Darlington is Statistically similar to the North East and statistically worse than England.
The Stop Smoking Service has a contractual focus on reducing smoking at time of delivery. There are contractual incentives to support the service in improving the percentage of pregnant women who access the Specialist Service and who successfully quit from the most deprived wards. This includes training of midwives and other professionals in identifying women who smoke and particularly pregnant women and then to provide an evidence-based intervention to help them address their smoking. The Service and the Public Health team are also working with partners to support the implementation of smoke free policies in workplaces and public spaces.

48. PBH 018 - Proportion of children aged 2-2.5years receiving ASQ-3 as part of the Healthy Child Programme or integrated review: This data (from 2020/21), shows that there is an increasing and improving trend for the proportion of children aged 2-2.5years receiving ASQ-3. 99.5% received and AQQ-3 as part of the Healthy Child programme or integrated review. Darlington is statistically better than the North East and England.
- The Ages and Stages Questionnaire (ASQ3) provides a comprehensive assessment of child development including motor, problem solving and personal development. The Health Visiting team works to ensure the timely completion of the 2-2.5 year check with the target of 95% consistently being surpassed.
- The Health Visiting team is working with Education and Early Years settings to ensure that individuals with poor scores are identified and are referred to specialist services for focused assessment and early intervention.
49. PBH 020 - Reception: Prevalence of overweight: This data (from 2019/20) shows that that there is no significant change to the trend for Reception prevalence of overweight (including obesity). There are 25.8% of reception children aged 4-5 years who were classified as overweight or obese. Darlington is statistically similar to the North East and statistically worse than England.
- The latest published data (from 2019/20) shows that that there is no significant change to the trend for year 6 prevalence of overweight (including obesity). There are 37.8% of year 6 children aged 10-11 years who were classified as overweight or obese. Darlington is statistically similar to the North East and England.
- The Childhood Healthy Weight Plan for Darlington aims to increase the proportion of children leaving primary school with a healthy weight. This plan works with partners including parents, schools and other agencies to take a whole systems approach to reducing childhood obesity.
- For Reception aged children the 0-5 Health Visiting teams provide specific visits and focussed work in the first weeks and months of life to support new mothers making choices around breastfeeding, infant feeding and weaning to reduce the risks of infants becoming obese before they start in reception.
- The proportion of children measured in Darlington as part of the National Child Measurement Programme (NCMP) is usually 96% to 98%. The School Nurse will offer support to any family as a result of their result help children achieve a healthy weight.
50. PBH 021 Year 6: Prevalence of overweight (including obesity): This data (from 2019/20) shows that that there is no significant change to the trend for Reception prevalence of overweight (including obesity). 25.8% of reception children aged 4-5 years were classified as overweight or obese. Compared to our North East neighbours Darlington is ranked 7th. Statistically similar to the North East and statistically worse than England.
- This data (from 2019/20) shows that that there is no significant change to the trend for year 6 prevalence of overweight (including obesity). 37.8% of year 6 children aged 10-11 years were classified as overweight or obese. Compared to our North East neighbours Darlington is ranked 7th. Statistically similar to the North East and England.
- The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. Studies tracking child obesity into adulthood have found that the probability of overweight and obese children becoming overweight or obese adults increases with age. The health consequences of childhood obesity include increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as

asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

The Childhood Healthy Weight Plan for Darlington aims to increase the proportion of children leaving primary school with a healthy weight. This plan works with partners including parents, schools and other agencies to take a whole systems approach to reducing childhood obesity.

There are key performance indicators (KPIs) within the 0-19 Public Health Services contract which will have an influence on this indicator. For Reception aged children the 0-5 Health Visiting team provides specific visits and focussed work in the first weeks and months of life to support new mothers making choices around breastfeeding, infant feeding and weaning to reduce the risks of infants becoming obese before they start in reception. Due to the impact of COVID-19, appointments have taken place virtually, unless it has been necessary for a Health Visitor to make a visit in person, in those cases full PPE has been worn.

The 0-19 Public Health Services contract also contains specific KPIs in relation to the delivery of the National Child Measurement Programme (NCMP). In previous years the Service usually achieved 96% participating in reception and 98% in year 6, in the NCMP. This includes the proportion of children in each age group measured and the proportion of parents of those children who take part in the NCMP who receive a personalised letter informing them of the results and what this might mean for the health of their child. There is also a KPI in this contract that measures any intervention that the School Nurse may implement with the family as a result of their result. This is beyond the advice and signposting of the family to potential interventions that are designed to help children achieve a healthy weight.

In the past year however due to the disruption to the school year by the COVID19 pandemic and the high rates in young people, the NCMP nationally and locally has not been able to achieve the uptake of previous years. The provider had plans in place to ensure as much as practicable, there was an offer for measurement for as many children and young people in the borough. This involved offers of weekend sessions and catchup sessions to schools. From April 2021, the programme continues to be delivered in all schools.

51. PBH 024 / PBH 026 / PBH 027: Hospital admissions caused by unintentional and deliberate injuries to children: This data (from 2020/21) shows that that there is a decreasing trend for hospital admissions caused by unintentional and deliberate injury in children **aged 0-4 year**. The rate for Darlington was 149.3 per 10,000 r emergency admissions for 0-4 years. Darlington is statistically similar to the North East and statistically worse than England.

This data (from 2020/21) shows that that there is a decreasing trend for hospital admissions caused by unintentional and deliberate injury in children **aged 0-14 year**. The Rate for Darlington was 98.0 per 10,000 for emergency admissions for 0-14 years.

Darlington is statistically similar to the North East and statistically worse than England.

This data (from 2020/21) shows that that there is no significant change to the trend for hospital admissions caused by unintentional and deliberate injury in children **aged 15-24 year**. The rate for Darlington was 144.8 per 10,000 for emergency admissions for 15-24 years. Darlington is statistically similar to the North East and statistically worse than England.

Injuries are a leading cause of hospitalisation and represent a major cause of morbidity and premature mortality for children and young people. This issue requires system wide action with input from a range of different partners. The Health Visiting team are

informed of any child's hospital admission and will contact parents and provide them with information, guidance and support in relation to home safety and accident prevention for their child. This will also include signposting or referral to other agencies or services for specific or targeted support for the family.

52. PBH 035i - Successful completion of drug treatment – opiate users: The latest data (from 2020) shows that there is no significant change to the rates for Successful completion of drug treatment – opiate users. There are currently 3.1% of those who receive treatment for taking opiate are completely free of drug of dependence after treatment. Darlington is statistically similar to the North East and England.
This is a key performance indicator within the STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring.
The Service delivery model focusses on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use substances in Darlington.
53. PBH 035ii - Successful completion of drug treatment – non-opiate users: The latest data (from 2020) shows that there is no significant change to the trend for Successful completion of drug treatment – non opiate users. There are currently 18.0% of those who receive treatment for taking other non opiate drugs opiate are completely free of drug of dependence after treatment. Darlington is statistically worse than the North East and England.
This is a key performance indicator within the STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring.
The Service delivery model focusses on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use substances in Darlington.
54. PBH 035iii - Successful completion of alcohol treatment: The latest data (from 2020) shows that there is no significant change to the trend for Successful completion of alcohol treatment. There are 19.0% of alcohol users who left treatment successfully free of alcohol dependency. Darlington is statistically worse than the North East and England. Evidence is emerging that COVID 19 and the lockdowns resulted in more people drinking more alcohol at home. With the lifting of restrictions there have been an increase in the number of individuals seeking help and requiring treatment.
This is a key performance indicator within the STRIDE (Support, Treatment and Recovery In Darlington through Empowerment Service) service contract and is monitored within the contract monitoring.
The Service delivery model focusses on supporting sustained recovery in the community. This model uses the most up to date evidence and models of best practice to provide the best support to those who use alcohol in Darlington.
55. PBH 050 - HIV late diagnosis: The latest data is from 2018-20 and shows that 16.7% of adults who were diagnosed with HIV had presented at a stage after infection. Darlington is statistically better than the North East and England against the benchmarked goal of having less than 25% adults diagnosed at a late stage after infection.

Early diagnosis reduces the likelihood of severe illness and death following HIV infection. Those diagnosed late have a ten-fold risk of death compared to those diagnosed promptly. High rates of late diagnosis can indicate that local services are not accessible to those most vulnerable from HIV and its effects. The Sexual Health Service has increased the proportion of new patients receiving an HIV risk assessment and they are now providing more and easier routes to access HIV testing including the provision of postal testing kits. The Sexual Health Service also provides a condom distribution programme known as the C-Card in Darlington to reduce the potential for exposure to HIV. This is available at a variety of outlets across the borough including some community pharmacies.

56. PBH 056 - Under 75 mortality rate from cardiovascular disease considered preventable: The latest data (from 2020) shows that there is no significant change to the rate of under 75 mortality from cardiovascular diseases considered preventable. There is a rate of 32.6 per 100,000 of deaths that are considered preventable from all cardiovascular diseases in people aged under 75. Darlington is statistically similar to the Northeast and England.

Early detection and diagnosis along with timely access to treatment are all key to reducing the worst outcomes. The Authority commissions the NHS Health Checks which are provided by all 11 GP Practices in Darlington. The NHS Health Check offer has been impacted by Covid due to the restrictions and COVID measures in place but have continued to be offered throughout the period of the pandemic.

The Public Health team are supporting the Primary Care Network (PCN) to identify those in high risk communities and improve access to and take up of opportunities for the early identification and treatment of CVD.

57. PBH 060 - Under 75 mortality rate from respiratory disease: The latest data (from 2020) shows that there is no significant change to the rate of Under 75 mortality rate from respiratory disease. The rate for Darlington is 38.9 per 100,000 of deaths from respiratory diseases. Darlington is statistically similar to the North East and England.

Smoking tobacco is identified as the greatest single modifiable risk factor. The Authorities regulatory services takes proactive action to enforce smoke free legislation to reduce exposure to secondhand tobacco smoke as well as monitoring and enforcing point of sale regulations for the sale of tobacco products.

Air pollution is identified as a significant risk factor in the development of lung disease and the Authority is active in action to monitor and reduce air pollution produced by homes, industry and transport. This includes considerations of the impact of pollution in local economic development plans.

The Public Health team commissions a range of primary prevention interventions including interventions for children and young people which highlights the harms from tobacco. And a Stop Smoking Service which supports individuals to who smoke tobacco to quit which improves their respiratory health and reduces the effects of secondhand smoke on those around them