

HEALTH AND HOUSING SCRUTINY COMMITTEE

Wednesday, 28 February 2024

PRESENT – Councillors Layton (Chair), Baker, Crudass, Holroyd, Johnson, Mahmud, Mrs Scott and Beckett

APOLOGIES – Councillors Mammolotti and Pease,

OFFICERS IN ATTENDANCE – Anthony Sandys (Assistant Director - Housing and Revenues), Ken Ross (Public Health Principal) and Michael Conway (Mayoral and Democratic Officer)

HH33 DECLARATIONS OF INTEREST

There were no declarations of interest reported at the meeting.

HH34 TO APPROVE THE MINUTES OF THE MEETING OF THIS SCRUTINY COMMITTEE:

RESOLVED

- (a) That the minutes of the Health and Housing Scrutiny Committee – 3 January 2024 are approved.
- (b) That the minutes of the Special Meeting of the Health and Housing Scrutiny Committee – 23 January 2024 are approved.

HH35 BREAST SYMPTOMATIC SERVICES UPDATE

The Integrated Care Board – Director of Place (Darlington) provided members with a presentation covering the current clinical services strategy including diagnostic and treatment services.

Information was provided on the current numbers of patients in the Darlington catchment area, current screening services offered including fixed and mobile sites, with differentiations provided between screening and symptomatic services.

Post COVID recovery on both screening and symptomatic services was highlighted with screening services recovery from lockdown's backlog being a point of note along with symptomatic services' referrals increasing as normal service provision recommenced.

Challenges to the service were covered with workforce pressure remaining the greatest of these, on this point we were informed that additional staff are being trained in order to free-up consultant capacity in order to maintain quality of treatment.

Members wished to express that the numbers of screening uptake in Darlington is very encouraging and suggest that continual promotion of the importance of screening is vital. Officers agreed and highlighted the dichotomy that the high quality of service offered can adversely affect screening uptake due to less of the population being personally affected by breast cancer. A member questioned if residents who do not attend screening are

repeatedly invited, and it was confirmed that they are however tackling fear and apprehension of attending screening remains a continual focus.

A member noted Darlington's positive performance in service uptake in comparison to surrounding localities and asked the possible reason for this. Officers stated that exact reasons are not clear however population makeup and the presence of a popular and well-used hospital in Darlington Memorial Hospital are suspected contributing factors.

Discussion was held with regards to cultural barriers that may prevent attending screening with officers confirming that women's health hubs aim for increased engagement to help target underrepresented individuals. Members questioned if individuals in susceptible families are being tested and that those who require screening are not being missed with officers confirming that every attempt is made to arrange services for those individuals.

RESOLVED – Members noted the content of the presentation and the quality of information provided.

HH36 PREVENTING HOMELESSNESS AND ROUGH SLEEPING STRATEGY UPDATE

The Assistant Director - Housing and Revenues attended and presented the proposed update to this strategy that was previously approved by Cabinet in July 2019 with an update provided to this Scrutiny Committee in December 2022. Members were informed that all actions in the current strategy have been completed and the development of a fresh strategy is now proposed with the considerations now present in the post-COVID period.

The production of the updated strategy is intended to help manage an increase in demand for services to prevent rough sleeping. A major contributor to this was the lifting of the ban on no-fault evictions following the COVID period.

It was reported that a main ongoing challenge is sourcing accommodation for those with complex needs and those who have lost previous accommodation due to their own behaviour. With further challenges including the increase in presentations and demand for emergency accommodation has meant that services have had to be more reactive to ensure that no-one is left homeless or having to rough sleep.

It was highlighted that a key project for the strategy is to create a scoping document in order to present key pressures and to develop themes for work moving forward. It is also important to establish who will be involved in the production of the strategy and it is proposed that this is at least comprised of a blend of council departments, voluntary sector and social housing providers.

Discussions included members highlighting the importance of working with partners in the production of the strategy with a member highlighting that those involved in hospital and prison discharges would have insight that may be valuable in the production of the strategy. The quality of accommodation provided was also discussed with a consensus that secure and good standards of accommodation play an important role in maintaining the health and wellbeing of those housed and in order to break the cycle of individuals repeatedly presenting as homeless.

A further discussion was held with regards to individuals with military service presenting as homeless. Officers confirmed that those who have served are a priority and that efforts are made to identify these individuals, it was also clarified that such people can be directed to the Town Hall to speak to Housing Options staff.

Questions included the most common circumstances for presentations and officers confirmed that there are always a number of transient presentations but also that Darlington residents may present as homeless as current accommodation arrangements break down alongside more individuals coming through the asylum service which is showing an increase for all authorities in the North East with a member also adding that those being released from prison are also a common source for presentations.

A member queried what the most common accommodation required is and if there is scope for housing families. It was confirmed that most accommodation is 1 or 2 bedroom as this is the most common requirement however larger properties are currently under construction at the Neasham Road development but that turnover for families is generally a lot lower than that of individuals.

RESOLVED – Members considered the content of the report and agreed to the development of a new Preventing Homelessness and Rough Sleeping Strategy for 2025-30.

HH37 DARLINGTON BETTER CARE FUND UPDATE

The Head of Service - Commissioning, Performance and Transformation provided an update on the Darlington Better Care Fund (BCF) 2023/25 Programme informing members of the next steps across the programme. We were informed the tight timeframes for submission, with guidelines being received in late December 2023 and that final submission was made in early February 2024.

Members were informed that the underlying vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by the two core BCF objectives: to enable people to stay well, safe and independent at home for longer and to provide the right care in the right place at the right time.

A member raised the point that many activities specified in the submission relate to later-in-life individuals with the opinion that the prevention of unnecessary admissions would be more feasible if activities commenced earlier in people's lives. Officers acknowledged this and responded that there was an element of the funding allocated to prevention of admissions. Members were informed that funding is required to be assigned to areas under greatest stress with a focus on facilitation of discharge; with the post-COVID period showing greater strain than in previous years.

A member also expressed that they felt it would be beneficial for the report to clearly highlight that it is a Quarter 3 update and that a summary of changes from its previous presentation at the committee meeting would be beneficial and aid members in navigating the report more effectively. Officers acknowledged this for future presentations.

RESOLVED – That the submission and reporting requirements of the programme be noted

and agreed for a report to be presented at a future meeting of this committee to detail the outcome of the ongoing review of the BCF Scheme.

HH38 WORK PROGRAMME

The Assistant Director Law and Governance submitted a report (previously circulated) requesting that consideration be given to this Scrutiny Committee's work programme and to consider any additional areas which Members would like to suggest being included in the previously approved work programme.

RESOLVED – It was requested that a an overview of new Health Scrutiny powers be provided to members when feasible.