

COUNCIL
2 OCTOBER 2025

OVERVIEW OF HEALTH AND HOUSING SCRUTINY COMMITTEE

1. Since the last meeting of the Council, the following are the main areas of work the Health and Housing Scrutiny Committee has undertaken.

Consultation on a Homes Strategy for the Borough

2. We welcomed a report, requesting that consideration be given to the Homes Strategy for the Borough which has been agreed for consultation at Cabinet on 8 July 2025.
3. Members were advised that the draft Homes Strategy 2025-2030 provides a framework for the actions of the Council and its partners with regard to housing and the focus of the strategy is to provide high quality homes across all tenures, meeting local needs and addressing the borough's housing challenges
4. The strategy set a high level vision with three objectives focused around building new homes, improving standards, meeting the needs of our ageing population and supporting people to live independently. Members were informed of a number of associated outcomes and actions which aim to be achieved over the next five years.
5. We questioned the sustainability and energy efficiency of new developments and were informed that a supplementary planning document relating to material considerations for planning applications is in development.
6. We also discussed the availability and location of affordable and smaller properties across the Borough. Members noted that there is a requirement for a percentage of new homes to be adaptable to a certain standard and there is a section within the strategy which focused on housing mix in the borough.
7. We agreed to submit any comments on the draft Homes Strategy via the online survey by the deadline of 5 September 2025.

Darlington Better Care Fund 2024/25 End of Year Programme Report

8. We received a report updating Members on the Annual Report of the Darlington Better Care Fund (BCF) for the 2024/25 programme and providing an update on the next steps across the Programme.
9. Members noted the vision of the BCF and that the use of the BCF mandatory funding streams must be jointly agreed by integrated care boards (ICBs) and local authorities, with sign off by the Health and Wellbeing Board.
10. Details were provided of the two core BCF objectives and the four national conditions for funding, along with the four key metrics. We welcomed the information on the funding for

2024/25 along with a summary of the 2024/35 BCF Plan and approval feedback of the BCF 2024/25 Plan from the BCF National Team.

11. Members welcomed a joint review all funded schemes which began in July 2025, to ensure that all schemes continued to deliver against the key priorities of the programme and provided value for money.

Director of Public Health Annual Report 2024-2025 – Across the Life Course: The Health of Darlington

12. Members welcomed a report, presenting the Annual Public Health Report which provides a snapshot of key data across the life course and thematic recommendations. We noted the intention for future reports to focus on the different stages of the life course in greater detail.
13. We also welcomed an update on the recommendations made in the 2023-2024 Annual Public Health Report.
14. We discussed the work being undertaken to address sunbed usage and passive smoking with reference being made to the Tobacco and Vapes Bill which is giving consideration to the extension of smoke-free outdoor places to outside schools, children's playgrounds and hospitals and noted the Seven Steps Out campaign. Following concerns raised regarding air pollution, Members were informed that this is a growing area of interest within public health with increasing evidence highlighting the positive impact of low emission zones.
15. Questions were raised regarding the work undertaken around falls and the prevalence of breastfeeding at 6 to 8 weeks. Members were informed of the work being undertaken with the 0-19 services to undertake the mandated 10-14 day visits at day 8 as part of a targeted pilot, which has seen an increase in breastfeeding of 11 per cent in those areas.
16. We also raised concerns regarding the prevalence of tooth decay for 5-year-olds in Darlington and Members noted the work being undertaken to improve outcomes including the development of the oral health promotion strategy and expansion of the supervised toothbrushing scheme.
17. Members also discussed the children in care immunisations, monitoring of the uptake of and use of vapes by children and young people in Darlington, and the role of public health in supporting the use of weight loss injections, as part of a broader approach which still emphasises the importance of prevention.
18. We sought an update regarding the outbreaks of Carbapenemase-Producing Enterobacterales (CPE) at Darlington Memorial Hospital and were pleased to note that the number of cases has reduced and noted the additional work that has been introduced to manage and reduce the outbreaks.

Health and Safety Compliance in Council Housing 2024-25

19. We received a report from the Assistant Director Housing and Revenue, updating Members on Health and Safety Compliance standards for Council housing stock and performance against these in 2024/25.

20. The report provided details of the areas where compliance is monitored on a regular basis, including asbestos, damp and mould, electrical safety, fire risk assessments, fire doors, gas safety, smoke alarms, legionella, radon, lifts and stairlifts.
21. Members of this Scrutiny committee commended the Housing Team for the Council's performance against the health and safety compliance standards for Council housing stock for 2024-25.

Chronic Illness Prevention

22. We received a report providing Members with an overview of the impact of long-term conditions (LTC) on Darlington's population, drawing on key national and local data to highlight current challenges and outlining evidence-based actions to reduce the burden of LTCs through prevention and improved care planning.
23. Members were advised that LTCs are ongoing health issues that cannot be cured but effectively managed with the right support, common examples being diabetes, coronary heart disease and that the number of people living in Darlington with these conditions is rising, particularly among older adults.
24. It was reported that complex health needs are more concentrated in areas of deprivation and is linked to earlier onset and higher rates of long-term conditions. We also noted details of the Index of Multiple Deprivation rankings across Darlington, emergency hospital admissions for COPD and percentage of economically inactive in each ward.
25. Members noted that the prevalence of long-term conditions has steadily increased over the past decade, and that this was likely to continue as the population aged and lifestyle related risks factors remained.
26. It was reported that a prevention-focused approach to long-term conditions was key to improving health outcomes, reducing inequalities and easing pressure on services; and reference was made to a model of three levels of prevention in public health.
27. We discussed in particular the concentration of LTC's in more deprived areas and how this could be addressed.

Performance Indicators Year End – Quarter 4 2024/25

28. We received an update on performance against key performance indicators for 2024/25 at Quarter 4. We noted that of the 13 indicators with comparative data available, when taking into consideration what is best performance for the indicator, that six indicators had increased when compared to the same period in the previous year and that seven indicators had decreased when compared to the same period in the previous year.
29. We also noted that of the eight indicators that had been updated since Quarter 2 that, when taking into consideration what is best performance for the indicator, that five indicators had seen an increase whilst three had seen a decrease.

Work Programme

30. We have given consideration to the Work Programme for this Committee for the remainder of the Municipal Year 2025/26 and to any additional areas that Members would like to be included.

Councillor Neil Johnson
Chair of the Health and Housing Scrutiny Committee