Sedgefield BOROUGH

For Service and Enterprise

AREA 3 FORUM

Wednesday, 15 September 2004

7.00 p.m.

Trimdon Village Hall

AGENDA

and

REPORTS

AREA 3 FORUM Wednesday, 15 September 2004

AGENDA

1. APOLOGIES

2. MINUTES

To confirm as a correct record the Minutes of the Meeting held on 7th July 2004. (Pages 1 - 4)

3. POLICE REPORT

A representative of Sedgefield Police will attend the meeting to give a report of crime statistics and initiatives in the area.

4. SEDGEFIELD PRIMARY CARE TRUST

A representative of Sedgefield Primary Care Trust will attend the meeting to give an update on local health matters and performance figures.

A copy of the executive summary of the NHS Improvement Plan 'Putting People at the Heart of Public Services' is attached for information. (Pages 5 - 18)

5. SEDGEFIELD BOROUGH COUNCIL NEIGHBOURHOOD WARDEN SERVICE

Arrangements have been made for the Head of Neighbourhood Services to attend the meeting to give a presentation on the above.

6. NAMING OF DEVELOPMENT

Erection of 10 dwellings on land east of Alnwick Avenue, Trimdon Grange.
Report of Director Neighbourhood Services. (Pages 19 - 20)

7. LOCAL STRATEGIC PARTNERSHIP - APPOINTMENT OF ALTERNATE

To consider the attached letter. (Pages 21 - 22)

8. VANDALISM TO GAS BOXES

A copy of a letter received from Transco regarding vandalism to Gas Boxes is attached for information. (Pages 23 - 24)

9. QUESTIONS

The Chairman will take questions from the floor.

10. DATE OF NEXT MEETING

Scheduled to be held on 10th November 2004 at 7.00p.m.

11. ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT

To consider any other business which, with the consent of the Chairman, may be submitted. Representatives are respectfully requested to give the Chief Executive Officer notice of items to be raised under this heading no later than 12 noon on the day preceding the meeting in order that consultation may take place with the Chairman who will determine whether the item will be accepted.

N. Vaulks
Chief Executive Officer

Council Offices
SPENNYMOOR
6th September 2004

ACCESS TO INFORMATION

Any person wishing to exercise the right of inspection in relation to this Agenda and associated papers should contact **Sarah Billingham, Spennymoor 816166, Ext 4240**

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AREA 3 FORUM - DISTRIBUTION

TO:- **SEDGEFIELD BOROUGH COUNCIL**
Councillor Mrs. L. Hovvels (Chairman)
Councillor T. Ward, (Vice-Chairman)

Councillors D.R. Brown, J. Burton, K. Noble, J. Robinson, J.P. and J. Wayman J.P.

DURHAM COUNTY COUNCIL
Councillors K. Manton, 12 Millfield Road, Fishburn, Stockton on Tees, TS21 4DT
Councillor P. Trippett, 19 Roseberry Road, Trimdon Village, Co Durham TS29 6JA

SEDGEFIELD TOWN COUNCIL
Councillor S. Green, 3 Lambton Crescent, Sedgefield, Co Durham
Councillor L, Goddard, 8 Cherry Tree Drive, Sedgefield, Co Durham
Councillor E. Robinson, 9 Homebryth House, Sedgefield, Co Durham

TRIMDON PARISH COUNCIL
Councillor L. Burton, 45 Front Street South, Trimdon Village, Co Durham
Councillor B. Thompson, 35 Front Street South, Trimdon Village, Co Durham
Councillor R. Passfield, 38A Front Street South, Trimdon Village, Co Durham

TRIMDON COLLIERY COMMUNITY ASSOCIATION
G. Elliott, 2 North Moor Cottages, Trimdon Colliery, Co Durham, TS29, 6DX

FISHBURN PARISH COUNCIL
Councillor Mrs. S. Nicholson, 44 Sycamore Road, Fishburn, Stockton On Tees

MORDON PARISH MEETING
J. Parkinson, Hillside, Mordon, Sedgefield, Stockton on Tees TS21 2ET

BRADBURY PARISH MEETING
Mr. P. Brewis, Burleighmead Cottage, Bradbury, Sedgefield, Stockton on Tees

SEDGEFIELD COMMUNITY ASSOCIATION
Mrs. S Milliken, 30 The Lane, Sedgefield, Stockton on Tees TS21 3BE

FISHBURN COMMUNITY ASSOCIATION
Mrs. S. Evans, 2 Millfield Road, Fishburn, Stockton on Tees, TS21 4DT

TRIMDON VILLAGE COMMUNITY ASSOCIATION
Mrs. B. Young, 10 Woodland Close, Trimdon Village, Co Durham TS29 6LD

TRIMDON GRANGE COMMUNITY ASSOCIATION
C. Coombes, 24 Northside Buildings,Trimdon Grange Co Durham, TS29 6HW

SEDGEFIELD COMMUNITY COLLEGE
Mrs. L. Ackland Sedgefield Community College Sedgefield Stockton on Tees TS21 3DD

JOINT TRIMDONS REGENERATION PARTNERSHIP
J. Davies The Knoll, Granville Terrace, Wheatley Hill Co Durham

SEDGEFIELD DEVELOPMENT PARTNERSHIP
R. Clubley, 55 Whitehouse Drive, Sedgefield, Stockton on Tees TS21 3BU

DURHAM CONSTABULARY
Inspector A. Neil, Newton Aycliffe Police Office, Central Avenue Newton Aycliffe DL5 5RW

CAVOS
Manager, CAVOS, Block 2, First Floor, St. Cuthbert's House, Durham Way North, Aycliffe Industrial Park, County Durham DL5 6HW

COMMUNITY NETWORK
Anne Frizell, Community Network Co-ordinator, Block 2, First Floor, St. Cuthbert's House, Durham Way North, Aycliffe Industrial Park, County Durham DL5 6HW

TRIMDON 2000
Mrs. R. Welsh 33 Roseberry Road, Trimdon Village Co Durham

SEDGEFIELD PRIMARY CARE TRUST
R. Pattison, Sedgefield PCT Offices, Merrington House, Merrington Lane, Spennymoor,
P. Irving, Sedgefield PCT Offices, Merrington House, Merrington Lane, Spennymoor.

SEDGEFIELD BOROUGH COUNCIL
AREA 3 FORUM

Fishburn Youth and Community Centre | Wednesday, 7 July 2004 | Time: 7.00 p.m.

Present: Councillor Mrs. L. Hovvels (Chairman) – Sedgefield Borough Council and

Councillor D.R. Brown	–	Sedgefield Borough Council
Councillor J. Burton	–	Sedgefield Borough Council
Councillor T. Ward	–	Sedgefield Borough Council
Sergeant B. O'Connor	–	Sedgefield Police
R. Pattison	–	Sedgefield Primary Care Trust
N. Porter	–	Sedgefield Primary Care Trust
Councillor Mrs. L. Burton	–	Trimdon Parish Council

In Attendance: Miss S. Billingham

Apologies:

Councillor K. Noble	–	Sedgefield Borough Council
Councillor J. Robinson J.P	–	Sedgefield Borough Council
Councillor J. Wayman J.P	–	Sedgefield Borough Council
Councillor Mrs. S. Nicholson	–	Fishburn Parish Council
J. Parkinson	–	Mordon Parish Meeting

AF(3)1/04 MINUTES

The Minutes of the meeting held on 28th April 2004 were confirmed as a correct record and signed by the Chairman.

AF(3)2/04 POLICE REPORT

Sergeant Brian O'Connor, Sedgefields recently appointed Beat Sergeant was present at the meeting to give details of the crime statistics for the area.

Members noted that the statistics were as follows: -

TYPE OF CRIME	SEDGEFIELD	FISHBURN/TRIMDON VILLAGE	TRIMDON GRANGE /COLLIERY
THEFT	18	18	9
DAMAGE	14	21	6
DWELLING BURGLARY	2	1	6
BURGLARY OTHER	5	3	2
ASSAULTS	5	14	3
TOTAL CRIME	44	57	26

During discussion reference was made to two arrests relating to thefts from motor vehicles in Hardwick Park, Sedgefield. Four arrests had

been made for offences ranging from criminal damage, affray and drunken disorderly. Two of the main protagonists would be due to answer bail over the weekend of the 10th July 2004.

Officers had been monitoring the problem of people carrying and consuming alcohol as they walked form one public house to another in Sedgefield. To prevent glasses being deposited in the street and subsequently broken licensees in Sedgefield had been requested to use plastic cups.

Members were informed that problems had been reported at Fishburn of a number of youths who had been misusing motorbikes near to the Industrial Estate. A number of complaints had been received regarding anti social behaviour in the vicinity of Church Road, Trimdon Village.

With regard to anti social behaviour Members were pleased to be informed that a local man had been arrested at an address on Church Road in connection with supplying drugs. It was explained that the Beat Officers were aware of the problems in the area and would patrol at times when it was known to be at its worst.

It was reported that since the Members raised concerns regarding the lack of visual presence of traffic wardens in Sedgefield at the previous meeting a number of PSCO's had began to patrol the area. Their roles would include monitoring street traffic and answering the public's general queries and complaints relating to traffic problems.

AF(3)3/04 SEDGEFIELD PRIMARY CARE TRUST

N. Porter, Chief Executive to the PCT was present at the meeting. A document detailing the PCT Expenditure and a summary of the Director of Public Health's Annual Report 2003/04, Health and Well being of People In Sedgefield were distributed to members of the Forum. (For copy see file of Minutes).

It was explained that Sedgefield PCT received £100,000,000 a year. Out of that £60,000,000 was taken directly to be used in hospitals across the Borough. This year, however an extra £9,000,000 had been invested to improve local health services during 2004/2005.

Members were reminded that the PCT would be taking responsibility of the Out of Hours service based at Bishop Auckland Hospital from 1st December 2004. It was pointed out that patients living in Sedgefield, Fishburn and the Trimdons had previously little contact with Bishop Auckland Hospital. They would usually be transferred to Hartlepool or 'North Tees Hospital out of hours'. In future they would be covered by the Urgent Care Centre at Bishop Auckland for out of hours enquiries. However, a Saturday morning surgery would be open at Fishburn to provide the same service for the first six months to allow people to adapt to the change. R. Pattison reassured Members of the Forum that home visits would continue. The only aspect that would change would be the location from which the paramedics came from.

N. Porter informed Members that Integrated Team had moved into Tremeduna Grange and were praised for the work they were undertaking.

Specific reference was made to the Director of Public Health's Annual Report 2003/04 of which a summary had been distributed. The Report promoted healthy living and healthy lifestyles and gave a general picture of health related issues in each of the five localities. (For copy see file of Minutes).

AF(3)4/04 NAMING OF DEVELOPMENT

Consideration was made to a report of the Director of Nieghbourhood Services regarding a request received from Lancing Homes to name the above development. (For copy see file of Minutes).

It was noted that Members of the Forum agreed to forward 'Glebe Close' as a name for the new development.

AF(3)5/04 LOCAL STRATEGIC PARTNERSHIP - APPOINTMENT OF ALTERNATE

Consideration was given to a letter regarding the appointment of an Alternate for Area 3 Forum to the Local Strategic Partnership Board for the Borough. (For copy see file of Minutes).

It was agreed that as there had been a poor level of attendance consideration would be given to the appointment of an Alternate at a future meeting.

AF(3)6/04 QUESTIONS

Gas Boxes In Trimdon Village

Concern was raised by the Forum regarding the damage caused to gas boxes. It was suggested that contact be made with the relevant department to discuss moving the gas boxes either indoors, or under ground.

Advertising

It was raised by the Forum that advertising the dates of forth coming Area Forums in the Trimdon Messenger and Sedgefield Community News would improve publicity and attendance at the Forums. It was agreed the matter would be looked into.

AF(3)7/04 DATE OF NEXT MEETING

The next meting is scheduled to be held on 15th September 2004 at Trimdon Village Hall at 7.00p.m.

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HM Government

The NHS Improvement Plan

Putting People at the Heart of Public Services

Executive summary

Department of Health

NHS

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Executive summary

The NHS Improvement Plan: Putting People at the Heart of Public Services sets out the priorities for the NHS between now and 2008. It supports our continuing commitment to a 10-year process of reform first set out in *The NHS Plan,* in July 2000.

Introduction

1 Over the past seven years the NHS in England has been on a journey of major improvement. After decades of under-investment, the NHS has begun to turn itself around, with unprecedented increases in the money it can spend. As its budget has grown from £33 billion to £67.4 billion, the average spending per head of population has gone up from £680 to £1,345.

2 That money has increased the capacity of the NHS to serve patients. It has helped give faster and more convenient access to care. Access to GPs, accident & emergency care (A&E), operations and treatment is improving with every passing year. Quality is also improving, as is the range of services available to the public.

3 These improvements have been made possible by steady increases in the number of NHS staff, who are even more focused on the personal care of individual patients and better enabled to do so. The growth in money and staff numbers has been matched by an unprecedented period of growth, expansion and modernisation in the buildings, equipment and facilities available to care for patients. That in turn has enabled the NHS to provide better quality care to patients, with safer and more effective treatment, better surroundings and services that better suit their lives. The NHS today is fairer as a result. The NHS is now ready to ensure that care is much more personal and tailored to the individual.

4 The next stage in the NHS's journey is to ensure that a drive for responsive, convenient and personalised services takes root across the whole of the NHS and for all patients. For hospital services, this means that there will be a lot more choice for patients about how, when and where they are treated and much better information to support that. For the millions of people who have illnesses that they will live with for the rest of their lives, such as diabetes, heart disease, or asthma, it will mean much closer personal attention and support in the community and at home.

5 Complementing that drive for a high-quality personal service for individual patients when they are ill, there will be a much stronger emphasis on prevention. Death rates from cancers, heart disease and stroke are already falling quickly. The NHS will take a greater and more effective lead in the fight against these big killer diseases. It will lead a coalition to stop people getting sick in the first place and to make in-roads into inequalities in health.

6 In taking forward these reforms, the NHS will continue to learn from other healthcare systems. This will enable the NHS to continue to improve its performance as it aspires to world class standards, where it is not already achieving these. In the next stage, there will be a stronger emphasis on quality and safety alongside a continuing focus on delivering services efficiently, fairly and in a way that is personal to each of us. By 2008, the NHS in

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England will be seen increasingly as a model that other countries can learn from.

Laying the foundations

7 The investment and reform initiated in July 2000 by *The NHS Plan* has delivered for patients. It is a track record of success, which gives the confidence to support further investment and further reform. The money and the changes promised in *The NHS Plan* just four years ago have been made a reality for patients, the public and the taxpayer. Those who argued that the NHS was beyond reform, were profoundly mistaken. The NHS has demonstrated that its enduring principles can prosper in the new century.

8 At the core of this plan lies a continuing commitment to the founding principles of the NHS: the provision of quality care based on clinical need, irrespective of the patient's ability to pay, meeting the needs of people from all walks of life. The programme is instilled with a resolve to ensure that the NHS meets the expectations of all people in England: enabling and supporting people in improving their own health; meeting the challenge of making a real difference to inequalities in health; staying the course and supporting those with conditions that they will live with all their lives; and quickly treating people with curable problems so that they can get on with their lives and live them to the full.

Offering a better service

9 *The NHS Improvement Plan* sets out the key commitments that the NHS will deliver to transform the patient's experience of the health service over the next four years. As part of this the experience of waiting for hospital treatment will change dramatically.

10 In 1997 patients waited up to 18 months for treatment – after seeing a GP, after seeing a consultant, and after diagnostic tests. Those times have fallen and now the maximum wait for an operation is nine months and the maximum wait for an outpatient appointment is 17 weeks. When this programme has been delivered in four years time, the 1997 maximum wait of 18 months for only part of the patient journey will have been reduced to 18 weeks for the whole journey. The previous long waits for GP referral, outpatient consultations and tests are included in that pledge. In four years' time, waiting times for treatment will have ceased to be the main concern for patients and the public.

11 With much shorter waiting times for treatment, "how soon?" will cease to be a major issue. "How?", "where?" and "how good?" will become increasingly important to patients. Patients' desire for high-quality personalised care will drive the new system. Giving people greater personal choice will give them control over these issues, allowing patients to call the shots about the time and place of their care, and empowering them to personalise their care to ensure the quality and convenience that they want.

12 From the end of 2005, patients will have the right to choose from at least four to five different healthcare providers. The NHS will pay for this treatment. In 2008, patients will have the right to choose from any provider, as long as they meet clear NHS standards and are able to do so within the national maximum price that the NHS will pay for the treatment that patients need. Each patient will have access to their own personal *HealthSpace* on the internet, where they can see their care records and note their individual preferences about their care.

13 With waiting times no longer the main issue, the NHS will be able to concentrate more of its energies on providing better support to people with illnesses or medical conditions that they will have for the rest of their lives. The Department of Health is also committed to a radical, far-reaching and ambitious approach to making a real difference to the quality of life of people who live with illnesses every day. While the way we think about the NHS is often dominated by the easy to understand model of people with diseases being treated and cured, a very significant number of people are living their lives with conditions that can't yet be cured. Diabetes, heart disease, asthma, some

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mental illnesses and many other conditions are medical problems that most people live with from the time they are diagnosed.

14 The NHS will minimise the impact of these conditions on people's lives and provide people with high-quality personal care. It will enable and support people in managing their conditions in a way that suits them, avoiding complications, maximising their health and helping them to live longer lives. It will also improve people's care closer to home – through specialist nurses and GPs with a special expertise in their condition – which will lead to fewer emergency admissions to hospitals which cause anxiety for patients and their families and are a poor use of hospital resources. The Expert Patients Programme – designed to empower patients to manage their own healthcare – will be rolled out nationally, enabling more people to take greater control of their own care and to listen to themselves and their own symptoms, supported by their clinical team. The new GP contract provides cash incentives to GPs who work with their teams of nurses, social workers, the voluntary sector and other professionals to ensure that people are given the high-quality personal care they need to minimise the impact of their illness or health problem.

15 Having reduced waiting to the point where it is no longer the major issue for patients and the public, the NHS will be able to concentrate on transforming itself from a sickness service to a health service. Prevention of disease and tackling inequalities in health will assume a much greater priority in the NHS. With the NHS working in partnership with others and with individuals to support people in choosing healthier approaches to their lives, real progress will be made on preventing ill health and reducing inequalities in health. Death rates for the under 75s from heart diseases and stroke will be reduced by at least 40% by 2010 and death rates from cancers will be reduced by at least 20%. Suicide rates will be reduced by 20% (from a 1997 baseline). The forthcoming public health White Paper will set out a comprehensive programme to tackle the major causes of ill health, including obesity, smoking and sexually-transmitted infections.

Making it happen

16 A much wider choice of different types of health services will become available to NHS patients, to enable personalised care, faster treatment, personal support for people with long-term conditions and better social care.

17 For hospital care, NHS Foundation Trusts will, by 2008, be treating many more patients. NHS patients will also be able to choose from a growing range of independent providers, with their diagnosis and treatment paid for by the NHS. To support capacity and choice, by 2008, independent sector providers will provide up to 15% of procedures on behalf of the NHS. The Healthcare Commission will inspect all providers, whether in the NHS or in the independent sector, to ensure high-quality care for patients wherever it is delivered.

18 In primary care, the NHS will be developing new ways of meeting patients' needs closer to home and work. New flexibilities will enable PCTs to commission care from a wider range of providers, inlcuding independent sector organisations, to enhance the range and quality of services available to patients. The Department of Health will also work with other government departments and local authorities to develop better ways of meeting people's broader health needs.

19 Greater flexibility and growth in the way services are provided will be matched by increases in NHS staff and new ways of working to meet patients' needs. By 2008 the number of staff working for the NHS will have increased significantly. In primary care GPs will increasingly be working with more diverse teams, including GPs with a special interest and community matrons, to enable patients' needs to be met in new ways in the community rather than in hospital. Staff will be given more help to train and learn new skills, with their career progression supported by the NHS University (NHSU). This flexible working to deliver more personalised and user-friendly care for patients will be rewarded by better pay for NHS staff.

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20 Information systems will be put in place to enable patients to choose more convenient and higher-quality personalised care. By 2005 an electronic booking service will make it easier for patients to arrange appointments that suit them, and electronic prescribing will make it easier for patients to obtain repeat prescriptions for their medicines. NHS Direct, NHS Direct Online and NHS Digital Television will enable people to communicate with health professionals and these services will also support people in making changes that will improve their own health. An individual personal care record will enable health professionals to have easy, rapid access to patients' medical histories at any time of the day, supporting better diagnosis and treatment and reducing errors. The technology will also enable patients to have more influence over how they are treated, with a new personal facility called *HealthSpace* enabling them to record for health professionals what their preferences are about the way they are cared for.

21 Financial incentives and performance management will drive delivery of the new commitments. The new system of payment by results will support the exercise of choice by patients, improve waiting times for patients and provide strong incentives for efficient use of resources. This system will be fully operational and delivering for patients in 2008. At the same time, Primary Care Trusts will be developing further incentives to enable GPs and their teams to deliver ever higher quality care to patients in a way that is most responsive to their needs. This will include incentives to support care for people with long-term conditions.

22 As money, control and responsibility are handed over to local health services, the communities that they serve will be given greater influence over the way that local resources are spent and the way that local services are run. Within a framework of clear national standards, power will continue to move swiftly to Primary Care Trusts and to NHS Foundation Trusts. There will be far fewer national targets for the NHS. Local services will set their own stretching targets, reflecting the local circumstances, ethnicity and inequalities of the communities that they serve and the local priorities of the people who use them. Performance management arrangements will be aligned with this new system, giving the incentive of greater freedom from central regulation and inspection to NHS organisations that serve patients and their communities well.

Conclusion

23 *The NHS Plan* reforms and investment are transforming the NHS, with dramatic improvements in key areas. Tackling the two biggest killers, cancer and coronary heart disease, has been a priority over the past four years and mortality rates are already falling rapidly.

24 Less than four years into the period covered by the 10-year *NHS Plan*, the new delivery systems and providers are expanding capacity and choice. As these new ways of working really take hold across the whole system, the dividend will be a higher-quality service with even faster access to care. A new spirit of innovation has emerged, centred on improving the personal experience of patients as individuals, and this is now taking root in the NHS.

25 The foundations for success are now in place and it is time to move on. Improving care for people with long-term conditions and helping people live healthier lives are essential next steps in our drive to improve the quality of care for everyone. Over the next four years the culture of waiting which has long been a feature of the NHS will be replaced by a personalised approach to care. Appointments will be booked with the GP and the maximum time from GP referral to the start of treatment will be down to just 18 weeks, with many people being seen much quicker than this.

26 NHS Foundation Trusts will be free from Whitehall control, enabling new ways of involving local people, local staff and local patients in the running of their hospitals. New treatment centres run by the NHS and the

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independent sector will offer fast and convenient treatment that will provide patients with real choices. Primary Care Trusts will control over 80% of the NHS budget and they will use this financial muscle to secure the best possible deal for each and every patient that they serve. Patient choice will be a key driver of the system and resources will flow to those hospitals and healthcare providers that are able to provide patients with the high-quality and responsive services they expect. Independent inspectors will provide patients with assurance of the quality of care wherever it is delivered. There will be a much stronger emphasis on prevention, keeping people healthy and avoiding the need for medical care in the first place.

27 In 2008, England will have a very different health service from the one it has today. It will retain all those qualities that sustain such commitment from the people of England. It will be an NHS which is fair to all of us and personal to each of us by offering everyone the same access to and the power to choose from a wide range of services of high quality, based on clinical need not ability to pay. The changes set out in this document will mean, for the first time, that the system will work with and support those professional instincts of the NHS's dedicated staff and ensure high-quality personal care for patients. It will reward the NHS for these efforts, take away the barriers to doing the right thing and make it easier for dedicated doctors, nurses and thousands of other NHS staff to follow their calling to cure and to care. A modern NHS, equipped and enabled to respond quickly to people's needs, will mean that the obstacles to what people want from the NHS are torn down and that excellence becomes the norm for clinical staff and managers alike. The NHS is set to thrive again by properly meeting the needs of patients and the public. *The NHS Improvement Plan: Putting People at the Heart of Public Services* details the next steps in this journey.

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SEDGEFIELD BOROUGH COUNCIL

REPORT TO AREA 3 FORUM

15 SEPTEMBER 2004

REPORT OF THE DIRECTOR OF NEIGHBOURHOOD SERVICES

NAMING OF DEVELOPMENT
ERECTION OF TEN DWELLINGS ON LAND EAST OF ALNWICK AVENUE, TRIMDON GRANGE

A request has been received from Alexander Developments (North East) Ltd to officially name and number the above development comprising ten detached dwellings. Having regard to the layout of the site, only one street name is required.

Trimdon Parish Council and the appropriate Ward Councillor have been consulted on the matter but to date no response has been received.

The developer's preferred option for the site is that of William Walk or Way. To the Council's knowledge, the name has no local significance.

It has been noted that developments in the vicinity of this site have been named after places in Northumberland. Officer recommendation is to continue this theme and the following are suggested:

Amble
Corbridge
Bamburgh
Bedlington
Rochester

Unless members of the Forum would wish to suggest an alternative name, it is felt appropriate that one of the above names be recommended.

Background Papers

TOWN IMPROVEMENT CLAUSES ACT 1847
PUBLIC HEALTH ACT 1925
DEPARTMENT OF TRANSPORT Circular 3/93

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Sedgefield Borough
Local Strategic Partnership

c/o Strategy & Regeneration
Sedgefield Borough Council
Council Offices
Spennymoor
DL16 6JQ

Telephone: 01388 816166 ext 4379
Fax: 01388 817251
Email: acharlton@sedgefield.gov.uk
Website: www.sedgefieldlsp.org.uk
Our Ref: R6/4/2
Your Ref:

This matter is being dealt with by: Alan Charlton

Date: 17th May 2004

Dear Partner

Nomination of Alternates

At the Partnership's Board Meeting on 28th April 2004 it was agreed to amend the Board's Memorandum of Administration and Procedures to permit the nomination of 'Alternates' to attend as a substitute for a Board Member. Each organisation with Board member representation will be permitted to nominate one named Alternate. An exception to this has been made for Community Network representatives, geographical area nominees (5 places), will be permitted two named Alternates

Accordingly, from the July 2004 Board Meeting the attendance of Alternates will be permitted provided that the agreed procedure for the notification of the attendance of an Alternate is followed. Attached for your information is a note on the use of Alternates and a nomination form.

I should be pleased if you could on behalf of your organisation/ sector complete the attached proforma and return this to the LSP Team at the above address by Friday 25th June 2004.

If you have any questions concerning this request or wish to discuss the matter further, then please contact Alan Charlton (LSP Co-ordinator) at the above address.

Yours sincerely,

LSP Team

3.4.1 ALTERNATES AT MEETINGS

3.4.2 Board Members fulfil their roles as individuals appointed by their organisations to act in the best interests of the Partnership. All organisations that are represented at Board level are permitted to nominate a named Alternate as a substitute to attend a Board Meeting in the absence of the nominated Board Members and to act for them at Board Meetings.

3.4.3 The Community Empowerment Network (geographical area nominees) will be permitted to nominate two named Alternates.

3.4.4 Board Members unable to attend a Board meeting must notify the LSP Team in advance of the meeting their apologies and to confirm that the named Alternate will be attending.

3.4.5 Attendance at Board Meetings will be monitored by the LSP Team to ensure that the use of Alternates remains the exception rather than the rule.

3.4.3 As meetings of the Board are held in public, observers from partner organisations can attend meetings, as can any other member of the public, but cannot speak or vote. (See also Section 4.7 on advisers.)

Transco

Norgas House
PO Box 1GB
Killingworth
Newcastle upon Tyne NE99 1GB

Telephone 0191 216 3000
24 hour gas escape number 0800 111 999 *

* Calls will be recorded and may be monitored

17 August 2004

Miss Sarah Billingham
Sedgefield Borough Council
Council Offices
Spennymoor
County Durham
DL16 6JQ

Dear Miss Billingham

Ref letter received by myself, on behalf of Transco, regarding Area 3 Forum discussion on vandalism of gas meter boxes in Sedgefield, Fishburn and Trimdon areas, I hope following information will be useful.
Enquirys regarding relocation of meter boxes must be made to Transco "Fulcrum Connections",at same address as above, telephone : 08706 064750.
For built in / inset type meter boxes we can install a vandal proof door (protectaframe). This is a metal frame and door which completely covers the front of the meter box and would cost £116.38 (including VAT) for Transco to install.
A company called Camba Precision Engineering Limited do install metal meter box covers for all types of meter boxes. Their telephone number is 01942 215551.
I hope this information is helpful to you, please call me again if I can be of further help

Yours Sincerely

K. Hughes

Kim Hughes
EMS Administration (08457 573229 xt58152)

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