

AREA 4 FORUM

Tuesday, 21 September 2004

6.30 p.m.

Hackworth Suite, Shildon Sunnydale
Leisure Centre, Middridge Lane,
Shildon

AGENDA and REPORTS

AGENDA

1. APOLOGIES

2. MINUTES

To confirm as a correct record the Minutes of the meeting held on 20th July 2004.
(Pages 1 - 4)

3. POLICE REPORT

A representative from Shildon 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, performance figures and give a presentation on the Public Health Annual Report 2003/04, 'The Health and Wellbeing of People in Sedgefield'.

A copy of the executive summary of the NHS Improvement Plan 'Putting People at the Heart of Public Services' is also 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 regarding the above.

6. LSP BOARD MEETING

The Minutes of the Meeting held 21st July 2004 are attached for information.
(Pages 19 - 26)

7. QUESTIONS

The Chairman will take questions from the floor.

8. DATE OF NEXT MEETING

Scheduled to be held on 16th November 2004 at 6.30p.m.

9. 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
13th 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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Councillor G.M.R. Howe (Vice-Chairman)

Councillors J. G. Huntington, Mrs. I. Jackson Smith, J. M. Smith and Mrs. L. Smith

Shildon Town Council

Councillors J. Bennett, Mrs. L. Goldie, M. Stott and J. Thompson

Eldon Parish Council

Councillor H. Robinson and Mr. M. Henderson

Durham County Council

Councillors K. Henderson and J. Quigley

New Shildon Residents Association

Mrs. C. Thompson

Durham Constabulary

P.C. M. Lawton

Shildon Chamber of Trade

Mr. J. Bowman

Jubilee Fields Community Association

Mrs. E. Carr

CAVOS (Community and Voluntary Organisations Sedgefield)

Chief Executive Officer

Community Network

Anne Frizell

Sunnydale Residents Association

A.G. Bowman, J. Kirkbride and K. Mulley

Sedgefield Primary Care Trust

Mrs. A. Armstrong and K. Vasey

Sedgefield Borough Council

Councillor J. Robinson J.P., Lead Member Culture and Recreation

Shildon Community Centre

Ms. F. McCall

Shildon Community Safety Group

SPICE

Mrs. M. Quigley

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Item 2

SEDGEFIELD BOROUGH COUNCIL AREA 4 FORUM

Hackworth Suite, Shildon
Sunnydale Leisure Centre,
Middridge Lane, Shildon

Tuesday, 20 July 2004

Time: 6.30 p.m.

Present: Councillor D.M. Hancock (Chairman) – Sedgefield Borough Council and

G.M.R. Howe	– Sedgefield Borough Council
Mrs. I. Jackson Smith	– Sedgefield Borough Council
J.M. Smith	– Sedgefield Borough Council
PC A. Lawton	– Durham Constabulary
Councillor H. Robinson	– Eldon Parish Council
C. Thompson	– New Shildon Residents Association
Councillor L. Goldie	– Shildon Town Council
Councillor M. Stott	– Shildon Town Council
Mrs. M. Quigley	– SPICE
Mrs. K. Vasey	– Sedgefield PCT
K. Bowles	– Local Resident
C. Hind	– Local Resident
J. Johnson	– Local Resident
I. Robson	– Local Resident

In

attendance: G. Watson and Miss L. Moore

Apologies: Councillors J.G. Huntington and Mrs. L. Smith (Sedgefield Borough Council)
Councillor J. Thompson – Shildon Town Council

AF(4)1/04 MINUTES

The Minutes of the meeting held on 4th May, 2004 were confirmed as a correct record and signed by the Chairman. (For copy see file of Minutes).

AF(4)2/04 STREET CLEANSING

G. Watson, Street Scene Co-ordinator was present at the meeting to give a presentation regarding the above.

It was explained that under the Environmental Protection Act, the Borough Council had a duty to keep relevant land free of litter. It was pointed out that the Street Cleansing service provided by Sedgefield Borough Council included litter picking, fly tipping, weed control, dog fouling and the collection of sharps. Durham County Council was responsible for the maintenance of highways.

Members were informed that the code of practice set out cleansing response times to land that had been given a designated zone under the code. Zones 1 to 3 were typical throughout the Borough. It was pointed out that inspection grades A, B, C and D formed part of the

code of practice. It was explained that grade A was free of litter and grade D was heavily littered. It was noted that various response times related to designated zones e.g, if a Zone 1 was inspected and was found to be grade D it must be cleansed to Grade A within one hour.

Reference was made to Operation Axenic, which was a joint initiative between the Police and Sedgefield Borough Council to tidy up and reduce the amount of litter in the New Shildon area. It was explained that leaflets had been distributed throughout the area providing details of the operation and encouraging the involvement of the public. It was pointed out that any person not co-operating with the initiative could receive an Anti Social Behaviour Disorder.

Members queried which department they should contact to request extra litter bins for the Eldon area. It was pointed out that all litterbin requests were dealt with by the Customer Service Department.

Discussion took place in relation to 'poop scoop' bags not been available at Shildon Local Housing Office. It was pointed out that all Housing Offices should have a supply of 'Poop Scoop' bags available for the public.

AF(4)3/04 POLICE REPORT

PC A. Lawton was present at the meeting to give details of crime statistics for the month of June 2004.

<u>Type of Crime :</u>	<u>June, 2004 :</u>
Total Reported Incidents	347
Shed/garage burglaries	5
Domestic Violence Incidents	15
Thefts from Motor Vehicles	2
Theft of Motor Vehicles	1
Assaults	4
Anti Social Behaviour	33

It was pointed out that arrests had been made in relation to shed and garage burglaries, domestic violence incidents and assaults.

Members were reminded that shed locks, security alarms and pedal cycle locks were available at Shildon Police Station. It was pointed out that Shildon Community Safety had provided this equipment.

In relation to the sale of alcohol to under age persons, it was explained that the Police and Trading Standards were to visit off-licences on 23rd July 2004 to give appropriate warnings. It was noted that off-licences would firstly be given a warning and if required a letter would be sent. If complaints were still received test purchases would be carried out.

The Forum was informed that there were now three beat Officers for the Shildon area. It was explained that the Police were to separate

Shildon into three smaller areas, which would be New Shildon, Byerley Ward and Eldon. Each Beat Officer was to take responsibility for a specific area. It was pointed out that by taking responsibility for a smaller area the Police could work more efficiently.

Discussion took place in relation to motorcycles, electric scooters and quad bikes being driven off road. It was noted that these were motor vehicles and driving licences and insurances were a legal requirement.

AF(4)4/04 SEDGEFIELD PRIMARY CARE TRUST

Kath Vasey, Head of Nursing and Community Services, was present at the meeting to provide an update on local health matters.

The Forum was reminded that one of the responsibilities of the PCT was to invest in new health services. Members were informed that significant investments had been made in the following services:

- emergency care
- maternity and children services
- James Cook Hospital
- coronary heart disease
- improving the health of local communities and providing additional local services.

It was pointed out that no patient should wait longer than six months for surgical treatment or thirteen weeks to visit a consultant.

Discussion took place in relation to the maternity unit at Bishop Auckland Hospital. It was explained that Bishop Auckland Hospital was no longer able to accommodate high-risk pregnancies. Members expressed concern in relation to adequate provisions not being available for emergencies for those people expecting normal deliveries.

AF(4)5/04 NAMING OF DEVELOPMENT

Consideration was given to a report of the Building Control Manager regarding requests to name the following developments :-

Land at Redworth Road, Shildon

A request had been received from Brossley Homes to officially name and number the above development comprising of 18 dwellings.

It was noted that Members of the Forum agreed to forward “Woodland View” as a name for the new development.

Land Adjacent to Dent Street, Shildon

A request had been received from the developers, Malcolm R. Cundick Ltd. to officially name and number of above development comprising of 5 dwellings.

It was noted that Members of the Forum agreed to forward “Brancepeth

AF(4)6/04 Place” as a name for the new development.
LOCAL STRATEGIC PARTNERSHIP - APPOINTMENT OF ALTERNATE
It was agreed that Councillor H. Robinson be appointed as the Alternate representative for Area 4 Forum on the LSP Board.

AF(4)7/04 **QUESTIONS**

Hackworth Park

It was requested that consideration be given to the provision of more seating in Hackworth Park.

It was pointed out that Shildon Town Council were considering the request made by Area 4 Forum held on 4th May 2004 in relation to the provision of more litterbins and lighting in the park.

AF(4)8/04 **DATE OF NEXT MEETING**

Tuesday 21st September 2004

ACCESS TO INFORMATION

Any person wishing to exercise the right of inspection, etc., in relation to these Minutes and associated papers should contact Lynsey Moore, Spennymoor 816166, Ext 4240

The NHS Improvement Plan

**Putting People at the Heart of
Public Services**

Executive summary

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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, including 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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Item 6



BOARD MEETING

Wednesday 21st July 2004
Shildon Civic Hall

NOTE OF THE MEETING

PRESENT

Board Members

Sedgefield Borough Council
Durham County Council

Area Forums
Community Empowerment
Network

Sedgefield Primary Care Trust
Durham Constabulary
Government Office for the North
East (Observer)

Cllr. R.S. Fleming (Chair)
Cllr. N. Foster (Vice Chair), County Cllr. C. Magee,
Mrs. D. Jones.
Cllr. A. Smith, Cllr. A. Hodgson, Cllr. M. Stott.
Mr. D. Bolton, Ms. C. McVay, Mr. J. Cutting,
Rev. S. Stevens, Mrs. L. Leach, Ms. A. Frizell,
Mrs. M. Batey.
Mr. N. Porter, Mrs. G. Wills
Chief Superintendent M. Banks
Ms. M. Wootton

Advisors

Sedgefield Borough Council
Policy Group Co-ordinators

Mr. R. Prisk.
Mr. A. Quain, Mr. B. Johnson.

Observers

Sedgefield Borough Council
Sedgefield Primary Care Trust
University of Durham
Government Office for the North
East (Observer)
County Durham Children &
Young Persons Partnership

Mr. A. Charlton
Ms. M. Fordham
Mr. D. Scott
Ms. M. Wootton, Ms. J. Hope
Ms. E. Alexandratou,

1. INTRODUCTIONS & WELCOME

The Chair, Councillor R.S. Fleming welcomed Members to the meeting and drew their attention to the Agenda for the meeting. It was decided to change the order of the Agenda to firstly address the Key Business, and then receive the Presentation.

1.1 Apologies

Apologies were received from Mr. P. Fisk (Business Forum), Mr. N. Vaulks (Sedgefield Borough Council), J. Robinson, (Area 3 Forum).

1.2 Question Time

The Chair gave the Board Members an opportunity to ask questions on any matters of interest or importance connected with the work of the Board and the Partnership, or about the business items to be discussed at the meeting. No questions were raised.

2. KEY BUSINESS

2.1 Consideration of 'Note of the Meeting' held on 28th April 2004

These were agreed as a true and accurate record.

2.2 Matters Arising

a) Action Plan for further support to Board Members

RP reported that the LSP Team are developing a Learning Plan for which a brief has been drafted. This will seek to utilise the experience of Neighbourhood Renewal Advisors to initiate a programme of activity which will include working with LSP partners to develop induction programmes for LSP Board Members and Alternates which clearly identify the role, responsibilities and key competences required for their role as Partnership Board Members. The Learning Plan will also lead to the development of a diverse training programme for Members which will include significant elements of the Performance Management Process to ensure the Board can rigorously monitor LSP activity as part of its overview and scrutiny role.

b) Local Strategic Partnership and Community Empowerment Network Protocol for Consultation

RP reported that the LSP / CEN Protocol had now been agreed, and it has been distributed to all partner organisations within the LSP.

c) Performance Management Framework for the Partnership

RP updated Members on the recent Annual Review Meeting with Government Office North East (GONE). The meeting considered four elements to provide a balanced overview of performance. Discussion focussed on the areas, which were identified for improvement.

The first element covered reflecting on last year's progress and was highlighted through the means of a short presentation. The second element covered the Review of the Performance Management Framework (PMF) by taking into account delivery themes, partnership working, the LSP's Improvement Plan and the LSP / CEN Protocol. The third element covered a review of the Neighbourhood Renewal Fund (NRF) in two aspects; spends against allocation and targeting of NRF. The final element considered the next steps and identified outcomes from the Annual Review.

GONE then explained that the traffic light assessment of the LSP's performance to the Neighbourhood Renewal Unit is for internal use to establish a baseline from which improvement can be measured and any problems will be identified and support given.

MW explained that GONE would give confirmation and feedback of the meeting in a letter to the Chair of the LSP in September.

d) Identification of any matters Board Members might wish to discuss at future Meetings

At the April Board, Members raised several issues for discussion. RP gave feedback on the Management Group's suggested actions.

i. Sustainability of the Community Empowerment Network

The Network and CAVOS are to produce a paper on the options available to the Network, including future funding for the Management Group's consideration by November 2004. The outcome of this could then be referred to January's Board Meeting.

ii. Building Schools for the Future

RP reported that one school in Sedgefield Borough (Sedgefield Community College) was in the first bid tranche and the remainder were in the second tranche. Durham County Council had held a series of information seminars on Building Schools for the Future at the beginning of July at which the LSP was represented. Cllr Foster commented that any announcements of the Programme from the Department of Education and Schools were not now expected until the autumn. He added that details of the County Council Primary School re-organisation would be available in the autumn.

iii. Impact of Locomotion, National Railway Museum in Shildon (NRM)

RP indicated that a visit to the NRM could be arranged to involve a tour of the museum followed by a presentation session with an opportunity for questions.

Agreed: That an opportunity for Board Members to visit the Shildon NRM site be arranged.

iv. Local Government Re-organisation and its impact on LSPs.

RP reported that as LSPs are a key part of the Governments modernisation agenda, the options of there being either a single Unitary Council covering the whole of the County or three Unitary Councils should not affect the work of LSPs. As LSP's are concerned with changing the ways in which services are delivered, whatever happens in the Regional Assembly Referendum, LSP's should remain and have a role to play in strategic partnership working.

2.3 Review of Partnership Board's Operation

a) Schedule of Board Members Nominations and Alternates

A schedule of Board Members Nominations and Alternates was included with Members papers for the meeting. RP clarified with Members the procedure for the attendance of Alternates at meetings. A Board Member who is not able to attend the Board Meeting must put forward their apologies in advance of the Meeting to the LSP Team and confirm the attendance of the named Alternate. This will come into effect for the next Board Meeting scheduled for October. The Community Empowerment Network confirmed their second Alternate as Margaret Chappell.

b) Nominations of Vice Chair from Community Empowerment Network

With the recent resignation of the Vice Chair Ray Sunman, the Chair addressed Members for a nomination to fill this vacancy. SS from the CEN nominated Dave Bolton (DB). Everyone was in agreement. In the past alongside this responsibility the Vice Chair also represented the LSP on the County Durham Strategic Partnership. DB agreed that he was happy for this to continue.

Agreed: DB to take up the position of Vice Chair on the LSP and represent the LSP on the County Durham Strategic Partnership.

c) Outcome of the Consultation on the Review of the Composition and Size of the Partnership Board.

The Board in April 2004 agreed to undertake a consultation exercise to ascertain views of the LSP partner organisations on amendments to the size and composition of the Board. A report on the outcome of the consultation exercise and the recommendations from the Management Group was presented to the meeting. It was proposed that additional places should be offered to organisations on the following basis.

- Priority should be given to organisations that are not currently represented at Board level.
- Additional places should be allocated to organisations to fill strategic policy and theme 'gaps' in the current membership composition.
- Organisations identified should positively assist to drive the work of the Partnership forward in the delivery of the Community Strategy, improving service delivery and performance and assist to promote the well being of the Borough.
- An increase in size of 6-8 places would be preferable at this stage.

The Board considered the results of the proposals advanced and the balance of additional representation with particular attention to the involvement of the Police Authority and Local Town and Parish Councils. After a prolonged debate and in the absence of an overall consensus, the Chair agreed to a vote being undertaken on each of the proposed additional Board places. The outcome of this was:

Policy Area	Organisations	No of Places
Post 16 Education and Training and Lifelong Learning	County Durham Learning and Skills Council. Further Education College sector	2
Services to young people	County Durham Connexions Service	1
Environmental interests	One organisation selected from: Countryside Agency English Heritage Environment Agency Groundwork East Durham Durham Wildlife Trust	1

Policy Area	Organisations	No of Places
Community Safety and safer Neighbourhood interests	County Durham Police Authority County Durham and Darlington Fire and Rescue Service	2
Health sector-Clinician representation.	Primary Care Trust Professional Executive Committee	1
Local Councils Engagement	Local Association of Town and Parish Councils	1
Community	Community Empowerment Network	2

Agreed: That the organisations/representative sectors indicated in the above Table be offered a place on the Board.

2.4 Sedgfield Borough Community Strategy

The Board considered the draft of the Community Strategy in April 2003 and agreed it as the basis for a wider consultation. The revised Sedgfield Borough Community Strategy (2004 – 2014) now reflects the responses to this lengthy consultation process.

Following the end of the consultation period, most of the 140 comments received have been incorporated into the final version of the Strategy. The majority of amendments relate to updated information and enhancing links between different service policy areas to improve their co-ordination. Given the extensive public and stakeholder consultations that led to the development of the Strategy, there have been no significant representations made seeking changes to the Strategy's vision or its key aims.

The main changes in the Strategy relate to the format of the document, with key indicators and action plan information detailed in the consultation draft, being held over for the Action Plan and further detail provided as to the wider regional, sub-regional and local strategic context for the Strategy. A further cross cutting theme has been included to provide an emphasis on young people in the delivery of the Strategy.

In terms of delivering the Strategy, the forthcoming Action Plan is seen as a key document. This will be developed with reference to the LSP's Performance Management Framework and its Policy Groups and will provide details of the key activities to be undertaken, responsible lead agencies and the resources to be committed.

Once developed, the Action Plan will allow the five Local Area Framework documents based on the Borough's Area Forums to be created to provide a localised position statement and programme of action. These will be undertaken to complement and support the preparation of the Borough's Local Development Framework as a replacement for the current Sedgfield Borough Local Plan.

It was noted that whilst the preparation of the Community Strategy is a statutory responsibility of Sedgfield Borough Council, the Borough Council has agreed that

its preparation should be conducted through the LSP. The Board were asked to agree the revised Community Strategy (2004-2014) and to recommend approval to Sedgefield Borough Council.

The Chair, along with the Community Empowerment Network, thanked the LSP Team for the work undertaken in preparing the Community Strategy.

Agreed: The revised Sedgefield Borough Community Strategy (2004-2014) be recommended to Sedgefield Borough Council for approval.

3. ANY OTHER BUSINESS ITEMS

3.1 Schedule of Reports from each Policy Group Co-ordinator

The Board received the reports from all six of the LSP Policy Groups.

3.2 Report from the Community Empowerment Network

DB gave feedback on behalf of the Community Empowerment Network (CEN) on the current work they are involved in, and how they are now engaging with the hard to reach groups and organisations within the Sedgefield area with whom they feel they need to work more effectively. The CEN are also developing training for the Network.

AF gave feedback on the five Community Forums, which were suspended in April 2004, in order that the Community Empowerment Network could reassess their value and review the format to try and ensure that they are engaging the communities more fully in the LSP process. It was suggested that, working with LSP Policy Groups, holding themed events across Sedgefield Borough during the year would take the LSP directly into local communities. This would also tie in with the GONE milestones for Sedgefield CEN, which asks for 'themed meetings to be held bi-monthly around LSP issues.'

An Induction and Team Building day for CEN representatives is planned for August. A repeat of the Borough familiarisation bus tours undertaken driving, is also planned for later this year and Members of the LSP will be invited to join the tours.

3.3 Identification of any matters Board members might wish to discuss at future Meetings.

- a) The Community Empowerment Network raised a point for clarification on the postcodes relating to cold weather payments in Sedgefield Borough. Some areas had postcodes relating to Stockton Borough and this affected the amount allocated, when communities only a mile or so different were issued greater payments.

Agreed: Sedgefield Borough Council would contact the Benefits Service to obtain information on the operation of the cold weather winter payments system.

The Healthy Borough Policy Group be asked to consider this matter and its impact across the Borough.

- b) DB raised the subject of the Disability Discrimination Act, which comes into force in October 2004, and asked whether all partners were working to comply with the Act.

The Chair assured DB that Sedgefield Borough Council were addressing this matter and felt confident that the County Council and the Primary Care Trust would be in a similar position.

SS suggested that all Policy Groups Co-ordinators should ensure that when allocating monies such as NRF Service Improvement Plans, organisations were asked if they already comply with the Act.

Agreed: Policy Groups Co-ordinators be asked to ensure that the agreed NRF supported Service Improvement Plans take full account of the Disability Discrimination Act.

4. PRESENTATION SESSION

4.1 Children and Young People Services and the links to the Sedgefield Borough Children and Young People Strategic Partnership

The Board received a joint presentation on the above subject from Debbie Jones, Chair of the County Durham Children and Young People Strategic Partnership, Melanie Fordham, Chair of the Sedgefield Children and Young People Strategic Partnership and Eva Alexandratou, County Partnerships Development Officer.

Debbie Jones asked the Board to note that the County Durham Children and Young People Strategic Partnership was created in 2002 with the aim of bringing together all agencies working with children and families. Building on the recommendation of the Children Bill and the “Next Steps” guidance it is anticipated that this partnership will work towards the integrated future of services by providing strategic leadership, strategic planning and strategic commissioning. A copy of the presentation is attached.

Melanie Fordham then asked the Board to note the developments that have taken place since the Sedgefield Children and Young People’s Partnership was launched in February 2004. These have included the establishment of an ‘Engine Group’ who have developed their terms of reference and aims as well as established a structural map of partnership relations. Three priority work streams covering the Sedgefield Plan for Children’s Centres, the Extended School Model and the Sedgefield 14-19 Area Review Group are currently underway.

Board Members then took part in a question and answer session around three key questions as follows;

- From a Community perspective what are the key issues that will affect the development of Children and Young People Services?
- From a Service Provider perspective what are the key issues facing Young People in Sedgefield Borough?
- How can the LSP change things for Young People?

Board Members were given the opportunity to forward any additional comments or responses to these questions to the LSP Team and this is to be reported back to the Board at the October Meeting. (A copy of the response form is attached).

The Chair thanked Board Members for their attendance and contributions.

The Meeting closed at 3.30 pm

Next Meeting:

Date: Wednesday 20th October 2004
Time: 6.00 pm
Venue: Spennymoor Town Hall

Agreed by the Sedgefield Borough Local Strategic Partnership Board on 20th October 2004 as a true record of the meeting held on 21st July 2004.

Signed:

Date: