### Item 7

## SEDGEFIELD BOROUGH COUNCIL OVERVIEW & SCRUTINY COMMITTEE 2

Conference Room 1,

Council Offices, Tuesday, Time: 10.00 a.m.

Spennymoor 13 September 2005

Present: Councillor J.E. Higgin (Chairman) and

Councillors W.M. Blenkinsopp, Mrs. J. Croft, T.F. Forrest, Mrs. L. Hovvels, R.A. Patchett, Mrs. E.M. Paylor, T. Ward and

J. Wayman J.P

**Tenant Representatives** 

A. McGreggor and Mrs. M. Thomson

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Attendance: Councillors Mrs. B.A. Clare, A. Gray, D.M. Hancock, J.G. Huntington,

B. Meek, G. Morgan and Mrs. I. Jackson Smith

**Apologies:** Councillors J. Burton, M.A. Dalton, G.M.R. Howe, Ms. M. Predki and

G.W. Scott

OSC(2).7/05 DECLARATIONS OF INTEREST

Members had no interest to declare.

OSC(2).8/05 MINUTES

The Minutes of the meeting held on 28th June, 2005 were confirmed as a

correct record and signed by the Chairman.

OSC(2).9/05 BETTER STANDARDS FOR HEALTH

N. Porter, Chief Executive to Sedgefield Primary Care Trust, together with Dr. A. Learmonth, Director of Public Health and Health Improvement, K. Conway, Clinical Governance Manager and H. Inglis, Public Involvement Manager, were present at the meeting to consult with

Members regarding Better Standards for Health Care.

The Director of Public Health and Health Improvement explained that the objectives of the presentation was to provide an introduction to the 24 Core Standards and the new system that would ensure they would be met, describe how Sedgefield Primary Care Trust had developed its own self assessment and addressed areas of concern and to outline the timetable prior to the submission of the 'Draft Declaration.' (For copy see file of Minutes).

Members raised questions regarding improving and increasing peoples awareness of conditions such as, diabetes, asthma, bowel cancer, alcoholism and chronic diseases. It was suggested that campaigns could

be initiated to improve people's knowledge, which in turn would increase detection rates.

It was explained that the detection rate of all the above had increased over time. However, it was acknowledged that there would still be a large number of undetected cases. It was felt that due to a number of various ongoing initiatives new campaigns would be unnecessary at the present time, however, comments would be taken back to the relevant departments concerned.

Concerns were also raised regarding areas that had not met their targets. The Director of Public Health and Health Improvement explained that the target for completing Criminal Records Bureau (CRB) checks had not been met, however, procedures had been put in place to rectify the situation. The target for the disposal of hazardous waste had also been missed earlier in the year. It was, however, pointed out that it was an area where responsibility now fell to the Environmental Agency. The PCT had registered with the Agency to ensure that the correct procedures for the disposal of such materials were followed.

Members queried the reasons behind the closure of wards and relocation of various services from local hospitals, resulting in patients having to travel for specialist health care. The Chief Executive of Sedgefield PCT explained that the larger hospitals were developing Centres of Excellence and attracting specialists in specific fields, therefore some services had been removed from the smaller hospitals in order for patients to receive the very best health care.

Members also pointed out that they were continuing to receive complaints from the public regarding various issues, e.g. the length of time taken to receive aids and adaptations and accessing GPs. The Chief Executive of Sedgefield PCT informed Members that checks were made on all services provided by the PCT to ensure targets were met and to highlight areas of concern. Recent results had shown that targets had been met, however, Members were reassured that all concerns would be taken back to the relevant departments and the areas would be monitored further.

The Chief Executive pointed out to Members that areas of concern or praise were always welcome and that contact could be made to any level regarding any issues that needed highlighting. Contact could also be made to the Patient Advice and Liaison Service (PALS), who provide a confidential service to all NHS users.

CONCLUDED:

That Overview and Scrutiny Committee 2 supports the approach taken by Sedgefield Primary Care Trust in delivering the Better Standards for Health Care.

### OSC(2).10/05 CONSTITUTIONAL REVIEW - MEMBER INVOLVEMENT

Consideration was given to a report of the Solicitor to the Council and Monitoring Officer detailing proposals for arrangements to provide for the

engagement of Members in the Council's processes for the review of the Constitution. (For copy see file of Minutes).

It was reported that it was necessary to monitor and review the Constitution to ensure that its aims and principles were given full effect. Any amendments to the Constitution would be considered by the Chief Executive Officer and approved by Council.

It was recognised however that there were occasions where Members could have a legitimate expectation to be engaged in reviewing certain areas of the Constitution e.g. rules of procedures at meetings and Overview and Scrutiny procedures.

The report proposed that: -

- That the work schedules of Overview and Scrutiny Committee annually include an item inviting Members to identify and submit proposals for changes to the Constitution.
- That the Chief Executive Officer be formally notified of such proposals.
- That the Chief Executive then convene a meeting of the Chairman of the Cabinet and Chairs of the Overview and Scrutiny Committee to discuss, consider and then formulate draft proposals for changes and amendments.
- That, if necessary, such proposals form part of a report by the Chief Executive to be submitted to the Council for formal approval.

RECOMMENDED: That the proposals be approved.

# OSC(2).11/05 PREPARATION OF THE ANNUAL OVERVIEW AND SCRUTINY REPORT

Consideration was given to a report of the Chief Executive Officer and also a presentation which was given in relation to the preparation of the Annual Overview and Scrutiny Report. (For copy see file of Minutes).

The Committee reviewed the work undertaken, considered the suggested Action Plan for the Overview and Scrutiny function and also reviewed working methods in order to improve the Overview and Scrutiny function. Members were reminded that in accordance with the Council's Constitution a combined Annual Overview and Scrutiny Report covering all three Overview and Scrutiny Committees would be submitted to Council on 30<sup>th</sup> September 2005.

The achievements that the Committee had progressed were outlined in the report.

AGREED: 1. That the work undertaken during 2004/05 be noted.

2. That the proposed action plan for 2005/06 be supported.

### OSC(2).12/05 DURHAM COUNTY COUNCIL HEALTH SCRUTINY SUB COMMITTEE

The Minutes of the meeting held on 14<sup>th</sup> June, 2005 were noted. (For copy see file of Minutes).

#### OSC(2).13/05 WORK PROGRAMME

Consideration was given to a report of the Chairman of the Committee setting out the Committees Work Programme for consideration and review. (For copy see file of Minutes).

Members were informed that the two Reviews that had taken place during 2004/05 had been completed and would be reported to a future meeting of the Committee.

Members requested that the following items be placed on the Work Programme for consideration:

- Housing allocations
- Play Schemes

It was also requested that consideration be made to including Housing Maintenance Service on the Work Programme, specifically the increase in staff and budgets in comparison to the reduction of the housing stock, together with the use of electronic tracking vehicles. However, the Housing Maintenance Service Improvement Plan was due to be presented to Committee on 28<sup>th</sup> February 2006, therefore Members would have an opportunity to raise questions at that time.

AGREED: That the Committee's Work Programme be approved.