



**HEALTHY BOROUGH WITH
STRONG COMMUNITIES
OVERVIEW AND SCRUTINY
COMMITTEE**

Tuesday,
26 February 2008
10.00 a.m.

Council Chamber,
Council Offices,
Spennymoor

AGENDA
and
REPORTS



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العربية (Arabic)

إذا أردت المعلومات بلغة أخرى أو بطريقة أخرى، نرجو أن تطلب ذلك منا.

বাংলা (Bengali)

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

(中文 (繁體字)) (Cantonese)

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

हिन्दी (Hindi)

यदि आपको सूचना किसी अन्य भाषा या अन्य रूप में चाहिये तो कृपया हमसे कहे

polski (Polish)

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

ਪੰਜਾਬੀ (Punjabi)

ਜੇ ਇਹ ਜਾਣਕਾਰੀ ਤੁਹਾਨੂੰ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਜਾਂ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਚਾਹੀਦੀ, ਤਾਂ ਇਹ ਸਾਥੋਂ ਮੰਗ ਲਓ।

Español (Spanish)

Póngase en contacto con nosotros si desea recibir información en otro idioma o formato.

اردو (Urdu)

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

AGENDA

1. APOLOGIES

2. DECLARATIONS OF INTEREST

To notify the Chairman of any items that appear later in the agenda in which you may have an interest.

3. MINUTES

To confirm as a correct record the Minutes of the meeting held on

(a) 15th January 2008

(b) 23rd January 2008

**4. PROGRESS TOWARDS HOUSING PERFORMANCE INDICATORS BV212
AND CPS08**

A presentation will be given in relation to progress towards Housing Performance Indicators BV 212, and CPS 08. regarding the average time to let a Council property and the satisfaction with condition of new let properties. (Pages 15 - 18)

5. PROGRESS ON PERFORMANCE INDICATORS CPH16, 17, 18, 20 AND 22

Report of Director of Leisure Services..
(Pages 19 - 22)

**6. INSPECTION OF HIGH RISK FOOD PREMISES - PERFORMANCE UPDATE –
FEBRUARY 2008**

Report of Head of Environmental Services. (Pages 23 - 24)

7. WORK PROGRAMME

To consider the attached report of the Chairman of the Committee. (Pages 25 - 30)

8. DURHAM COUNTY COUNCIL HEALTH SCRUTINY SUB COMMITTEE

To consider the Minutes of the meeting held on :-

(a) 1st October 2007

(b) 10th December 2007

9. ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT

Members are respectfully requested to give the Chief Executive notice of items they would wish to raise under the heading not 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.

**B. Allen
Chief Executive**

**Council Offices
SPENNYMOOR**

18th February 2008

Councillor J.E. Higgin (Chairman)
Councillor Mrs. P. Crathorne (Vice Chairman)

Councillors W.M. Blenkinsopp, Mrs. D. Bowman, J. Burton, Mrs. S. Haigh,
Mrs. H.J. Hutchinson, Mrs. E.M. Paylor, K. Thompson, T. Ward and Mrs E. M. Wood.

ACCESS TO INFORMATION

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Item 3a

SEDGEFIELD BOROUGH COUNCIL

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

Council Chamber,
Council Offices,
Spennymoor

Tuesday,
15 January 2008

Time: 10.00 a.m.

- Present:** Councillor J.E. Higgin (Chairman) and
Councillors W.M. Blenkinsopp, Mrs. D. Bowman, Mrs. P. Crathorne,
Mrs. S. Haigh, Mrs. H.J. Hutchinson, Mrs. E.M. Paylor, K. Thompson,
T. Ward and Mrs E. M. Wood
- In Attendance** Councillors V. Chapman, A. Gray, G.C. Gray, D.M. Hancock, J.G.
Huntington, Mrs. I. Jackson, B. Lamb, Mrs. E. Maddison and A. Smith
- Invited to Attend** Councillor W. Waters (Cabinet Member for Housing)
- Tenant Representative:** Mrs M Thomson
- Apologies:** Councillors J. Burton and J. Wayman J.P.

H&S.24/07 DECLARATIONS OF INTEREST

No declarations of interest were received.

H&S.25/07 MINUTES

The Minutes of the meeting held on 27th November 2007 were confirmed as a correct record and signed by the Chairman.

H&S.26/07 OVERVIEW AND SCRUTINY REVIEW GROUP REPORT - THE PROVISION OF AFFORDABLE HOUSING - PROGRESS ON ACTION PLAN

Consideration was given to a report detailing progress to date on Cabinet's response and Action Plan following consideration of its recommendations arising from the Provision of Affordable Housing Review. (For copy see file of Minutes).

It was explained that Chris Myers, Forward Planning Manager, and Ian Brown, Head of Housing Services, were present at the meeting to outline progress. The portfolio holder for Housing, Councillor W. Waters, was also at the meeting to respond to any queries.

Members were reminded of the background to the Review and recommendations provided by the Review Group, the Action Plan which had been drawn up and suggested timescale.

Details on progress of each action was outlined.

During discussion of this item a number of queries were raised in relation to Choice-based lettings dealing with the following issues :-

- Effect on housing supply.
- Properties in areas of high demand.
- Applications from residents outside the Borough.
- The effect on the waiting list.

With regard to the question of Choice-based lettings and its effect on housing supply, it was explained that applicants having a choice of properties would not increase the housing supply within the Borough. Applicants would be able to bid for properties. However, there was still insufficient volume of available housing to meet demand.

Regarding a query raised on applications for properties in areas of high demand, it was explained that applicants would be given details of the demand for properties in their chosen area, including the length of the waiting list, so that an informed decision could be taken between having a possible lengthy wait or considering properties in a less popular area.

Dealing with a concern relating to applications from applicants living outside the Borough, it was explained that a limited number of residency points would be awarded to applicants with a connection to the local community.

It was noted that when a single unitary authority for County Durham came into being, there would be a requirement for one housing allocation policy for the whole of the County. In those areas where social housing was currently in the ownership of a Housing Association, a policy would need to be agreed with the Housing Association.

Responding to a query on the effect of Choice-based lettings on the waiting list, it was explained to the Committee that the Choice Based Lettings Scheme was governed by Government guidance. A number of factors had to be taken into account when considering the Allocations Policy. The policy had to be primarily based around personal circumstances and need. The waiting time was not an overriding factor in the allocation of properties. Medical needs and other personal circumstances needed to be taken into account.

A question was raised with regard to issue of applicants from outside the Borough with high medical needs, it was pointed out that a situation could exist where someone with medical need, living outside the Borough, could be allocated a property in the area if they were in the greatest need. This possibly exists within the current allocation policy and would not change following the introduction of Choice Based Lettings.

It was noted that further reports on Choice-based lettings would be submitted in the future.

A query was raised regarding rehousing of residents affected in the Master Plan area and the effect on lettings. It was explained that there was a need to set aside properties for exceptional lettings. Residents

were given a menu of rehousing options, one of which was social housing. There was quite a high turnover of property in Ferryhill and the situation was currently being managed effectively.

A number of queries were raised regarding the Provision of Affordable Housing including :-

- Housing markets
- The Assessment of need and percentage provision within new development.
- The Provision of Affordable Housing in new developments where a number of properties remain unsold.
- The determination of "Affordable" in terms of price.

It was explained that work had been undertaken to define housing markets in County Durham. This work was undertaken by University of Newcastle. Copies of this work would be circulated to Committee Members for information.

In terms of the assessment of the level of Affordable Housing to be provided within new developments, Members were informed that where developers propose a lower quantity of affordable housing a financial appraisal should be submitted as part of the application and independently assessed to ascertain the level of affordable housing which it was considered financially viable for the developer to provide.

With regard to a query raised on the development of sites, it was explained that sites were brought forward to the market when the properties could be sold. If market conditions were not favourable, the developer could go off-site.

In relation to the question regarding the determination of the price for Affordable Housing, it was explained that information was received from the CACI Price Check Household Income Data. Information could also be taken from Land Registry on land values. In terms of affordable housing and Housing Association development, it was explained that Housing Associations could bid for funding. Housing Association properties however were not in the ownership of the local authority. Therefore such properties were not an addition to local authority housing stock. The local authority were, however, allocated a proportion of lettings on schemes.

It was noted that Sedgefield Borough Council had achieved the best results in the County in relation to the Provision of Affordable Housing.

Queries were also raised regarding the selective licensing scheme as follows :-

- Fast tracking and Extending the scheme into other areas
- Pursuing the scheme after May
- The criteria for the scheme.

In response to a question on fast tracking and extending the scheme to other areas, it was explained that Dean Bank, Ferryhill and Chilton West

were the priorities. The issue would continue to be monitored in other areas of the Borough.

It was explained that, with regard to the query on pursuing a selective licensing scheme after May 2008, the change to a unitary authority would have an impact on selective licensing. This issue would be fed into the County Durham Transition Plan and was an issue which needed to be considered by the G8.

Responding to a query on the criteria for the selective licensing scheme, it was explained that, within the boundary determined in the order, private landlords had to hold a licence and , as with other licences, demonstrate that they were a 'fit and proper person'.

The Cabinet Member then left the meeting following which the Committee considered its recommendations.

- AGREED :**
- 1. The Committee was satisfied with progress on the Action Plan for the Overview and Scrutiny Review for the Provision of Affordable Housing.*
 - 2. That the Committee reviews progress on the Action Plan in 12 months.*

H&S.27/07 OVERVIEW AND SCRUTINY REVIEW GROUP - REPORT - REVIEW OF REGENERATION OF OLDER PRIVATE SECTOR HOUSING - PROGRESS ON ACTION PLAN

Consideration was given to a report detailing progress to date on Cabinet's response and Action Plan following consideration of its recommendations arising from the Regeneration of Older Sector Private Housing Review. (For copy see file of Minutes).

It was explained that Graham Wood, Corporate Policy and Regeneration Manager was present at the meeting to outline progress.

Members were reminded of the background to the Review and recommendations provided by the Review Group, the actions that had been drawn up and suggested timescales.

Details on progress/action was outlined.

The Committee was informed that with regard to recommendation 1 dealing with the local definition of Affordable Housing and recommendation 7 dealing with links with registered social landlords sector in respect of nominations it was considered that those recommendations had been concluded and would not feature in any update.

- RECOMMENDED :**
- 1. That the Committee was satisfied with progress on the Action Plan for the Overview and Scrutiny Review for Regeneration of Older Private Sector Housing.*

2. *That the Committee reviews progress on the Action Plan in six months.*

H&S.28/07 WORK PROGRAMME

Consideration was given to the Work Programme for the Healthy Borough with Strong Communities Overview and Scrutiny Committee. (For copy see file of Minutes).

During discussion of this item it was noted that a workshop would be held in February to deal with Scrutiny during the transition period to unitary authority. Members would be informed of the date when confirmed.

AGREED : That the report be noted.

Any person wishing to exercise the right of inspection, etc., in relation to these Minutes and associated papers should contact Liz North 01388 816166 ext 4237 email: enorth@sedgefield.gov.uk

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Item 3b

SEDGEFIELD BOROUGH COUNCIL

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

Council Chamber,
Council Offices,
Spennymoor

Wednesday,
23 January 2008

Time: 10.00 a.m.

- Present:** Councillor J.E. Higgin (Chairman) and
Councillors W.M. Blenkinsopp, Mrs. D. Bowman, Mrs. P. Crathorne,
Mrs. S. Haigh, Mrs. H.J. Hutchinson, Mrs. E.M. Paylor, K. Thompson,
Mrs. M. Thompson and T. Ward
- In Attendance** Councillors G. C. Gray, B. Haigh, Mrs. S.J. Iveson and
Mrs. E. Maddison
- Invited to Attend** Councillors Mrs. B. Graham, J.M. Khan and W. Waters
- Tenant Representative** Mrs. M. Thomson
- Apologies:** Councillors J. Burton and Mrs E. M. Wood

MINUTES SILENCE

A minutes silence was held as a mark of respect for Councillor Jim Wayman J.P. who had sadly recently died.

H&S.29/07 DECLARATIONS OF INTEREST
Members had no interests to submit.

H&S.30/07 BUDGET FRAMEWORK 2008/2009
Consideration was given to Cabinet's initial budget proposals in respect of the Culture and Leisure, Community Health, Safer Communities and Housing portfolios. Members gave detailed consideration to a report setting out the basis of the proposals and in particular the proposed changes in service provision for each portfolio. (For copy see file of Minutes).

The Cabinet Members with responsibility for the portfolios under consideration had been invited to attend to respond to questions from the Committee.

Members were reminded that Cabinet had agreed its initial budget on 10th January 2008 (Minute No.CAB.131/07 refers) and as part of the budget setting procedure, Overview and Scrutiny Committee had been requested to consider the proposals with a view to making recommendations to Cabinet before it made its final budget proposals to Council.

It was explained that the Council had been provisionally notified that it would receive £9,791,348 of external Government support for 2008/09. The grant settlement, which was broadly in line with expectations, showed a year on year cash increase of 1.98% or £190,065, including the base adjustments in accordance with the distribution framework.

The budget framework for 2008/09 reflected the Council's key priorities set out in the Corporate and Transition Plans and took account of financial issues and pressures facing the Council, including pay related costs, fuel price inflation and the drawing to an end of some external funding streams.

The budget had been prepared on an outturn basis, which meant that the contingency sum had been eliminated. Any unforeseen issues during the year would be met from efficiency savings within the relevant Portfolio area to avoid the use of balances.

Members noted that the budget would be the last one to be determined by the Council before local government in County Durham was re-organised. It had been prepared on the basis of business as usual, with growth in service provision restricted to essential areas only and where they would not be to the detriment of the new council's arrangements.

It was pointed out that several requests to enhance service provision had been excluded from the budget framework as a result of shortage of funds, however, if funding did become available during the year, those items could be allowed to commence on a prioritised and considered basis and subject to Cabinet approval.

Efficiencies been identified during the preparation of 2008/07 budget framework to produce a workable yet affordable budget. Savings amounting to £169,840 had been identified within the Healthy Borough with Strong Communities portfolio budgets and had helped to offset the £927,760 unavoidable growth in services.

It was reported that careful planning of the budget meant that the commitment made in the Medium Term Financial Plan to restrict council tax increases to 3.0% could be delivered in 2008/09. The investment in Council services would only add £5.58p per year or 11p per week to the Band D Council Tax. The cost to the Band A taxpayer would be £3.72 per year or 7p per week.

Details of the Council's overall General Fund Revenue Budget and a full analysis of the budgets in respect of the services within the Healthy Borough with Strong Communities Portfolios were attached to the report.

With regard to the Capital Programme it was explained that the realisation of capital receipts was required to fund the proposed Capital Programme and those were still in the latter stages of completion.

The Medium Term Financial Plan and Transition Plan had allowed for the Capital Programme of £20m to be maintained in 2008/9 subject to resources being available. The larger elements of this were outlined in the

Transition Plan and a contingency sum of £2.5m. had provisionally been identified to meet other corporate projects such as the funding of planned maintenance of public buildings, LIP funding and the replacement of obsolete ICT equipment.

Culture and Leisure

The Director of Resources explained that in accordance with the Medium Term Financial Plan the main leisure services had been provided with an inflation only increase for 2008/9. It was pointed out that during 2007/8 significant works had been undertaken at Newton Aycliffe Leisure Centre to upgrade the Lifestyle Fitness Suite in conjunction with Competition Line. This had allowed a review of operating arrangements to be made and some efficiency savings had therefore been factored into the budgets. This redevelopment should also generate additional income to the Council. Similar developments were planned for Spennymoor Leisure Centre during 2008/9.

The Council would continue to work with and support voluntary organisations throughout the Borough whose work reflected the aims of getting more people physically active.

During discussion a question was raised regarding the contribution from Competition Line to Newton Aycliffe Leisure Centre facilities. In response it was explained that a report would be submitted to Cabinet on 31st January, 2008 in relation to Competition Line partnership which would deal with that question.

A query was raised regarding free access to "Locomotion" and its continuation. It was explained that the Department of Culture, Media and Sport provided £150,000 to allow free access to the Museum as part of Government Policy on access to National Museums. There was no indication that Government policy on free access to National Museums would change. The balance of operational costs was split 50/50 between the Council and the National Rail Museum.

In relation to the mobile skate park, reference was made to problems which had existed in relation to transportation and it was queried whether this issue had been resolved. In response the Committee was informed that the original mobile skate park had been very difficult to transport. However, the new mobile skate park was easily transportable.

A question was asked in relation to the specific element of the budget relating to "specific projects". Clarification was sought on what work was classified as "specific projects". In response Members were informed that the sum identified for "specific projects" was to help voluntary sports groups to attract more people into sport and encourage people to be more physically active. Voluntary sports groups could receive funding to reduce fees, and encourage more coaching qualifications and reduce other areas of the clubs expenditure.

Community Health

The Director of Resources pointed out that although the budget was relatively small it contributed to a number of other bodies specifically the Pioneer Care Partnership and Care Link Club both of which provided a range of services to some of the most vulnerable people in the Borough.

The budget also provided for the SHARP project, providing a first point of contact for vulnerable households requiring crisis intervention.

During discussion reference was made to the allocation for contribution to the Pioneering Care Partnership Centre and whether any other organisation made a contribution to the Centre. In response it was explained that there were other organisations who contributed to the Centre. That information was readily available. This contribution was part of the Community Health element and a Service Level Agreement existed with the Pioneering Care Partnership.

Safer Communities

The Committee was informed that during 2007 the service had been subject to a major review and the 2008/9 budget would enable the Council to sustain current service levels and to make improvements based on the outcome of the review.

The 2008/9 budget assumed that Neighbourhood Renewal funding finished and grants through the Local Area Agreement for Safer Stronger Communities funds were maintained at existing levels. The LAA Board had not yet determined grant allocations for 2008/9 and service provision would need to be reviewed if lower than expected allocations were announced.

During discussion of this item, reference was made to Neighbourhood Wardens element of the budget. Concerns were raised that the element relating to Neighbourhood Wardens could be more effectively used by some being transferred to the CCTV element which seemed to operate more successfully. In response to a suggestion that the Neighbourhood Warden Service did not provide value for money, the Head of Community Services referred to service re-engineering which had been undertaken with a focus on the service better supporting delivery of corporate objectives. The operation of the Neighbourhood Wardens were continually being assessed and the way in which the service was provided continued to be examined. It was difficult to make direct comparisons with CCTV provision. Given that community services were partnership based, intelligence driven and interdependent. In any event CCTV service had recently been reviewed. The conclusion of that review was that CCTV was a valuable asset as part of a range of responses including Neighbourhood Wardens.

Reference was made to the lack of information on CCTV performance and in particular feedback on the number of incidents which had been reported to the Police and the outcome of those incidents. In response it was explained that quarterly reports were produced and available on the Intranet. Quarterly reports were also issued to Town and Parish Councils

on the number of incidents which had been dealt with. With regard to feedback on successful prosecution, response from the Police was improving however, efforts were being made via the Crime and Disorder Reduction Partnership to consolidate arrangements.

The Committee's disappointment at the lack of feedback from the Police was expressed and it was considered that the Head of Community Services should convey this dissatisfaction to the Community Inspector.

It was pointed out that a presentation on the CCTV had been given to the Committee in October. That presentation had contained detailed information. Furthermore, the level of feedback was improving and had improved considerably over the last year.

It was noted that a further update on the CCTV service would be presented to the Committee at its April meeting.

Housing

The Committee was informed that with regard to private sector housing the renaissance of the priority areas of Dean Bank, Ferryhill Station and Chilton West were subject to a Master Plan which had been approved by Cabinet in July, 2006. Substantial provision had been made within the 2008/9 Capital Programme to reflect this.

It was explained that the Housing Revenue Account was very much driven by Government. The Housing Subsidy system provided resources for funding of Council housing via an annual settlement. The Government had issued subsidy determinations later than normal and the final announcement had not been made until 14th January 2008. It was noted that the Rent Constraint Allowance introduced in 2006/7 and 2007/8 which compensated Councils with a 5% cap on rent increases was to be discontinued.

The 2008/9 Housing Subsidy Settlement had left the Council's HRA relatively unchanged.

The Director of Resources pointed out that as part of the management allowance £4 per property had been provided to cover Energy Performance Certificate production amounting to £34,588.

The Council's Major Repairs Allowance which was used to finance the Council Housing Capital Programme had been increased by 11.45% giving a grand figure of £5.541m for 2008/9.

With regard to rent restructuring it was explained that the major changes in the methodology relating to rent restructuring implemented in 2006/7 would continue to have a significant impact on the Council's tenants in achieving full convergence with Housing Association rents by 2012.

An option to calculate rents in 2008/9 based on a rent convergence target date of 2017 had been made available. This was a limited option with little clarity about the impact on tenants after 2008/09. Therefore this meant in

practice individual rents would rise by on average 5.6% increasing the average rents from £56.25 to £59.40 per week.

Reference was made to Housing Partnering. The Committee was informed that the Council had recently taken a decision to appoint a Strategic Partner to undertake maintenance and construction works from February 2008 to January 2013. The value of the contract was estimated to be in the region of £85m and forecasted efficiency savings of around 3% were anticipated which would allow approximately £2.5m over the period of the contract.

In respect of HRA balances it was explained that current estimates showed that it could be possible to transfer in the region of £1.28m to a HRA working balance. This was considered a prudent approach bearing in mind significant outstanding issues such as LSVT Partnering and the conclusion and discussions around equal pay.

The Director of Resources also made reference to the Large Scale Voluntary Transfer of housing stock and explained that Council in October 2007 had determined that its preferred option for the future ownership and management of the Council's housing stock was to seek Large Scale Voluntary Transfer to a standalone registered social landlord. The delivery of a successful LSVT required a significant financial commitment and £411,000 had been allocated to cover the costs of the pre-ballot process. In the event of a successful Transfer the costs and any other further post-ballot costs would be recovered as set up costs from the capital receipts. However, if the ballot was unsuccessful then the Housing Revenue Account would only meet those costs associated with consultation that were estimated at £247,000 with the General Fund having to meet the balance.

During discussion of the Partnering Agreement reference was made to efficiency savings and clarification was sought on the amount of savings to be recouped from the Master Plan area and those to be achieved from the Housing Revenue Account. It was explained that various elements of the Housing Repair Service Contract etc., were still being firmed up. The cost in relation to the Master Plan area still had a number of areas of spending to be clarified. However, the Director of Resources was confident that the efficiency savings could be achieved and those identified related to the HRA element of the contract.

Concerns were raised regarding the 5.6% rent increase. It was explained that the Government had been working to a date of rent convergence by 2012. However, they had now indicated that the Council could work on a 2017 framework for one year only. However, if the Council now worked to that 2017 framework this could cause problems for future years rent increases and make the Business Plan process associated with LSVT difficult. So it had been considered prudent to continue to work to the 2012 date.

During discussion reference was also made to the building of social housing. It was explained that the Housing Associations were the vehicle

for building affordable social housing. Should the Large Scale Voluntary Transfer to a standalone registered social landlord be successful that registered social landlord would be able to access money to provide a small increase in social rented housing.

A query was raised regarding Decent Homes Standards in relation to Council-owned properties and the investment required to meet that standard by 2010. It was explained that the investment required was mainly in respect of roofing, rewiring and central heating. Whilst Decent Homes Standards would be met through the investment tenants aspirations would be unable to be met.

Members of the Committee raised a query regarding the determination of the Housing Subsidy. It was explained that this was done on a national basis and related to housing stock. An allowance was given based on the number of Council-owned properties. It was pointed out that if the Housing Revenue Account was in 'notional' surplus this had to be refunded to the Government.

Clarification was sought regarding the Housing Maintenance element of the budget and how much related to sub-contracting out. In response it was explained that this information would need to be researched and a further report was requested.

Following specific issues being considered the Cabinet Members then left the meeting to allow the Committee to deliberate and consider its recommendations.

A general query was raised regarding the percentage paid to the employees pension fund. Concerns were expressed at the high level of contribution to the fund i.e. 24%. It was considered that this was an unnecessary burden and if the percentage was reduced additional staff would be able to be employed.

In response it was explained that the Local Government Pension Fund had been affected by a number of external influences; the statutory level of funding, changes to taxation rules, investment returns, increased mortality rates, changes to pension scheme benefits. All of these needed to be accounted for and as it was a national scheme the Council had no influence on the level of funding required to balance the fund over time. Government did, however, include elements in the revenue support grant relating to the pension costs.

The Committee considered that due to the concerns which had been expressed relating to the percentage rent increase, the contribution to the pension scheme and issues relating to Community Safety in particular Neighbourhood Wardens and CCTV the budget could not be supported.

RECOMMENDED: *That the Committee does not support the initial budget proposals and asks Cabinet for further consideration to be given to the following issues :-*

- *The pension contribution*
- *Percentage of rent increase*
- *Community Safety – CCTV and Neighbourhood Warden elements.*

NB : **In accordance with the Council's Procedure Rule 13.4 Councillors W.M. Blekinsopp, Mrs. S. Haigh, Mrs. H.J. Hutchinson, Mrs. E.M. Paylor and K. Thompson requested that their names be recorded as having voted for the above recommendation.**

ACCESS TO INFORMATION

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Item 4

HEALTHY BOROUGH WITH STRONG COMMUNITIES

OVERVIEW AND SCRUTINY

26th February 2008

Council Chamber




Challenging Performance

Overview and Scrutiny Committee 2 asked for feedback on:

BV212 – Average time taken to re-let local authority housing


CPS08 – Satisfaction with condition of new let properties



How we measure this

BV212


- The time in calendar days from the date when the tenancy is terminated up to and including the date when the new tenancy agreement starts.



How we measure this


CPS08

- The overall satisfaction of new tenants with the property, measured across 10 questions with two 'themes'
- The offer process
- Condition of property, internal and external




Current Performance

	2006/07		2007/08	
	Target	Outturn	Target	Quarter 3 Outturn
BV212	35	30	30	37.5
CPS08	80%	79%	80%	77%



Void Key Figures

- Total No of Voids properties and work in progress year to-date - 589 (6.87%)
- Total No of voids 2006/2007 - 786 (9.08%)
- Total No of voids as of 12/12/08 – 110 (1.3% of stock)



How do we measure BV212 locally

- As at 12/2/08
- L1 – Properties with demand (70)
- L2 – Properties with no demand (34)
(of which 32 are in Sheltered Schemes compared with 58 at 1/4/07)
- L3 – Properties to be demolished (6)



Void Annual Sheet Completed Jobs

1/4/07 – 12/2/08

	AREA 1			
	£0-£500	£501-£1500	£1501-£3500	£3501-£7000
NUMBER OF PROPERTIES	44	43	15	1
AVERAGE TIME TAKEN IN DAYS	9.82	21.05	20.40	30.00
TOTAL ISSUE COST £	14158.74	44408.71	29966.87	3506.45



Cont.....

1/4/07 – 12/2/08

	AREA 2			
	£0-£500	£501-£1500	£1501-£3500	£3501-£7000
NUMBER OF PROPERTIES	29	85	21	6
AVERAGE TIME TAKEN IN DAYS	7.59	16.40	25.43	36.50
TOTAL ISSUE COST £	10316.37	75213.81	47352.41	29965.25



Cont.....

1/4/07 – 12/2/08

	AREA 3			
	£0-£500	£501-£1500	£1501-£3500	£3501-£7000
NUMBER OF PROPERTIES	24	41	8	2
AVERAGE TIME TAKEN IN DAYS	6.33	14.76	25.38	34.00
TOTAL ISSUE COST £	6664.48	32684.14	16309.10	7706.52



Cont.....

1/4/07 – 12/2/08

	AREA 4			
	£0-£500	£501-£1500	£1501-£3500	£3501-£7000
NUMBER OF PROPERTIES	22	47	10	0
AVERAGE TIME TAKEN IN DAYS	8.18	13.32	22.90	0
TOTAL ISSUE COST £	9332.35	38778.07	21120.83	0



Cont.....

1/4/07 – 12/2/08

	AREA 5			
	£0-£500	£501-£1500	£1501-£3500	£3501-£7000
NUMBER OF PROPERTIES	28	88	31	2
AVERAGE TIME TAKEN IN DAYS	8.21	14.55	20.97	35.50
TOTAL ISSUE COST £	10253.88	77013.66	64,300.12	15047.09

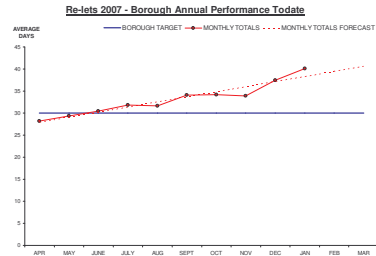


Value of Voids

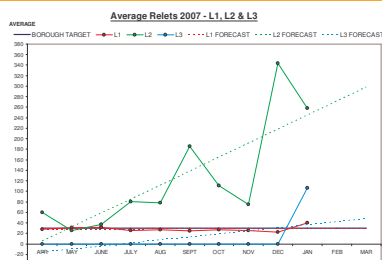
	£
2005-06	990,000
2006-07	920,900
2007-08	900,000



Overall Performance BV212 to-date



Graph showing voids by category



Main Drivers for Change

- Older Persons Accommodation and Support Strategy
- Targeting Voids in Supported Housing Schemes to ensure sustainability of schemes through:
 - Marketing
 - Incentives
 - Joint working between Housing, Carelink, Integrated Teams to allocate accommodation
 - Targeting waiting lists for bungalow applicants



Success achieved in first pilot

- No voids in Supported Housing Schemes in Spennymoor
- Small waiting list
- Lessons learnt will be used in other areas of the Borough
- Wrote to everyone on 1 bedroom bungalow list
- Articles in local press and Inform
- Presence on Elderly Accommodation website
- Publicity leaflets on sheltered schemes by area



CPS08

- Why do we measure customer satisfaction?
- To measure customer's views with services provided
 - Use feedback to improve services

Carry out a broad range of surveys across the Housing Department



New Tenants Survey Questions

	Year to-date
How happy are you with the amount of time you were given to decide if you wanted the property?	73
How happy are you that the property you have been given matches your needs?	84
How happy are you with the amount and quality of information given to you when you received your keys?	84

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Cont.....

	Year to-date
How easy was it for you to understand the Tenancy Agreement and what we expect of you as a tenant?	87
How easy was it for you to get your repairs done after you moved in?	74
How do you rate the condition of the garden at your home?	69

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Cont.....

	Year to-date
How do you rate the condition of the fixtures and fittings in your home?	74
How do you rate the cleanliness of the property?	68
Overall, how would you rate the condition of the property?	76
Overall, how would you rate the service you received from us?	83

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Longer term issues for Supported Housing Schemes

- Still have strategic challenges facing us with our Supported Housing Schemes articulated in the Older Persons Accommodation and Support strategy reported to Cabinet on 14th February 2008

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Areas for Improvement

- Improve voids service through partnership, working together with Mears to streamline processes
- Continuing issues to address for the Council and tenants relating to the condition of external areas of properties.
- This is primarily due to limited funding being available for improving external areas

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Any Questions

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Item 5

REPORT TO THE HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW & SCRUTINY COMMITTEE

26 FEBRUARY 2008

REPORT OF DIRECTOR OF LEISURE SERVICES

PROGRESS ON PERFORMANCE INDICATORS CP16,18,20 AND 22

1 BACKGROUND

- 1.1 At its meeting held on 27 November 2007, the Healthy Borough with Strong Communities Overview and Scrutiny Committee considered Performance Indicators relating to its ambitions for the period 1 April to 30 September 2007. As a result of its deliberations, the Committee raised concern and requested that further information be presented to a future meeting of the committee with regard to improving performance in relation a number of indicators of facility use.
- 1.2 The purpose of this report therefore is to outline progress in relation to Performance Indicators CPH 16, 18, 20, and 22.

2 RECOMMENDATION

That the Committee considers the report and acknowledge progress made towards meeting targets embedded in Performance Indicators CPH16, 18, 20 and 22.

3 DETAIL

- 3.1 The Committee at its meeting on 27 November 2007, noted comments that were contained within the Quarter 2 Performance Indicator report but were concerned with performance of the following indicators in that the performance was below the targets set for 2007/08:-

CPH 16	<i>Representative facility use by young people under 16</i>
CPH 18	<i>Representative facility use by people aged over 60</i>
CPH 20	<i>Proportion of facility use by disabled people aged under 60</i>
CPH 22	<i>Percentage of population that is within 20 minutes travel time (urban areas - by walk - rural areas - by car) of a range of three different types, of which one has achieved a quality assurance standard.</i>

- 3.2 Appendix 1 to the report contains additional details which explain current performance levels, and highlight the progress being made to ensure year-end targets will be achieved before the end of March 2008.

Contact Officer	Phil Ball
Telephone Number	01388 816166 Ext. 4408
E-mail address	pball@sedgefield.gov.uk
Wards:	All Wards

HEALTHY BOROUGH PI SUMMARY TABLE

Ref	Description	Value	DQ	Performance		Target 2007/2008	Trend	On target?
				2006/2007	2007/2008 Q3			
Improved public health								
CPH16	Representative facility use by young people under 16	%	M	23.6%	34.41%	25%	↑	Yes
	Explanation: - Performing 9.41% above 07/08 target and 10.81% above 06/07 actual. Indicator has shown significant variation in reported quarterly values during 07/08 due to variation in the data sources used to calculate PI. Torex (swipe card system in leisure centres) can not and will not accurately capture all facility usage by young people under 16 because a significant proportion of usage by school parties is not recorded within the Torex system (principally for swimming lessons at Spennymoor Leisure Centre and Newton Aycliffe Leisure Centre, but also for school gymnastic events and coaching sessions). Therefore, there is a manual system to compile some data collected for this PI, which must be added to the numbers captured via the Torex system.							
CPH18	Representative facility use by people aged over 60	%	M	9.90%	8.67%	10%	↓	No
	Explanation: - Performing 1.33% below target. This Indicator has shown continued improved performance since Q1 / Q2 2008. Primarily, this is due to the additional "Zest for Life" programmes for over-50s instigated across borough, and the sustained use of the Bowling Green facilities (predominantly used by residents aged over 60 years old) which have augmented the Q3 performance. Further improvements are expected during Q4 as further new programmes are launched including "armchair aerobics" at selected care-homes across the borough, and pilates classes as part of the "Fit for Life" programme.							
CPH20	Proportion of facility use by disabled people aged under 60 years	%	M	1.11%	2.85%	2%	↑	Yes
	Explanation: - Performing 0.85% above target. Significant additions were made to the timetabled programme from September 2007 onwards, backed by a supporting promotional campaign. A number of activities have been organised by the department's Sports Development Team. For example, multi-sport disability sessions at Spennymoor Leisure Centre and Newton Aycliffe Leisure Centre, plus new disabled swimming sessions at Newton Aycliffe Leisure Centre. Additionally, a promotional campaign was executed aimed at increasing the numbers participating in the "Gym Buddy" scheme across all four leisure centres. Durham County Council continues to use the Acapulco Suite at Spennymoor Leisure Centre with increasing numbers of disabled clients using the facility each working day.							
CPH22	Percentage of population that is within 20 minutes travel time (urban areas – by walk – rural areas – by car) of a range of three different facility types, of which one has achieved a quality assured standard	%	H	27.7%	27.7%	35%	↔	No
	Explanation: - Performing 7.3% below target. Newton Aycliffe Leisure Centre is scheduled to be assessed by Quest in February 2008, and should receive Quest approval by the end of the financial year. Therefore, performance will meet and exceed PI target by year-end. Ferryhill Leisure Centre was re-assessed by Quest during February 2008 with Quest approval successfully retained.							

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Item 6

REPORT TO THE HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW & SCRUTINY COMMITTEE

26 FEBRUARY 2008

REPORT OF THE HEAD OF ENVIRONMENTAL SERVICES

INSPECTION OF HIGH RISK FOOD PREMISES - PERFORMANCE UPDATE – FEBRUARY 2008

1 BACKGROUND

- 1.1 At its meeting held on 27 November 2007, the Healthy Borough with Strong Communities Overview and Scrutiny Committee considered Performance Indicators relating to its ambitions for the period 1 April to 30 September 2007. As a result of its deliberations, the committee raised concern and requested that further information be presented to a future meeting of the committee with regard to improving performance of the following indicator:-
- 1.2 CPH04- 'Percentage of high risk food premises inspections that should and were carried out'.
- 1.3 Concern was raised by Members that performance was below the target set for 2007/08.

The purpose of this report therefore is to provide an explanation of the current performance levels.

2 RECOMMENDATION

That Committee consider the report and acknowledge the progress made towards meeting the inspection target of 100%.

3 DETAIL

- 3.1 Food Premises are inspected in accordance with their RISK RATING that is re-assessed following each inspection carried out. The number of premises in each Category can therefore fluctuate dependent upon the circumstances and conditions found by the Inspector at the time of the visit.

- 3.2 The rating also establishes the frequency between inspections and ranges from six monthly to every 5 years. Thus the annual inspection programme can change from year to year as a result of the changing numbers of premises in each risk category and the relevant date of the previous inspection.
- 3.3 High Risk premises are those included in groups A to C.
- 3.4 Category A are inspected - 6 monthly, Category B - 12 monthly and Category C - 18 monthly.
- 3.5 The largest group of high risk premises in SBC fall within Category C and this year the largest number within this group were due for inspection within the first 3 quarters of the programme.

Current performance is shown in the table below:

Key	Ref	Description	Performance			Target 2007/08	
			2006/2007	2007/2008 Q1 - Q2 - Q3			
★	CPH04	Percentage of high risk food premises inspections that should and were carried out	98%	82%	85%	98%	100%

- 3.6 Although performance in the first 2 quarters was lower than usual it can be seen that the programme is now back on track (98%) and with fewer numbers of premises to inspect in Quarter 4 it is expected that the 100% Target will be achieved.

Contact Officer
Telephone Number
E-mail address
Wards:

Alan Suggett
 01388 816166 Ext. 4443
asuggett@sedgfield.gov.uk
All Wards

Item 7

HEALTHY BOROUGH WITH STRONG COMMUNITITES OVERVIEW & SCRUTINY COMMITTEE

26 FEBRUARY 2008

REPORT OF CHAIRMAN OF THE COMMITTEE

WORK PROGRAMME

SUMMARY

This report sets out the Committee's current Work Programme for consideration and review.

RECOMMENDATIONS

1. That the Committee's Work Programme be reviewed.

DETAIL

1. In accordance with Overview & Scrutiny Procedure Rule 8 of the Council's Constitution, Overview & Scrutiny Committees are responsible for setting their own work programme.
2. Each Overview & Scrutiny Committee should agree a realistic, achievable and considered work programme on the understanding that, from time to time, more urgent or immediate issues may require scrutiny. Issues may, for example, be raised by Cabinet reports, Members' constituency business or be referred to Scrutiny by Cabinet in advance of a Cabinet decision.
3. The current Work Programme for this Committee is appended to the report which details:-
 - Scrutiny Reviews currently being undertaken.
 - Scrutiny review topics held in reserve for future investigation.
 - A schedule of items to be considered by the Committee for the period to 31st March 2009.
4. **Scrutiny Review**

The Committee should aim to undertake a small number of high quality reviews that will make a real difference to the work of the Authority, rather than high numbers of reviews on more minor issues. Overview & Scrutiny Committees should normally aim to undertake two reviews concurrently. Any additional review topics that have been agreed by Members will be placed on a reserve list and as one review is completed the Committee will decide on which review should be undertaken next.

A workshop was held for Overview & Scrutiny Members on 20th February 2008 to discuss the role of the Committees within the period leading to the establishment of a new Unitary Council in April 2009. One element of the workshop was to consider a number of options for undertaking scrutiny reviews within this period. Members supported undertaking a State of the Borough Review, which would look at achievements within each of the Council's ambitions. The Review would provide a benchmark for future assessment, highlight areas for improvement and make recommendations to the new council where appropriate.

It was proposed that Overview & Scrutiny Committees establish Review Groups to examine each of the Council's ambitions as follows:-

Committee	Review Groups
Healthy Borough with Strong Communities O&S Cttee	<ul style="list-style-type: none"> • Healthy Borough Review Group • Strong Communities Review Group
Prosperous and Attractive Borough O&S Cttee	<ul style="list-style-type: none"> • Prosperous Borough Review Group • Attractive Borough Review Group

The final reports from each of these reviews would be combined to form a single State of the Borough report.

Strategic Leadership O&S Cttee has responsibility for issues such as corporate governance and resource management rather than direct responsibility for scrutiny of the Council's ambitions. This Committee would therefore not be required to establish review groups to undertake the State of the Borough Review. However, Members were keen to ensure all scrutiny members had the opportunity to contribute to these important reviews.

The principle of co-option to review groups across committees is well established for crosscutting issues and it is proposed that this practice be extended to allow members to contribute to the Review of their choice. The following criteria would however apply to ensure a balance across the review groups.

- Only members of an Overview & Scrutiny Committee can be a member of a Review Group.
- A member can only be a member of 1 Review Group
- Review Groups would have a maximum of 9 members
- Review Groups should be chaired by a member of the parent committee
- Review Groups should be politically balanced in accordance with the number of Overview & Scrutiny members
- All 5 geographical areas should be represented in each Review Group

5. **Business for Future Meetings**

The Committees Work Programme for the period leading to the establishment of a new Unitary Council in April 2009 is attached for consideration.

Members are requested to review the Committee's Work Programme and identify, where necessary, issues that they feel should be investigated by the Committee. The Work Programme will need to be carefully managed to ensure that the most important issues are considered in the limited time available.

It will not always be possible to anticipate all reports which will need to be considered by an Overview & Scrutiny Committee and therefore a flexible approach will need to be taken to work programming.

4. **FINANCIAL IMPLICATIONS**

None associated with this report.

5. **CONSULTATION**

Contact Officers: Jonathan Slee
Telephone No: (01388) 816166 ext 4362
Email Address: jslee@sedgefield.gov.uk

Ward(s): Not ward specific

Background Papers None

**HEALTHY BOROUGH WITH STRONG COMMUNITIES
OVERVIEW AND SCRUTINY COMMITTEE**

WORK PROGRAMME

Ongoing Reviews

No Reviews currently ongoing

Future Reviews

The following review topics have been identified by the Committee for future review. As one review is completed Members will decide which review should be undertaken next.

ANTICIPATED ITEMS

15th April 2008

- **Housing Department Service Improvement Plan – Progress Update**
- **Choice Based Lettings**
- **CCTV Arrangements Within the Borough – Progress Update**
- **Overview and Scrutiny Review Group Report – StreetSafe Review – Progress Update**

2008/09 Municipal Year

June 2008*

- **Performance Indicators – 2007/08 Year End Performance**

September 2008*

- **Overview and Scrutiny Review Group – Report- Review of Regeneration of Older Private Sector Housing – Progress on Action Plan**
- **Overview and Scrutiny Review Group Report: Leisure Centre Concessionary Pricing Scheme – Progress on Action Plan**

<p>October 2008*</p> <ul style="list-style-type: none"> • Overview and Scrutiny Review Group Report Tourism within the Borough – Progress Update
<p>November 2008*</p> <ul style="list-style-type: none"> • Healthy Borough Overview & Scrutiny Review Group Report • Strong Communities Overview & Scrutiny Review Group Report • Half Yearly Performance Report
<p>January 2009*</p> <ul style="list-style-type: none"> • Overview and Scrutiny Review Group Report – The Provision of Affordable Housing – Progress on Action Plan
<p>February 2009*</p> <ul style="list-style-type: none"> • No items identified

**Meeting dates subject to approval at Annual Council in May 2008.*

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DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Sub-Committee** held at the County Hall, Durham on **Monday 1 October 2007** at **10.00 a.m.**

COUNCILLOR N WADE in the Chair.

Durham County Council

Councillors J Armstrong, E Foster, Priestley, Simmons, Stelling, Stradling and Trippett

Chester le Street District Council

Councillor Harrison

Derwentside District Council

Councillors Lavin

Durham City Council

Councillor Smith

Sedgefield Borough Council

Councillors Crathorne and Gray

Teesdale District Council

Councillor Cooke

Other Members

Councillor C Carr, Gray, Mason, Meir, Pye, Williams

Apologies for absence were received from Councillors G Armstrong, Agnew, Campbell and Chaplow.

A1 Minutes

The Minutes of the meeting held on 2 July 2007 were agreed as a correct record and signed by the Chairman.

A2 Declarations of Interest

Councillor D Lavin declared an interest as a member of Derwentside District Council in relation to item number five, Shotley Bridge Community Hospital - Update.

A3 Your Health, Your Choice Our Commitment: Towards Health in 2012

The Sub Committee received a presentation from David Gallagher, Assistant Director, Strategic Planning and Health Improvement County Durham PCT about the PCT's strategy 'Your Health, Your Choice Our Commitment: Towards Health in 2012' which will articulate what health services will look like in 2012.

It was explained that the PCT exists to:

- Improve health
- Reduce health inequalities
- Ensure safe and sound services

The delivery framework try's to explain how the PCT will do this and how services will fit together to support clients and patients and improve healthcare across the County.

This is set within the strategic planning framework. The PCT is developing a vision and also preparing a five year strategic plan. Within that sits a 3 year local delivery plan which will link in with a series of annual delivery plans.

PCT needs to consider how it will take services from where they are now, to where they want them to be in 2012. This includes:

- Increased life expectancy and a reduction in the gap
- Reduced infant mortality
 - Reduced maternal obesity, smoking in pregnancy, teenage pregnancy rates
 - Better access to maternity services
- Reduced worklessness
- Improved health of those in the criminal justice system and especially those in prisons
- Reduced domestic abuse
- Equitable access to oral health services
- Lowest possible levels of MRSA / C Diff.
- Reduced levels of substance misuse
- Better sexual health
- Reduced levels of obesity and increased levels of physical activity
- Best practice in controlling TB
- Reduced inequalities
 - Circulatory disease
 - cancers

Care can be delivered through a variety of facilities including within the home, community facilities, GP Practices, Community Hospitals, Acute Hospitals or at specialist tertiary centres. The PCT is starting to look at where is the best place to provide care from and will not necessarily be focusing on buildings as a starting point. This will depend on the patient pathway and for example there may be patients who would benefit from care in a community hospital or at home. It will be important to be flexible in the approach to be taken.

The PCT is facing the following issues.

- It is likely that there will be less financial growth in the NHS in the next 3-5 years and they need to be ready to work with less funding.
- There needs to be a greater focus on prevention and the reduction of health inequalities.
- There needs to be a greater focus on health needs and services and not just the buildings that they are provided from.

- The PCT will need to ensure that they have the care in the right place and the right time so that patients go straight to level of care that they need.
- More services need to be provided closer to home i.e. within the community.
- Waiting times need to be reduced even further.
- Access to primary care needs to be improved.
- Needs to be increased efficiencies in hospital care.
- Where there is evidence that services are not right we will need to disinvest i.e. tonsillectomy so that resources can be used to meet the most pressing needs.

Reference was made to the network of care and the need to ensure that the provider's of health care are linked to each other to provide an integrated network that ensures that the patient is directed to the right facility.

To inform the decision process the PCT have been developing the 'Big Conversation'. The process is starting end September/October. Initially this is about talking to stakeholder groups to raise awareness of issues and for the PCT to receive feedback on what they are doing and to enable them to develop the detail of services. A series of locality based meetings around the County have been arranged to meet with local councillors and MP's. The PCT is also talking to stakeholder organisations such as providers of healthcare and local councils. The outcome of the discussions will be fed into the patient prospectus which is to be published by the end of 2007. This will feed into the strategic plan and the three year delivery plan and it should be in place by February 2008 after signing off by the Strategic Health Authority.

Councillor Trippett expressed concern that the focus on needs and services would be to the detriment to the provision of new health facilities. David Gallagher explained that the PCT were aware of the poor state of building stock and it was not intended to neglect local facilities. The PCT needs to understand the service needs before it can provide the facilities to deliver the needs. A new primary care facility is being provided in Stanley and there is also ongoing work in Seaham and Newton Aycliffe.

In relation to Community Hospitals, David Gallagher confirmed that the PCT will be examining the range of services which can be provided in Community Hospitals in order to provide a community focus. This will include access to social care and information.

Charles McCaughey raised a number of concerns about the process. In relation to mental health services, David Gallagher advised that the process will apply to all groups and services and will also involve non statutory agencies. In relation to concern that local implementation groups established by the previous PCT's were no longer meeting David Gallagher stated that a series of locality meetings will be held and the outcome of these will be used to build up the strategy. This will also involve the different disease groups.

It was pointed out that town and parish councils are closely involved with their local communities and need to be involved in the process

Gerald Tompkin, Head of Social Inclusion informed the Sub Committee that the County Council is developing the process for carer engagement in health and social care through the LiNk which will come into operation next spring.

Resolved:

That the presentation be noted and that the Health Scrutiny Sub Committee welcomes the opportunity to be involved in the 'Big Conversation'.

A4 Health Inequalities

The Sub Committee received a presentation from Dr Tricia Cresswell, Executive Director of Public Health on tackling health inequalities in County Durham.

The population of County Durham is nearly half a million. Life expectancy in County Durham is lower for men and women when compared to the average for England. Health inequalities exist in County Durham with the average life expectancy for men is 74.2 in Easington and 77.1 in Teesdale and for women it is 78.4 in Easington and 81.3 in Teesdale. Differences at District level mask a huge difference between the best and the worst wards. There is an 18 year life expectancy difference for women between the best and worst wards and a 13 year difference for men.

The underlying causes of this include coronary heart disease and cancer which are significantly worse in County Durham than in England overall.

Health in County Durham is poor as a result of a number of underlying factors including:

- School attainment at age 16 is lower than the England average.
- Higher teenage pregnancy rate.
- At year 6 20% of children are obese and 14% are overweight.
- national surveys indicate that binge drinking and tobacco consumption is much higher in County Durham

In County Durham there are inequalities in opportunity including poverty, family circumstances, education, employment and environmental issues. These are the wider determinants of health and the most important factors.

Life style choices are not made freely and are dependent on opportunities. Inequalities in life style choices lead to a big difference in tobacco consumption between the best and the worst wards in the County. It was pointed out that it is cheaper to eat badly than it is to eat healthily and that it is difficult to access healthy food in some parts of the County.

Alcohol misuse is a greater problem in County Durham than drug misuse. There two types of alcohol problem in County Durham. There are the persistent and pervasive alcohol problems linked to middle aged men and women leading to liver and heart disease. This links to the problem of domestic violence. There is also a problem in young people with binge drinking continuing into the late twenties. Deaths are now being reported in this age group as a result of alcohol misuse.

It was pointed out that because of adverse circumstances people adopt unhealthy life style choices and as a result develop illnesses. They often don't

have fair access to services. This is maybe as a result of transport problems, the ability to contact healthcare services, lack of awareness of their own health problems or cultural issues. As the most affluent sections of society pick up on the healthy lifestyle messages it widens the inequalities gap.

Overall the key messages are:

1. The overall health of the populations of County Durham and Darlington is poor compared with the national picture and inequalities in health remain persistent and pervasive.
2. The life expectancy gap between County Durham and England has decreased for males and increased for females over the period 1995-1997 to 2003-2005. The gap between Darlington and England over the same period has increased for both females and males.
3. Direct measurement of changes in the national infant mortality inequalities target in County Durham and Darlington is not possible as infant deaths are fortunately rare events. However changes in risk factors can and should be measured.
4. Worklessness is both a major contributor to the health inequalities in County Durham and Darlington and an adverse outcome of those inequalities.
5. Many of the most vulnerable people in our society will end up in prison. The health needs of prisoners are complex and there remain ongoing pressures on resources to manage the increasing numbers of prisoners with substance misuse problems, mental health problems, sexually transmitted infections and blood-borne viruses.
6. Domestic abuse is a serious crime and must not be tolerated or ignored. It can only be effectively tackled by multi agency working with the full involvement of all partners, including all sectors of the health service.
7. Health equity audit is a process for identifying gaps in the provision of health services relative to need and for taking action to change patterns of service provision to better reflect needs. The equity profile for coronary heart disease has identified equity gaps in the provision of treatment relative to need.
8. The PCTs have made a robust start in the local commissioning of dental services supported by detailed equity auditing of existing services. Monitoring of the access to dental services, especially amongst the most deprived communities, must be undertaken to ensure that vulnerable individuals continue to receive the necessary dental care.
9. Considerable progress has been made in relation to tackling smoking and access to genito-urinary medicine (GUM) and sexual health services. Although some progress has been made in relation to tackling obesity and alcohol misuse, the sheer magnitude of the task has become more apparent through the additional data available in the last year.
10. Effective health protection relies on good partnerships between the PCTs, HPT (Health ProtectionTeam), local authorities and others.
11. Infection Control is a growing agenda, which requires both strategic overview and support in operational delivery across County Durham and Darlington

If health inequalities are to be reduced we must reduce:

- Inequalities in opportunity
- Inequalities in lifestyle choices

- Inequalities in access to services for those who are already ill or have accrued risk factors for disease (health inequity).

As part of the work the PCT is working with the local authorities to produce joint strategic needs assessments for Darlington and for County Durham which will be used to highlight health inequalities. Work is also ongoing to produce an action plan to tackle inequalities in coronary heart disease.

It was pointed out that the County Council, through the scrutiny function have undertaken projects on worklessness, alcohol and drug misuse by young people, domestic violence and key stage 4.

In relation to a question about educating young people Dr Cresswell explained that a lot of work is going on in partnership with schools.

In response to the issue of age discrimination it was explained that as part of health equity age discrimination and all other forms of discrimination need to be tackled.

The PCT were asked whether they would invest in robust health promotion methods delivered in different settings across age groups and gender. Dr Cresswell advised that the PCT have invested £4.6M this year in tackling the health inequalities agenda and the impact of this is starting to be seen.

Councillor Lavin asked how the PCT would reach the parents of children. Dr Cresswell explained that this can be done through SureStart and Children's Centres. There are also links into school to try and engage with parents. It was pointed out that there were difficulties in attracting the people who should be using the Children's Centres. Dr Cresswell agreed and stated that some centres were offering classes, cookery lessons, counselling and debt counselling. Some parts of the country were offering cash inducements to attend centres.

The Head of Overview and Scrutiny informed the Sub Committee that the Chair of Health Scrutiny and himself had been invited by the Department of Health to participate in a national review (with a focus on County Durham) to be held on 22 October 2007.

Resolved:

That the presentation be noted.

A5 Durham County Council Strategy for Health Improvement

The Sub Committee received a presentation from Gerald Tompkins, Head of Social Inclusion, Adult and Community Services about the County Council's strategy for health improvement.

The County Council is in the process of developing a strategy for improving health and will draw upon the work already undertaken by the PCT. The County Council is undertaking this work because it has a duty to promote the well being of the community.

It was explained that the PCT was not able to influence many of the wider determinants mentioned in the previous presentation. These fell within the remit of the Authority and many of the issues are part of corporate priorities. Health improvement is already one of the County Councils corporate priorities. To enable this to happen, the County Council needs to develop a strategic approach. The development of a strategy will also assist overview and scrutiny to take this issue forward.

The purpose of the strategy will ensure that the Council's role in improving the health and wellbeing of the people is more fully recognised. The County Council is unable to do this work in isolation and working in partnership with the PCT, District Councils, the third sector and communities. The Council needs to ensure that its activities are directed towards a clear set of health improvement priorities and deal with the most pressing problems.

Many of the strongest influences on health and wellbeing lie outside of the health sector and the County Councils role is to support communities by creating opportunities for people to enable them to make more informed choices.

The Head of Overview and Scrutiny stated that Officer's advice is that the County Council needs to participate and influence outcomes. We must ensure that we challenge to enable the best outcomes for our communities and Members will also need to champion this agenda in their respective communities.

Members supported the proposal to champion this agenda. They also asked to be given early notice of any changes in policy or strategy.

Resolved:

That the presentation be noted.

A6 Shotley Bridge Community Hospital: Update

The Sub Committee received a presentation from David Gallagher, Assistant Director, Strategic Planning and Health Improvement, County Durham PCT providing an update on the present position at Shotley Bridge Community Hospital.

It was explained that stakeholders had agreed that the Foundation Trust should be given some flexibility to use resources efficiently. During the summer months the demand for in patient beds has reduced. The Foundation Trust decided that rather than provide two half full wards they would bring both wards into one. This in affect has mothballed one ward on a temporary basis. If demand increases it will be flexed back open. Edmund Lovell advised that this was also happening at other hospitals as more work is being carried out a primary care level

In relation to the strategic issues, David Gallagher reminded the Sub Committee that two reports were commissioned by Derwentside LSP in partnership with the County Council and the former Derwentside PCT which examined day surgery and the wider use of the hospital.

One of positive message messages arising from the report on the wider use of the hospital is that a wide range of services are being provided from Shotley Bridge Community Hospital. This includes out patients, minor injuries, diagnostic services, medical investigations and mental health services. The report on the wider use of Shotley Bridge Community Hospital can be used as a model across the County.

A stakeholder steering group or board is being established to take this work forward. This will open up the discussion to a wider range of people including carers and patients, the public, GP's and staff at the hospital. The PCT is to provide some dedicated project management and will also give high level support.

As the initial report was commissioned by the LSP it is proposed to take a report back to the LSP meeting in November which will outline the approach and timetable for the future of Shotley Bridge Community Hospital. In the Local Delivery Plan for this year there is an investment of £300,000 being put into services from Shotley Bridge Community Hospital which will enhance services and bring more services into the hospital.

Members of the Sub Committee explained that trust had been an issue and requested that further communication and information to the public and staff should be made a priority.

Resolved

That presentation be noted,

A7 Hygiene Code

The Sub Committee received an update from Edmund Lovell, Head of Corporate Affairs County Durham and Darlington NHS Foundation Trust and Dr Tricia Cresswell Executive Director of Public Health on the hygiene code.

The Sub Committee was reminded that the Trust had not been compliant in relation to MRSA when they had completed their core standards declaration. Each Hospital Trust has a target to reduce their cases of MRSA. Rates in County Durham and the North East are quite low when compared to hospitals nationally.

In 2006/07 the Trust had 64 cases against a target of 22 and this was reported to the Healthcare Commission. The Trust received a visit from the national MRSA team to give advice and to help develop an action plan which is now in place. The key elements are the leadership in the organisation and in ensuring hand hygiene. The Trust submitted a bid for some national money to tackle MRSA and received £400,000. This will be used for a range of activities to keep the pressure on MRSA. At the halfway point in the year the Trust has had 11 cases of MRSA compared to 29 last year. In relation to clostridium difficile, the Trust has a target of 37 cases per month and are mostly meeting that target.

Dr Cresswell reported that a series of regular meetings are being held between the PCT and the Trust. The infection control teams are meeting monthly and examine each case of MRSA and carry out a full review looking for avoidable factors. An analysis of the results is presented to the Trust Board. There has

been a significant improvement due to the systems and processes which have been put in place.

Rosemary Hassoon informed the Sub Committee that the PPIF has been undertaking visits to independent sector nursing homes and will be completing a report in the near future. It is felt that they do not meet healthcare standards for hygiene and that this is exacerbating problems when residents are admitted to hospital. Dr Cresswell explained that some extra infection control support has been given to independent residential care providers but would welcome support from scrutiny to take this issue forward.

The Head of Overview and Scrutiny advised that when the PPIF report is concluded it can be referred to the Sub Committee to determine the action necessary.

Resolved:

That the report be noted.

A8 Response to Tees, Esk and Wear Valleys NHS Trust Application for Foundation Trust Status

The Sub Committee considered a report of the Head of Overview and Scrutiny about the Tees, Esk and Wear Valleys NHS Trust's application to become an NHS Foundation Trust (for report see file of Minutes).

The Head of Overview and Scrutiny informed the Sub Committee that 'Voice for All Wear Valley' had raised some issues about the consultation and are seeking clarification on user and carer involvement in the Foundation Trust. Harry Cronin, Director of Nursing for the Trust explained that the consultation was very clear about the involvement of users and carers in the membership. Support will be provided for them to become governors of the Trust in the future. The Trust is consulting on a draft patient and public strategy for users and carers that will establish an internal sub-committee for the Trust. The Trust is also consulting on a draft policy on reward and recognition for those who work on behalf of the Trust. This will enable the payment of expenses for those attending meetings and sessional payments.

Resolved:

That the application for Foundation Trust Status be noted and that support be given to the Tees, Esk and Wear Valleys NHS Trust's application which is in line with government policy.

A9 Joint Appointment of a Health Scrutiny Liaison Post

The Sub Committee considered a report of the Head of Overview and Scrutiny advising of a joint appointment between Durham County Council and County Durham Primary Care Trust (for report see file of Minutes).

Resolved:

That the report be noted and that the joint appointment be welcomed.

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DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Sub-Committee** held at the County Hall, Durham on **Monday 10 December 2007** at **9.30 a.m.**

COUNCILLOR N WADE in the Chair.

Durham County Council

Councillors Armstrong, Bell, Chaplow, Davies, E Foster, Porter, Priestley, Simmons, Stradling and walker.

Chester le Street District Council

Councillor Harrison

Derwentside District Council

Councillor Lavin

Easington District Council

Councillor Williams

Teesdale District Council

Councillor Cooke

Apologies for absence were received from Councillors G Armstrong, Agnew, Campbell and A Gray.

A1 Declarations of Interest

There were no declarations of interest.

A2 Health Improvement Strategy 2007-2012

The Sub Committee considered the draft Health Improvement Strategy 2007-2012 (for copy see file of Minutes).

The plan describes the contribution that the County Council makes to improving the health of the people of County Durham and to tackling health inequalities.

The Sub Committee discussed the issues within the plan and made the following comments for each issue:

Children and Young People

- School governors have an important role through their Healthy Schools Activities to ensure children are able to make informed choices. Sex education needs to be provided at an early age.
- The County Council needs to be part of a campaign focussed on social marketing aimed at young people.
- Needs to be better facilities at schools to encourage children to participate in physical activity – i.e. more showers.

- Whilst educational attainment is an indicator of better health it does not necessarily equip all young people to deal with life's pressures.
- Delivery of priorities – better co-ordination of policies between public bodies is needed if they are to deliver improvements.
- Education needs to begin at home with the parents.

Tobacco Control

- Emphasis needs to be on prevention rather than on cessation.
- Need to use Countywide magazine to publicise the successes of the test purchase scheme operated by Trading Standards.
- Outline successes of the County Councils smoking cessation programme for staff.
- More emphasis on education in schools together with family support strategies.
- Adapt and adopt regional initiatives such as 'FRESH' using social marketing to get the message across.

Tackling Obesity

- Need to integrate guided walks into out of school activities as a way to encourage children to participate in healthy activity.
- Surestart should be universally provided across the County. There is a need to evaluate its success.
- Provide a free school meal for all school children.
- Encourage parents and children to walk to school.

Alcohol and Substance Misuse

- Include a performance measure of violence against County Council staff where drugs and alcohol misuse is a factor.
- Reduce the strength of alcoholic drinks
- Reduce the availability of alcohol – the County Council has an important lobbying role.
- Policies and services of public bodies need to be better co-ordinated.
- Awareness training should be provided to licensees.

Mental Health and Well being

- There needs to be a clearer focus on staff well being, particularly in relation to the stress element of sickness absence.
- There is no Local Implementation Team in Easington following the structural changes in mental health services. Need to consider partnership arrangements for mental health.

Adults with a variety of care and support needs and carers

- In comparison to women's issues there is not enough awareness of men's health needs and men's cancers. Additional awareness training in these areas needs to be provided and specifically in relation to prostate cancer. An offer of support in this area has been made.
- In relation to the over 50's there needs to be further emphasis on living healthier independent and longer lives as an objective.
- Additional emphasis needs to be made about the work of carers and particularly issues in relation to financial support.

Health Inequalities

- Issues such as domestic violence, access to services, welfare rights etc need to be cross referenced to health services.

Cross cutting Issues

- Other public bodies and agencies other than the County Council will be responsible for making the improvements and LAA's are needed to bind all partners into working together to achieve the improvements in health.

The Head of Social Inclusion explained that consultation on the plan will continue until the end of January 2008. All comments will be considered and a final version of the plan will be produced by the end of March 2008.

Members of the Sub Committee asked that copies of the plan be distributed to Town and Parish Councils as part of the consultation process.

The Head of Overview and Scrutiny explained that there are a number of factors to be taken into consideration. There needs to be an emphasis on delivery and it needs to be noted that this is a long term agenda. There will be opportunities under the new local government arrangements and this work will need to be embedded into the work of the new council.

He further stated that there are six key areas which were identified during the course of discussion:

- The County Council has significant role to play in a community leadership role. This will include lobbying, influencing, enforcing legislation, challenging where it is not delivering services, raising awareness and championing this agenda.
- Under the new local government arrangements housing and leisure will need to be reflected in the document. This is in addition to the areas identified in the earlier discussion.
- Partnerships – the need for a more joined up approach to tackling this agenda. How do we target support for families to deal with issues such as obesity, alcohol/substance misuse, teenage pregnancy etc.
- A performance framework is needed. Without benchmarks and performance indicators we will be unable monitor progress. These need to be cross referenced to other areas such as domestic violence and children and young people etc.
- It is suggested that the County Council support Stafford Scholes through its occupational health service to help raise awareness on prostate cancer. In addition through District Councils will support awareness training for licensees.

Resolved:

That the Health Improvement Strategy be noted and that the comments set out above be submitted as the Health Scrutiny Sub Committees response to the consultation.

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