



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

Tuesday,
9 September 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) 24th June 2008

(Pages 1 - 6)

(b) 1st July 2008

(Pages 7 - 12)

**4. OVERVIEW AND SCRUTINY REVIEW - REGENERATION OF OLDER
PRIVATE SECTOR HOUSING - PROGRESS ON ACTION PLAN**

To consider the attached action plan detailing progress against recommendations from the Overview and Scrutiny Review of Regeneration of Older Private Sector Housing. (Pages 13 - 16)

**5. OVERVIEW AND SCRUTINY REVIEW - TOURISM WITHIN THE BOROUGH -
PROGRESS ON ACTION PLAN**

To consider the attached action plan detailing progress against recommendations from the Overview and Scrutiny Review of Tourism within the Borough.
(Pages 17 - 24)

6. DURHAM COUNTY COUNCIL HEALTH SCRUTINY SUB COMMITTEE

To consider the minutes of the meetings held on:-

(a) 11th March 2008

(Pages 25 - 30)

(b) 7th April 2008

(Pages 31 - 36)

7. WORK PROGRAMME

To consider the attached report of the Chairman of the Committee. (Pages 37 - 38)

8. 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
1st September 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, Ms. I. Jackson, K. Thompson, A. Warburton, T. Ward and
Mrs E. M. Wood.

ACCESS TO INFORMATION

Any person wishing to exercise the right of inspection etc. in relation to this agenda and associated papers should contact Miss. E.A. North, Tel 01388 816166 Ext 4237, enorth@sedgefield.gov.uk

Item 3a

SEDGEFIELD BOROUGH COUNCIL

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

Council Chamber,
Council Offices,
Spennymoor

Tuesday,
24 June 2008

Time: 10.00 a.m.

- Present:** Councillor J.E. Higgin (Chairman) and
Councillors Mrs. S. Haigh, Ms. I. Jackson, Mrs. E.M. Paylor, T. Ward and Mrs E. M. Wood
- In Attendance** Councillors V. Chapman, Mrs. L. Cuthbertson, A. Gray, G.C. Gray, B.Haigh, B. Lamb, Mrs. E.Maddison and A. Warburton
- Apologies:** Councillors W.M. Blenkinsopp, Mrs. D. Bowman, J. Burton, Mrs. P. Crathorne, Mrs. H.J. Hutchinson and K. Thompson and
Tenant Representative – Mrs. M. Thomson

H&S.1/08 **DECLARATIONS OF INTEREST**
No declarations of interest were received.

H&S.2/08 **MINUTES**
The Minutes of the meeting held on 15th April, 2008 were confirmed as a correct record and signed by the Chairman.

H&S.3/08 **CCTV ARRANGEMENTS WITHIN THE BOROUGH - PROGRESS UPDATE**
It was explained that Dennis Scarr, Head of Community Services and Andrew Aitken, Business Manager were present at the meeting to give an update on CCTV arrangements within the Borough. (For copy of presentation see file of Minutes).

The Committee was informed that the presentation would cover CCTVs contribution to the community safety agenda, a performance analysis of CCTV during 2007 and an update on the CCTV refurbishment programme. In addition two current issues would be considered namely CCTV within the new unitary local authority and also recent media coverage of CCTV surveillance.

In terms of CCTV's contribution to community safety, it was explained that CCTV contributed to Sedgefield Borough Council's Corporate Ambitions of promoting safer neighbourhoods and improving towns, villages and countryside. As such CCTV surveillance had the effect of reducing total crime, re-assuring the public, reducing the fear of crime and anti-social behaviour and reducing the harm caused by drugs and alcohol abuse. .

Performance figures showed that the existence of CCTV was seen to reduce criminal activity and was also a valuable tool in securing prosecutions. It was noted that annual statistics were available on the Crime and Disorder Reduction Partnership website and reports were also circulated to Town and Parish Councils.

In terms of performance it was noted that :

- CCTV detection rates were up by 12% year on year
- 1,862 incidents had been captured on CCTV

CCTV detection rates for 2007/2008 were as follows :-

Criminal Damage	-	Up 126%
Violent Crime	-	Up 29%
Anti-social behaviour	-	Up 24%
Emergency Services	-	Up 47%
Substance Mis-use	-	Down by 75%
Theft	-	Down by 58%
Burglary	-	Down by 57%
Environmental Damage	-	Down by 6%

Details of Police responses to incidents during 2007/8 compared with 2006/7 were outlined as well as control centre responses during 2007/8. Police responses included arrests, the number of cautions issued, penalty notices/searches and reviews of CCTV footage. Control centre responses included a number of Police alerts, the number of emergency service alerts, number of Neighbourhood Warden alerts and CCTV reviews performed.

The Committee was updated on the CCTV refurbishment programme. It was explained that the control room displayboard had been completed and the CCTV camera refurbishment programme would be completed in August, 2008. The number of digital video recorders were to increase from 14 to 28 and 2 wireless links to Chilton were to be installed. In respect of CCTV signage replacement, the signs had been ordered.

Future developments in relation to CCTV were also outlined including a review of service charges, potential new business, new income from Northern Rail and CCTV accreditation.

Members were informed of discussions which were being held in relation to CCTV within the new unitary authority. It was explained that a number of workstreams had been established within the new authority to consider outstanding issues. Issues relating to CCTV were being discussed within the Community Safety Workstream. Discussions had been held regarding systems in use in each of the authorities and what was needed for the future. Options for the service would be explored after data/ evidence had been gathered to present to the Unitary Authority.

Reference was made to recent media coverage of CCTV surveillance, particularly the use of CCTV cameras for other than their original purpose .

It was explained that there were strict codes of practice in relation to surveillance. There was a requirement for authorisation to observe an individual and a process had to be followed. An application for such surveillance had to be signed by the Chief Executive and Deputy Chief Executive of the Authority. There were concerns that CCTV in some local authority areas was being used for other than its original intention of identifying criminal activity. This, however, did not happen in this Council's area.

During discussion of this item Members raised queries regarding the quality of the coverage of CCTV monitoring in Shildon Town Centre. It was explained that this would be replaced as part of the refurbishment programme.

In response to a query raised regarding mobile CCTV it was explained that the Crime and Disorder Reduction Partnership had a mobile CCTV vehicle the direction for use and the deployment of which was agreed with the Police. The unit was active in areas throughout the Borough.

Members also made reference to the issue of feedback from the Police and the value of such feedback. It was recognised that there were difficulties in receiving feedback from the Police on the outcome of reported incidents. However, the situation was improving and the Council was working with the Police to help devise a way to provide such information.

Clarification was sought regarding areas which were allowed to be covered by camera from a persons house. It was explained that under the Data Protection Act cameras were permitted if focused onto a persons own garden and property. However, coverage of a street from a property was not permitted.

Concern was expressed regarding the increase in domestic violence. It was explained that the Domestic Abuse Team, which had been established, worked with victims to provide support and advice. The Crime and Disorder Reduction Partnership had targets with regard to domestic violence. The PCP and Police had dedicated staff to deal with protocols/arrangements to provide services and assist victims of domestic abuse. In addition the Council had use of a shared refuge facility within the County.

AGREED : That the Committee is satisfied with progress on CCTV arrangements within the Borough.

H&S.4/08

PERFORMANCE UPDATE REPORT - QUARTER 4 2007/2008 (START APRIL 2007 - END MARCH 2008)

Consideration was given to a report measuring performance against the Corporate Plan's Healthy Borough and Strong Communities Delivery Plans covering the period from 1st April, 2007 to 31st March, 2008. (For copy see file of Minutes).

The report provided data on 20 Healthy and 29 Strong Performance Indicators of which 11 performance indicators were key to the Council's aims and objectives.

Members made specific reference to the following :-

CPH22 – Percentage of Population that is within 20 Minutes travel time of a range of three different facility types of which one had achieved equality issues of standards. It was explained that this indicator was performing 7.3% under target. The Newton Aycliffe Leisure Centre assessment had been delayed due to internal issues at QUEST. However, Newton Aycliffe Leisure Centre was now scheduled to be assessed in June, 2008.

LPI 40 – Representative Facility Use by Young Women 11 – 19 It was noted that this was 3% above target which was a significant improvement.

BV064 – Number of Non Local Authority Owned Vacant Dwellings Returned to Occupation or Demolished during the financial year This was performing 26 properties below target. Demolition contract approval had now been received.

BV066(C) – Percentage of Local Authority Tenants in arrears who have had notices seeking possession served. This was performing 7.13% under target. There was a significant focus on tackling rent arrears which had resulted in an overall reduction of 10% and a collection rate of 99.09%.

BV212 – Average time taken to relet Local Authority Housing This Indicator was performing 11 days under target. The department had successfully let some long term voids in sheltered housing schemes which had impacted on this Indicator and had resulted in the target not being achieved.

CPS13 – Number of Homeless Applications It was noted the target for this indicator was to receive 350 applications. The actual performance was 26 applications which was a significant improvement as Members had previously expressed concerns on the number of homeless applications. A reduction in the number of statutory homeless applications was due to the commitment and increase of homeless preventative work.

CPS14 – Number of Homeless Applications from 16 – 17 year olds Performance of this indicator had reduced from 29 applications in 2006/07 to 2 applications in 2007/08. It was noted that significant improvements had been made to this indicator which was due to the commitment to Partnership working through the County Joint Protocol system which had enabled young people to secure alternative housing options.

CPS15 – Total CPS Crime within the Borough This was performing below target. However, the target had been set before the change in the way in which the police recorded incidents.

CPS09 – Number of Reported Domestic Abuse Repeat Victimization

This was performing below target. There had been a significant increase in the number of reported incidents and a strategy was being considered for dealing with the issue.

Members noted a number of PI's related to services delivered by Mears Ltd under recently introduced partnership arrangements and queried generally how those arrangements were progressing. It was suggested that appropriate officers be invited to the meeting to be held in September 2008 to give a progress report covering the first 6 months of the partnership.

- AGREED:-*
- 1. That the report be received*
 - 2. That progress on the housing partnering arrangements be incorporated into the Committee's Work Programme.*

H&S.5/08

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).

An update was given on progress on the Committee's two Review Groups: Healthy Borough Review Group and Strong Communities Review Group.

Members had identified that a progress update on the use of partnering arrangements within the Housing Department be included within the Work Programme.

It was also explained that at a meeting of Strategic Leadership Overview and Scrutiny Committee held on 10th June 2008 discussions had taken place in relation to progress made on the proposed Large Scale Voluntary Transfer (LSVT). As a result of the discussion it was suggested that the issue be referred to the Healthy Borough with Strong Communities Overview and Scrutiny Committee. The Committee was informed that a Briefing Session for Members on LSVT had already been arranged to be held on Thursday 3rd July 2008 and that any queries could be addressed at that session.

- AGREED :*
- 1. That the report be noted.*
 - 2. That the following item be placed on the Committee Work Programme :-*

Progress on Housing Partnering Arrangements..

ACCESS TO INFORMATION

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Item 3b

SEDGEFIELD BOROUGH COUNCIL

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

Council Chamber,
Council Offices,
Spennymoor

Tuesday,
1 July 2008

Time: 10.30 a.m.

Present: Councillor J.E. Higgin (Chairman) and
Councillors W.M. Blenkinsopp, Mrs. S. Haigh, Mrs. H.J. Hutchinson,
Ms. I. Jackson, A. Warburton and Mrs E. M. Wood

In Attendance V. Chapman, Mrs. L. M.G. Cuthbertson, P. Gittins J.P., A. Gray,
B. Haigh, J.G. Huntington, Mrs. E.M. Paylor and A. Smith

Invited to Attend Councillor Mrs. K. Conroy

Apologies: Councillors Mrs. D. Bowman, J. Burton, Mrs. P. Crathorne,
K. Thompson and T. Ward

H&S.6/08 **DECLARATIONS OF INTEREST**
No declarations of interests were received.

H&S.7/08 **NHS CONSULTATIONS**
Representatives from the County Durham Primary Care Trust and County Durham and Darlington NHS Foundation Trust were present at the meeting to give a presentation on the current consultation exercises 'A Big Conversation' and 'Seizing the Future'.

David Gallagher, Director of Corporate Strategies and Services and Relations County Durham PCT gave a presentation regarding the PCT's development of a five year strategy for improving health and healthcare for the people of County Durham and Darlington. The presentation set out the PCT's mission statement, health challenges and the priorities for improvement health and inequalities whilst taking into account the needs of local people.

Members were also informed how the PCT planned to commission services in order to achieve better health and wellbeing, better care and better value for all.

The PCT recognised that there were opportunities for change which included the development of integrated networks of care. This would reduce the reliance on hospitals and emergency admissions, map services to needs, provide care closer to home and make better use of community hospitals. The proposed development of a GP led Health Centre in Easington was also referred to.

The PCT would work in partnership with other agencies in order to reduce health inequalities and improve access to services.

Dianne Murphy, Project Manager County Durham and Darlington NHS Foundation Trust gave a presentation on 'Seizing the Future'.

It was explained that 'Seizing the Future' was the development of the Trust's strategic direction for the next five years. This included an examination of current services, a review of achievement of national standards across all services and the development of service configuration options.

There were 3 phases of 'Seizing the Future'. Phase 1 – Scoping Study - commenced in January 2008 and Phase 2 – Development of Future Service Options - which commenced in May 2008. It was anticipated that Phase 3 – Formal Consultation – would commence in October 2008.

It was noted that the process to develop future service options would be clinically led in four key areas – Medicine, Surgery, Women and Children and Diagnostics and Clinical Support. Stakeholder engagement would also take place.

Through the development of future service options, the Foundation Trust aimed to increase positive patient experiences, provide accessible services, meet national and local performance standards, show ongoing improvement, provide support care closer to home and make efficient use of resources.

Members were informed that there was a two stage process to assess future service options. The first stage was to ensure clinical safety, affordability and 'do-ability'. The second stage related to the weighted criteria of integrated models of care and patient focus, access, workforce staffing and sustainability.

Reference was also made to cluster options. It was explained that although there had been five options only one was to be developed further. This was to develop two sites leading on acute hospital care, plus proposals for a third site that included elective surgery, midwife led community care, specialist rehabilitation, selective inpatients and a 24 hour emergency care provision.

In conclusion it was explained that further analysis and modelling which included a feasibility study, travel and transport implications and the role of each site was required. Further engagement with GP's, social care and the ambulance service together with an option appraisal with clinical staff, governors and stakeholders was also required before going to formal consultation in October 2008.

With regard to Patient Choice, Members queried how much choice patients had. In response it was explained that a patient could choose

which hospital to attend. This enabled a patient to opt for treatment in an independent hospital of their choice rather than an NHS hospital. If an NHS patient was referred to an independent hospital the PCT would commission and pay for all treatment, which would be free to the patient at the point of delivery.

The Committee queried the proposed development of a GP-led Health Centre in Easington. It was explained that this was a national initiative intended to address inequalities and improve access to health care services in the area with the most need. Although the Health Care Centre would be located in Easington it would be open to all members of the public. Patients would not have to be registered.

The Health Centre would be open 8.00 a.m. to 8.00 p.m. seven days a week and would be easily accessible for those patients who found it difficult to access their own GP.

Although the Health Centre would be managed by the PCT, services would be commissioned by them and delivered by an external provider.

Members queried whether the proposed development of the GP-led Health Centre would affect the development of other health centres in Sedgefield Borough. It was explained that the PCT would receive specific funding for the development of the GP-led Health Centre. The development of other Health Centres would therefore not be affected.

Members also questioned how 'Seizing the Future' and 'a Big Conversation' linked with the consultation exercise Momentum - Pathways to Healthcare. It was explained that there were two parts to Momentum Pathways to Healthcare – the development of a new hospital in Stockton and Customer Care. All consultation exercises would link together.

In response to a question raised by Members in relation to travel it was explained that the PCT balanced travel time with the potential to deliver the best care. It was considered better to increase travel time to ensure the patient received the best possible treatment and care. Members highlighted that the PCT must also take into consideration the travel time for visitors.

Members enquired about the reduction of services provided by Bishop Auckland General Hospital and whether the move towards hospitals specialising in particular clinical areas would lead to further reductions. In response it was explained that hospitals needed to develop centres of excellence in certain treatments order to attract top quality specialist consultants, doctors etc to ensure the best levels of treatment for patients. The Foundation Trust needed to ensure that resources were maximised across all hospitals in the area, taking into account what was available in the region.

The NHS officers and Cabinet Member then left the meeting to enable the Committee to formulate conclusions and recommendations.

Members welcomed 'Seizing the Future', 'A Big Conversation' and 'Momentum – pathways to healthcare' as they sought to improve healthcare in the locality. Health inequalities and health deprivation within the Borough were of major concern to the Council and therefore Members were grateful for the opportunity to contribute directly to these debates.

After detailed deliberation the Committee wished the following comments to be forwarded to Durham PCT and County Durham and Darlington Foundation Trust. A copy was also to be forwarded to Durham County Council's Health Scrutiny Committee for them to consider within their deliberations on the issues:-

Patient Choice

Increased choice for patients, including treatment in independent hospitals, could be seen as a means of minimising delays in patients receiving treatment and possibly raising standards of care. However, concerns were expressed about creeping privatisation and potential drift towards further fragmentation of the NHS. Members felt strongly that the NHS ethos of 'treatment free at the point of delivery' should remain a fundamental principle. Patients should not feel pressurised into making financial contributions for their healthcare.

Development of Specialised Services

In recent years Bishop Auckland General Hospital has lost a number of services, such as general surgery, fracture clinic, consultant led maternity services, 24 hour paediatric services, general medicine, gynaecological services.

Members appreciated that the Foundation Trust needed to view services provided by hospitals within County Durham and Darlington as a combined resource, to look at specialist treatment offered within in the region and develop services accordingly. Members were however concerned about potential accessibility issues related to the distance and time taken for patients to receive treatments, particularly in emergency situations, e.g. related to heart attacks and strokes which had a high prevalence in the Borough.

Concern was also expressed regarding transport issues for the relatives of patients receiving treatment, particularly those on low incomes. Shuttle bus services between hospitals had been proposed as a possible means of assisting non-urgent patients and visitors with transportation, however there had been no further developments on this issue. In addition there were similar concerns about accessibility of Out of Hours Urgent Care Centres at times when public transport was unavailable.

GP Led Health Centres

A GP Led Health Centre was to be established within County Durham to address inequalities and improve access to health care. Durham PCT had proposed that this Health Centre be located in Easington. Whilst Members appreciated that there were health inequalities in Easington that needed to be addressed, there were also similar health issues within Sedgefield Borough. Members had concerns that a single additional Health Centre located in Easington would not address health issues across County Durham and particularly within Sedgefield Borough. There were major accessibility issues, particularly for lower income groups, which tended to suffer most from health inequalities.

A programme of LIFT funded health centres had been agreed for the area, however these had yet to be delivered. Members were concerned about the apparent lack of clarity on the delivery of this programme.

In addition the introduction of evening and weekend appointments at GP Surgeries had not yet materialised.

NHS Consultations

A number of consultations were being undertaken concurrently by various parts of the NHS. Durham PCT was conducting 'A Big Conversation' with a view to developing a 5 year strategy for improving health and healthcare. Durham and Darlington Foundation Trust was developing its own 5 year strategic plan under the banner of 'Seizing the Future'. In addition Hartlepool PCT, North Tees PCT and North Tees & Hartlepool NHS Foundation Trust were undertaking a review of healthcare within Hartlepool and Stockton, which would also impact on parts of Easington District and Sedgefield Borough. Members were keen to encourage those involved in these reviews to consult with each other on the outcomes of their consultations and proposals in order to ensure that maximum benefits could be gained from collaboration and the development of an integrated NHS service within the locality.

RECOMMENDED:

- 1. That a response setting out the Committee's views and concerns be forwarded to Durham PCT and County Durham and Darlington Foundation Trust.*
- 2. That a copy also be forwarded to Durham County Council's Health Scrutiny Sub-Committee for them to consider within their deliberations on these issues.*

ACCESS TO INFORMATION

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**OVERVIEW AND SCRUTINY REVIEW GROUP REPORT - REGENERATION OF NEIGHBOURHOODS WITH OLDER PRIVATE SECTOR HOUSING
CABINET RESPONSE AND ACTION PLAN**

Review Recommendations	Cabinet Response		Implementation	
	Agreed?	Comments	Responsibility	Timescale
1. That the Council's commitment to acting as the lead agency in regeneration of neighbourhoods with older private sector housing be re-affirmed, together with the selection of three areas (at (West) Chilton, Ferryhill Station and Dean Bank, Ferryhill) for priority action through the delivery of the Master Plan for the areas.	Agreed	The Master Plan is complete and was presented to Cabinet in July 2006. Further work has been undertaken to confirm the financial profiles and develop effective solutions to allow all residents to access housing of choice.	A Palmer G Hall	July 2006 then ongoing
2. That a project timetable be included in the Master Plan and that this be used to monitor the delivery of the Regeneration of the Priority Areas.	Agreed	The Master Plan contains a section on delivery, together with indicative timescales. Working with adjacent Durham Districts and English Partnerships, a programme of delivery has been detailed which will assist in securing external funding and clarifying delivery priorities as we move towards the new authority.	G Hall G Wood	July 2006 Update by October 2008
3. That selective intervention is undertaken in other areas, as appropriate, to address problems associated with older private sector housing in those areas.	Agreed	A report on the delivery mechanisms for Private Sector Renewal, including Private Sector Licensing of Landlords, was presented to Cabinet in June 2007. Following DCLG approval and necessary notifications licenses have now started to be issued.	G Hall D Hedley	June 2007 August 2008.

Review Recommendations	Cabinet Response		Implementation	
	Agreed?	Comments	Responsibility	Timescale
4. That, in view of the resources required, the Council engages at a sub-regional level with agencies such as the Durham Coalfields Housing Renewal Partnership, Government Office North East and English Partnerships to examine all possible additional investment and funding opportunities.	Agreed	Officers continue to attend the Durham Coalfields Housing Renewal Partnership. Secured Single Programme resources and appointed Countywide Coalfield Housing Development Director Further investigation of opportunities for funding for projects through the New Growth Point programme which operates across the Priority Neighbourhoods	G Hall G Wood	Ongoing November 2006 October 2008
5. That as there is a range of solutions available to address relevant issues, the most appropriate solution should be identified in each case - with the overall aim of ensuring that the outcome is a sustainable and viable community.	Agreed	Officers will utilise a range of tools to address private sector housing renewal and regeneration of our priority neighbourhoods.	D Hedley	Ongoing
6. That any households displaced by regeneration programmes are offered, as far as is possible, the housing solution most appropriate to their needs.	Agreed	Bespoke relocation packages are being developed to support any household displaced by regeneration programme. The Council's Relocation assistance Policy is continually reviewed to ensure that all possible mechanisms are available.	A. Stephenson J Wilkinson	May 2006 Ongoing
7. That the Council ensures, as far as it can, that any future housing developments resulting from the regeneration of neighbourhoods contain a mix of affordable family housing as well as a social housing element.	Agreed	The implementation of the regeneration of neighbourhoods that includes new house building will ensure a suitable mix of house type and tenures. Overview and Scrutiny Committee 2 carried out a review of affordable housing and the findings of the review were reported in February 2007. The principles established will be used across the priority communities	D Hedley C Myers	Ongoing February 2007

Review Recommendations	Cabinet Response		Implementation	
	Agreed?	Comments	Responsibility	Timescale
8. That residents and stakeholders affected by regeneration programmes are consulted and kept informed at all stages of the process.	Agreed	<p>The Active participation of residents was fundamental to development of the Master Plan. Stakeholder Group developed to ensure effective community engagement during project delivery.</p> <p>This structure is currently being developed to also provide the reference structure for the Neighbourhood Management programme</p>	G. Hall D Hedley G Wood	July - October 2006 October 2008
9. That the Council uses all its available powers to achieve these objectives (including use of group repair schemes) to improve homes; use of compulsory purchase to acquire and clear blocks of redundant properties; use of planning and environmental health powers to tackle empty buildings and derelict sites; and consideration of the adoption of selective licensing of private landlords.	Agreed	<p>The Master Plans for Chilton West, Dean Bank and Ferryhill Station I include the use of these available powers.</p> <p>Group repair schemes have now been completed to blocks of property in Chilton and Ferryhill Station.</p> <p>A compulsory Purchase order was pursued to secure the final properties required to bring forward the third phase of redevelopment at the Rows, Ferryhill Station</p> <p>The lessons learned from these interventions will be used to inform the approach to other areas of older private sector housing.</p>	D Hedley E Beever A Blakemore	Ongoing

Review Recommendations	Cabinet Response		Implementation	
	Agreed?	Comments	Responsibility	Timescale
10. That the Council works with other partners, such as the Police and County Council to effectively exercise the powers at 9. above.	Agreed	The Crime and Disorder Reduction Partnership and the Local Strategic Partnership are used to support the objectives of the regeneration of areas of older private sector housing.	G Hall D Hedley A Palmer	Ongoing
11. That links are established with other programmes via Neighbourhood Management, to address issues of crime, anti-social behaviour, joblessness, low educational achievement etc.	Agreed	Detailed integration of service delivery to underpin the use of the powers detailed in 10 above is to be provided by a Neighbourhood Management approach across the three communities.	G. Hall D Hedley G Wood	Ongoing

OVERVIEW AND SCRUTINY REVIEW GROUP REPORT - TOURISM WITHIN SEDGEFIELD BOROUGH

CABINET RESPONSE AND ACTION PLAN

Review Recommendations	Comments	Implementation	Timescale	Current status
<p>1. The development of a Sedgefield Borough Tourism Strategy should be supported and - given the important links between tourism and economic regeneration – should be resourced and developed at a corporate level (☒)</p>	<p>An annual local strategic document with targets and associated action plans, currently linked within the service plan already exists (LW).</p> <p>The impact of tourism as an important contributor towards developing wealth for the borough will be monitored through attendance at LSP attractive and prosperous thematic groups (LW).</p>	<p>Tourism service plan – linked to the sub-regional and regional tourism strategies and associated action plans.</p> <p>LSP Prosperous & attractive</p> <p>Corporate prosperous and attractive borough strategic working groups.</p>	<p>Annually (ongoing)</p> <p>Quarterly (ongoing)</p> <p>Quarterly (ongoing)</p>	<p>Service plan 2008/09</p> <p>Continued attendance</p> <p>Continued attendance</p>

Review Recommendations	Comments	Implementation	Timescale	Current status
<p>2. The council's tourism strategies and initiatives should be developed in the context of existing and future local and regional strategies (including the North East Tourism Strategy, the Tourism Strategy for County Durham, the Regional Spatial Strategy and The Northern Way) and not in isolation.</p> <p>Particular consideration should be given to the impact of the development of Area Tourism Partnerships and the part which the Council will play in the revised regional tourism structure (<input checked="" type="checkbox"/>)</p>	<p>Tourism development for Sedgefield is being developed to reflect the priorities and aspirations of the Area Tourism Partnership (LW).</p> <p>It should be recognised that there are a number of tourism attractions within the borough. There is the potential for product development which the borough council will seek to support (SBC).</p> <p>Partnership working across departments and tourism related external agencies will ensure a co-ordinated approach to maximising the benefits of tourism to the borough (LW).</p>	<p>Tourism service plan reflects sub-regional and regional priorities.</p> <p>Assistance with ATMaP applications.</p> <p>Group travel strategy</p> <p>Durham Attractions Group.</p> <p>TOVIC (sub-regional Tourism Officers.</p>	<p>Annually (ongoing)</p> <p>Ongoing</p> <p>May 2007</p> <p>Quarterly (ongoing)</p> <p>Quarterly (ongoing)</p>	<p>Service plan 2008/09</p> <p>Ongoing</p> <p>Complete</p> <p>Ongoing</p> <p>Ongoing</p>

Review Recommendations	Comments	Implementation	Timescale	Current status
<p>3. Tourism links with other local authorities, relevant public bodies and the private sector should be further developed to maximise the tourism potential of Sedgefield Borough and also the wider local region (<input checked="" type="checkbox"/>)</p>	<p>Synergy between local attractions is important for tourism development in Sedgefield (<i>LW & Locomotion</i>).</p>	<p>Durham Attractions Group. Group travel strategy.</p>	<p>Quarterly (ongoing) May 2007</p>	<p>Ongoing Complete</p>
	<p>Greater strength of marketing campaigns through partnership working and branding – Sedgefield as part of the County Durham Tourism Partnership (<i>CDTP</i>).</p>	<p>Inclusion within sub-regional and regional publications; VIP Pass Attractions Pass Accommodation Guide Pocket Guide</p>	<p>Annually (ongoing)</p>	<p>Ongoing</p>
	<p>Work with SASDA and the Learning and Skills Council to raise awareness of tourism as a source of employment from school leaver age as well as employment transfer from those formerly in the manufacturing industry. A formal programme will be organised by SASDA by December 2006 along with an associated action plan (<i>LW, SASDA, LSC</i>).</p>	<p>SASDA pre-start workshops bi-annually & appointment of tourism specialist as business advisor to offer one to one support. Partnership with Business Link to do a training needs assessment to all employees with the SBC tourism industry. Working with borough learning co-ordinator to help administer training requirements.</p>	<p>Bi – annually (ongoing) 10 business pilot currently in operation. Ongoing programme.</p>	<p>2 Business Link Tourism specific Business Advisors have been appointed for Co Durham. Complete Ongoing</p>

Review Recommendations	Comments	Implementation	Timescale	Current status
<p>Contd.</p> <p>3. Tourism links with other local authorities, relevant public bodies and the private sector should be further developed to maximise the tourism potential of Sedgfield Borough and also the wider local region (<input checked="" type="checkbox"/>)</p>	<p>Inclusion of Locomotion and railway heritage with the CDTP Management Plan (ATMaP) which will broaden the scope of the borough offer (<i>CDTP, Locomotion</i>).</p>	<p>ATMaP application will be carried out upon completion of the Phase 2 report.</p>	<p>Autumn 2007</p>	<p>In progress. Completion of consultants report Spring 2008. ATMaP application has completed first stage and embarking on the second. Deadline for March 2009.</p>
	<p>Represent SBC as a stakeholder, taking an active role in the development of the South West Durham Heritage Corridor Project, a HLF funded project to increase assess to heritage by the community and tourists (<i>LW</i>).</p>	<p>HLF bid submitted however project had to be downsized which therefore omitted Locomotion from the area at this time.</p>	<p>Complete</p>	<p>Complete</p>
	<p>Continue to pursue opportunities for funding in line with the CDTP Events Plan (<i>CDTP, LW, BA, Locomotion</i>).</p>	<p>County Durham Tourism Partnership Events Group</p>	<p>Quarterly (ongoing)</p>	<p>Continued attendance</p>
	<p>Continue to promote Locomotion and railway heritage to ensure continued inclusion in the ATP action plan and associated product development to broaden the scope (<i>Locomotion, CDTP</i>).</p>	<p>ATMaP application will be carried out upon completion of the Phase 2 report.</p>	<p>Autumn 2007</p>	<p>In progress</p>

Review Recommendations	Comments	Implementation	Timescale	Current status
<p>4. The impact of the opening of Locomotion: the National Railway Museum at Shildon, on the local economy should be assessed, with a view to maximising potential benefits (✓)</p>	<p>The economic activity model, PRIME model is currently being re-run by One NorthEast. The results will be available by 21/04/06. The results will be compared to the model that was run prior to Locomotion's opening which anticipated a £1mn impact upon the regional economy (<i>ONE, LH, GM</i>).</p> <p>The number of business start-ups due to the opening of Locomotion are monitored via SBC's Economic Development Section (<i>ED</i>)</p>	<p><u>2006 results:</u> 45-72 regional jobs created/supported £4.3mn regional economic impact</p> <p>None to date</p>	<p>To be re-run 2008</p> <p>Ongoing monitoring via Economic Development Department</p> <p>Annually (ongoing)</p>	<p>Regional advice was to not re-run the model until 2009 (resulting in 3 year gaps between each report).</p> <p>Visitor numbers and average spend are monitored within the visitor survey.</p> <p>Ongoing</p>
	<p>The STEAM model, which monitors tourism activity in a given area, is carried out annually. Durham County Council currently fund the model but the ownership will pass to the CDTP. This acts as a vital information provider and aids completion of Community Strategy Action Plan targets (<i>CDTP, LW, LSP</i>)</p>	<p><u>2006 results:</u> £73.03mn revenue 2,501,590 visitors 1,469 (FTE) jobs supported</p>		<p>Awaiting 2007 results. Due September 2008.</p>

Review Recommendations	Comments	Implementation	Timescale	Current status
<p>Contd.</p> <p>4. The impact of the opening of Locomotion: the National Railway Museum at Shildon, on the local economy should be assessed, with a view to maximising potential benefits (☑)</p> <p>5. The council should consider what part it can play in the process of the above point by examining its own business support links (☑)</p>	<p>Help to deliver the action plan from the strategic linkages events at Locomotion (<i>LW, Locomotion</i>).</p> <p>Locomotion's profile as a brand will be used on a national stage as an inward investment hook. Locomotion could be used as a tool to promote the area through the business centre as well as an area acknowledged as best practice for utilising local suppliers (<i>SBBS</i>).</p> <p>A regular communication framework between the Tourism Officer and SASDA/SBBS will be put in place to maximise the benefit of SBC tourism businesses (<i>SASDA, SBBS</i>).</p>	<p>ATMaP application will be carried out upon completion of the Phase 2 report.</p> <p>Economic development have commissioned a marketing consultant to analyse 3 main areas (Green Lane, Net Park, Aycliffe Business Park) where large capital programmes are in operation. Promotion about living and working in these areas will include Locomotion as a place to visit.</p> <p>Supported through attendance at LSP groups.</p>	<p>Autumn 2007</p> <p>Consultant commissioned Oct 2007– Jan 2008</p> <p>Quarterly (ongoing)</p>	<p>In progress. Completion of consultants report Spring 2008. ATMaP application has completed first stage and embarking on the second. Deadline for March 2009.</p> <p>Continued attendance</p>

Review Recommendations	Comments	Implementation	Timescale	Current status
<p>6. Consideration should be given to the Council taking advantage of increased opportunities in the tourism market by increasing its activities and resources in this area (<input checked="" type="checkbox"/>)</p>	<p>SBC will ensure that its voice is heard within the ATP. This will be delivered by the Tourism Officer, SBC seat on the board and the County Durham Tourism Partnership (SBC, LW, JR)</p>	<p>Durham Attractions Group TOVIC group SBC as district representative on CTDTP board</p>	<p>Quarterly (ongoing) Quarterly (ongoing) Ongoing</p>	<p>Continued attendance Continued attendance Continued representation</p>
<p>7. An assessment should be made of the current availability of information to tourists and consideration given to how an gaps in provision can be addressed and resourced (e.g. through partner involvement) (<input checked="" type="checkbox"/>)</p>	<p>An audit of current information will be carried out to assess what information there is, how it is distributed, what is missing and an economic way of closing this gap will be sourced (LW).</p> <p>Ensure strong SBC representation with CDDTP marketing strategy (LW).</p> <p>ONE are in the process of developing an e-platform which will act as a database of all tourism related businesses. Until this resource is available, both the SBC and Locomotion websites act as sources of tourist information from event listings to accommodation and attraction links (ONE).</p>	<p>Lack of group travel information and product led to the commissioning of a borough wide group travel audit and action plan.</p> <p>Pocket guide, VIP Pass, attraction pass, website, accommodation guide www.visitcountydurham.com www.visitnortheastengland.com www.visitbritain.co.uk</p>	<p>Ongoing delivery of the action plan Ongoing Ongoing</p>	<p>Ongoing Ongoing Ongoing</p>

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DURHAM COUNTY COUNCIL

At a Meeting of the Health Scrutiny Sub-Committee held at the County Hall, Durham on **Tuesday 11 March 2008 at 10.00 a.m.**

COUNCILLOR N WADE in the Chair.

Durham County Council

Councillors Bell, Davies, E Foster, Priestley, Simmons and Stradling

Chester le Street District Council

Councillor Harrison

Durham City Council

Councillor Smith

Derwentside District Council

Councillor Agnew

Sedgefield Borough Council

Councillors Crathorne and Gray

Teesdale District Council

Councillor Cooke

Wear Valley District Council

Councillors Lee and Todd

Other Members

Councillors Chapman, Iveson and Shuttleworth

Apologies for absence were received from Councillors Chaplow and Lavin.

A1 Declarations of Interest

There were no declarations of interest.

A2 Ambulance Service in Rural Areas

The Sub Committee considered a report of the Head of Overview and Scrutiny together with reports and presentations of the County Durham Primary Care Trust and the County Durham Primary Care Trust Patient and Public Involvement Forum (for copies see file).

The Head of Overview and Scrutiny informed the Sub Committee that a number of documents had been received and these had been deposited in the Members Resource Centre and were available for inspection. These included:

- Letter from Mrs L Clarke
- Attendance list of a meeting held at St Johns Chapel Town Hall on 19 February 2008

- Feedback forms in relation to Weardale Ambulance Service
- Letter from Sharon Smith, Assistant Director of Acute Services, County Durham Primary Care Trust
- Letter from Cllr R Betton, Leader Teesdale District Council

Berenice Molloy, Senior Acute Care Pathways Development Manager, County Durham Primary Care Trust explained that in addition to the recommendations made in their report, a meeting had taken place with PPI representatives last week. A meeting has also taken place with NEAS and a draft action plan is being worked on and will be shared with the monitoring group. It was explained that the PCT will need to see much improved performance before they agree to the closure of the ambulance stations.

Following last weeks meeting with PPI representatives the PCT will work in partnership to address the response time issue across the Dales. It is the PCT's understanding that the response times have improved in the last year but that much more work needs to be done. Proposals to improve the response time will be made in the next 2/3 weeks. The PCT are working with NEAS to achieve this. A meeting between the PCT, NEAS and the PPI representatives will be arranged to discuss the proposals in order to take this forward together. A public meeting will be arranged to update the residents on the proposals. The proposals will be monitored with all information being made available over a 6 month period. If there is no improvement, the PCT will have to come up with alternative proposals. Consideration will also be given to a sensible 8 minute target. At the moment this is 75% for rural areas but this will need to be reviewed.

The Sub Committee also received a presentation from Jean Hetherington, of the County Durham PCT Patient and Public Involvement Forum (for copy see file).

The background to the proposed closure of the St John's Chapel and Middleton in Teesdale ambulance stations was explained. In September 2006 the former Durham Dales Primary Care Trust agreed that both stations would remain in use to provide a twelve month monitoring period with the aim of evaluating whether any relocation of the ambulance base would have a detrimental effect upon the upper dales. The PPI have examined the evidence and are of the view that it demonstrates that the relocation of the ambulance has had a detrimental effect on the upper dales.

It was pointed out that Lanehead is 11 miles from Stanhope and 31 miles from the nearest hospital at Bishop Auckland. The electoral roll figures reveal a population of 1848 live west of Stanhope. Upper Teesdale has a population of 2,444. It was stressed that a population of over 4,000 people needs an effective service if lives are not to be put at risk.

The PPI explained that NEAS contend that by locating the ambulances in areas with greater population the target figures will increase but that this would give a poorer service to the upper dales. Relocation of the existing two ambulances will exacerbate the disadvantage and increase waiting times for the upper dales.

It was stated that NEAS had failed to differentiate response times for the upper dales. Performance figures were averaged out and this hides the peaks and troughs in performance across the dales. An improvement in performance should be expected because of the change in working. Careful analysis of the

data is crucial to understanding what is happening. Referring to the presentation it was explained that there was a breakdown in the service when the ambulance is out of the area. An average response time of 20 minutes is given but the actual time on how long it took to respond for two incidents. is not known.

In relation to the Teesdale ambulance it was explained that when it was out of the area it was in Darlington on 33 occasions and in Bishop Auckland on 26 occasions. The vehicle has also been to Newcastle RVI, Durham and Middleton St George. It is assumed that the vehicle was at these locations because they were out of the area and became the nearest ambulance. While the Teesdale vehicle was out of area it was explained that all of the Teesdale calls were answered by out of area ambulances. 130 calls out of 149 were answered by vehicles more than 12 miles from Barnard Castle. The Teesdale ambulance was asked to attend a category A call at St Johns Chapel but was unable to as it was already at Bishop Auckland. Therefore there was no ambulance in either dale. Both dales ambulances are being drawn out of area to provide cover for other areas but no reciprocal cover is being provided.

In Weardale the ambulance is still operating from two locations. The Teesdale ambulance has been relocated to Barnard Castle. As a result the performance figures for Upper Teesdale have fallen from 40.9% to 5.7%. This means that a third of the population of Teesdale has suffered deterioration in service.

The Weardale ambulance has answered 133 call outs from St Johns Chapel and 155 from Stanhope. When the ambulance is based at St Johns Chapel only 11% of the calls are out of the area. When the ambulance is based in Stanhope 30% of its calls are out of the area. When the vehicle is based in Wolsingham the vehicle is drawn eastwards 57% of the time. Therefore when the vehicle is based in St Johns Chapel it anchors the vehicle in the dale and will answer more of the local calls. Once the Weardale ambulance is out of the area it is called as the nearest ambulance and this has happened for 25% or 105 calls answered by the Weardale ambulance. 38% of these calls were east of the A68. Whilst this is happening there is no cover west of the A68. The PPI made reference to an incident at Bellingham in Northumberland which eventually required the involvement of the air ambulance.

The PPI recommend that when the Teesdale or Weardale ambulance leaves its area another vehicle should provide cover and should be positioned to ensure a reasonable response time to the upper dales. The PCT must demonstrate that it is taking rural equity seriously, are making a commitment to the residents of the upper dales and are listening and responding to their views. These recommendations should form part of a wider debate around health care provision and that the both ambulance stations should remain open and in use. It was pointed out that rural areas will not accept a second class service. The PPI Forum asked the Sub Committee to adopt their recommendations.

Councillor Bell informed the Sub Committee that the Middleton in Teesdale station had in effect been mothballed and had not been used since December 2006 and he felt that this was a breach of trust. Berenice Molloy stated that clarification is needed on what is meant by "in use" as it is the PCT's view that the Middleton in Teesdale station is still open.

Les Matthias, North East Ambulance Service explained that they have to provide cover when a vehicle leaves the dales. In addition the Service has to meet response targets over the whole of the area not just in the dales.

Resolved:

1. That the Joint Health Overview and Scrutiny Committee notes both reports;
2. That Joint Health Overview and Scrutiny Committee recommends that the County Durham Primary Care Trust enters into dialogue with key stakeholders to ensure that they (the stakeholders) fully understand the outcome of the evaluation of rural ambulance services in order to improve performance, address concerns and consider the recommendations expressed by the Public and Patient Involvement Forum.

A3 Urgent Care Services

The Sub Committee considered a report of the County Durham Primary Care Trust about the outline strategy for the provision of urgent care services (for copy see file).

Berenice Molloy, Senior Acute Care Pathways Development Manager, County Durham Primary Care Trust explained that they are working to develop improved urgent care services. This will include:

- A single point of access and single telephone number for all urgent care needs;
- Transport provision across the whole of the County, not just for out of hours service but also for in hours urgent care needs;
- The type of roles and responsibilities i.e. the co-location of urgent care centres with A & E where appropriate, an appointment system for urgent care services.

A stakeholder event had revealed that the public were confused on who to contact and often had to ring two or three numbers before reaching the correct point of contact. Better information needs to be provided to the public so that they know which service to access in their area. In addition they often had to communicate their condition a number of times. This will be dealt with by better IT provision that will link up different systems. There are issues with transport provision which need to be addressed. Often patients and their family/friends will be brought into hospital by emergency transport but have no way getting home to enable discharge to take place. There are also issues about patients from the Dales and from parts of Easington accessing transport and being able to access services.

A final stakeholder event will take place on Friday 14th March between 1.30 p.m. and 3.30 p.m. at Collingwood College to receive final feedback. Following this the PCT will produce the final document which will be circulated to all who have been involved after the Joint Board seminar on 3rd April. After this the PCT will go to procurement for transport provision and then the single point of access.

The specifications for social care provision, intermediate care, nursing home admission, emergency admission and dental services will be examined in due course.

Concern about mental health services in the Easington area was expressed. It was felt that services had deteriorated since the establishment of the Tees, Esk and Wear Valleys NHS Trust in the Easington area.

Attention was drawn to the difficulty in people accessing services when new facilities are commissioned. It was suggested that health services need to undertake environmental and health impact assessments.

The Head of Overview and Scrutiny summarised the main issues arising from the report and from discussion which included:

- Transport;
- Access to services via transport and accessibility planning including how patients and relatives/carers get to and from health services;
- Communication with the public and the provision of better public information so that the public are clear how they access services i.e. pathway of care model;
- Access to urgent mental health services;
- Need to undertake environmental and health impact assessments as part of the process of providing new facilities/services.

Resolved:

That the above comments set out above be submitted to the Primary Care Trust as the Sub Committees response to the consultation on Urgent Care Services.

A4 Looking at the Future of Residential Care in County Durham

The Sub Committee considered a report of the Head of Overview and Scrutiny about the report of the working group looking at the future of residential care in County Durham (for copy see file).

The Head of Overview and Scrutiny informed the Sub Committee that the report will be presented to Cabinet on Tuesday 20 March.

Resolved:

1. That the report be noted and that the recommendations set out in the report be agreed.
2. That an update on progress be submitted to the Sub Committee as part of the review of overview and scrutiny recommendations.

Signed Councillor.....
Chairman of the meeting held on 7 April 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 7 April 2008** at **10.00 a.m.**

COUNCILLOR N WADE in the Chair.

Durham County Council

Councillors Bell, Chaplow, E Foster, Priestley, Stradling and Walker

Chester le Street District Council

Councillor Harrison

Derwentside District Council

Councillors Agnew and Lavin

Durham City Council

Councillor Smith

Wear Valley District Council

Councillors Lee and Todd

Other Members

Councillors Gray and Mason

Apologies for absence were received from Councillors G Armstrong, J Armstrong, Cooke and Davies.

A1 Minutes

The Minutes of the meetings held on 7 January and 11 March 2008 were agreed as a correct record and signed by the Chairman.

With reference to Minute A2, Rural Ambulance Services of the meeting held on 11 March 2008 David Gallagher County Durham Primary Care Trust informed the Sub Committee that discussions are taking place with North East Ambulance Service about this issue. This will be brought to the Trust Board in due course. Councillor Bell advised that the Teesdale ambulance was still undertaking routine visits to Darlington.

A2 Declarations of Interest

There were no declarations of interest.

A3 County Durham Primary Care Trust Annual Operating Plan

The Sub Committee received a presentation from Tony Byrne, Assistant Director of Planning and Involvement County Durham Primary Care Trust on the Trusts Annual Operational Plan 2008/09 (for copy see file).

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The Operating Framework was published in November 2007 and this sets out the resources available to PCT's. County Durham PCT has been allocated £42.8M and Darlington PCT £8M. It is intended that the annual operational plan will be produced by February 2008 and the strategic plan will be produced by autumn 2008. There are five national priorities in the operating framework:

- Improving cleanliness and reducing HCAI
- Improving access through achieving 18 weeks and better access to GP and primary care services
- Keeping people well, improving overall health and reducing health inequalities
- Improving the patient experience, staff satisfaction and engagement
- Preparedness to respond to emergencies such as an out break of pandemic flu

The local priorities are:

- Local improvement plans for areas of concern identified through consultation with patients, public and staff, Joint Strategic Needs Assessment, and in agreement with partners
- Issues requiring local attention, particularly where recovery action is needed to enable future improvement – equality, mixed sex accommodation, learning disabilities, diabetic retinopathy, crisis resolution etc.

The Strategic Health Authority has been managing PCTS and they have made it clear that they wished to see PCTS produce ambitious operational plans. In particular the SHA have made it clear that they must be developed in partnership with a wide range of key local stakeholders including social care and with local patient, carer and public involvement linked to fully engaged practice based commissioning.

The PCT has worked with practice based commissioning to produce a commissioning matrix. In January the PCT shared its emerging key priorities with a wide range of organisations. The comments received supplemented the issues raised in the Big Conversation events.

The emerging priorities from practice based commissioning across all clusters included:

- Musculoskeletal
- Cardiology
- Mental health

Other high priorities included:

- Weight management
- Diabetes
- Health improvement
- Ill health prevention

It was stressed that improvement continues to be made in cleanliness and healthcare associated infections. This will include continuing to work with the

County Durham and Darlington Foundation Trust and the local health protection Unit to secure delivery of sustainable reductions in infections.

In terms of investment the PCT will continue to improve primary and secondary care access and will also need to respond to the Darzi review. This will see the provision of a health centre in Durham which will offer an extended range of services and access times. The PCT outlined the areas which they intended to invest in during 2008/09 including:

- Primary dental services
- Home oxygen services
- Pulmonary rehabilitation
- Learning disabilities
- Children's services
- Childhood obesity
- Coronary Heart Disease
- Reducing smoking prevalence
- Integrated sexual health pathway

The PCT is building confidence by continuing to work with local partners to achieve the sign off of the LAA and the publication of the draft Joint Strategic Needs Assessment. They will also be continuing to build on Big Conversation events. The PCT will be publishing a prospectus in the near future. This will enable a dialogue with the local population and will flag up the type of investment the PCT is making to 3rd party providers. The PCT is finalising its delivery plan for 2008/09.

Concern was expressed about the future of Bishop Auckland Hospital. The Sub Committee was informed that it is the intention of County Durham & Darlington Foundation Trust to make the best use of the facility. The Trust is facing a number of pressures that need to be addressed but it was stressed that Bishop Auckland Hospital has a positive future.

Information was sought on public and patient involvement. It was explained that the County is an early adopter of LINks and had recently appointed Pioneer Care Partnership as the host organisation for LINks in County Durham. There would also be opportunities for involvement and input through Big Conversation events as well as the opportunity for the public to become members of the Foundation Trusts.

In response to concerns about childhood obesity it was explained that it was important for health organisations to work with its partners and have a joint approach to ensure that effective action is taken to tackle this issue.

Concern was expressed about the standards of cleanliness in independent sector care homes. The PCT has recognised the risk in nursing and residential care homes and will be working with colleagues to tackle this issue. The Foundation Trust advised that every patient who comes into hospital from nursing or residential homes is now screened on admission. The Trust works closely with the Health Protection Agency and with the PCT and all cases of infection are monitored in an effort to reduce infections.

In relation to learning difficulties it was explained that it can be difficult to obtain advice from healthcare professionals and that access to services can prove

difficult for carers of people with learning difficulties. It was explained that the PCT are preparing a strategy around the provision of services for people with learning difficulties and it is hoped that the carer issues can be included in the way that services are provided.

Resolved:

That the presentation be noted.

A4 Healthcare Commission Annual Health Check 2007/08

The Sub Committee considered a report of the Head of Overview and Scrutiny on the performance of NHS Trusts as part of the Health Check process (for copy see file of Minutes). The Sub Committee also received presentations from each of the NHS Trusts on their individual performance.

The County Durham and Darlington Foundation Trust, the Tees Esk and Wear Valley NHS Trust and the North East Ambulance Service NHS Trust all advised that they were declaring compliance in all core areas. The County Durham and Primary Care Trust advised that they have not completed their internal validation of the core areas. The declaration of compliance will be reported to the Trust's Board meeting on 22 April 2008 and Overview and Scrutiny will be advised as soon as possible after the meeting.

Resolved:

1. That it be noted that the County Durham and Darlington Foundation Trust, the Tees Esk and Wear Valley NHS Trust and the North East Ambulance Service NHS Trust are declaring compliance in all core areas.
2. That the declaration of the County Durham and Primary Care Trust be received after 22 April 2008.

A5 'Seizing the Future' – Update

The Sub Committee received a presentation from Stephen Eames Chief Executive County Durham and Darlington Foundation Trust providing an update on 'Seizing the Future' the Trust's strategic review of its services for 2008 to 2013 (for copy see file).

Seizing the Future is a programme of change aimed at developing the Trust's strategic direction for the next five years. It will be supported by a major clinical service review which will include:

- An examination of current services
- An assessment of how these services adhere to best practice in clinical outcomes
- A review of achievement of national standards across all services
- The development of future service options

Seizing the Future is a joined up approach and is linked to the PCT 'Big Conversation' and the County Council's Health Improvement Strategy. In Phase 2 of the programme the Trust is developing its future service options. A major event will take place on 13 May involving all of Trust's key stakeholders

including staff which will look at the options in detail and how they will move to Phase 3 which will mainly about public consultation.

A whole range of activities in terms of communication and engagement involving staff is on going. Work is also progressing with the Trusts Governors and Members and this will be used as a way of engaging with communities and the public. Work is also underway with all of the Trusts external stakeholders.

The role of Governors is to represent the interests of the wider governing council, the membership and patients and public. This will help ensure that solutions are grounded in high quality patient experience. Governors will also be expected to champion the programme in the community.

It was explained that a fall in patient numbers and the Trust's income is expected in the next 5 years due to local and national policies with more patients being treated in the community.

There is a number of pressing clinical issues which need to be addressed. These include:

- Cover and pathways for emergency care
 - Emergency medicine on 3 sites
 - Emergency surgery on 2 sites
- Critical care support
- Children's services
- 24/7 diagnostic cover
- Clinical networks for tertiary care –ENT services
- European Working Time Directive
- Operational efficiency variability across sites
- Development of care outside hospitals
- Finance

A major event will take place on 15 May in addition to the clinical summit on 13 May. A joint meeting is also to take place with Darlington Overview and Scrutiny Committee. A series of local member workshops have been arranged during April and May.

In relation to the provision of services outside of hospital it was explained that a significant range of services provided in hospital will be provided in the community. Work is ongoing with the PCT to develop rapid response services in the community.

It was explained that the Trust will be expanding its ability to respond to strokes. The Trust is examining the option of offering the service from two locations but still needs to ensure that they will meet the national standards on the provision of stroke services. This will involve enhancing the skills of staff.

Resolved:

That the presentation be noted.

Signed.....
Chairman of the meeting held on 14 July 2008

Item 7

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

WORK PROGRAMME

Ongoing Reviews

State of the Borough Review

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

2008/09 Municipal Year

21 October 2008

- Progress on Housing Partnering Arrangements
- Overview and Scrutiny Review Group Report: Leisure Centre Concessionary Pricing Scheme – Progress on Action Plan

25 November 2008

- Healthy Borough Overview & Scrutiny Review Group Report
- Strong Communities Overview & Scrutiny Review Group Report
- Half Yearly Performance Report

13 January 2009

- Overview and Scrutiny Review Group Report – The Provision of Affordable Housing – Progress on Action Plan

24 February 2009

- No items identified

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