HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

Tuesday,

21 October 2008

10.00 a.m.

Council Chamber,
Council Offices,
Spennymoor

AGENDA

and

REPORTS

Sedgefield BOROUGH COUNCIL

This document is also available in other languages, large print and audio format upon request

العربية **(Arabic)**

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

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۔

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 21 October 2008

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 9th September 2008. (Pages 1 - 4)

4. OVERVIEW AND SCRUTINY REVIEW GROUP - LEISURE CENTRES CONCESSIONARY PRICING SCHEME - PROGRESS ON ACTION P LAN

To consider the attached action plan detailing progress against recommendations from the Overview and Scrutiny Review of the Leisure Centres Concessionary Pricing Scheme.
(Pages 5 - 8)

5. PROGRESS ON HOUSING PARTNERING ARRANGEMENTS

A presentation will be given at the meeting setting out progress to date on services provided through the Council's housing partnership arrangements with Mears Plc.

6. DURHAM COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE

T o consider the minutes of the meeting held on :-

(a) 14th July 2008

(b) 11th September 2008

7. WORK PROGRAMME

To consider the attached report of the Chairman of the Committee.
(Pages 29 - 32)

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
13th October 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.

Tenant Representative
Mary Thompson

ACCESS TO INFORMATION
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SEDGEFIELD BOROUGH COUNCIL

HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

Council Chamber, Council Offices, Spennymoor — Tuesday, 9 September 2008 — Time: 10.00 a.m.

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

Councillors W.M. Blenkinsopp and T. Ward

In Attendance Councillors A. Gray, G.C. Gray and T. Hogan

Observer with the Chairman's Consent: Councillors Mrs A.M. Armstrong and W Waters

Apologies: Councillors Mrs. D. Bowman, J. Burton, Mrs. P. Crathorne, Mrs. S. Haigh, Mrs. H.J. Hutchinson, Ms. I. Jackson, K. Thompson, A. Warburton and Mrs E. M. Wood

Mrs M Thompson (Tenant Representative)

H&S.7/08 DECLARATIONS OF INTEREST

No declarations of interest were received.

H&S.8/08 MINUTES

The Minutes of the meetings held on 24th June, 2008 and 1st July, 2008 were confirmed as correct records and signed by the Chairman.

H&S.9/08 OVERVIEW AND SCRUTINY REVIEW - 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 Private Sector 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 review and recommendations provided by the review group, the actions that had been drawn up and suggested timescales.

Details on progress/action was outlined and members were informed that actions had been implemented or would be ongoing for a number of years.

During discussion of this item reference was made to Compulsory Purchase Orders and the process of valuation of properties. It was noted that statutory and discretionary assistance could be given in relation to relocation.

A query was also raised regarding affordable housing and maintaining the interest of developers bearing in mind the recent dip in the housing market. It was explained that consideration was given to a fair proportion of affordable housing including intermediate housing which made it easier for developers. A balance of tenure made it possible to keep the interests of developers.

Reference was also made to the renewals programme under the new authority. It was explained that the programme was for ten years or more. It was anticipated that the new authority would be delivering such schemes. The Council was also working through the Durham Coalfields Renewals Partnership and the County Council in relation to renewals throughout the County. Funding was to be secured with English Partnerships for programmes.

AGREED : That the Committee is satisfied that the actions following the Overview and Scrutiny Review for Regeneration of Older Private Sector Housing have been implemented or are ongoing and that no further reports are required.

H&S.10/08 OVERVIEW AND SCRUTINY REVIEW - TOURISM WITHIN THE BOROUGH - 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 Tourism within the Borough Review Group (for copy see file of Minutes).

Lucy Wearne Tourism Officer attended the Committee to give a presentation regarding progress.

Members were reminded of the background and recommendations provided by the review group, the action plan which that had been drawn up and suggested timescales.

Details on progress on each action were outlined and Members were satisfied that the actions from the Review had been implemented or were ongoing.

A query was raised regarding membership on the County Durham Tourism Partnership. It was later explained that the Tourism Partnership had its own selection process which included formal application and interview.

AGREED : That the Committee is satisfied that the actions following the Overview and Scrutiny Review for Tourism within the

Borough have been implemented or are ongoing and that no further reports are required.

H&S.11/08 DURHAM COUNTY COUNCIL HEALTH SCRUTINY SUB COMMITTEE

Consideration was given to the Minutes of the meetings held on 11th March, 2008 and 7th April, 2008 (for copies see file of Minutes).

AGREED : That the Minutes be received.

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H&S.12/08 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.

AGREED : That the report be noted.

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OVERVIEW AND SCRUTINY REVIEW GROUP REPORT – LEISURE CENTRE CONCESSIONARY PRICING SCHEME

CABINET RESPONSE AND ACTION PLAN

Review Recommendations	Cabinet Response		Implementation	
	Agreed?	Comments	Responsibility	Timescale
1. ***Consideration be given to extend concessionary usage of the Lifestyle Suites between 7.30 p.m. and 9.00 p.m.***	**yes**	Some further work will be required to determine spare capacity at these times by location and report back on what may be possible *Time-Band / Gym Usage analysis completed and reviewed in conjunction with Competition Line. Agreement reached to extend concessionary usage within Lifestyle suites between 7.30pm and 9.00pm from 2 January 2008.	Mar/team	June 2007
2. ***Feasibility of extending the Concessionary Pricing Scheme to clubs and associations based in the Council's Leisure Centres be examined.***	**yes**	Service level agreements are being refreshed with clubs at present and this issue will be included in these discussions Clubs approached and concessionary pricing schemes agreed with a majority of clubs (eg. NALC swimming club, South Durham Gymnastics Centre, FLC Taekwando club). Proportion of Sportsca$h allocation also used to subsidise concessionary pricing within specific sports clubs.	Leisure centre managers	June 2007

3. *Concessionary Prices remain at their current level for 2007/08* and be examined periodically.	**Yes**	The Cabinet Member was asked to investigate the Leisure pricing strategy for 2007/08 to allow for concessionary pricing to remain at 2006/07 levels and has been able to comply with the scrutiny recommendation Proposal executed. Concessionary prices held at 2006 levels for the entire 2007 budget period. Modest price increases (3% to 6% dependant on activity) implemented for 2008 / 09, principally due to substantial rises in unit energy costs.	Director	April2007
4. *Communications Plan be monitored on a monthly basis to ensure actions within the plan are delivered.*	**yes**	Work is incorporated within the department's marketing plan Completed.	Mar/ Team	March 2007
5. *Partnership working with County Durham Primary Care Trust be established to:* **a) *Promote the Concessionary Leisure Scheme in GP Practices within the Borough.*** **b) *Provide Information to Primary Care Health Workers to promote the Concessionary Scheme when discussing the health benefits of exercise with patients.***	**yes**	The issue will be developed via the healthy lifestyle and strategic working group processes a) On-going as part of the "Fit for Life" programme. b) As part of the "Social Prescribing" initiative, a website-based menu of activities will be made available to GP practices during 2008 which will include concessionary access for those who qualify. Web-based implementation plan delayed (three surgeries in Spennymoor were scheduled to go "live" in Sept.'08). Carol Wilson (PCT) to provide update at next Healthy Borough Strategic Working Group (12.11.08).	Youth/Sport development team	2007/08

6. ***A Focus Group be established with existing users of the Leisure Centre Concessionary Scheme to provide Leisure Services with a forum for consultation regarding the Leisure Centre Concessionary Pricing Scheme.***	**yes**	Incorporated within the marketing plan Focus Group not established. Base campaigns have already tripled the number of concessionary users registered within Torex from 1,557 in 2006 to 4,693 as of October '07. 8,460 concessionary users (of which 6,926 are juniors) registered within Torex as of October '08.	Mar/team	2007/08
7. ***Leisure Centre Concessionary Pricing Scheme Communication Plan to include bespoke marketing and communications materials relevant to the targeted group.***	**yes**	Incorporated within the marketing plan Completed.	Mar/team	2007/08
8. ***Information and advertisements including case study examples regarding the Leisure Centre concessionary scheme be promoted through the Council's Community Newspaper Inform.***	**yes**	As above On-going. Examples include free swimming promotions for selected S.O.A.s and the "Zest for Life" campaign launched in September '07. Further swimming promotions introduced (eg."Walk to Slim at SLC), plus additional activities for over-50's, care-home residents, and disabled residents.	As above	As above

9. ***All members be transferred on to the B:Active Scheme by September 2007 to create accurate information to assist Performance and Marketing Information.***	**yes**	Dependant on installation of turnstiles within all S.B.C. leisure centres during 2007. Process 75% complete as of October 2007. Additional capital spend required during 2008 to capture accurate usage data from out-lying venues (eg. non-leisure centre holiday activities, coaching programmes, Locomotion events and arts programmes) by using hand-held data capture hardware. Capital not available in 2008 to purchase additional data-capture equipment. Hence, manual compilation of some Performance Indicator data still required.	Facility managers	Sept 2007
10. ***Leisure Services take account of findings from the reports evaluating initiatives in Wales and Scotland when published and identify if any further improvements can be made.***	**yes**	Part of the research work within the marketing team Contact established with Senior Policy Development Manager within Welsh Assembly. Final evaluation report on free swimming campaigns in Wales to be made available to S.B.C. on publication in January '08. An expression of interest has been submitted to D.C.M.S. on behalf of the new Unitary Authority to take advantage of free swimming for those people aged sixty years and over, plus sixteen years and under. Confirmation to proceed with the scheme will be made by Durham County Council Cabinet.	Mar/team	2007/08

DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Sub-Committee** held at the County Hall, Durham on **Monday 14 July 2008** at **10.00 a.m.**

COUNCILLOR J CHAPLOW in the Chair.

Durham County Council
Councillors J Armstrong, R Bell, D Burn, R Burnip, K Davidson, S Iveson, J Lee and T Taylor

Chester le Street District Council
Councillors G Armstrong and R Harrison

Derwentside District Council
Councillor I Agnew

Durham City Council
Councillor M Smith

Sedgefield Borough Council
Councillors P Crathorne and A Gray

Teesdale District Council
Councillors A Cooke and M English

Co-opted Members
Councillor D Bates

Other Members
Councillor A Bell, L Hovvels, J Moran, J Shuttleworth, J Wilkinson, A Willis

Apologies for absence were received from Councillors A Anderson, D Lavin, M Potts, V Shuttleworth and W Stelling

A1 Welcome from the Chairman

The Chairman welcomed everyone to the first meeting of the Health Scrutiny Committee.

A2 Election of District Council Vice Chair

The Committee considered a report of the Head of Overview and Scrutiny about the election of a Vice Chairman to represent District Council interests (for copy see file).

Resolved:
That Councillor A Anderson of Wear Valley District Council be elected District Council Vice Chairman for 2008/09.

A3 Terms of Reference of the Committee, Membership and Dates

The Committee noted a report of the Head of Overview and Scrutiny regarding the Terms of Reference of the Committee, Membership for 2008/09, and the Dates of Meetings (for copy see file).

A4 Minutes

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

A5 Declarations of Interest

There were no declarations of interest.

A6 Development of the JHOSC work programme to include Member input into NHS Consultations

The Committee considered a report of the Head of Overview and Scrutiny explaining the process for developing a JHOSC work programme for the coming municipal year 2008/09 and to consider Overview and Scrutiny Member input into local, sub regional and regional NHS consultation exercises (for copy see file).

Resolved:

1. That in relation to "Seizing the Future" that the Chair and both Vice Chairs of the JHOSC represent Durham County Council on the Joint Health Scrutiny task and finish group.

2. That the Joint Health Scrutiny task and finish group, responding to "Seizing the Future", provide a response to the consultation on behalf of respective Health Overview and Scrutiny Committees in Durham and Darlington for their consideration and approval.

3. That the Chair and Vice Chair represent the Committee on the Joint Health Overview and Scrutiny Committee set up to respond to phase 1 of Momentum Pathways to Healthcare.

A7 County Durham Primary Care Trust - Draft 5 Year Plan and Annual Operating Plan

The Committee received a presentation from Amanda Hume and Anna Lynch of County Durham Primary Care Trust about their draft 5 year plan and the annual operating plan (for copy of slides see file).

It was explained that the PCT are developing a five year strategy for improving health and healthcare for the people of County Durham. The PCT's vision is to be the most forward thinking commissioning organisation in the NHS. The PCT used to provide and purchase services but with effect from 1 August the PCT

will only be responsible for commissioning services. It is hoped that this will give a greater sense of transparency and governance between the purchasing of services and the provision of services.

The PCT's mission is delivering excellence today for a healthier tomorrow. As the local leaders of the NHS their challenge is to:

- Improve health
- Reduce health inequalities
- Ensure services are
  - Fair
  - Personalised
  - Effective
  - Safe

The PCT will need to demonstrate that they are going to deliver world class commissioning and will be assessed later this year. Stakeholder's views will be sought during the assessment. It is intended that world class commissioning will result in:

Better health and well-being for all
- People live healthier and longer lives,
- Health inequalities are dramatically reduced.

Better care for all
- Services are evidence based, and of the best quality,
- People have choice and control over the services that they use, so they become more personalised.

Better value for all
- Investment decisions are made in an informed and considered way, ensuring that improvements are delivered within available resources,
- The PCT will work with others to optimise effective care.

The PCT will improve the health and contribute to the physical and mental wellbeing of County Durham residents and will work closely with partner organisations across the county to fulfil this ambition. This will achieve best value on all commissioned and jointly commissioned services. The PCT will ensure local patient, carer and public involvement is linked and fully engaged with practice based commissioning to develop services around local patient needs. This will provide a locally based flexible healthcare service, wherever this improves health outcomes and provides value for money. The PCT will be developing a choice of providers including NHS, independent sector and third sector providers through proactive commissioning and market management. The PCT expects to achieve and exceed national targets as milestones towards real service and health improvements.

Where change is introduced it will always be to the benefit of local people and will be clinically driven, evidence based and locally led. This will involve patients, carers, the public and key partners. Services will not be withdrawn until new and better services are available.

The Committee were informed that the PCT know that local people want greater access in evenings to a range of health care professionals and services and want to be signposted to existing services. There is a demand for consistent

services across the patch and more “one-stop-shops”. Services should be provided more locally where possible and the public want better transport

In County Durham life expectancy at birth is 75.6 years for men and 79.4 years for women, compared with England which is 76.9 and 81.1 respectively. For males, the difference in life expectancy between the best and worst wards is 12.2 years; for females, it is 16.7 years. The standardised mortality ratio from all causes of death is 114; for cancers 116; for circulatory diseases 117 (all significantly worse than England). County Durham has high levels of teenage pregnancy compared to the rest of England though this has improved. In 2007, 42.3% of pupils obtained five GCSE passes compared with the England rate of 46.8%. The obesity rate among year 6 children was 19.9%, compared with 17.5% across England. The Health Survey for England estimated that 30% of adults in County Durham smoke compared with 26% of adults in England.

Overall there are unacceptable gaps in life expectancy between England as a whole and within County Durham. Narrowing the gap requires a step change in the approach to tackling coronary heart disease and cancer. Local authorities have a crucial role in improving health and reducing health inequalities. Reducing smoking is the most important step in narrowing the gap in life expectancy within County Durham and with England as a whole.

In terms of key actions it was explained that the health improvement initiatives delivered by the seven districts and County Council must be continued during the transition to the new Unitary Authority and the new Authority should strengthen its role in improving health and reducing health inequalities. The smoking cessation service will be standardised and will continue to focus on supporting pregnant smokers and manual workers to stop smoking.

Action needs to be taken to prevent obesity and promote physical activity strategies for children and young people. Revised physical activity strategies for adults and increasing the capacity of community based and surgical interventions need to be implemented.

Universal and targeted approaches should be made to ensure individuals, communities and vulnerable groups are provided with accurate information on risk taking behaviours and given support both to improve their lifestyle choices and to gain access to services. Action to reduce levels of harmful drinking and to improve the capacity of alcohol treatment services is a key priority. Partners need to continue to work together to ensure that individuals and communities who are at particular risk are encouraged to access appropriate prevention advice, support and care.

Preventing Health Care Acquired Infections (HCAI’s) is important and cannot be left to clinical staff alone. Senior management commitment, local infrastructure and systems are also vital.

The Joint Strategic Needs Assessment will be published over the summer. The PCT will work with partners to produce health inequalities profiles and monitoring strategies for County Durham and will deliver on the planned investments in relation to tackling smoking, obesity and alcohol. The PCT will implement the three year plan for coronary heart disease risk assessment and

improve cancer screening uptake. It will continue to work with local authorities on the wider determinants of health and on promoting physical activity.

Better health and well being requires working in partnership to tackle the wider determinants of poor health, to help people make healthier lifestyle choices and to reduce premature deaths and disability in those who are already ill or who have already accrued risk factors and disease. Working together will make the best use of available resources and target them to where they can make the greatest impact. The PCT wants to "level up" services to reduce health inequalities and wants to ensure that services and information are equally available to everyone. It will be necessary for the PCT to make difficult decisions on priorities and service developments.

In terms of opportunities for change the PCT has mapped the long term conditions across the County and are beginning to understand where resources need to be invested. There is large reliance on hospitals and it is intended to provide more care either at home or nearer to home where it is safe to do so. The PCT wants to improve service outcomes and will do this through clinical involvement in the patient pathway from prevention to treatment. A number of priority areas have been identified including stroke services, urgent care and transport services.

The PCT's strategic themes includes shifting the balance from treatment to prevention by investing in well being, care closer to home and intends to achieve and exceed national targets as milestones towards real service and health improvements.

The PCT wants to achieve strong public engagement and get the public involved in its service reviews i.e. the 'Big Conversation'. The PCT wants to reach the silent majority of the population and will be developing its social marketing.

The PCT has set its priorities for improving health and reducing inequalities. These will be achieved by working with partners to tackle the wider determinants of poor health and to help people make healthier lifestyle choices. Care will be delivered from home and local public buildings, acute hospitals through to specialist centres such as James Cook Hospital.

Investment strategies will be informed by robust intelligence based on the health needs of the local population and this will be based on equitable delivery and health equity. It was pointed out that the PCT is responsible for commissioning £1bn of services every year and there is an opportunity to look at whole system of healthcare. The PCT is trying to increase resources in prevention and shift services closer to where people live.

Resolved:
That the presentation be noted.

A8 North East Ambulance Service

The Committee received a presentation from Colin Cessford, Director for Strategy and Clinical Standards and Paul Liversidge Director for Operations of

North East Ambulance Service about the NEAS five year strategy, their Foundation Trust application and an update on the rural ambulance service in the Durham Dales (for copy of slides see file).

It was explained that the NEAS strategy is influenced by national policy drivers and by local policy directions. There are three strands to their vision and strategy these are:

- Responsive single point of access to urgent care - hear and treat i.e. NHS Pathways clinical assessment
- Delivery of appropriate and effective care closer to home
- Scheduled and unscheduled journeys integral to patient care

The vision that NEAS are pursuing is to provide a single point of contact, appropriate and effective care and the modernisation of patient transport. It was explained that the type of workload undertaken by NEAS is now much more clinically complex and is closer to primary care type of work.

NEAS has identified the opportunities and risks to the service. In terms of civil contingencies the health service are now much more of the threats to the public and have worked to ensure that services are sufficiently robust to meet all risks. In relation to Sustaining Call Connect targets, it was pointed out that NEAS is one of the best performing ambulance services in the UK.

For 2008/09 NEAS priorities include a commitment to improving cleanliness and reducing HCAI's and improving the patient experience, staff satisfaction and public engagement.

The organisation objectives for 2008/09 include Clinical and Service Development particularly in relation to PPCI & Stroke Strategies, Infection Control, Contact Centre Growth, CMS, Customer Relationships and Market Intelligence & Research.

The Committee were informed that NEAS will be seeking Foundation Trust status. At present no ambulance service has Foundation Trust status and NEAS and the London Ambulance Service are to be pilots for Foundation Trusts. This will provide the service with greater freedom though they will be still subject to monitoring and inspection. It is expected that the application will be made next year.

In relation to the provision of rural ambulance services it was explained that performance in areas such as the Durham Dales is much poorer and they are key areas to improve performance. This is difficult to achieve because activity is widely dispersed across the Dales. NEAS is working with the PCT and community representatives and there have been two recent public meetings.

The service is examining a fully integrated community paramedic service model. The community paramedic role is much broader and will be working with other healthcare staff. All staff will be paramedics and their skills will be enhanced through both formal and informal training. The service needs to look to models which retain resources within the localities to maximise availability.

As a way of encouraging staff to apply for posts and being able to retain them is to start staff at hub stations and then travel out to other areas.

The benefit of this model is the full development of Community Paramedic Clinical Skills and improved service across areas. It will enhance urgent care in localities and minimise travel to receiving units further away with more patients cared for in the community. This integration can be developed in all four areas of the Dales with the rotation of staff within the Dales. It is expected that this will model will have minimum staff retention problems.

The provision of this model will require additional staff to meet the proposed changes. Arrangements are needed for out of hours working and the provision of a base. There will also be some disruption to planned work in the event of emergency call outs. Time is needed to train to Community Paramedic requirements and the lead time could be in excess of 24 months. This will require additional investment.

The Committee received an update from Margaret Dent and Jean Heatherington who are community representatives. They explained that since the JHOSC meeting on 11 March NEAS & PCT have since met with the public representatives on 4 occasions to work on proposals. They felt it is regrettable that all the stakeholders have never met together to openly discuss the various proposals. Had everyone been together around the same table it is felt we would not now be in a position where no one but the PCT and NEAS are happy with the preferred option. Neither GPs, paramedics in Teesdale, nor the public in both dales feel that this option is appropriate. They urged the PCT to facilitate open discussions. GPs and paramedics in Teesdale are meeting with the PCT on Thursday 17th July and public representatives on 21st July;

In addition Upper Teesdale residents are most concerned that they have had no interim safeguards put in place following the publication in February of the dramatic fall in Cat A performance from 40.9% to 5.7% following the closure of their ambulance station in Middleton in Teesdale.

The option put forward at the last public meeting in St John's Chapel is still for a single paramedic system, although one is to be based in St John's Chapel, but only for 12/7, and another in Stanhope 24/7. There is to be no retained A&E ambulance within the dale. The residents in upper Weardale will not accept a single paramedic system. They will accept, as a minimum service level, the ambulance retained within the dale, based in St John's Chapel 24/7, and guaranteed cover when the vehicle is out of area. Any additional vehicle and personnel, over and above this minimum level will provide an enhanced and acceptable service. During the monitoring period it was proved using NEAS's own data that when the ambulance was responding from Stanhope, 30% of its calls were to incidents out of the area. By retaining the ambulance at St John's Chapel this figure will be reduced to 11% 'out of area', thus benefiting the whole of Weardale.

The following concerns were again raised which have not as yet been addressed.

- acceptable travel time to hospital in an emergency, based on clinical need

- acceptable response times in an emergency, based on clinical need
- availability of appropriate transportation.
- availability of 24/7 cover by A& E crews including backup cover when local ambulance is out of area.
- 'Out of Hours' issues.
- local knowledge is paramount to an effective and efficient service.

They also expressed disappointment that the promise by NEAS to recruit locally has not yet been put in place. Had this been done, the paramedics would be coming on stream and travel issues arising from 'out of area' recruitment would not be a problem.

The local Members again raised their concerns about the lack of progress and the provision of performance information in relation to the single paramedic model. Members also asked that County, District and Parish Councils be notified of all public meetings.

The PCT and NEAS were asked to provide a progress report for the next meeting of the Committee on 29 September and need the PCT to resolve this issue as soon as it is able to.

Resolved:

1. That the presentation be noted.

2. That a progress report, with a view to reaching closure on the issue of rural ambulance services be submitted to the meeting on 29 September.

A9 County Durham and Darlington Foundation Trust

The Committee received a presentation from Edmund Lovell, Head of Corporate Affairs, County Durham and Darlington Foundation Trust about their strategic initiative 'Seizing the Future (for copy of slides see file).

The Trust is responsible for the three main hospitals at Darlington, Durham and Bishop Auckland. It is also responsible for community hospitals at Chester le Street and Shotley Bridge as well as community services and sub regional services. The Trust employs 4700 staff, has 1,000 beds and has turnover of £290M.

Seizing the Future is a clinical vision of services and is about planning the future for hospitals for the next 5 years. It is about making the best use of the hospitals which will involve looking at current services and seeing how they compare with national standards. It is also about looking at the options for the future.

The Trust is doing this because of rising standards and expectation which are related to increasing specialisation, new treatments and technology and shorter waits and hospital stays. There are also demographic changes to the population and changes in policy about care being provided closer to home and greater choice.

The Trust is trying to provide a joined up approach particularly in the context of the Darzi review, PCT commissioning plans and the Trust vision.

Seizing the Future will be clinically led by doctors, nurses and other clinical staff and will also involve Trust Governors and Members. The Trust has held 8 workshops for Trust Members. It is also talking to stakeholder organisations.

The scoping study was undertaken in January and the development of future service options took place between May and July. It is expected that the formal consultation will commence from October 2008. Seizing the Future will be looking at the four key areas:

- Medicine
- Surgery
- Woman and Children
- Diagnostics and clinical support

There will be four objectives against which the options will be assessed. These include the quality of patient experience, the quality of patient access, recruitment and retention and innovation.

The Trust is presently developing detailed proposals which will include analysing and modelling the proposals to examine the transport and access implications. Further discussions with GP's and social care and the ambulance service will also take place. An option appraisal process of agreeing the proposals with the PCT will take place in September before beginning the consultation process in October. A joint meeting with Durham and Darlington Overview and Scrutiny will take place towards the end of July.

Councillor Harrison asked whether the area was going to miss out on the provision of a polyclinic. It was explained that as part of the Darzi review all PCT's had to develop a GP led health centre facility. In London these are known as polyclinics but they are not called this in the rest of the country. The health centre for County Durham will be based in Easington to meet particular health needs.

Councillor Burn asked why patients from Bishop Auckland are being taken in an emergency to Darlington Memorial hospital rather than being treated at Bishop Auckland hospital. It was explained that last year the Foundation Trust had a programme of reducing bed numbers because it was over bedded. The reductions also took place at Darlington, Durham and Shotley Bridge hospitals. Seizing the Future is about maximising the use of the existing sites.

Resolved:
That the presentation be noted.

A10 Tees Esk and Wear Valleys NHS Trust

The Committee received a presentation from Les Morgan, Chief Operating Officer of the Tees Esk and Wear Valleys NHS Trust about their Integrated Business Plan (for copy of slides see file).

It was explained that the integrated business plan is about delivering a clinical strategy for the next 5 years and was developed by clinical staff and partners. The Trust does not serve all of County Durham but is responsible for spending £70m in the areas that it does serve. The Trust provides the following broad range of services:

- Learning Disability Services
- Forensic Learning Disability Services
- Forensic Mental Health Services
- Substance Misuse Services
- Older People's Mental Health Services
- Adult Mental Health Services
- Children and Young People's Services

The business plan is an evolving document that identifies the risks and opportunities from the changing external and internal environment and how the service will respond to these. In developing the plan the Trust took into account a number factors including demand for service, demographics, policy direction, commissioning intentions and the supply side. The Local Commissioning Framework was taken into consideration and it is intended to review the provision of services in the first two years of the plan.

In terms of the key themes for the service strategy the Trust is looking to provide specialist services and expertise with a continued emphasis on community based services where possible with less reliance on beds. This will need an appropriately skilled workforce and an appropriate estate. There will be an expansion of services in some areas such as eating disorders and a planned withdrawal from services such as continuing care and traditional day care.

In terms of Primary Care the Trust is not sure of the PCT's long term intentions on commissioning. The Trust states that it is a key player in the National Institute of Clinical Excellence (NICE) stepped care model. Service users will be supported to move up and down steps easily i.e. the one stop shop model and not be passed around. The areas of risk to the Trust are likely to be around the provision of specialist services by other organisations.

In relation to community services they will be delivering these in conjunction with GP practices and will be looking to strengthen integrated care model and the assessment and treatment skills in existing teams. New teams will also be developed to deal with prison services and specialist in reach teams to support the tenancy model for learning disabilities.

A move to intensive day services providing assessment and treatment will be an alternative to inpatient care and will be part of the community structure. A specialist in reach team will provide support to day services provided by other providers.

The County Hospital will close and be replaced by the Lanchester Road scheme. The focus will be to improve quality, length of stay occupancy levels and the therapeutic experience with a reduction in reliance on inpatient beds where possible.

The implications of the changes for County Durham residents are as follows:

- Improved quality/experience
- Improved environments e.g. Lanchester Road
- Reprovision of all learning disability (LD) campus beds
- Additional services e.g. Community LD teams, Child LD teams, Eating Disorders, Specialist Autistic Spectrum Disorder
- More local provision e.g. LD Forensic, Children's low secure
- Changing MHSOP more emphasis on community support and focused Specialist inpatients e.g. Challenging behaviours
- Potential new partnerships in delivering care e.g. continuing care for enduring mental health problems

Members of the Committee sought clarification on the reprovision of LD campus beds and progress with changes to mental health services for older people. It was explained that in relation to LD campus beds the Trust was moving towards the provision of less institutionalised care and that Durham was well ahead of other areas. In terms of progress with changes to mental health services for older people the consultation was well underway and the Trust would be meeting with an Overview and Scrutiny Joint Working Group to discuss the proposals on 29 July.

Resolved:
That the presentation be noted.

A11 Momentum: Pathways to Healthcare

The Committee received a presentation from Alex Zielinski, Programme Manager on Momentum: Pathways to Healthcare (for copy of slides see file).

Momentum: Pathways to Healthcare is a new healthcare system for Hartlepool, Stockton and parts of Easington and Sedgefield. This will involve providing as much care as possible closer to peoples homes and communities, developing new community facilities as a base for those services and the provision of a new hospital.

The healthcare system of the future should provide the highest possible quality of care that is safe and accessible to everyone and integrated with all care providers. It will also need to be responsive to people's needs and be informative and have clear communication. It will also have to provide value for money.

In summary the healthcare system of the future will provide the following:

- More minor treatments and outpatients based locally
- Comprehensive pre-assessment and care planning
- Appropriate follow up and after care
- Better and easier access to urgent care when it is needed
- More minor injuries and non serious conditions treated locally
- High quality maternity and paediatric care
- Continued access to a broad range of specialities/expertise

- Better integration, information and communication
- Effective and very quick diagnostic services

As part of the proposed changes Integrated Care Centres will be developed Hartlepool, Billingham, Stockton and Yarm. These will provide enhanced primary community services such as GP services, integrated adult and children's health and social care services, community health clinic services minor injury / urgent care diagnostic services etc.
Momentum also includes the provision of a new hospital which will allow the delivery of world class healthcare. At present two sites are under consideration at Wynyard and at Wolviston.

Both proposed sites have poor public transport services and it is recognised that transport will be a key issue. Good transport links are essential to make the hospital accessible to communities. Higher levels of care closer to home will reduce the number of journeys to hospital. To deal with the issue the Trust have employed a specialist transport consultant to develop a transport strategy.

Consultation will continue until the end of August and all views will be presented to the NHS Joint Committee in September. Work will continue to design the new community and hospital facilities and to develop the business case.

Resolved:
That the presentation be noted.

DURHAM COUNTY COUNCIL

At a Meeting of the **Health Scrutiny Committee** held at the County Hall, Durham on **Thursday 11 September 2008** at **12.30 p.m.**

COUNCILLOR J CHAPLOW in the Chair.

Durham County Council
Councillors A Bell, R Bell, R Burnip, P Gittins, J Lee, P Stradling, T Taylor, and O Temple

Chester le Street District Council
Councillor G Armstrong and R Harrison

Durham City Council
Councillor M Smith

Derwentside District Council
Councillor D Lavin

Teesdale District Council
Councillor T Cooke

Wear Valley District Council
Councillor A Anderson

Co-opted Member
Councillor D Bates

Other Members
Councillors J Shuttleworth, M Simmons and J Wilkinson

Apologies for absence were received from Councillors I Agnew, M English, A Gray, S Iveson and M Potts

A1 Declarations of Interest

There were no declarations of interest.

A2 Ambulance Service in Rural Areas

The Committee considered reports of the Head of Overview and Scrutiny and County Durham Primary Care Trust about for the modernisation of rural ambulance services in Teesdale and Weardale. The Committee also received presentations from the County Durham Primary Care Trust and the Weardale Ambulance Group (for copies of slides see file).

Cameron Ward Director of System Management for the PCT gave a presentation explaining the PCT's proposals. An explanation of the background to the proposals and the service provided up to 2005 was given. It was

explained that the PCT would no longer be able to commission these services as they no longer satisfy governance requirements. It was acknowledged that the service provided to the Dales is unsatisfactory in terms of performance and that the PCT have had concerns over resilience and the on going recruitment difficulties for the area. The Committee were advised that the revised proposals will be based around a 24/7 service with enhanced crews of paramedics. Separate vehicles will be provided for each dale and there will be back up service within the dales and this will not rely on the wider NEAS service. There will be improved service response times. It was acknowledged that there is concern about response times for two post code areas. There has already been a significant decrease in response times and there will be further improvements.

It was explained that the proposals are more attractive to staff and they will be working in the wider health community supporting GP's. Discussions have taken place with GP's and they are supportive of the revised proposals. Discussions have also taken place with staff and they are able to support the proposals. It is also hoped to make better use of the ambulance stations and this should link into improvements to the urgent care service. The PCT is committed to implement enhanced paramedic training and it is hoped to get staff in place as quickly as possible. It was stressed that whilst no decision has yet been made it was likely that option 3 of the proposed paper to be presented to the meeting would be recommended to the PCT Board and that all of the other issues in relation to on going monitoring and engagement would be in place. The PCT would deliver on making sure that this is linked to improvements to the urgent care service and reassured the public that there would be improvements to the service and this would be linked to significant investment in services.

Referring to the issues raised by the public the Committee were advised that there will be 13 additional community paramedic posts and that all staff will be community paramedics. An additional ambulance will be provided for Teesdale and a 4 wheel drive vehicle for Weardale. It was confirmed that the ambulance stations are remaining open. Agreement has been reached with NEAS for ambulances to return to the Dales immediately after transporting patients out of the Dales unless there is a category A call and the ambulance is the nearest. In relation to the provision of a 24/7 ambulance for St Johns Chapel it was explained that there will be a vehicle, either the ambulance or the four wheel drive, operating in and around St Johns Chapel on a 12/7 basis. The proposals are likely to lead to an increase to 50% for category A calls answered within 8 minutes and coverage of most of the Dales in 19 minutes with road condition caveats. In addition there will be an improvement in the sub post code areas including DL12 0. It was confirmed that the new service costs approximately £750,000 more than the current service. Recruitment to existing posts is underway and the recruitment of trained staff will continue which will be done on a phased basis. In relation to monitoring it was explained that a new monitoring group is to be established to include local leaders, public representatives, GPs, paramedics, NEAS and PCT staff.

The Weardale Ambulance Group reported that progress has been made on resolving this issue. It was explained N.E.A.S. wish to base the ambulance in Stanhope, but as the presentation will demonstrate, by nature of the way the ambulance network system works, the ambulance will inevitably be drawn to calls out of the dale.

When the ambulance is out of the dale the rapid response vehicle will cover the dale but this means there will be no means of transporting a patient to hospital. This will then leave the whole of the dale without transportation to hospital although it will give better response times for the NEAS average performance figures. Therefore the designation of this second vehicle and the geographical base for the ambulance remain contentious.

The rapid response vehicle is a welcome addition to what is now available but it will not facilitate taking a second call patient to hospital. If the second vehicle was capable of carrying a patient, travelling time to hospital figures would substantially improve. The rapid response vehicle will improve response time for reaching a patient but of course this will still be the case if the second vehicle is also a conveyance vehicle. As 75-80% of patients need to be taken to hospital, the appropriate transport is one capable of carrying a patient. If the ambulance is moved to Stanhope the vehicle will be used out of the area. It will as the PCT has acknowledged in their report be "pulled to the east of the A68." When this happens, patients in the dale experience longer waiting times. The out of hours issue is linked to the ambulance situation. Patients must travel to Bishop Auckland for out of hour's treatment. The PCT Report tells us that "responses at night are poorer with greater inconsistencies". The Group would like to see paramedics used in a triage role for out of hours patients.

Since the group's last presentation there have been 2 further developments:

- The possible closure of Bishop Auckland A&E Department and
- The procedural change for treating heart attack patients.

The former will result in the nearest A&E departments being at Darlington Memorial Hospital and the University Hospital Durham. This will entail a journey time of 1¼ hours. The journey to James Cook is 1½ hours at best. Taking into account the period for assessment by the paramedics, time for the ambulance to arrive, the golden 2 hour period for hospital admission is tight and does not allow for poor weather conditions or any other delays.

Population figures have been cited as a reason for relocating the ambulance to Stanhope. A study of Weardale proves that this argument is fundamentally flawed. The lower dale has the two main settlements of Wolsingham and Frosterley. The lower dale is relatively close to ambulance stations at Crook, Consett and Bishop Auckland as well as cover by the Weardale ambulance. Therefore the lower dale has multiple cover whereas the upper dale is served by just one ambulance. In relation to the population in the eastern part of the dale this mainly consists of villages. In the upper dale the population is more scattered and this will add to the delay in responding to emergency calls and it can be seen why the ambulance was based at St Johns Chapel.

It was put forward that mileage figures are a further piece of evidence which supports retaining St John's Chapel as the ambulance base. Combined with the Crook ambulance and using St Johns Chapel as the base for the Weardale ambulance gives better overall cover for the whole dale.

When Wolsingham at the lower end of the dale, is compared with Lanehead at the top end of the dale it can be seen why the ambulance station needs to remain in St John's Chapel. At Wolsingham the nearest ambulance is 5 miles away. The journey to Bishop Auckland is 10 miles. At Lanehead the nearest

ambulance when based at St Johns Chapel is 4 miles away. If it is relocated to Stanhope it will be 12 miles away and the journey to Bishop Auckland will be 29 miles. When the ambulance is based in Stanhope we know that it is out of the dale more often, so when the Weardale ambulance is out on call the next nearest ambulance to Lanehead is 24 miles away. This will then mean 24 miles to travel up the dale and then 29 miles to hospital. Beyond Lanehead is Killhope Lead Mining Museum. Killhope is remote; it is set in rugged terrain and has over 20,000 visitors a year. It is 6 miles from St Johns Chapel with a 31 mile journey to hospital. If the Weardale ambulance is out of the dale, it is a 26 mile journey for the Crook ambulance before the 31 mile journey to hospital.

The NEAS dynamic deployment system calls upon the nearest ambulance to attend a call. Our evidence has shown the problems which arise when the Weardale ambulance is called out of its area. There is evidence, from previous monitoring of call out locations and demonstrates that an ambulance based at Stanhope will more often be deployed out of the area than one based at St John's Chapel. An ambulance based at Stanhope is out of the dale 30% of the time compared to 11% of the time when it is based at St Johns Chapel. When this happens the whole of Weardale is left without ambulance cover. This situation will not be remedied by the provision of a second vehicle without capacity to carry patients. There is concern that it might encourage a greater use of the ambulance out of the area. The best way to provide 24/7 cover for the whole of Weardale is to have the ambulance based at St. Johns Chapel. Based on the evidence this is what has been proposed by the Weardale Ambulance Group.

The Group have looked at the situation as a whole and tried to maintain a balanced view. In an area of lower A&E activity it is important that the paramedics have a fulfilling community role. The Group's vision for the future is for the paramedics to be involved with the following:

- Triage management of out of hours calls
- Community First Aid Training
- Health Education and
- Community Support work - visiting patients with chronic or long term conditions - the elderly and any vulnerable individuals who live alone. Management of prescriptions for the terminally ill may be another support system which could be undertaken.

Under the PCT proposals Middleton-in-Teesdale will retain 2 ambulances but we seek clarification that it will operate from Middleton in Teesdale and will be deployed from there to work in the community in the upper dale.

The PCT state that there is a local service level agreement for Weardale and Teesdale. However the Group has knowledge about how the ambulance network system works and remains concerned about how this will work in practice.

The PCT has also stated that there will be a new stakeholder group with wider representation. The Group welcomes this as we believe that monitoring will be the key to demonstrating the effectiveness of the new service and call on this new group to accept nothing less than clear and appropriate evidence based on monitoring with clearly defined timescales for agreed targets.

It is not possible to monitor the effectiveness of the service for patients with the general statistics presently collected by NEAS. This needs to be much more precise.

- 5 digit postcodes must be used
- time, rather than targets must be recorded
- who responded first
- from where
- time taken to reach hospital
- % going to hospital
- what are paramedics doing in the community
- out of area activity and
- to ensure accountability, results must be published.

The Group asked that Members of Overview & Scrutiny ensures that the PCT not only keeps to its word but also to the spirit of giving rural communities an equitable service and that the PCT gives clear, unequivocal and precise written statements on what communities are being offered.

Cameron Ward responded by saying that the PCT had tried to take account of the views of the public. One of their proposals is the service is to be provided by paramedics who will be working with GP's in the community. He stressed that it is important that they are working with patients in the community rather than being based at stations. The PCT accepts that there are rural issues in terms of inequalities and will be addressing a range of rural health issues. In terms of statistics it was pointed that in urban areas covered by NEAS there is about one ambulance for every 20 to 30,000 of the population. In the dales there is approximately one ambulance for every 7,000 of the population. The PCT have tried to increase the number of vehicles and crews in the dales. At public meetings the PCT have acknowledged the need for monitoring and to making the information publicly available. Reference was made to the position of Bishop Auckland General Hospital which will be subject of a forthcoming consultation. In relation to the introduction of new services for the treatment of heart attacks it was explained that since the new services were introduced a few months ago patients have been transported to the Freeman Hospital and to James Cook Hospital. It is estimated that fourteen lives have been saved by taking patients directly to specialist centres.

Councillor Shuttleworth asked that the ambulance be based at St Johns Chapel and asked the Committee to recommend this to the PCT.

Councillor Bell asked that the proposals be provided in a detailed written format. He also said that it was important that an ambulance was based at Middleton in Teesdale ambulance station because it would prevent the vehicle from being drawn out of dale which was likely to occur if it was based at Barnard Castle. He also stressed that it was important there is monitoring and the provision of performance data.

Clarification was sought on the services to be provided by the paramedics in addition to the emergency services. Cameron Ward explained that the paramedics would be working closely with GP's and would be visiting patients and would try to prevent admissions to hospital by providing community services. He further explained that the main difference of view between the

PCT and public was in relation to the physical positioning of the vehicles. During the out of hour's period the four vehicles will be based at either Stanhope or Barnard Castle and during the rest of the time they will be at a variety of places working in the community.

Councillor Cooke suggested that better use should be made of the community hospitals in Barnard Castle and Stanhope to deal with minor injury cases to prevent unnecessary travel to A&E. Cameron Ward advised that the PCT is willing to enter into discussions with local GP's about the use of these facilities and the use of the existing ambulance stations for the provision of urgent care type of service. Councillor Cooke also asked how the PCT would decide at what time of the day the 12/7 service would be provided. It was explained that because there were only a low number calls for help in the dales it was difficult to decide when the 12/7 service should be provided. However the PCT would use all the information available to decide which are the best hours for this service.

Councillor Temple asked why it was proposed to base the Weardale ambulance at Stanhope and what was meant by the better use of existing facilities. Cameron Ward explained that evidence had been examined by NEAS and this suggests that during the out of hour's period the vehicles should be based at Stanhope and Barnard Castle. The remainder of the time they will be at a variety of locations providing a service to local communities and addressing individual patient needs. It was explained that there are buildings such as the community hospitals and the ambulance stations and they could be used to provide an urgent care service and the PCT are looking to explore this with local communities. Councillor Temple asked if the NEAS evidence on which they had decided to base vehicles at Barnard Castle and Stanhope could be provided for members of the Committee. It was agreed that this information would be provided to the Committee.

Members of the Committee put forward the following amendments to the recommendations set out in the report. That the following be added to recommendation (ii):

"Furthermore, based on the evidence it has received from the Weardale Ambulance Group, the base of the Weardale ambulance should remain at St Johns Chapel and that the base of the proposed 12/7 ambulance service should be at Middleton in Teesdale."

That the following the following amendments be made to recommendation (iii)

That the word "existing" be added to the second bullet point before ambulance stations and that the following bullet point be added to the recommendation:

"Monitors performance figures by postcode areas using actual time data and not just target compliance."

Resolved:

1. The JHOSC acknowledges the work that County Durham Primary Care Trust and the North East Ambulance Service has done with respect to the views and concerns of local residents affected by proposals to modernise rural ambulance services.

2. The JHOSC welcomes further investment in rural ambulance services and suggestions to increase the usage of existing ambulance stations to best effect to respond to the needs of local communities. Furthermore, based on the evidence it has received from the Weardale Ambulance Group, the base of the Weardale ambulance should remain at St Johns Chapel and that the base of the proposed 12/7 ambulance service should be at Middleton in Teesdale.

3. The JHOSC welcomes the proposal to establish a stakeholder group and looks forward to receiving the Terms of Reference of this group. The JHOSC suggests that this group should:

(a) Help to evaluate the implementation of service models and to shape the development of these services models where appropriate, ensuring poor performance is addressed.
(b) Has a specific role in relation to the further evaluation and costing of outreach urgent care and the potential for increased usage of the existing ambulance stations.
(c) Regularly reports to JHOSC on implementation of the new service models from the group.
(d) Monitors performance figures by postcode areas using actual time data and not just target compliance.

4. The JHOSC recognises that service models need to be implemented and that improved performance and responding to local community needs must be essential criteria. In line with this then, the JHOSC would like to see evidence of how effective the proposed service model, based on the preferred County Durham Primary Care Trust option, will deliver good health outcomes. The JHOSC will want to see evidence on the implementation and performance of the service model in 12-18 months time.

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HEALTHY BOROUGH WITH STRONG COMMUNITITES OVERVIEW & SCRUTINY COMMITTEE

21ST OCTOBER 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 and 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. An outcome from the workshop was that the Council's Overview and Scrutiny Committees consider undertaking a State of the Borough Review that would look at achievements within each of the Council's Ambitions. This Review would provide a benchmark for future assessment, highlight areas for improvement and, where relevant, could make appropriate recommendations to the new council.

The Council's three Overview and Scrutiny Committees have agreed to undertake a State of the Borough Review and that the following Review Groups be established to examine each of the Council's ambitions:

Committee	**Review Groups**
Healthy Borough with Strong Communities O&S Cttee	• Healthy Borough Review Group • Strong Communities Review Group
Prosperous and Attractive Borough O&S Cttee	• 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.

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
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

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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