



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

Tuesday,  
13 January 2009  
10.00 a.m.

Council Chamber,  
Council Offices,  
Spennymoor

**AGENDA**  
and  
**REPORTS**



**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 متا.

**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 25<sup>th</sup> November 2008. (Pages 1 - 4)

**4. OVERVIEW AND SCRUTINY REVIEW GROUP REPORT - THE PROVISION OF AFFORDABLE HOUSING - PROGRESS ON ACTION PLAN**

To consider the attached Action Plan detailing progress against recommendations from the Overview and Scrutiny Review of the Provision of Affordable Housing. (Pages 5 - 12)

**5. DURHAM COUNTY COUNCIL HEALTH SCRUTINY COMMITTEE**

To consider the minutes of the following meetings:-

(a) **29th September 2008**

(b) **21st November 2008** (Pages 13-30)

**6. WORK PROGRAMME**

To consider the attached report of the Chairman of the Committee. (Pages 31 - 34)

**7. 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**

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**

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

This page is intentionally left blank

# Item 3

## SEDGEFIELD BOROUGH COUNCIL HEALTHY BOROUGH WITH STRONG COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

Council Chamber,  
Council Offices,  
Spennymoor

Tuesday,  
25 November 2008

Time: 10.00 a.m.

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

Councillors W.M. Blenkinsopp, Mrs. P. Crathorne, Mrs. S. Haigh,  
A. Warburton, T. Ward, Mrs E. M. Wood, Mrs. M. Thomson

**In Attendance** Councillors V. Chapman, G.C. Gray, B. Haigh, J.G. Huntington, and  
Mrs. E. Maddison

**Observer with Chairman's Consent** Councillors Mrs. A.M. Armstrong, Mrs. K. Conroy, V. Crosby, J.M. Khan,  
and W. Waters

**Apologies:** Councillors Mrs. D. Bowman, J. Burton, Mrs. H.J. Hutchinson,  
Ms. I. Jackson and K. Thompson

**H&S.19/08 DECLARATIONS OF INTEREST**  
No declarations of interest were received.

**H&S.20/08 MINUTES**  
The Minutes of the meeting held on 21<sup>st</sup> October, 2008 were confirmed as  
a correct record and signed by the Chairman.

**H&S.21/08 PERFORMANCE INDICATORS**  
Consideration was given to a report measuring performance against the  
Corporate Plan's Healthy Borough and Strong Communities Delivery Plans  
covering the period from 1<sup>st</sup> April, 2008 to 30<sup>th</sup> September, 2008 (for copy  
see file of Minutes).

The report provided data on 35 Performance Indicators of which 4 were  
key to the Council's aims and objectives.

With regard to the 18 Healthy Borough Performance Indicators 7 had  
demonstrated improved performance against 2007/2008 actual outturns. 3  
had performed at the same level and 3 had performed at worse level. 15  
Indicators had progressed well against 2008/2009 targets and one was off  
target.

With regard to the 17 Strong Communities Performance Indicators, 8 had  
demonstrated improved performance against 2007/2008 actual outturns, 3  
were performing at the same level and 4 were performing at a worse level.  
10 Indicators were performing above 2008/2009 targets and 4 were under  
target.

Specific reference was made to the following:-

**CPH12 – Proportion of facility use by disabled people**

It was explained that the Quarter 2 figure had dipped due to some clubs suspending activities during the summer break and seasonal variations.

**CPH13 – Percentage of population that are within 20 minutes travel time of a range of 3 different facility types of which 1 has achieved a Quality Assurance Standard**

It was noted that this Indicator was performing on target and Newton Aycliffe Leisure Centre was gaining Quest accreditation

**CPH15 – Subsidy per visit**

This Indicator was performing 25p under the subsidy target. This figure was likely to rise in Quarter 3 onwards due to increased unit energy costs.

**XNV212 – Average time taken to relet Local Authority housing**

This was performing 22 days under target. The impact of switching to new arrangements of void management had resulted in increased void turnaround. These issues had now been remedied and turnaround time had improved from the previous Quarter.

**CPS04 – Proportion of private sector vacant dwellings that are returned to use during the financial year with Council involvement.**

The Committee was informed that this Indicator was performing 15% below target. An Empty Homes Strategy had been approved by Cabinet in October, 2008 which would assist in bringing empty private sector homes falling within the appropriate criteria back into use.

**CPS06 – Number of Homeless applications**

It was noted that this Indicator was performing 151 applications above target. The number of homeless applications had continued to reduce due to increased preventative measures.

**CPS11 – Percentage of rent lost due to dwellings becoming vacant**

The above Performance Indicator was .55% under target. The impact of switching to new arrangements of void management had resulted in increased void rent loss. Those issues had now been remedied.

**CPS14 – Percentage of Homeless applications decided and notified within 33 working days**

It was explained that this Indicator was performing 4% under target. Successive preventative measures in the statutory homeless applications submitted meant that more complex cases needed to be dealt with lengthening the timescale before a final decision could be reached on qualification.

*AGREED : That the report be noted.*

**H&S.22/08 "STATE OF THE BOROUGH" - HEALTHY BOROUGH REVIEW GROUP REPORT**

Consideration was given to the State of the Borough (Healthy Borough) Review Group report (for copy see file of Minutes).

It was explained that the report covered :-

A summary of the background to the review  
Objectives of the review  
The process and methodology of the review

The following quality of life topics had been examined during the process of the review :-

Public Health  
Community Care  
Leisure and Culture

Key statistics in relation to each of those topics had been identified together with interventions which were in place to address issues, progress being made in relation to those interventions and issues which still needed to be addressed.

The Review Group had reached a number of conclusions and recommendations which were identified in the report.

Cabinet Members then left the meeting to allow the Committee to deliberate.

*AGREED : That the State of the Borough Review (Healthy Borough) be approved and submitted to Cabinet for consideration with other State of the Borough Reviews.*

**H&S.23/08 "STATE OF THE BOROUGH" - STRONG COMMUNITIES REVIEW GROUP REPORT**

Consideration was given to the State of the Borough (Strong Communities) Review Group report (for copy see file of Minutes).

It was explained that the report covered :-

A summary of the background to the review  
Objectives of the review  
The process and methodology of the review

The following quality of life topics had been examined by the review group:-

Crime and Disorder  
Community Cohesion and Local Democracy  
Housing

Key statistics in relation to each of those topics had been identified together with interventions which were in place to address issues, progress being made in relation to those interventions and issues which still needed to be addressed.

The Review Group had reached a number of conclusions and recommendations which were identified in the report.

Cabinet Members then left the meeting to allow the Committee to deliberate.

*AGREED : That the State of the Borough Review (Strong Communities) be approved and submitted to Cabinet for consideration with other State of the Borough Reviews.*

**H&S.24/08 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).

*AGREED : That the Work Programme be approved.*

---

**ACCESS TO INFORMATION**

Any person wishing to exercise the right of inspection, etc., in relation to these Minutes and associated papers should contact Miss. E.A. North, Tel 01388 816166 Ext 4237, [enorth@sedgefield.gov.uk](mailto:enorth@sedgefield.gov.uk)



**OVERVIEW AND SCRUTINY REVIEW GROUP - THE PROVISION OF AFFORDABLE HOUSING  
CABINET RESPONSE AND ACTION PLAN**

Review Recommendations	Cabinet Response		Implementation for consideration by Management Team	
	Agreed?	Comments	Responsibility	Timescale
<p><b>1. Key Recommendation</b></p> <p><b>The following local definition of affordable housing is adopted by Sedgfield Borough Council:</b></p> <p>“Affordable housing is that which can be afforded to meet the needs of a household who are unable to resolve their housing requirements in the open housing market, due to the relationship between local incomes and house or rental prices in the open housing market.</p> <p>“Affordable housing consists of either “social housing” whose rent levels are set in line with Government rent policy, and “intermediary housing” such as shared ownership/reduced rental products that enable households to own part of their property.</p>	<p>Yes</p>	<p>The local definition provides a clear policy steer for the delivery of affordable housing in the Borough. The Local Planning Authority in both determining planning applications and within the Affordable Housing Supplementary Planning Document should use the definition.</p> <p><b>UPDATE</b> Definition agreed and currently in use in relation to all relevant planning applications.</p>	<p>Charlie Walton</p>	<p>Ongoing</p>

Review Recommendations	Cabinet Response		Implementation for consideration by Management Team	
	Agreed?	Comments	Responsibility	Timescale
<p>“Affordable housing should be provided on the development site ensuring that they are integrated with open market value housing and they remain affordable in perpetuity.”</p> <p><b>2. Key Recommendation</b></p> <p><b>The Housing Needs Study is updated during 2007/08 to reflect changes in the housing market and to provide a valid evidence-base to demonstrate affordable housing needs within Sedgefield Borough</b></p>	Yes	<p>An up-to-date evidence base on which sound decisions are made is essential. Provision has been made in the 2007/8 revenue budget to procure a new Housing Needs Survey. Any decision to proceed would have to be taken with in the strategic context of the emerging sub regional Housing Market Assessment.</p> <p><b><u>UPDATE</u></b> Durham Strategic Housing Market Assessment was published in December 2008</p>	Glyn Hall & Colin Steel	June 2008

Review Recommendations		Cabinet Response		Implementation for consideration by Management Team	
		Agreed?	Comments	Responsibility	Timescale
3.	Information on house price data and local incomes is continuously monitored and updated and options to improve data available, including suitable software systems, be explored	Yes	<p>An up-to-date evidence base on which decisions are made is essential. The Council together with the other district authorities are commissioning a Housing Market Assessment study to provide an analysis of the current market.</p> <p><b><u>UPDATE</u></b> Durham Strategic Housing Market Assessment was published in December 2008</p>	Chris Myers	Data already acquired.
4.	Housing land supply and house build data is continuously reviewed and updated	Yes	<p>An up-to-date evidence base on which decisions are made is essential.</p> <p><b><u>UPDATE</u></b> Arrangements are in place to update data.</p>	Chris Myers	Ongoing
5.	Arrangements are made to secure access to independent specialist support for site-specific cases, in relation to individual development sites where unknown development costs are a key issue	Yes	<p>There is no in-house expertise to deal with development costs. Independent advice is therefore essential to ensure that the provision of affordable housing is maximised on housing sites.</p> <p><b><u>UPDATE</u></b> Arrangements are in place regarding site-specific issues.</p>	Charlie Walton	As required. Site-specific issue.

Review Recommendations		Cabinet Response		Implementation for consideration by Management Team	
		Agreed?	Comments	Responsibility	Timescale
6.	<b>The Council's housing allocations policy is kept under review to ensure it meets local circumstances and needs prior to the implementation of the Choice Based Lettings Scheme</b>	Yes	<p>The allocation policy will be subject to regular review a report on this issue will be presented to Cabinet at the end of April. Further reports on Choice based lettings will be presented as at future dates as required.</p> <p><b><u>UPDATE</u></b> Sedgefield Borough Council have continued to work in partnership with the County Durham District authorities to produce the Durham Key Options Common Lettings Policy. The Policy was approved by Durham County Council Cabinet in December 2008.</p>	Colin Steel	Completed
7.	<b>The Borough Council formalises links with the registered social landlord sector in respect of nominations</b>	Yes	Formal nomination agreements with all RSL have recently been agreed.	Colin Steel	Completed

Implementation for consideration by Management Team	
Responsibility	Timescale
Glyn Hall	Continuing

Cabinet Response	
Agreed?	Comments
Yes	<p>The implementation of the master plan, private sector licensing and the development of an empty homes strategy will help ensure the effective use of the private sector housing stock in the Borough.</p> <p><b><u>UPDATE</u></b>  The Selective Licensing Scheme covering the designated areas of Dean Bank and West Chilton was implemented from the 7<sup>th</sup> February 2008. Work is currently being undertaken in relation to inspections of each individual property identified within the scheme. To date 86 licences have been successfully awarded.</p> <p>The Landlord's Accreditation Scheme across the Borough was successfully launched in May 2008.</p> <p>To ensure further effective use of the private sector stock within the Borough an Empty Homes Strategy has been devised and was approved by the Council's Cabinet in October 2008.</p> <p>Selective demolition along with the above tools are to be carried out throughout the lifetime of the Masterplan programme.</p>
<p>Review Recommendations</p> <p>8. <b>Sedgefield Borough Council works to ensure the effective use of private sector stock through regeneration and action to bring empty properties back into use</b></p>	

Review Recommendations		Cabinet Response		Implementation for consideration by Management Team	
		Agreed?	Comments	Responsibility	Timescale
9.	<b>Key Recommendation</b> <b>A Supplementary Planning Document on Affordable Housing is developed for Sedgefield Borough by September 2007</b>	Yes	The Affordable Housing Supplementary Planning Document will provide an up-to-date and clear policy steer for developers.  <b>UPDATE</b> Publication of Supplementary Planning Document has been overtaken by Local Government Review	Chris Myers	Superseded by Local Government Review
10.	<b>Key Recommendation</b> <b>The Borough Council's Planning and Legal Sections work jointly to produce a model Section 106 agreement, based on good practice guidance</b>	Yes	The development of a model Section 106 agreement will reduce the timescale for granting planning permission. This will help the Borough Council achieve the BVPI target for determining major planning applications within 13 weeks.  <b>UPDATE</b> The Council now uses a model Section 106 legal agreement.	Charlie Walton & Dennis Hall	Continuing
11.	<b>The effective use of Borough Council resources (financial and land) be reviewed, linked to the delivery of affordable housing in areas of high housing need, when necessary</b>	Yes	The council have already earmarked Capital receipts from land sales to be used for regeneration and affordable housing.	Glyn Hall & Alan Smith	Continuing

Review Recommendations		Cabinet Response		Implementation for consideration by Management Team	
		Agreed?	Comments	Responsibility	Timescale
12.	<b>The Borough Council assumes a role in enabling potential development sites to come forward for affordable housing to meet housing needs when appropriate</b>	Yes	<p>A joint approach between planning and strategic housing will be required to ensure when appropriate the development of sites is enabled through the planning system.</p> <p><b><u>UPDATE</u></b> Continuing and will be accelerated through South and East Durham Growth Point</p>	Chris Myers & Dianne Hedley	As required

This page is intentionally left blank



## DURHAM COUNTY COUNCIL

**At a Meeting** of the **Health Scrutiny Committee** held at the County Hall, Durham on **Monday 29 September 2008** at **10.00 a.m.**

**COUNCILLOR R BURNIP** in the Chair.

### **Durham County Council**

Councillors J Armstrong, A Bell, J Lee, W Stelling, P Stradling and O Temple

### **Chester le Street District Council**

Councillors G Armstrong and R Harrison

### **Derwentside District Council**

Councillor I Agnew and D Lavin

### **Durham City Council**

Councillor M Smith

### **Sedgefield Borough Council**

Councillors P Crathorne

### **Teesdale District Council**

Councillors A Cooke and M English

### **Co-opted Members**

Councillor D Bates

### **Other Members**

Councillor G Bleasdale, E Huntington, M Nicholls, E Paylor, A Shield R Todd and J Wilkinson

Apologies for absence were received from Councillors R Bell, J Chaplow and A Gray

## **A1 Minutes**

That, with the addition of Councillor Temple's apologies to the minutes of the meeting held on 14 July, the Minutes of the meetings held on 14 July and 11 September 2008 were agreed as a correct record and signed by the Chairman.

## **A2 Declarations of Interest**

There were no declarations of interest.

### **A3 Matters Arising**

With reference to Minute No A2, Ambulance Services in Rural Areas of the meeting held on 11 September 2008, the Health Scrutiny Liaison Manager informed the Committee that a letter had been sent to the Primary Care Trust detailing the Committees recommendations (for copy see file).

### **A4 County Durham Local Involvement Network (LINK)**

The Committee received a presentation from Jane Hartley, Chief Executive of Pioneering Care Partnership (Host Organisation for the County Durham LINK) about the progress made in establishing the LINK in County Durham (for copy of slides see file).

LINK's arose from "A Stronger Local Voice" in 2006 which said that there should be a new way for people who use health and social care services to have a say in how services are planned and run. A decision was made to replace PPI forums with LINKs and this was included in the Local Government and Public Involvement in Health Act 2007 with LINKs being established from 2008.

Each local authority was allocated Department of Health funding to set up a local LINK. The local authority was responsible for commissioning a host organisation who would be responsible for setting up the LINK and giving practical support to keep it going. The host organisation will also be accountable to the LINK and the local authority.

The LINK is a network of individuals, groups and organisations working or operating in each LA area with a remit covering all publicly funded health and social care services (it excludes children's social services) and is independent from the local authority. Each LINK is responsible for deciding how they want to get the work done.

The role of the LINK is to find out what people think, get ideas for improving care services, monitor and review local care services and tell those who commission and run services what the community wants. The LINK has specific powers to help hold services to account. Under legislation LINKs have powers to enter specific services and view the care provided. They can ask commissioners for information about services and expect a response within a specific timeframe, make recommendations and expect a response from commissioners. They are able to refer matters to the local Overview and Scrutiny Committee.

It is important to note that LINKs is a single system to involve communities. Its role is to include influencing health and social care commissioning, support contract management and help managers know if services meet local need. The LINK supports the NHS in its duty to involve and gives providers ongoing feedback. LINKs help regulators access local information and build community views into the LSP and Local Area Agreement process. Importantly, it will also allow Overview and Scrutiny Committees to base reviews on actual feedback.

Prior to legislation, there were eleven early adopter projects around England, including County Durham trying out how LINKs might work. The County Durham early adopter project identified that the LINK should build on existing networks and structures and not to replace them. It should also support local developments and volunteers and understand that different areas may want different things. In addition it should work closely with council and health services, be independent of them but also be accountable to the community.

From April 2008 the County Council appointed an independent 'host' organisation to support the LINK. Pioneering Care Partnership (PCP), a registered charity, was appointed in April 2008. They were also given the remit to set up an 'interim' arrangement until the LINK could be formally set up. An Interim Steering Group was set up in April 2008 and is made up of people from the voluntary sector, ex PPI forum members and local community representatives.

The remit of the Interim Steering Group was to put the governance framework in place so that the LINK could begin to move forward. This work has included the following:

- Draft Governance Framework Developed
- Draft Constitution & Terms of Reference Developed
- Draft Code of Conduct & Initial Policies developed
- Membership recruitment drive – circa 200 members to date
- Management Committee recruitment underway
- Launch Event planned

The purpose of the County Durham LINK is "To promote, influence and improve the physical and mental well-being of people of all ages residing permanently or temporarily in County Durham".

Full membership of County Durham LINK is open to any individual (aged 14 years or over) living or working in County Durham, any organisations or groups within the voluntary and community sector, or "not for profit" sector operating within County Durham. Associate Membership is open to statutory sector agencies, private sector and commercial companies, District and County Councillors.

In terms of the governance framework to be proposed to the membership at the launch event, it is recognised that the LINK needs to be accountable to the local population and needs to represent local communities. It is being suggested that the Management Committee is made up of representatives from each District area and from each of the interest or user groups giving a total of fourteen members.

In terms of the Operational Framework a Standards Committee will be established to monitor the work of the LINK. There will be an Enter and View Group and it will be authorised to undertake visits and make recommendations. There will also time limited task groups and all members will be able to express an interest in serving on them. LINK representatives will be appointed to stakeholder forums/networks and to regional and national networks.

At the launch event on 30 September members will be asked to agree the proposed governance structure and constitution and to identify the initial work plan issues. A Key Stakeholder event is planned for 20 October involving Commissioners, Providers and Members of the Health Scrutiny Committee. It is hoped to develop a strong positive working relationship with the Health Scrutiny Committee and the LINK hopes to be able to contribute to the work plan of the Committee.

**Resolved:**

That the presentation be noted.

**A5 Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust –  
Consultation on Mental Health Services for Older People**

The Committee considered a report of the Health Scrutiny Liaison Manager which highlighted areas of support and concern in response to the Tees, Esk and Wear Valleys NHS Foundation Trust consultation on proposals for developing mental health services for older people in County Durham and Darlington (for copy see file).

Councillor Burnip explained that he and Cllr Chaplow had visited all four wards. He expressed the view that the Hardwyke Ward at Sedgefield was an excellent facility. The wards at Earls House, Durham had open space, gardens and a basketball court. He felt that the provision of open space is very important for patients. Councillors Burnip and Chaplow were least impressed by the Binchester Ward at Bishop Auckland Hospital, and whilst it was a new facility, it was on the first floor, had no therapy facilities and patients had only limited access to open space in the roof garden.

In response to the issues raised in the report David Brown, Service Director for TEWV explained that the issues raised in the scrutiny response are attached to the report to be considered by the Board. In relation to bed numbers it was explained that it is proposed to reduce the number of beds to 24 a reduction of 22 beds. The ten people currently occupying the beds no longer need specialist mental health beds. The proposed development of community services will enable some of the people who have previously had to come into hospital from nursing homes, not to have to do so in future.

David Brown also explained that the provision of resources to redevelop the facility at Earls House has not been ruled out and is a matter for the Board to consider when it makes its decision. The capital and revenue costs of providing a new facility will need to be considered carefully as this will impact on the revenue costs of the proposed community services. The option of refurbishing the wards had been considered but it was felt that they will need to be rebuilt rather than refurbished.

Councillor Temple asked what is likely to happen to the facilities currently provided at Shotley Bridge Hospital. David Brown explained that discussions have been taking place about the future of Shotley Bridge but that there are no plans for consultation at the present time. The Allensford Ward will be moving to the Lanchester Road development in due course. This will make it difficult to maintain an in patient facility for older people on this site in isolation. It was

confirmed that work is ongoing with the PCT on future services but there are no plans at the present time.

Councillor Lavin expressed concern about the loss of services in north Durham and felt that mental health provision in the north of the County was poor. Councillor A Bell said that the Trust should be maintaining provision in both the north and the south of the County. People in the north of the County will be faced with a long journey to visit their family and friends.

Karen Thompson explained that her father is currently an in patient in the Appletree Ward at Earls House. Karen was of the opinion that the consultation exercise had not been adequately publicised. She pointed that there was no breakdown of costings for the refurbishment of the wards at Earls House in the report. The need for en-suite facilities was being used to justify the need to rebuild the wards. She explained that she was a nurse who had nursed people with challenging behaviour and was of the opinion that en-suite facilities can be a hindrance and a danger for staff. She advised that the 'gold standard' of facilities for patients with dementia is the provision of outside areas with a wandering path and this facility had been a therapeutic help to her father. It was pointed out that there may well be a greater need for beds for dementia patients in the future with the growth of the elderly population. Karen also pointed out that admissions to Earls House had been capped to improve patient and staff ratio. The lower admission level is being used to justify the closure of the wards. She explained that while the cost of visiting will not be an issue for her family, the move to Sedgefield will make it much more difficult for herself and her sister to be able to regularly visit their father because of the travelling time involved and in particular, travelling to Sedgefield or Bishop Auckland would be significantly further, particularly if she was called to visit her father in an emergency.

Councillor Burnip asked whether Sedgefield Hospital or the facilities at Bishop Auckland were funded from PFI and whether this had any bearing on the recommendations to the Board. David Brown explained that Sedgefield Hospital was funded through PFI but that the Auckland Park Hospital was not PFI funded.

David Brown informed the Committee that transport was a major issue and the Trust had made a commitment to help families with transport. He explained that services in north Durham had been compromised because of the absence of community services and a greater provision of beds. This was one of the reasons for the consultation process. This will enable a greater number of people to be helped and help prevent future admissions. Where there is a risk posed by en-suite facilities they can be locked. The Trust believes however that the provision of en-suite facilities is important in the provision of services.

In reply Karen Thompson said that she would prefer her father not to have en-suite facilities and was of the opinion that the staff did not like them either. She asked that the costing for the en-suite facilities to be taken out of the costs of refurbishing or rebuilding the wards at Earls House. She stressed that the Trust should be striving to provide a garden and a wandering path at its other wards.

The Head of Overview and Scrutiny informed the Committee that the Authority and NHS County Durham supported the direction of travel in relation to

community based services with extra investment going into community services. He explained that transport is always a major issue but that the Trust is planning for those people who need to visit their families. The model used for psychiatric intensive care unit involved providing a taxi for those families who visited their relatives and the Trust are proposing to use a similar model for the families of any patients moved to wards at Sedgefield or Bishop Auckland. It was suggested that the Trust should link up with the County Council's Integrated Transport Unit to provide alternative options of provision. The Head of Overview and Scrutiny also suggested that the TEWV Trust and NHS County Durham consider the possibility of investing in the provision of facilities in both the North and the South of the County. This will involve a feasibility study on whether they could provide a facility on the Lanchester Road site for 12 patients with dementia and/or challenging behaviour before a decision is made. The Health Scrutiny Liaison Manager suggested that this should also include the feasibility of refurbishing the existing facilities.

David Brown confirmed that he would inform the Board of the Committees view at tomorrows Board meeting.

**Resolved:**

1. That the response to the Tees Esk and Wear Valleys NHS Foundation Trust consultation be supported.
2. That the TEWV Trust and NHS County Durham consider the possibility of investing in the provision of facilities in both the North and the South of the County and before a decision is made consider a feasibility study on whether they could provide a facility on the Lanchester Road site for 12 patients with dementia and/or challenging behaviour either by rebuilding or refurbishing the existing facility.

**A5 NHS Constitution**

The Committee considered a report of the Head of Overview and Scrutiny advising of the Governments consultation on the NHS constitution (for copy see file of Minutes).

The Committee also received a presentation from David Gallagher, Director of Corporate Strategies, Services and Relations at NHS County Durham explaining the constitution and consultation process (for copy of slides see file of minutes).

It was explained that the constitution has arisen from the report produced by Lord Darzi entitled 'Our NHS, Our Future'. Lord Darzi's interim report in October 2007 gave an outline of what a Constitution might include: it would enshrine the values of the NHS and increase local accountability.

The Department of Health launched the draft Constitution on 30 June 2008, alongside Lord Darzi's final report, and to coincide with the 60th anniversary celebrations for the NHS.

The draft NHS Constitution records in one place what the NHS does, what it stands for and what it should live up to. The Constitution sets out the principles

and the values that underpin the NHS, in particular that NHS services should be based on clinical need not ability to pay. It collects together important legal rights for both patients and staff and it sets out a number of pledges that reflect where the NHS should go further than the legal minimum. The Constitution also includes responsibilities and how we can all play our part to make the best use of NHS resources.

There are a number of aims for the Constitution.

- To secure the NHS for the future by reaffirming the principles of the health service.
- To empower patients and the public. People already have considerable legal rights in relation to the NHS but these are scattered around in different places. This is the first time they have been brought together in one place.
- To help the public play their part in the NHS – for example by attending appointments, treating staff with respect, and giving feedback about the treatment and care they receive.
- To empower and value staff. The NHS is a service provided by over 1.3 million staff. For an NHS Constitution to be an enduring settlement, it needs to reflect what we are offering to the workforce: a commitment to provide all staff with high quality jobs, along with the training and support that they need.

The draft Constitution was developed by the Department of Health. But it is the result of many months' work with patients, members of the public, staff and with representative groups. There were some clear messages from all the research and consultation that was carried out. People said that the Constitution should be a short, high-level document that would endure for at least 10 years. It should be flexible and not hold back the NHS from future change. It should also be meaningful and enforceable – not just words. There was no appetite for a “lawyers charter” that might encourage litigation.

The principles of the NHS are intended to be the enduring high-level “rules” that govern the way that the NHS operates. These are what define the NHS as a healthcare system. The principles are underpinned by a set of proposed NHS-wide values. These values were developed after extensive research with several thousand staff, patients and members of the public. There are two reasons why the Constitution includes a section describing values:

- Outlining the values makes it easier to be clear about the behaviours that are expected from patients, the public and staff.
- As more organisations from the third and independent sector become involved in providing NHS care to patients, it becomes more important to be clear about the behaviours and values expected across the wider NHS system.

Individual organisations are likely to have their own, locally-determined values. Those values are there to inspire behaviour within the organisation. The NHS wide values are there to inspire behaviour across the NHS as a whole.

The Constitution itself will not be written into law. It is meant to be a document, which brings together existing legal rights in one place but not something that replaces the existing law. The Government is planning to legislate to put a duty on the NHS to take account of the Constitution. This would require all NHS organisations to take account of the Constitution when performing their functions. All independent sector providers of NHS services would be required to take account of the Constitution by their contracts, which are legally-binding. The Government also proposes to place a duty on the Secretary of State for Health to renew and update the Constitution.

Stafford Scholes was of the view that age discrimination is not dealt with sufficiently in the document and there were concerns on whether NHS services are truly free. It was felt that an Independent Board should be set up, to implement and monitor the constitution which should include patient representation.

Councillor J Armstrong expressed the view that the constitution needs to be stronger on equality and diversity, accountable, say more on health inequalities and include patient and staff responsibilities.

Councillor D Lavin asked that 'strive' should be removed and that renewal should be changed to review.

**Resolved:**

1. That consultation be welcomed and that the report and presentation be noted.
2. That the above comments be included in the response of the Health Scrutiny Committee.

**A7 Seizing the Future**

The Committee considered a report of the Head of Overview and Scrutiny advising of the background and the purpose of the 'Seizing the Future' proposals being proposed by County Durham and Darlington Foundation Trust (for copy see file of Minutes)

The Committee also received a presentation from David Gallagher, Director of Corporate Strategies, Services and Relations at NHS County Durham about the public consultation process for 'Seizing the Future' (for copy of slides see file of minutes).

He explained that the Board of NHS County Durham had met with the Foundation Trust on two occasions. The Board of NHS County Durham felt that a case for change had been made and agreed to support and take the consultation process forward.

It was explained that the consultation process is a formal statutory process of 12 weeks which will be extended to 14 weeks to take account of the Christmas holiday period. There are four key partner organisations involved in the process. These are:



- NHS County Durham
  - County Durham and Darlington Foundation Trust (CDDFT)
- Consultancies:
- Proportion
  - M & M

NHS County Durham as commissioners will lead the process and one of their roles is to ensure that the process is robust and fair and that it gives people the opportunity to have their say. Proportion has been appointed to manage the consultation process and the handling of responses. This will provide some objectivity to the process and bring in capacity and expertise. M & M are developing the consultation document and will be responsible for communications and awareness raising. They will also help to manage the issues that arise during the process.

As part of the process documents will be developed which will help people to understand the process. Mail shots will go out to all households and web links will also be provided. A series of public meetings will be arranged. It was stressed that careful consideration needs to be given on how they are arranged and to ensure that the right locations and participants are engaged to achieve a constructive dialogue and a two way communication process.

A series of drop in sessions will be arranged at local shopping centres which will allow people to have a one to one discussion and to register their comments. It is important that different media and different formats are used to try and reach all levels of the community.

It was explained that Proportion will be responsible for managing all information received during the consultation. It is important to understand where the issues and information have arisen in the community so that they can be addressed. It is planned to launch the consultation process on 6<sup>th</sup> October with a media awareness raising event. At the end of January/early February a report will be taken to the Foundation Trust Board containing proposals in the light of the comments made during the consultation. It will then go onto the NHS County Durham Board for a final decision.

Edmund Lovell informed the Committee that the County Durham and Darlington Foundation Trust had announced to the media the issues which they would be consulting upon. These are that they would concentrate acute care at University Hospital Durham and Darlington Memorial Hospital, to redevelop Bishop Auckland Hospital for planned care and providing a range of Trust wide services and complementing and supporting the services at the other hospitals. It will also provide local health services and 24 hour emergency care. Services at Shotley Bridge and Chester le Street community hospitals services will remain broadly the same but it is proposed to increase the number of day care surgery cases at Shotley Bridge.

**Resolved:**

That the Committee welcomes the approach being taken and agrees the establishment of the Scrutiny Working Group together with the scrutiny process.

**A8 Momentum: Pathways to Healthcare**

The Committee noted the Section 244 Health Scrutiny Joint Committee report on Momentum: Pathway to Healthcare (for copy of report see file of Minutes)

## **A9 Proposed Closure of Medomsley Branch Surgery**

The Committee considered a report of the Head of Overview and Scrutiny about the proposed closure of Medomsley Branch surgery (for copy of report see file of Minutes)

Councillor A Shield expressed his disappointment about the proposed closure of the Medomsley surgery. He explained that the surgery is profitable but that the reason why the surgery was being closed was because of the under utilisation of doctors and nurses time. Medomsley is an area of multiple deprivation with a range of health issues. The opening times of the surgery are not helpful for all residents as it is only open three days a week from 11.00 a.m. to 12.00 pm which makes it difficult for people who work to use the surgery. Local Members had suggested that a trial period of early or late opening times for the surgery should be tried to try and improve utilisation time but this had been refused. Councillor Shield had reservations about the proposal to establish improved transport because of the cost and the time involved in getting to the alternative practices.

The Health Scrutiny Liaison Manager informed the Committee that Overview and Scrutiny had asked that an evaluation of the changes should be undertaken after six months particularly in relation to the transport arrangements.

Councillor W Stelling expressed concern about the transport arrangements as there are no direct bus links to the alternative surgeries at Hamsterley and Leadgate. He felt that these issues could be solved by discussion between the local Members and the bus companies.

Councillor O Temple expressed concern about the accuracy of the figures used in the report to be submitted to the PCT Board.

The Head of Overview and Scrutiny proposed that Scrutiny would talk to the author of the report about the inaccuracies and ensure that the views expressed at the meeting to do with caseload, utilisation and transport are passed to the PCT so that they can be considered by the PCT Board. Overview and Scrutiny will also facilitate a meeting via the scrutiny process with the Head of the Integrated Transport Unit, the local Members and the PCT so that the concerns about transport can be addressed.

### **Resolved:**

1. That the proposals are noted.
2. That Overview and Scrutiny:
  - (a) talks to the author of the report about the inaccuracies; and
  - (b) ensures that the views expressed at the meeting to do with caseload, utilisation and transport are passed to the PCT so that they can be considered by the PCT Board;

- (c) facilitates a meeting via the scrutiny process with the Head of the Integrated Transport Unit, the local Members and the PCT so that the concerns about transport can be addressed.

This page is intentionally left blank

## DURHAM COUNTY COUNCIL

**At a Meeting** of the **Health Scrutiny Committee** held at the County Hall, Durham on **Friday 21 November 2008** at **10.00 p.m.**

**COUNCILLOR R Burnip** in the Chair.

### **Durham County Council**

Councillors J Armstrong, A Bell, D Burn, J Chaplow, P Stradling, T Taylor and O Temple

### **Chester le Street District Council**

Councillor G Armstrong and R Harrison

### **Derwentside District Council**

Councillor I Agnew and D Lavin

### **Teesdale District Council**

Councillor T Cooke

### **Co-opted Member**

Councillor D Bates

### **Other Members**

Councillors A Cox and M Wilkes

Apologies for absence were received from Councillors R Bell, P Crathorne, A Gray and P Gittins

## **A1 Declarations of Interest**

There were no declarations of interest.

## **A2 Joint Strategic Needs Assessment**

The Committee received a presentation from Mandy Day, Strategic Manager, Adult and Community Services on the Joint Strategic Needs Assessment (for copy of slides see file of Minutes).

The Local Government and Public Involvement in Health Act 2007 placed a legal requirement on local authorities and primary care trusts to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local populations. The JSNA will underpin the Sustainable Communities Strategy and subsequently the priorities and targets set by the Local Area agreement.

Work started on the JSNA in September 2007. A public consultation exercise on the draft document took place in June and July 2008 and an Equality and Diversity Impact Assessment in September 2008. Consultation documents were placed in every County Durham library and three briefing notes were sent

to stakeholders informing them of progress and ways to engage with the process. An article was placed in Countywide which was delivered to all County Durham households. Responses were received from stakeholders and from members of the public. The JSNA has been updated based on the comments received during the consultation exercise.

The County Durham Joint Strategic Needs Assessment (JSNA) contains 170 key messages structured around the seven Local Area Agreement themes: health and wellbeing, safe, achieve, enjoy, economic wellbeing, positive contribution and physical place. The JSNA also contains key messages relating to County Durham's demography along with a closer examination of its communities.

The JSNA does not suggest priorities for organisations in County Durham, nor does it determine commissioning activity or the provision of services but it is intended to inform priority setting and commissioning across County Durham to help ensure that the health and wellbeing of people within the County is being improved.

A final document has been distributed to partners throughout the County for use in their planning and priority setting processes.

Councillor Cooke asked whether Parish Councils were included in the consultation process. Mandy Day advised that a briefing note was sent to all Parish Councils but not all bodies who were contacted responded to the consultation.

Councillor Taylor asked whether the effects of the County's industrial heritage had been taken into account in the preparation of the JSNA. Mandy Day explained that the legacy of previous industrial activities will be reflected in the demographics of the JSNA.

**Resolved:**

That the presentation be noted.

**A3 Director of Public Health's Annual Report**

The Committee received a presentation from Anna Lynch, Director of Public Health about the 2007/08 Annual Report of the Director of Public Health (for copy of slides see file of Minutes).

It was explained that the overall health of the population of County Durham is poor compared with the national picture and inequalities in health remain. 31% of Super Output Areas (SOA's) are among the 20% most deprived SOA's in England. 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 (SMR) from all causes of death is 114; for cancers 116; for circulatory diseases 117 (all significantly worse than England). The under 18 conception rate in 2006 was 46.1 per 1000 girls aged 15 to 17 years, compared with the England rate of 40.4/1000. In 2007, 42.3% of pupils obtained five GCSE passes (A to C grade, including English and Mathematics), compared with the England rate of 46.8%. The obesity rate among year 6 children (school

year 2006/07) 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.

The key messages arising from the annual report are as follows:

There are unacceptable gaps in life expectancy between County Durham and England as a whole, and within County Durham. Narrowing the gap requires effective interventions which must be delivered equitably. This means targeted interventions for those at greatest need in addition to a whole population approach. This includes:

- Primary prevention - interventions to prevent heart disease and cancer, in particular by reducing smoking and obesity and increasing levels of physical activity.
- Proactive risk factor and case finding - early identification of those with risk factors for disease or early signs of disease in particular through cancer screening programmes and through risk factor assessment for heart disease by General Practices/primary care.
- Fair access to effective treatment for established disease (health equity).

Health inequalities are disparities in health between population groups that are systematically associated with socio-economic and cultural factors (such as educational status, social class, ethnicity, place of residence, income). Such disparities in health are potentially avoidable and are therefore considered to be unjust. NHS County Durham will work with partners to produce health inequalities profiles and monitoring strategies for County Durham, building on this report and the joint strategic needs assessments, and linked to the Local Area Agreement.

Narrowing the gap requires a step change in our approach to coronary heart disease (CHD). Without this new approach, the life expectancy gaps between the populations of County Durham and England and within County Durham will remain. Key requirements are: increasing the capacity and targeting of primary prevention (smoking, obesity, physical activity, and alcohol); the implementation of the cardiovascular disease risk factor assessment and intervention programme; improving equity of access to treatment services for people who have CHD.

Narrowing the gap requires a step change in our approach to cancer. Without this new approach, the life expectancy gaps between the population of County Durham and England and within County Durham will remain. Strategic and targeted action plans will be developed and implemented to tackle inequalities, reduce the risks of cancer, detect it earlier, provide world class treatment and support people living with and beyond cancer.

Local authorities in County Durham have a crucial role in improving health and reducing health inequalities, particularly in relation to the wider determinants of health. It is important that the excellent health improvement initiatives delivered by the seven districts and County Council are continued during the transition to the new Unitary Authority and that partnership work continues to be effective during this period. The new Unitary Authority has the opportunity presented by local government reorganisation to strengthen its role in improving health and reducing health inequalities.

Smoking remains the major cause of the lower life expectancy and higher heart disease and cancer rates in County Durham. Reducing smoking is the most important step in narrowing the gap in life expectancy within County Durham and within England as a whole. Tobacco Alliances should be supported to implement their action plans; the smoking cessation service will continue to offer a high quality, effective service which will be standardised via commissioning processes; focus will continue on supporting pregnant smokers and manual workers to stop smoking.

Obesity poses a major public health challenge and risk to future health, well being and life expectancy. Levels of obesity in children and in adults in County Durham are among the worst in England. The children's trust needs to update the tackling obesity strategy, developing *Preventing Obesity, Promoting Physical Activity* strategies for children and young people in County Durham. The intervention pathway for children needs to be finalised and implemented. For adults, the main priorities are implementing revised physical activity strategies and increasing the capacity of community based and surgical interventions.

Universal and targeted approaches are needed 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. Reducing levels of harmful drinking and improving the capacity of alcohol treatment services is a key priority across the local NHS and all the Crime and Disorder Reduction partnerships. An additional investment in public health priorities of £3.3million has been secured through the Annual Operating Plan process across the PCT for 2008/09 and this will support increased capacity and the development of new services in the areas of alcohol, sexual health, mental health, worklessness, domestic violence and oral health.

Health protection risks do not affect all parts of our communities equally. Some individuals and communities are disproportionately affected by particular health threats resulting in poorer health and a greater likelihood of illness and disease. All 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. Keeping a strong focus on immunisation programmes and on planning to respond to the health effects of an influenza pandemic remain key overarching priorities.

Healthcare acquired infection (HCAI) has become a key issue for public confidence in the NHS. Preventing HCAI cannot be left to clinical staff alone - senior management commitment, local infrastructure and systems are also vital. Cleanliness and HCAI is a key target area and sustainable reduction in MRSA bacteraemia and Clostridium difficile, along with all other avoidable HCAI, is a shared high level priority across the County Durham health economy.

Members drew attention to the sale of cheap alcohol. Anna Lynch advised that alcohol is recognised as being responsible for much crime and disorder. The government is currently being lobbied to tackle the issue of cheap alcohol and its easy availability.

Councillor Wilkes asked what is being done to prevent children from leaving



school at lunchtime. It was explained that this is an issue for individual schools to decide. Work is ongoing under the healthy schools umbrella. The PCT has officers who are working on the healthy schools standard and every school has to work toward this standard and this includes work on school meals.

In response to Councillor Temple's question in relation to effective interventions Anna Lynch explained that the National Institute for Clinical Excellence (NICE) examines what are the best clinical interventions. A predecessor organisation, the Health Development Agency developed an evidence base for healthcare interventions and preventions. If there is no evidence base NHS County Durham bases decisions on best practice.

Councillor Cooke drew attention to the difficulty that young people from rural areas have in accessing services in nearby towns. Anna Lynch explained that transport issues are always examined when considering interventions or programmes for young people. The County Councils Integrated Transport Unit works with NHS County Durham on possible solutions including community transport and volunteer driver schemes. Councillor Cooke also advised that physical education seems to be limited at schools. Anna Lynch advised that school sports co-ordinators employed by the County Council work across all schools and NHS County Durham physical activity teams work with them. The healthy schools standard does deal with physical activity and every school should provide two hours of physical education per week.

Jeremy Brock informed the Committee that the NHS commissioning intentions are being consulted upon at the present time and this will be discussed at the next meeting on 5 January 2009.

**Resolved:**

That the presentation be noted.

This page is intentionally left blank

# Item 6

## HEALTHY BOROUGH WITH STRONG COMMUNITITES OVERVIEW & SCRUTINY COMMITTEE

13<sup>TH</sup> JANUARY 2009

### 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 31<sup>st</sup> 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 20<sup>th</sup> 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:

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

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:** Lynsey Walker  
**Telephone No:** (01388) 816166 ext 4362  
**Email Address:** [lwalker@sedgefield.gov.uk](mailto:lwalker@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**

**24 February 2009**

- **No items identified**

This page is intentionally left blank