



Cabinet

Date **Wednesday 14 November 2012**
Time **9.30 am**
Venue **Council Chamber, Council Offices, Chester-le-Street Civic
Centre, Newcastle Road, Chester-le-Street, County Durham,
DH3 3UT**

Public Question and Answer Session

9.30 a.m. to 10.00 a.m.

An opportunity for local people to have a 30 minutes informal question and answer session with Cabinet Members.

Cabinet Business

10.00 a.m. onwards

Part A

**Items during which the Press and Public are welcome to attend.
Members of the Public can ask questions with the Chairman's
agreement.**

1. Minutes of the meetings held on 10 October 2012 and 24 October 2012 (Pages 1 - 6)
2. Declarations of interest

Key Decisions:

3. Durham Key Options Lettings Policy Changes - Report of Corporate Director, Regeneration and Economic Development [Key Decision: R&ED/11/12] (Pages 7 - 14)
4. Chester-le-Street Development Masterplan - Report of Corporate Director, Regeneration and Economic Development [Key Decision: R&ED/13/12] (Pages 15 - 48)

Ordinary Decisions:

5. Mortgage Rescue - Proposal to Extend Scheme to Local Authorities and ALMOs - Report of Corporate Director, Regeneration and Economic Development (Pages 49 - 56)

6. Release of an Option Agreement and Acquisition of land at Aykley Heads, Durham City - Report of Corporate Director, Regeneration and Economic Development (Pages 57 - 62)
7. Safeguarding Adults Board Annual Report - Report of Corporate Director, Children and Adults Services (Pages 63 - 98)
8. Forecast of Revenue and Capital Outturn 2012/13 for General Fund and Housing Revenue Account - Period to 30 September 2012 - Report of Corporate Director, Resources (Pages 99 - 118)
9. Management Options Appraisal - Culture and Sport - Report of Corporate Director, Neighbourhood Services [MTFP Ref: NS20] (Pages 119 - 128)
10. Joint Children and Young People's and Adults, Wellbeing & Health Scrutiny Report - Obesity in Primary Aged Children - Report of Assistant Chief Executive (Pages 129 - 198)
11. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration.
12. Any resolution relating to the exclusion of the public during the discussion of items containing exempt information.

Part B

Items during which it is considered the meeting will not be open to the public (consideration of exempt or confidential information).

Key Decision:

13. Award of Contract for Residual Waste Treatment - Report of Corporate Director, Neighbourhood Services [Key Decision: NS/18/12] [MTFP Ref: NS 6] (Pages 199 - 206)
14. Such other business as, in the opinion of the Chairman of the meeting, is of sufficient urgency to warrant consideration.

Colette Longbottom
Head of Legal and Democratic Services

County Hall
Durham
6 November 2012

To: **The Members of the Cabinet**

Councillors S Henig and A Napier (Leader and Deputy Leader of the Council) together with Councillors N Foster, L Hovvels, M Nicholls, M Plews, C Robson, B Stephens, C Vasey and B Young

DURHAM COUNTY COUNCIL

At a Meeting of **Cabinet** held in Committee Room 2, County Hall, Durham on **Wednesday 10 October 2012 at 10.00 a.m.**

Present:

Councillor A Napier (in the Chair)

Cabinet Members:

Councillors Foster, Hovvells, Nicholls, Plews, Robson, Stephens and Vasey

Apologies:

Apologies for absence were received from Councillors S Henig and B Young

Also Present:

Councillors J Armstrong, B Graham, J Gray, N Harrison, E Huntington and R Todd.

1 Minutes

The Minutes of the meeting held on 12 September 2012 were agreed as a correct record and signed by the Chairman.

2 Declarations of Interest

There were no declarations of interest.

3 Medium Term Financial Plan (3), Council Plan and Service Plans 2013/14 - 2016/17

[Key Decision: Corp/A/10/12/1]

The Cabinet considered a joint report of the Corporate Director, Resources and Assistant Chief Executive which provided an update on the following:

- (i) 2013/14 Budget Planning and Changes since 11 July Cabinet Report.
- (ii) The Government proposed Business Rate Retention Scheme and its impact on Durham.
- (iii) Development of 2013/14 – 2016/17 MTFP (3) Model.
- (iv) Development of Council Plan and Service Plans.
- (v) Equality Impact Assessments.
- (vi) Consultation Process.

The report further sought approval for Corporate Directors to continue to utilise delegated powers where relevant to action savings plans to ensure financial targets are met (for copy see file of Minutes).

Resolved:-

That the recommendations contained in the report be approved.

4 Implications for Durham County Council of the Government's Policy Programme

The Cabinet considered a report of the Assistant Chief Executive which provided an update on the major policy developments and announcements, following the report which was considered by Cabinet on 30 May 2012, on the implications of the Coalition Government's policy programme (for copy see file of Minutes).

Resolved:-

That the recommendations contained in the report be approved.

5 County Durham Partnership Update

The Cabinet considered a report of the Assistant Chief Executive which provided an update on the issues being addressed by the County Durham Partnership (CDP) Board, the five Thematic Partnerships and all Area Action Partnerships (AAPs). The report further updated on other key initiatives being carried out in partnership across the County (for copy see file of Minutes).

Resolved:-

That the report be noted.

6 Corporate Peer Challenge

The Cabinet considered a report of the Assistant Chief Executive which set out the key findings of the recent peer challenge visit by the Local Government Association and identified key areas for future development (for copy see file of Minutes).

Resolved:-

That the recommendations contained in the report be approved.

7 A167 / B6300 Sunderland Bridge Junction Improvement

The Cabinet considered a report of the Corporate Director, Regeneration and Economic Development which sought authority to:-

- (i) Make a Compulsory Purchase Order under the provisions of sections 239 and 240 of the Highways Act 1980 and Acquisition of Land Act 1981 in order to acquire the land required for the construction of a new roundabout at the A167/B6300 Sunderland Bridge junction;
- (ii) To make a Side Roads Order under section 14 of the Highways Act 1980 in order to stop up sections of Highway cross or enter the new highway layout.

(for copy see file of Minutes).

Resolved:-

That the recommendations contained in the report be approved.

8 Bus Service Retendering

The Cabinet considered a report of the Corporate Director, Regeneration and Economic Development which presented the outcome of the retendering of bus services, and key issues and risks (for copy see file of Minutes).

Resolved:-

That the recommendations contained in the report be approved.

9 New Tenancy Strategy and Tenancy Policy for Durham County Council

The Cabinet considered a report of the Corporate Director, Regeneration and Economic Development which sought approval of two new housing papers:-

- (i) The County Durham tenancy strategy
- (ii) The tenancy strategy policy for Durham County Council's housing stock.

(for copy see file of Minutes).

Resolved:-

That the recommendations contained in the report be approved.

10 Transfer of Public Health Functions to Durham County Council

The Cabinet considered a joint report of the Corporate Director, Children and Adults Services and Director of Public Health which provided an update on recent developments with regards to the transfer of public health functions from NHS County Durham to Durham County Council by 1st April 2013 (for copy see file of Minutes).

Resolved:-

That the recommendations contained in the report be approved.

11 NHS Reforms

The Cabinet considered a report of the Corporate Director, Children and Adults Services which provided an update on recent developments in relation to NHS reforms (for copy see file of Minutes).

Resolved:-

That the recommendations contained in the report be approved.

DURHAM COUNTY COUNCIL

At a Special Meeting of **Cabinet** held at County Hall, Durham on **Wednesday 24 October 2012 at 10.00 a.m.**

Present:

Councillor S Henig in the Chair

Cabinet Members:

Councillors Foster, Hovvels, Napier, Nicholls, Plews, Robson, Stephens, Vasey and B Young.

1 Declarations of Interest

Councillor S Henig declared an interest in the item relating to the re-financing of Newcastle Airport and related Shareholder matters, as a Director of Newcastle International Airport Limited Board. He then left the room and took no further part in the remainder of the meeting.

Resolved:-

Councillor A Napier in the Chair

2 Exclusion of the Public

Resolved:

That under Section 100 A (4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 3 of Schedule 12A to the said Act.

3 Refinancing of Newcastle International Airport and related Shareholder matters Key Decision CORP/R/12/03

The Cabinet considered a report of the Corporate Director, Resources which sought approval to proposals for future partnering and financing arrangements for Newcastle International Airport, as required under the terms of the Shareholders Agreements.

Resolved:-

That the recommendations contained in the report be approved.

Reason for Decision:

The recommendations made in the report are felt to be in the best interests of the Council and of the NIAL Group and will drive the development of the airport as a strategically and economically important asset to the region

Cabinet

14 November 2012

**Durham Key Options Lettings
Policy Changes**



Key Decision R&ED/11/12

**Report of Corporate Management Team
Ian Thompson, Corporate Director, Regeneration and Economic
Development
Councillor Clive Robson, Cabinet Portfolio Holder for Housing**

Purpose of the Report

- 1 This report is to inform Cabinet of the changes to the Durham Key Options Lettings Policy, the consultation process and the outcomes from the consultation.

Background

- 2 Durham Key Options (DKO) is a choice based lettings scheme. Choice Based Lettings is a way of enabling people looking for a home to bid for available properties that are advertised in their chosen areas.
- 3 A formal review had to be undertaken of the DKO Lettings Policy to make sure the policy complied with legislation and addresses housing need. The changes are in line with the Localism Act and Welfare Reform. Issues that had to be considered were:
 - Tenure reform
 - Restrict access to the register
 - Exclude transfers
 - Include additional groups
 - Exclude those not in need
 - Homelessness duties
- 4 The DKO Policy Subgroup met to work out the details of the proposed changes which were then agreed by the DKO board before going out to consultation. Details of the consultation are at Appendix 3.
- 5 The changes have been overseen by the Choice Based Lettings Co-ordinator who is an officer employed by the Council but funded jointly by the Council and the DKO partners

Existing policy and proposed changes

- 6 Banding - Currently there are nine Bands into which applicants are placed. These are bands A to F. F is reduced priority. A+, B+ and C+ were originally designed to give further priority to some applicants with multiple needs. This was seen by applicants as too complicated and the proposal is to have five Bands only in the future – A to E. Appendix 2 sets out the new banding system.
- 7 Under-occupation – This is a new proposal to give priority to applicants who are under occupying their property in the light of welfare reform which may mean people having to pay top up rent. This will enable partners to make better use of their stock. Band B will be for those under-occupying by two rooms and Band C for those under-occupying by one room.
- 8 Domestic violence – It is proposed to give applicants fleeing domestic violence the same band as other statutory homeless applicants. This would be in Band B. This will not disadvantage these applicants. If there is an emergency or serious incident then, as happens now, there are other measures that can be put in place such as making the house safe, refuge places etc.
- 9 Refusals and No responses – Currently there are no penalties for refusing offers of accommodation or not responding to offers. The new Policy will mean applicants can be removed from the register for a period of six months if they have refused three properties or not responded to three offers within a six month period. It will be up to the applicant to reapply.
- 10 Removals from register – People in Band E (who have ‘no housing need’) who have made no bids in the previous six months will be removed from the register for a period of six months. It will be up to applicants to reapply to join the list. If an applicant’s circumstances change within the six month period they will be able to submit a new application.
- 11 Positive contribution – It was suggested that people who make a positive contribution to the community should be put into Band D. Positive contribution would be linked to skill shortages or voluntary work in County Durham. This was seen as being unfair by consultees and this change will not be made.
- 12 Band F - Band F (the reduced preference band), will be removed. Applicants are put in Band F because of rent arrears, mortgage arrears, rechargeable repairs or unacceptable behaviour. Arrears relate to a wilful refusal to make payments rather than misfortune. Those currently in Band F will be disqualified from the register until signs of change of behaviour are shown over an extended period.

Future applicants whose arrears record or behaviour would have led them to be included in Band F will not be considered eligible for inclusion in a band until their record has improved.

- 13 Priority transfer – Previously the Supply & Demand category allowed for the move of tenants who under-occupied their homes. There is now a separate category for under-occupation. Priority transfer will be awarded to tenants of full partners of DKO when they move from a high demand property and the stock in that area is of limited supply to an area of lesser or equal demand. The criteria for determining demand will be decided by each partner landlord and will be published on their websites. The criteria will be reviewed every 6 months. Moves will only be allowed under this band to each partners own stock.
- 14 Armed forces – Additional preference (Band A), will be given to members of the Armed Forces with an urgent medical need and Band B for those members overcrowded. In both cases the additional preference will be given by backdating their date of application by six months. This will also mean members of the Armed Forces will not be identifiable by appearing to have jumped to the top of the list despite having a later date of application. Band C will continue to be awarded for those who are leaving the Armed forces or have left in the preceding five years and who do not fall within the criteria of the homelessness legislation. This is being done in light of new government guidance stating there should be increased awareness for this category of person. It recognises the contribution Durham County Council can make towards rebuilding the Armed Forces Covenant and acknowledges the obligation owed to members of the armed forces and their families.
- 15 Discharge of Homelessness Duty - The homeless duty will be amended so that the time given to bid for a property within the scheme will be reduced from 12 to 6 weeks. The duty will be brought to an end if the applicant secures a DKO offer, a registered provider makes a direct let or a suitable offer of private accommodation is made.
- 16 Applicants who are vulnerable would be able to refuse an offer of private rented accommodation and retain their main housing duty priority. Vulnerable groups would include:
 - Those with dependent children subject to care proceedings;
 - Applicants subject to Multi-Agency Public Protection Arrangements;
 - Those with long term disabilities;
 - Those who are elderly or assessed as vulnerable for other special reason;
 - Those with enduring mental health problems;
 - Care leavers
 - Those fleeing domestic violence.

- 17 In allocating accommodation it will be taken into account if the applicant is ill and has the need for an extra bedroom for a carer. Similarly the DKO lettings policy will allow for the needs of foster carers or prospective foster carers and adopting parents to have extra bedrooms.

DKO acknowledges that this is not the view taken by DWP so foster carers may find themselves being in the situation of, at times, under-occupying a property and suffering financially for that reason. The CLG Allocations Guidance advises that Discretionary Housing Payment may be available for these applicants.

Next steps

- 18 The Policy document and the Procedure Manual that sits behind the Policy and is used by staff, will be rewritten over the next few months before implementation in April 2013.

The Policy changes will be monitored and reviewed to check they are working as intended. An appeals process is in place for any applicant who feels aggrieved by decisions they disagree with.

Recommendations

- 19 Cabinet are recommended to:

- (a) Approve the changes to the DKO lettings Policy.
- (b) Authorise delegated powers to the Corporate Director of Regeneration and Economic Development to make minor changes to the Policy as and when necessary in consultation with the Portfolio Holder for Housing.

Background Papers

Durham Key Options Lettings Policy – June 2012

Allocation of accommodation: Guidance for local housing authorities in England – CLG 29 June 2012

Contact: John Kelly, Choice Based Lettings Co-ordinator
Tel: 03000 262545

Author: David Randall, Senior Policy Officer
Tel: 03000 261920
david.randall@durham.gov.uk

Appendix 1: Implications

Finance – There are no financial implications.

Staffing – There are no staffing implications.

Risk - Risks should be minimal as these are minor changes to an existing policy.

Equality and Diversity – An EIA of the CBL scheme and the policy changes has recently been undertaken.

Accommodation - None.

Crime and Disorder - None.

Human Rights - None.

Consultation - Consultation has been undertaken with key stakeholders and continues as set out in the plan below.

Discuss policy options/dynamics with Abrisitas	30/04/2012	14/05/2012
Policy Steering Group to agree re-reg	14/05/2012	14/05/2012
Finalise policy banding	01/06/2012	01/06/2012
Begin consultation	04/06/2012	31/08/2012
Steering Group to amend documentation	04/06/2012	07/01/2013
Consultation by each DKO partner (Core Team with RPs and 3rd Sector)	01/07/2012	31/08/2012
Collate data and re-draft policy following consultation	03/09/2012	12/09/2012
Final Policy 2013 to go to DKO Board	13/09/2012	
Go back to Abrisitas with initial changes (to start alongside Version Upgrades)	17/09/2012	18/01/2013
Policy report to SMT	04/10/2012	
Policy report to Red MT	11/10/2011	
Policy report to Corporate MT (inc G. Garlick)	24/10/2012	
Policy report to DCC cabinet	14/11/2012	
Final drafts of all policy documentation approved and circulated	03/12/2012	
Policy to go to each individual DKO partners' boards for info	03/12/2012	14/12/2012
All changes confirmed to Abrisitas	03/12/2012	
Write out to Band F applicants as part of re-reg	07/01/2013	18/01/2013
Re-reg letters to all Band D and Band E applicants	21/01/2013	15/02/2013
User Acceptance Training	14/01/2013	15/02/2013
Final drafts of all documentation to printers	04/02/2013	01/03/2013
Train all staff in new policy	14/02/2013	28/02/2013

Sign off configuration	15/02/2013	
Re-reg letters to remaining applicants where a band change will occur (in Bands B and C)	18/02/2013	08/03/2012
Registration of all applicants onto Abrisas	11/03/2013	03/04/2013
Go live	04/04/2013	04/04/2013

Procurement - None.

Disability Issues – None.

Legal Implications - Legal implications of the proposed changes have been taken on board in the development of the proposals.

Appendix 2

Band A

Applicants within this band will receive priority for all eligible properties in the first instance as follows:

- Regeneration schemes within County Durham
- Urgent medical reasons
- Priority transfers (full DKO partner only)

In the event of competing bids within this band, regeneration cases will take priority over urgent medical cases and urgent medical cases will take priority over Priority Transfers. If an Urgent Medical applicant also meets the Armed Forces additional preference criteria they will receive a six month priority backdate to give additional preference.

Band B

- Applicants Overcrowded by at least two bedrooms
- Applicants who are under occupying by two or more bedrooms (full DKO partner only)
- Applicants who need to move due to high medical need as outlined in Appendix 2 of this policy
- Homeless applicants – accepted as statutorily homeless with a full duty to be housed
- Applicants living in intensive supported housing where their support plan identifies that they are ready to move on into an independent tenancy
- Care Leavers

If an applicant who is severely overcrowded (by two bedrooms) also meets the Armed Forces additional preference criteria, they will receive a six month priority backdate to give additional preference.

Band C

- Applicants occupying unsanitary, overcrowded (one bedroom short of requirements) or otherwise unsatisfactory housing
- Applicants who are under occupying by one bedroom (full DKO partner only)
- Applicants who need to move due to medical or welfare grounds in accordance with the medical framework for medical priority found in Appendix 2 of this policy
- Applicants discharged from the armed forces within the preceding five years who do not fall within the criteria of the homelessness legislation and have served three years or longer or who have been medically discharged (excluding those dishonourably discharged).
- Applicants who need to move to a particular locality to avoid hardship
- Non-statutory homeless

Band D

- Applicants wishing to live independently with no other housing need
- Applicants needing larger accommodation (outside of the overcrowding criteria) with no other housing need
- Relationship breakdown with no other housing need
- Applicants threatened with homelessness within three months, in order to prevent actual homelessness

Band E

- Applicants who are adequately housed and have no housing need

Appendix 3 Consultation

- 1 The DKO full partners are as follows:
 - Cestria Community Housing Association
 - Dale and Valley Homes
 - Derwentside Homes
 - Durham City Homes
 - East Durham Homes
 - livin
 - Teesdale Housing Association
 - Accent Foundation (as pilot from 1st April 2012)

- 2 Although all the partners have done the consultation slightly differently taking into account local circumstances and relevant groups, the consultation has been based round a standard set of 10 questions which partners asked applicants and others.

- 3 A consultation event was also held on 9 August 2012 with representatives from the Third Sector and Registered Providers.

- 4 A consultation was held with Housing Solutions North, South and the Core Team in August.

- 5 A presentation on the proposed changes was given to the Economy & Enterprise Overview and Scrutiny Committee in March 2012 with an update in July 2012. The committee made a response to the Consultation which has been incorporated in the final changes.

Cabinet

14 November 2012

**Chester-le-Street Development
Masterplan**

Key Decision R&ED/13/12



Report of Corporate Management Team

**Ian Thompson, Corporate Director Regeneration and Economic
Development**

**Councillor Neil Foster, Cabinet Portfolio Holder for Economic
Regeneration**

Purpose of the Report

- 1 The development masterplan for Chester-le-Street provides a detailed programme of activity that can be undertaken within the town to ensure future sustainability through a programme of investment and marketing of the town's key development opportunities and tourist attractions.
- 2 The document provides the strategic context to delivery and seeks to establish key principles to co-ordinate and guide this activity. The document is one of a series of similar documents established for all of the major towns within the County.

Background

- 3 Chester-le-Street is a major town in the North of County Durham located about 6 miles north of Durham City, with a population of over 24,000, and situated within a ten mile radius of Newcastle, Sunderland, Gateshead, Washington, Consett, and Stanley. The good public transport, road and rail links, to and from Chester-le-Street make this town an excellent location from which to travel to work. It is an attractive locality with good quality housing in the mid and above range of prices, catering for families and couples. Housing has grown organically around the town centre along with other people based services. Chester-le-Street is a town with potential to increase substantially in size, with the town centre having the opportunity to benefit economically from this growth.
- 4 Chester-le-Street is an historic town, dating as far back as 122CE with Roman built remains visible in town, as well as being home to Lindisfarne monks with the body of St Cuthbert for over a century from 883-995CE. The Lindisfarne Gospels were translated here during that time. Since the 18th and early 19th centuries there has been significant change following the advent of the mining industry near the town. Chester-le-Street has potential to benefit significantly from Roman and Christian tourism as well as from the visitors to the Riverside

Park, Emirates Durham ICG, golf course and other leisure facilities. All of these attractions are on the edge of town and bringing in combined visitor numbers in excess of 300,000 each year.

- 5 Chester-le-Street town is a lively and vibrant town centre that appears to be weathering the current economic storm in better condition than some of its neighbours. Through the new County Durham Plan there is significant opportunity for the town to increase housing development and the Local Plan identifies a housing allocation of 1,455 homes along with 10.4Ha employment land allocation for the next 20 years. In addition, there are significant development opportunities at the Lambton Estate which are being brought forward through a Supplementary Planning Document to the Local Plan. This is thought to be an achievable figure for both homes and businesses, and will improve the economic standing of Chester-le-Street as these developments progress over the years.
- 6 The Development Framework aims to:
 - Focus and co-ordinate the regeneration activities in Chester-le-Street and assist the enabling of a delivery mechanism for the various regeneration projects;
 - To input into the delivery of the emerging Local Plan and Community Infrastructure Plan and draw together the strategic and policy drivers for development and regeneration within Chester-le-Street
 - Assist in the consultation process with partners, stakeholders and the community;
 - Assist in taking proposals forward with investors, developers and landowners; and,
 - Raise Chester-le-Street's profile in order to stimulate further investment activity.
- 7 This development framework seeks to articulate the County Council's desire to stimulate regeneration and economic growth and to guide investment in Chester-le-Street; focussing on enhancing the environment and investing in tourism and development opportunities, building on the potential of the town.
- 8 Combining expenditure from the former District Council and the County Council, there has been recent investment of more than £5m within the town centre. This is on major projects like the Market Place and Civic Heart, Mile House and the public realm throughout Front Street. This investment has ensured that further external investment has been placed in the town like the Gainford and Bright Stars site on Picktree Lane and the infill development on South Burns on the Market Place next to the old brewery Grade 2 listed building.
- 9 The key drivers for this framework are:
 - Establishing a clear set of priority projects together with a realistic delivery plan which reflects both market demand, investor appetite and availability of sources of finance;
 - Promoting the diversification of the local economy and employment growth, led by the private sector;

- Providing a sustainable and vibrant town centre with a focus on deliverability, creating key opportunities for change by securing definitive proposals for redevelopment, development or refurbishment of land and premises;
- Consolidating the population and expenditure base and improving the balance and mix of the housing offer to include market for sale, intermediate tenure and rented, which would in turn help to underpin a sustainable local economy, retaining young people whilst providing for an increasing proportion of elderly residents;
- Improving the patronage and frequency of stopping trains at the railway station;
- Developing the tourism and leisure offer and asset base, most notably in relation to the town centre, the Roman and Christian heritage, the Emirates Durham ICG, Riverside Park and riverside walks;
- Ensuring that key stakeholders, in particular those using the town centre, are positively engaged in the process and that the final outcomes are ones which local residents and businesses have confidence and pride in;
- Maximise the benefits of the new market place and civic space through regular business led planned events; and,
- Optimising the environmental, social and economic sustainability of Chester-le-Street through the design and phasing of the developments and the implementation process.

10 There are a number of major projects currently underway throughout town. These include the Emirates Durham ICG stand extension and hotel with conferencing facilities; the skate park to be constructed within Riverside Park; improvements to the signage within town directing visitors to and from the town centre to the cricket ground and leisure facilities; and the rowing club are planning to improve their facilities in the future.

11 The key challenges for the town centre focus on how to create a sustainable future for the town. The train station needs to play a significant role in the economic performance of the Town. The train service is currently operating at minimal levels (despite increasing patronage). Whilst the service does allow people to commute and visit the higher order centres, it does not cater for those who wish to spend an evening in Chester-le-Street in town or at a concert at Emirates Durham ICG. The Council needs to lobby the Department of Transport to ensure that more trains stop at Chester-le-Street to maximise the potential of this transport interchange.

12 There is a range of development opportunities to be promoted in Chester-le-Street and provide the necessary conditions for a sustainable and competitive town centre. These are as follows:

- The Council will work with regeneration partnerships and private sector partners to continue to **deliver a vibrant town centre**;
- Chester-le-Street has been successful in attracting and retaining numerous small and medium-sized businesses both within the town centre and at Drum. Additional development land for business users can be brought forward with the introduction of infrastructure at an extension site at Drum. **The Council will endeavour to work with existing businesses, potential funders, developers and**

prospective inward investment companies to ensure that Chester-le-Street enhances its supply of business properties in order to provide for wealth and job creation.

- There are a number of sites that could provide residential development for sale, intermediate tenure and rent. **Additional housing close to the centre will help the vitality and viability of the town and the Council will continue to work with the development industry, Registered Providers and other interested parties to deliver the new homes that Chester-le-Street requires.**
- Encourage patronage of train station and **work with Department of Transport to improve the occurrence of services**
- **Increasing the numbers of visitors to Riverside Park, the Cricket ground**, and other leisure activities that also visit the town centre
- The Chester-le-Street Destination Development Plan produced in July 2010 identifies the need to link more closely to increase the visitor numbers to the town through **strengthening Chester-le-Street's identity as a destination for heritage, sport and recreation**, and as an attractive and convenient base from which to explore Durham and Newcastle
- **Improve the access routes** between the riverside and town centre
- Work with the private sector and community groups to increase the number of events in the Civic Heart, which would increase the footfall in the town centre help sustain the local market

- 13 Consultation on the preparation of this Masterplan has been undertaken with a range of local stakeholders including the AAP, the local Business Association, internal Council departments, and local town centre businesses. A summary of these discussions are attached in the consultation log.
- 14 The Masterplan is supported by a delivery plan and project plans for each development site/proposal. These will be kept up-to-date.

Recommendations and reasons

- 15 The Chester-le-Street Masterplan will help plan, co-ordinate, and deliver regeneration activity in Chester-le-Street over the coming years.
- (a) It is recommended that the report be approved by Cabinet.
- (b) It is recommended that appropriate officers engage with the Department of Transport to improve services at Chester-le-Street station bearing in mind the key role this service provides to the town.

Background papers

Chester-le-Street Development Framework 2012

Contact: Peter Coe Tel: 03000 262 042

Appendix 1: Implications

Finance

The document contains a delivery plan with possible partners and costs identified. The opportunities can be resourced through a combination of DCC capital programme, Section 106, CIL, asset backed regeneration vehicle, and private sector, and developer contributions.

Staffing - None

Risk

Detailed Risk Assessments will be undertaken for each project/development

Equality and Diversity / Public Sector Equality Duty

EIA completed

Accommodation

The framework refers to the future of the Civic Centre site, a possible new customer access point in the library, and possible new north Durham office space.

Crime and Disorder - none

Human Rights - None

Consultation

Consultation has been undertaken with stakeholders, a summary log is attached.

Procurement - None

Disability Issues - None

Legal Implications

The framework will provide evidence to support the County Durham Plan but will not have any statutory weight in the planning process.

**Chester-le-Street Development Framework 2012
Consultation Log**

Person	Organisation	Regeneration and Development Representatives	Date	Comment
John Sheehan	Chair of Business Forum	Chris Myers Michael Hurlow	25/07/12	Meeting to take Chair's initial comment on behalf of Business Forum prior to next meeting in September
Gordon Brown, Katherine Taylor	Gordon Brown Law Firm LLP	Sarah Robson Michael Hurlow	30/07/12	Follow up meeting on MP's suggestion to receive comments on Chester-le Street current issues
Andrew Megginson	AAP - DCC	Vicky McCourt Michael Hurlow	30/07/12	Check on consultation with AAP – cross check key local issues
Andrew Farnie	AAP - DCC	Chris Myers Michael Hurlow	07/08/12	Review development management context for development framework
David Harker - Chief Executive, Richard Dowson - Operations Manager	Durham County Cricket Club	Chris Myers Michael Hurlow	07/08/12	Update on Cricket Club development and review of relationship with town
Paul Stephens, Zoey Hawthorne	Cestria Housing Association	Chris Myers Vicky McCourt	13/08/12	Update on Cestria activity and review of relationship with town
Craig Wilson Derek Snaith	Visit County Durham Chester-le-Street AAP	Vicky McCourt Michael Hurlow	16/08/12	Review of tourism, Destination Development Plan and impacts on Ch-Le-St
Alex Nelson Joyce Roberts	Proprietor, Chester-le-Track Secretary of Business Forum	Chris Myers Alan Hind	17/08/12	To receive comments on current issues for Chester le Street inc. transport related
John Sheehan Joyce Roberts 1 2 Marjorie Dodds 1 Fred and Norman Richards 1	Chair of Business Association Secretary of Business Association Manager Market Tavern Proprietors Ashley Tea Room Town Crier Representative Swinburne and Madison Retired business owners , local voluntary work New member, private businessman	Michael Hurlow	05/09/12	To provide an update on framework progress and receive comments on current issues for Chester le Street



Chester-le-Street Development Masterplan

November 2012



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1. Introduction and Background

- 1.1 This development masterplan provides a summary of the detailed programme of regeneration and investment activity that is taking place or is planned in Chester-le-Street. It provides the strategic context which underlies delivery and seeks to establish key principles to co-ordinate and focus investment in the town for housing, retail, leisure and tourism.
- 1.2 Chester-le-Street is a thriving major town in the North of County Durham located about 6 miles from Durham City, with a population of over 24,000, and situated within a ten mile radius of Newcastle, Sunderland, Gateshead, Washington, Consett and Stanley. The strategic road and rail networks link these cities and towns to each other and to the rest of the region through the A1(M), A167, and the East Coast Mainline that meet in Chester-le-Street, along with the A19 to the east, A68 to the west, and A693, A691, A690, A692, A1231, as main arteries of traffic flow around the County. Chester-le-Street sits within the North East LEP area and in the South of the former NewcastleGateshead City Region.
- 1.3 Good public transport, road and rail links to and from Chester-le-Street make this town an excellent regionally central location from which to travel to work. It is an attractive locality offering good quality housing in the 'mid and above' range of prices, catering for families and couples. Over the centuries housing has grown organically around the town centre along with other people based services. Local education provision is strong. The town's location midway between Durham City and the Tyne & Wear conurbation has advantages but also disadvantages.
- 1.4 A Chester-le-Street Masterplan¹, completed in June 2008, has been used as a guide to development throughout the town over the last four years. There has been action on mid range projects such as the YMCA infill building on Market Place and the Urban and Rural Renaissance Initiative street scene improvements throughout Front Street.
- 1.5 The Chester-le-Street Destination Development Plan produced in July 2010 identifies the need to link more closely to increase visitor numbers to the town through strengthening Chester-le-Street's identity as a destination for heritage, sport and recreation, and as an attractive and convenient base from which to explore Durham and Newcastle. The Chester-le-Street Area Action Partnership has taken a leading role in the development of this programme, integrating the local community with other communities of interest i.e. businesses, tourism and leisure.
- 1.6 This development masterplan will assess the suitability of continuing to support projects already identified, as well as considering new projects that should be undertaken to improve the town's vitality and viability and links to other local attractions. This document will provide the masterplan for regeneration activity in the Town.
- 1.7 Chester-le-Street has a long history with evidence suggesting a small Iron Age development near the River Wear. The Roman Fort, Concangis, was built around 122CE, grew into a town and was occupied until around 410CE. Lindisfarne monks were driven out of their monastery on that island and settled at Chester-le-Street in 883CE; moving to the seat of the Bishop here until 995CE following raids by the Danes. The wooden Cathedral was eventually replaced with stone in the 13th century

¹ **Chester-le-Street Masterplan**, June 2008, undertaken by Taylor Young. Available on request to Regeneration and Development 03000 262052.

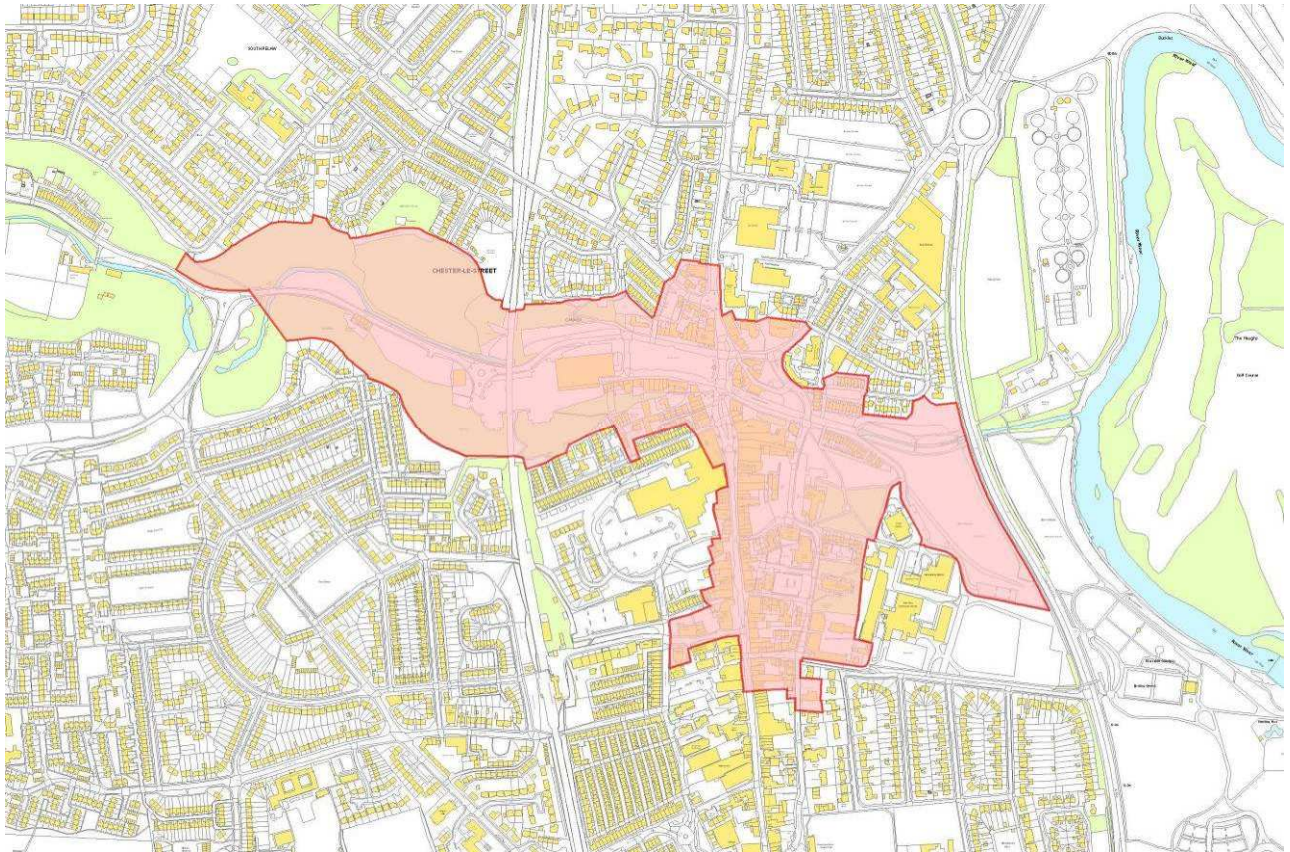
with additions following e.g. the spire in 1409. During the middle ages the church became the centre of diocese government but the fortunes of Chester in the Street declined following that period until the early 18th century when coal mining began developing. The Murray family developed and exported standing engines from this area prior to 1900.

- 1.8 Through the new County Durham Plan, there is significant opportunity for the town to increase housing development and the Local Plan preferred options are under consultation. These identify a housing allocation of 1300 homes along with 10Ha employment land allocation for the next 20 years². This is thought to be an achievable figure for both homes and businesses and will improve the economic standing of Chester-le-Street as these developments progress.
- 1.9 Cestria Community Housing are keen to be the main provider of affordable and social housing within and around the town and are already partnering with Durham County Council on embryonic housing schemes. Cestria is aware of the need for increased provision of elderly persons accommodation. They have made a significant investment in their housing stock to ensure that they meet the Decent Homes standard by 2013.
- 1.10 Chester-le-Street is very well placed to improve its position as a service centre in the North of the County particularly around events and improving the current retail offer. The shopper and visitor experience in the town is largely the same. Effort is needed to ensure an improved visitor experience is created that is different to an improved shopper experience.
- 1.11 Chester-le-Street has excellent leisure facilities and these can act as marketing attractions for the Town:
 - The Emirates Durham International Cricket Ground,
 - Chester-le-Street Golf Club,
 - Chester-le-Street Leisure Centre and
 - Riverside Park - the Park is a great family visitor attraction, 300,000+ visitors per year³, with a children's play area including a water play area, overlooked by Lumley castle.
 - The world famous Beamish Open Air Museum is located 4 miles to the North West of the town.
- 1.12 A significant part of the Town Centre and surrounding area has been designated as a Conservation Area. There are five Listed Buildings within the Conservation Area, scheduled monument Roman remains, and the Conservation Area Appraisal has identified a further 16 that have potential for listing⁴. The map below identifies the boundary of the Conservation Area.

² **County Durham Strategic Housing Land Availability Assessment 2012**, to be published in the near future.

³ Figures provided by Riverside Park Manager, Julie Lewcock

⁴, **Chester-le-Street Conservation Area Appraisal** and Management Plan, Appendix 2 and 4, England and Lyle, 2007.



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Chester-le-Street Town Centre Conservation Area

- 1.13 The town has strong links with southern Tyne and Wear and northern parts of County Durham which provide a range of business and employment opportunities at a short distance from the town. The employment profile is indicated by the low percentage (just under 30%) of people working and living in the Chester-le Street area, this is up to 30% lower than other former local authority districts⁵. The town has strengths as a convenient and well serviced base for commuters and families.
- 1.14 Whilst Chester-le-Street has a smaller number of employment locations compared to surrounding areas there are major employers in Chester-le-Street town. The nearby Drum and Stella Gill Industrial Estates employ people in warehousing, distribution, office space and uPVC doors, windows, conservatories, etc. Drum is identified in the County Durham Plan as a Strategic Employment Site and land has been allocated to expand employment opportunities. Tesco, local supermarkets and local shops combine with the evening economy in the town to also play a significant role in the employment of unskilled workers. The Emirates cricket ground is a strong local employer. There is also the public sector - schools, County Council, Police and Courts Service and NHS. Chester-le-Street has high employment rates and has one of the lowest rates of workless people in Chester-le-Street in the County, at 11.9% (June 2012), and indeed the North East (13.4%).
- 1.15 There are strengths in local service provision but the daily outflow of commuters and close proximity of the major retail centres lead to Chester-le-Street leaking 80.9% retail comparison expenditure and 53.9% convenience shopping spend from its immediate catchment to the higher order provision in Gateshead (Metro Centre

⁵ EDAAW/AECOM, **County Durham Sustainability Appraisal Scoping Report** May 2009

32.9%) and Newcastle City Centre (19.2%)⁶. This appears to be due to the ease of accessing these locations in nearby centres along with the limited comparison retail offer on the High Street with few high street multiples present. The proximity of the town to Metro Centre, Retail World, Newcastle City Centre, and Durham City reduces the likelihood of attracting more multiples to the town.

- 1.16 The bulky goods market is of a similar nature attracting a low market share (12.3%) from its immediate catchment. There is scope for the town to improve on its bulky goods offer, but there are limited development site opportunities in the town.
- 1.17 The retail provision is vulnerable to further adverse change due to combinations of retailer sales density, multiple retail provision, predicted shifts in consumer spending, strong tourist market, strong daytime population, venue dominance within catchment, and strong leisure offer⁷. As a district centre it is identified as being one of those most at risk. We need to try and resolve these issues in the town centre.

The core aims of the masterplan are to:

- Focus and co-ordinate the regeneration activities in Chester-le-Street and assist the enabling of a delivery mechanism for the various regeneration projects;
- To input into the delivery of the emerging Local Plan and Community Infrastructure Plan and draw together the strategic and policy drivers for development and regeneration within Chester-le-Street
- Assist in the consultation process with partners, stakeholders and the community;
- Assist in taking proposals forward with investors, developers and landowners; and,
- Raise Chester-le-Street's profile in order to stimulate further investment activity.

⁶ CDEA Town Centre Snapshot, Chester-le-Street, 2011.

⁷ **Battlefield Britain survivors and casualties in the fight for the high street**, Javelin Group (2012) Chester-le-Street is identified as one of the "most at risk" as a district centre, scoring very poorly in the "VENUESCORE"

2. Objectives of the Chester-le-Street Masterplan

- 2.1 Chester-le Street has strengths as convenient place to live with strong local services and offers ease of commuting to employment centres. It is well placed to benefit from housing development, major change at the Emirates cricket ground and potentially on the Lambton Estate. It needs strengthening to ensure that its retail centre benefits from local development and that current adverse economic impact is minimised.
- 2.2 This masterplan updates and develops the principles in the 2008 Chester-le-Street Masterplan to work towards ensuring that the town achieves its potential as a major centre in the North of the County. It provides guidance on the potential for redevelopment and the economic benefit that can be derived. These include maximising the footfall into town from Riverside Park and the Emirates Durham ICG, and future potential actions to improve the viability of the town, including the anticipated executive housing development at Lambton Park and improvements to Castle for use in the film industry⁸.



Lambton Castle

⁸ Planning application number: 2/11/00332/COU approved Feb 2012

- 2.3 The masterplan also draws upon previous work undertaken by the County Council, Chester-le-Street Area Partnership and the Business Association. The masterplan demonstrates how development can be brought forward in a phased manner to benefit the town's economy whilst enhancing the town's built environment.

The key drivers which underlie the masterplan include:

- Establishing a clear set of priority projects together with a realistic delivery plan which reflects both market demand, investor appetite and availability of sources of finance;
- Promoting the diversification of the local economy and employment growth, led by the private sector;
- Providing a sustainable and vibrant town centre with a focus on deliverability, creating key opportunities for change by securing definitive proposals for redevelopment, development or refurbishment of land and premises;
- Consolidating the population and expenditure base and improving the balance and mix of the housing offer to include market for sale, intermediate tenure and rented, which would in turn help to underpin a sustainable local economy, retaining young people whilst providing for an increasing proportion of elderly residents;
- Improving the patronage and frequency of stopping trains at the railway station;
- Developing the tourism and leisure offer and asset base, most notably in relation to the town centre, the Roman and Christian heritage, the Emirates Durham ICG, Riverside Park and riverside walks;
- Ensuring that key stakeholders, in particular those using the town centre, are positively engaged in the process and that the final outcomes are ones which local residents and businesses have confidence and pride in;
- Maximise the benefits of the new market place and civic space through regular business led planned events; and,
- Optimising the environmental, social and economic sustainability of Chester-le-Street through the design and phasing of the developments and the implementation process.

3.0 Strategic Context

- 3.1 In March 2012, the Government issued the National Planning Policy Framework. This new guidance requires the County Council to prepare a Local Plan and local councils have the option to prepare Neighbourhood Plans, which reflect the needs and priorities of their communities. Durham County Council is currently in the process of developing the Local Plan. The development of the Local Plan is based on an extensive and comprehensive evidence base which is available to view on the Council's website at <http://www.durham.gov.uk/ldf> . The evidence that underpins the preparation of the Local Plan also supports this regeneration masterplan.
- 3.2 This Masterplan is being produced to help support the emerging Local Plan which is the key policy document which will set out the strategic vision and objectives for the County over the next 15 to 20 years.
- 3.3 The strategic importance of Chester-le-Street is recognised by Durham County Council (within the County Durham Regeneration Strategy) and aims to embed a "Whole Town" approach to regeneration and use place-shaping activity to unlock the town's full potential.

*"Vibrant towns are good for business: they create jobs, attract investment and generate income - they are engines for economic growth. At their best, they create a discernable local buzz and define the wider area, attracting people from near and far. Our 'Whole-Town' investment approach will focus on tailored solutions to market failure, shaping the places people live, work and socialise and capitalising on our strong and vibrant asset base. We are taking into account investment in education, business, housing, public realm and the wider built environment, investing sufficiently to improve quality of place with a strong commitment to excellence."*⁹

- 3.4 Following the Chester-le-Street Masterplan in 2008, there has been a significant progress on projects with successful completions. These and projects completed shortly before the Masterplan was issued, include the physical improvements to the Market Place and Civic Heart, renovation of Mile House, public realm improvements throughout the town centre, and encouraging the redevelopment of an infill site adjacent to the Market Place. These projects have been very successful giving a modern feel to the north end of town and encouraging more use of the Civic Heart area for events and other entertainment.

Chester-le-Street Area Action Partnership

- 3.5 The local Area Action Partnership has five task and finish groups, from volunteers from the AAP Forum, to match their 2012/13 priorities of:
- Local regeneration Employment and Jobs
 - Opportunities for Young People
 - Supporting Community Groups and Buildings
 - Improved Local Environment
 - Health and Supporting Older People
- 3.6 The AAP is very keen to promote the town, businesses, leisure activities, and community involvement, and is proving very successful. There have been large and small events throughout the summer months and in the lead up to Christmas since the set up of the AAP in 2009. This include: weeks of action on environmental issues

⁹ Quote from **Regeneration and Economic Development Service Plan 2012-2016**, p5.

and the Market, GO Summer, Urban Games as part of the StartSport Project, Xarxa Theatre, Chester-le-Live and skatepark development with young people.

- 3.7 The AAP is also successful in leveraging in significant match funding from other sources to match its own Area Budget including the local Councillor's Members Initiative Fund, Neighbourhood and Highways budgets, significant charitable funding sources. Together these substantially improve the outcome and impact of projects for the benefit of all communities of interest.
- The Chester-le-Street AAP Budget - £120,000 per annum.
 - Councillor Neighbourhood Budget - £25,000 pa currently (being reduced to £20,000 from next April)
 - Members Initiative Fund - £2,000 per Councillor.

The Local Plan

- 3.8 The County Durham Local Plan¹⁰ is currently under consultation. The County Durham Regeneration Statement¹¹ underpins the Altogether Wealthier strand of the Sustainable Communities Strategy¹². This focuses on shaping a County Durham where people achieve their potential and want to live, work and invest. Our 'Whole-Town' approach to create "Vibrant and Successful Towns" is creating attractive places with good amenities and transport. It offers tailored solutions for each settlement that shape where people live and work. Education and skills, business, housing and their setting are all included.
- 3.9 Chester-le-Street town centre has a strong range of public and community services, business and retail provision but it has been significantly affected by the recent economic downturn. Durham County Council has a long-term commitment to regenerating town centres that lies at the heart of the County's economic, social and environmental infrastructure. As noted, the town centre is vulnerable to further change and needs to be carefully monitored¹³. A balance is needed which safeguards the town's success and unique strengths whilst supporting sustainable regeneration and attraction to visitors.
- 3.10 The Council intends to support business and investment through projects (listed below) identifying appropriate development, encouraging new and expanding businesses, improving the leisure offer, increasing housing sites for a range of needs and engaging with the Department of Transport to improve rail access to and from the town.

¹⁰ http://durhamcc-consult.limehouse.co.uk/portal/planning/lp/lp_po?pointId=1344511102913#section-1344511102913

¹¹ http://content.durham.gov.uk/PDFRepository/Regeneration_Statement.pdf

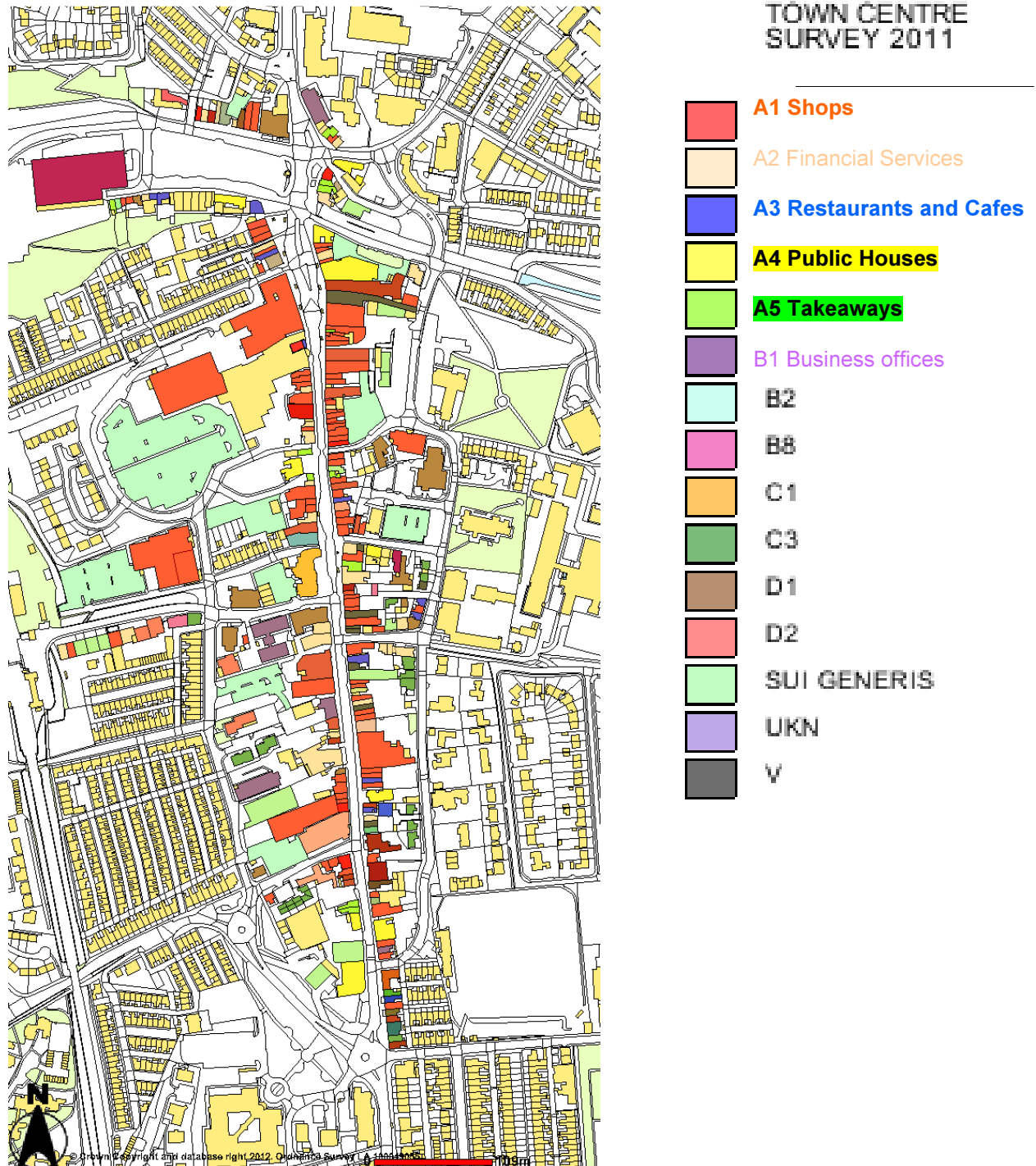
¹² <http://www.countydurhampartnership.co.uk/Pages/CDP-SustainableCommunityStrategy.aspx>

¹³ **Javelin Group** (2012) Op.cit.

4.0 Key Issues and Challenges

- 4.1 Chester-le-Street is in a better condition than its neighbours, with the exception of Durham City, for most of the indices marking successful localities.
- Demography – Chester-le-Street has an aging population and without new family homes or appropriate older persons accommodation this percentage will inevitably rise, as the demand outstrips supply.
 - Education – the town has two academies, the Hermitage Academy graded outstanding by Ofsted with 66% obtaining 5 good GCSEs and Park View School whose achievements include 72% of pupils obtaining 5 good GCSEs and 95% of those pupils who stay on into sixth form obtaining 3 A levels.
 - Housing – this is a commuter town with people travelling to work from this regionally central location allowing the town and locality to become more attractive as a place to live, rather than work. Housing sites have been identified through the local plan that will increase supply by 1300 over the next 20 years.
 - Employment – worklessness is one of the lowest in the County at 11.9% of the working age population. This area is relatively affluent, with an average household income of £34,391, significantly above the Durham average at 85%, and 95% of the UK average of £36,005
 - Higher order retail centres are within a 10 mile radius (Metro Centre, Durham City, Newcastle, Washington Galleries and Team Valley Retail Park among others) and that the town finds it very difficult to compete with. Finding a niche as a local service centre with high quality independent retailers and service provision is a possible way forward.
- 4.2 An analysis of the baseline studies undertaken to date, has assessed Chester-le-Street's potential to respond to the wider agenda for growth across County Durham. Chester-le-Street has excellent transport links, a high quality natural environment, built environment heritage, a relatively affluent population, a strong housing market and potential for growth in terms of housing and business space.
- 4.3 The town centre is linear in nature, with a number of Chares extending town centre activity beyond the main street. The town centre has a number of national retailers that act as anchors (such as Argos in the northern end & Tesco/Morrisons in the south). However, the recent demise of some national retailers has affected Chester-le-Street in a similar manner to a lot of town centres across the County and has left vacant units in prominent locations on the high street.
- 4.4 The few larger units falling vacant at the southern end do have a combined impact and individually reduce quality on their immediate section of street. The combination of previous development and the more recent change due to Market Place/Front Street improvements and the creation of the supermarkets give the northern section some distinction set against the remainder of Front Street.
- 4.5 Unfortunately for the town, there is little that can be done to change the key challenge presented by the proximity of higher order retail centres to Chester-le-Street and the competition this provides. Competition is of course good for the consumer in reducing prices, but Chester-le-Street does not provide competition to the higher order retail centres for bulky goods and provides very little competition in the form of comparison goods. Mitigation therefore could be in the form of increased provision of comparison and bulky goods from Chester-le-Street; however, there is then the issue of requiring retail developers to provide buildings with a more appropriate floorplate to encourage this type of retailer into town.

4.6 We have undertaken town centre surveys in each of the County Towns. The following map shows that A1 retail units are largely concentrated to the south of the town centre with a more diversified mix of properties to the north of the town centre. Vacancy levels in the centre are currently around 10%¹⁴. Although this is comparable with other centres nationally, we need to try and ensure that this does not worsen. If it does, there could be damaging effects for the performance of the town centre.



Durham County Council; GIS 2012

¹⁴ Ground floor individual unit survey, September 2012, DCC Regeneration and Development

- 4.7 The town has an almost complete circular access route round the periphery of the town. This circular route offers parking and access by car and links through from adjacent housing, although these are not very obvious to the new visitor and demands a review of signage for the town.
- 4.8 A public transport hub is to be found at the North of the town around Market Place and the northern end of Front Street. There are a number of possible development sites within the town that could be based around the acquisition and demolition of flat roofed buildings with little architectural significance. These could deal with the issue of smaller floorplates to produce a more desirable modern floorplate size. DCC evidence suggests that at least one car park could be lost without impacting on the accessibility of the town¹⁵, giving developers an opportunity to have both the right floorplate and good car parking facilities for their unit. If this type of opportunity is identified by a developer, the Council Development Management team may wish to consider how this development fits sensitively within the conservation area to avoid any deterioration of the environment.
- 4.9 A key area of improvement for this part of town is to increase family participation in the evening economy and improve the feeling of community safety at night. The early evening period between the retail units closing and the pubs/leisure/restaurants opening is under-utilised and more activity should be promoted during this period.
- 4.10 The 'dumbbell' pattern of activity encourages shoppers through the town during the daytime, and encourages revellers through the town on an evening and night, particularly at weekends. As mentioned previously, there is a good mix of retailers and services (health, education, housing one stop shop) and pubs and restaurants throughout the town which has ensured the towns longevity> It has given it the means to weather economic storms like the current one and previously in the 1980s.
- 4.11 The Riverside Park and Emirates Durham ICG visitors should be encouraged to use the town throughout the day. The Riverside Park has 200,000 visitors over the year and the ICG 100,000. This is a largely untapped resource at the moment. Marketing to visitors and local people could significantly increase the footfall of these visitors and help sustain the economy of the town.

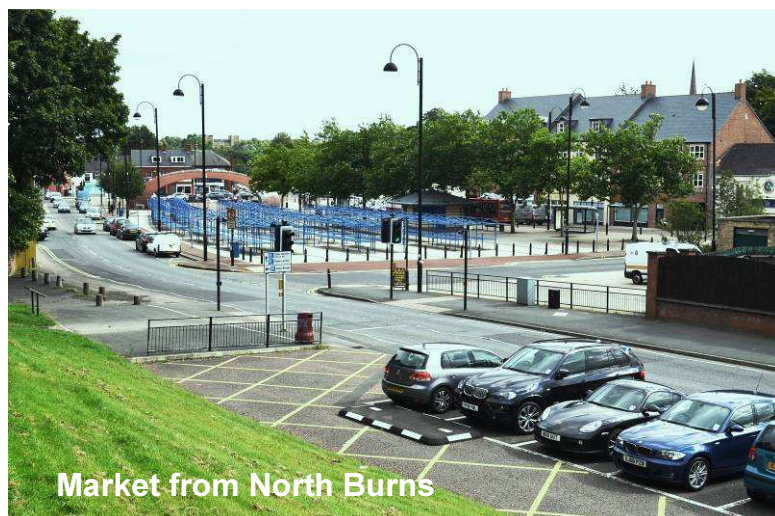


¹⁵ Chester-le-Street Off Street Parking Survey 2010, Appendix 2

- 4.12 The emerging Town Team supported by the Area Action Partnership hopes to be able to bring the local visitor attractions together (Beamish, Lumley Castle, Riverside Park and the Emirates Durham ICG,) and integrate their activities with the town to facilitate increased footfall.



- 4.13 There are three markets held within the town on Tuesday, Friday and Saturday each week. The Tuesday market is the least attractive to shoppers (10% average occupancy) unlike the remaining two that are well attended and on Saturday this market is the only one in the County that is at capacity¹⁶ (100 stalls). The markets have significant potential and are a key issue for local shoppers. The AAP and emerging Town Team have been keen to improve the offer and increase stall take up on Tuesday and Friday through publicity, reduced rent offers on stalls and local marketing. It is hoped that the Markets Review will provide a vibrant future for the Chester-le-Street markets.



¹⁶ <http://democracy.durham.gov.uk/documents/s19935/Markets%20Report.pdf>

- 4.14 It is possible to improve the benefits to the town of the refurbished market place by increasing the numbers of seasonal events, festivals and markets on site, as well as the smaller promotional activities on a weekly to monthly basis to increase footfall in the town. It is therefore important to link this activity to any promotional/ marketing strategy that may be undertaken in future.
- 4.15 **The Local Plan Retail and Town Centre Uses Study** (Nov 2009) key issues and recommendations include:
- **Convenience** shopping floorspace is double the regional average at 21.4% and **Comparison** shopping at 34.6% is more than the Goad (retail use mapping) regional average of 30.6% requiring intervention to encourage bulky goods shopping availability in town.
 - **Vacant units** are at less than average floor plate size requiring opportunistic interventions when neighbouring units become available to increase floor plate.
 - **Retailer interest** has remained reasonably constant with a dip in 2009 but a retail analysis¹⁷ is suggested to maintain this interest by identifying need in the town.
 - The town's proximity to **higher order centres** restricts potential commercial interest in Chester-le-Street; however, encouragement should be given to independent traders who could compete with these centres.
 - **Rent levels** should reflect more closely the current economic conditions, Chester-le-Street compares well to other towns.
 - **Commercial yields** are fluctuating because of investor confidence and the economic conditions but had remained static from 2000 to 2006; retail analysis could assist in improving confidence for specific investors.
 - Chester-le-Street is identified as one of the "most at risk" district centres, scoring very poorly.
 - **Upper floors** should be brought back unto use possibly as office space to increase footfall in the town, as well as
 - Encouraging more **frequent activities**, markets and events to be held in town that increase footfall substantially and often.
 - The town is **easily accessible** by foot, public transport and car which are assets that could be built upon.
- 4.16 The train station is vital to the future success of the town and requires improvement in frequency and number of services stopping at Chester-le-Street. The train is a sustainable mode of travel for workers and visitors to ICG/Riverside Park/Town Centre to use train station. There is evidence to suggest that events suffer because rail services stopping at Chester-le-Street finish prior to events finishing at Emirates Durham ICG. The Council needs to engage with the Department of Transport to address this issue.
- 4.17 Weak links from the station to the town and from the town to the Riverside and Cricket Ground can be improved through the physical improvement of the Ropery Lane, Roman Avenue and Cone Terrace access routes, along with improvements to Station Road. This programme of work could be achieved relatively quickly and with community backing may bring external funding sources to the table.

¹⁷ Retail analysis usually includes: Retail Use Goad Plan, Catchment Area Map and Analysis including Residential Demographics, Daytime Demographics, Benchmark Analysis, Floorspace/plate provision and need, Benchmark Analysis, Retail Category, Benchmark Analysis; assisting to identify consumer demand, retail supply and future sustainability.



- 4.18 The gateways into the town have been acknowledged as weak with little sense of arrival to the visitor¹⁸. There are two schemes underway but there remains scope for further improvements. There is a poor setting for car parks and some supermarkets that helps to undermine the overall character of the town centre. Quality street frontages and public realm can reinforce arrival into the town centre. Landmark buildings would increase legibility for visitors (their ability to find their way around the town centre). The town is fringed, except to the north, by attractive countryside including local nature reserves and historic parkland. Views and links should be exploited and the green setting acknowledged.
- 4.19 The heritage of the town is largely unknown by most residents and visitors and marketing could improve the towns identity and economy through linked trips to Beamish, Lumley Castle, Riverside Park and the Emirates Durham ICG. A focus on the Christian heritage, dating back to 122CE, could ensure its integration within the region. The region has significant Roman and Christian heritage and scope for substantial related tourism based on Durham, Auckland Castle, Binchester, York and Lindisfarne. Chester-le-Street can support this through marketing of its own sites to draw on the regional multi centre visitor attractions.

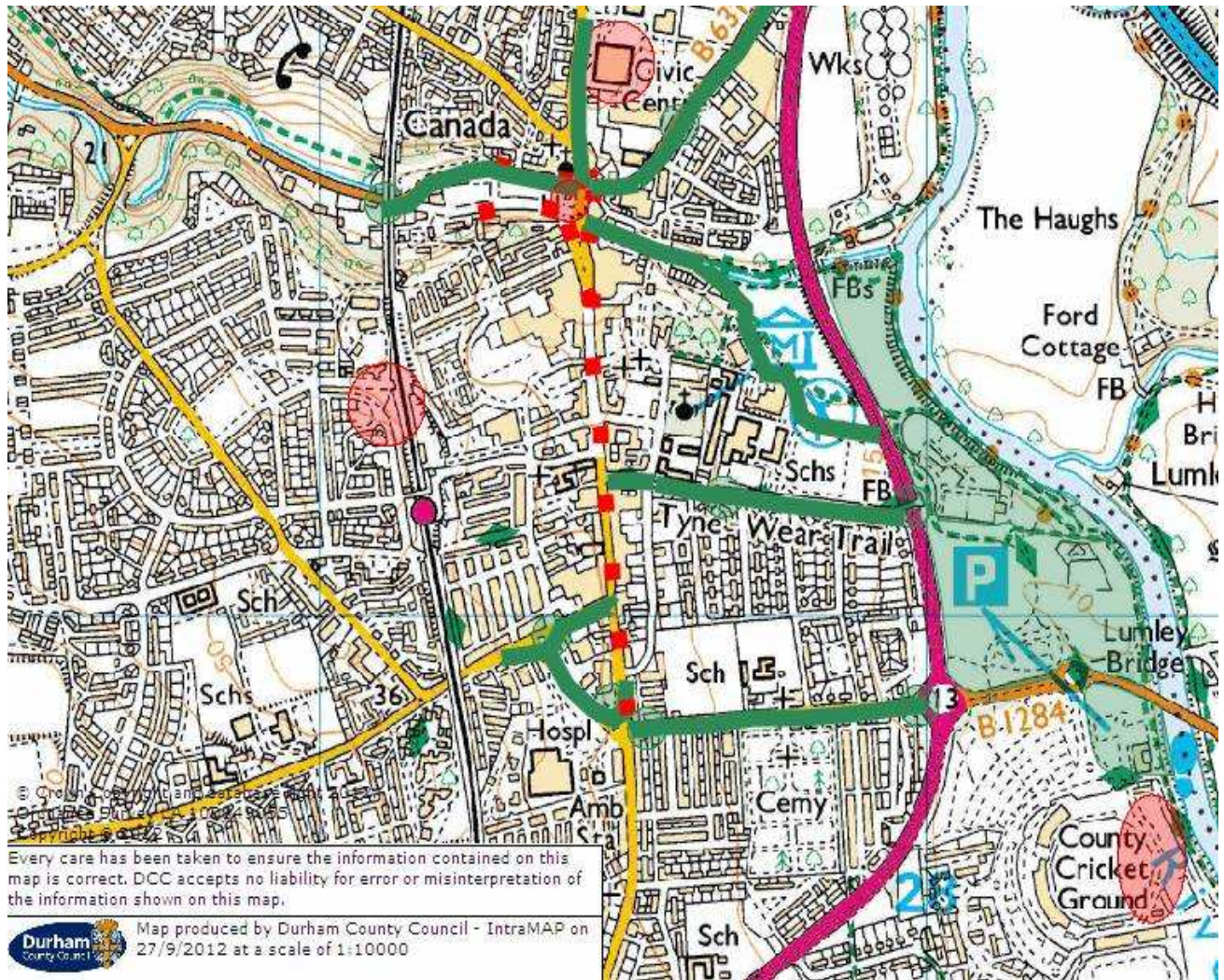
Key outcomes




- 4.20 To create a truly vibrant and sustainable town centre will require the assembly of the necessary “building blocks”, infrastructure and appropriate investment to attract shoppers, business and leisure visitors and their expenditure. In addition, the town centre is and will be home to numerous residents who live in and around the centre to take advantage of the services and facilities available to them. There is a range of development opportunities to be promoted in Chester-le-Street and provide the necessary conditions for a sustainable and competitive town centre. These are as follows:
- The Council will work with regeneration partnerships and private sector partners to continue to **deliver a vibrant town centre**;

¹⁸ **Chester-le-Street Masterplan**, June 2008, Op.cit. Pg. 14

- Chester-le-Street has been successful in attracting and retaining numerous small and medium-sized businesses both within the town centre and at Drum. Additional development land for business users can be brought forward with the introduction of infrastructure at an extension site at Drum. **The Council will endeavour to work with existing businesses, potential funders, developers and prospective inward investment companies to ensure that Chester-le-Street enhances its supply of business properties in order to provide for wealth and job creation.**
- There are a number of sites that could provide residential development for sale, intermediate tenure and rent. **Additional housing close to the centre will help the vitality and viability of the town and the Council will continue to work with the development industry, RPs and other interested parties to deliver the new homes that Chester-le-Street requires.**
- Encourage patronage of train station and **work with Department of Transport to improve the occurrence of services**
- **Increasing the numbers of visitors to Riverside Park, the Cricket ground,** and other leisure activities that also visit the town centre
- The Chester-le-Street Destination Development Plan produced in July 2010 identifies the need to link more closely to increase the visitor numbers to the town through **strengthening Chester-le-Street's identity as a destination for heritage, sport and recreation**, and as an attractive and convenient base from which to explore Durham and Newcastle
- **Improve the access routes** between the riverside and town centre
- Work with the private sector and community groups to increase the number of events in the Civic Heart, which would increase the footfall in the town centre help sustain the local market

Project Areas



Legend:	
	<p>Economic opportunity sites Major Projects - Housing & Development</p>
	<p>Economic opportunity sites Targeted Business Improvements</p>
	<p>Access routes and environmental improvement opportunities</p>

5. Our Approach to Delivery

5.1 There has been substantial public investment in projects within Chester-le-Street totalling over £5m since 2003. The major projects were:

- £1.2m – Mile House refurbishment works
- £2m Market Place and Civic Heart renewal
- £1m public realm improvements to Front Street
- Masterplan development
- £1.4m Drum roundabout improvements

There is also current investment in DCC premises:

- Refurbishment of the Library following flood damage (Min £50K)
- Refurbishment of the Leisure Pool (£40k)
- Renewal of the block paving bus bays on Front St.

5.2 These investments were supported through

- Single Programme Funding
- Council capital programme
- Local Transport Plan

5.3 The Council is engaging with a range of private sector developers, housing providers, and the Department of Transport to influence the pace and scale of development in Chester-le-Street, and to maximise leverage from the private sector.

Emerging Town Team

5.4 The emerging Town Team is supported by Chester-le-Street AAP working group that focuses on the town centre within the Local Regeneration, Employment and Jobs priority theme which includes local businesses, elected members, agencies like the Police, and voluntary and community representatives. The aim is to improve the town centre viability and vitality through measures including:

- Working with local businesses to share ideas and advice;
- Working with visitor attractions (Beamish, Lumley Castle, Emirates Durham ICG, rowing club) to increase footfall into the town;
- Assisting local businesses in working with the local authority to increase resources going into the town e.g. encouraging the introduction and use of targeted business improvement grants;
- Supporting property owners and retailers to invest in their properties;
- Supporting retailers with apprenticeships;
- Improving the markets in town;
- Increasing the use of the market place and civic heart with events to increase footfall;
- Improving marketing of the town to encourage more use by local people;
- Supporting and encouraging inward investment into the town; and,
- Working with partners, both internal and external, to market the towns heritage and its status as a visitor attraction.

Chester-le-Street Civic Centre

5.5 The current Civic Centre is located to the north of the Town Centre. The building is not very efficient, both in terms of how the building can be used as office accommodation and its energy use. There are substantial and increasing repairs

requirements and difficulties in upgrading office accommodation to current standards. The Council is considering how it will deliver services to its residents and this site has potential for alternative uses. There is a need to prepare an options appraisal to consider the future use of the building and this is anticipated as being completed in November 2012. The site is identified as having housing potential in the DCC Strategic Housing Land availability Assessment (SHLAA). If the building is to be demolished there is a need to ensure appropriate local retention of the Dainty Dinah exhibit celebrating the former Horners toffee works.

Provision of Customer Access Point (CAP) and DCC Staff Accommodation

- 5.6 As part of the overall County customer access provision, access point locations are being considered and the site for Chester-le-Street's CAP will be confirmed during 2012/13. The final proposal and any further staff relocation, should the Civic Centre be approved as surplus to requirements, are under review.

Targeted Business Improvement

- 5.7 To increase numbers of local people shopping in the town attempts should be made to improve how shops look e.g. window dressing in some shops is poor at best. Partnering with larger retailers and further education providers could give smaller retailers and independents the skills to improve their displays and attract shoppers. There could be an improvement in the way charity shops are viewed e.g. as Vintage clothing/ antique object d'art, etc., rather than a sign of a declining centre as some residents see it. An empty shops initiative with community backing has the potential to work if partners in further education are included in the project.
- 5.8 The current targeted business scheme, through continuation, will contribute to the overall environmental quality of the town centre by improving the design and appearance of the business premises. Focusing activity on shops which are vacant, shabby, neglected or part of a building that has architectural significance would boost the local economy. The objectives are to bring disused business premises back into use and generate investment in the town centre. This will improve the commercial vitality and viability of the town centre and create and sustain a sense of pride amongst the local population in their town centre.
- 5.9 There is also the need to look at entrepreneurship in local people and how assistance could encourage young people, unemployed and others in starting new businesses in the town.

Lambton Estate

- 5.10 The Supplementary Planning Document (SPD) is to be considered for approval following consultation. Subject to approval this will open up the potential of the Estate for business, housing and heritage development. This could impact substantially on Chester-le Street in the longer term. An increase in people living in the locality will help to support the town's retail and services provision. Within the envisaged timetable for action of the masterplan, addressing issues for the retail sector is a key project objective to ensure future attractiveness.

Supporting Projects

Use of Rail Station

- 5.11 The bus and rail network are easily accessible as there is a train station within the central area of town and a bus station to the north of the town. Buses from Newcastle, Gateshead, and Sunderland run through the centre of Chester-le-Street, on a frequent and regular basis. However, not all trains stop at Chester-le-Street, despite increasing passenger numbers and the times that they stop at do not relate well to town or cricket events or the evening economy. The provision of a rail station is a positive for the town's future. There is a need to work with the Department of Transport to ensure that regular trains (at least one per hour) do stop at the Rail Station to encourage patronage by rail, such as by office workers going to Durham or Newcastle and visitors to the Emirates Durham ICG.



Provision of hotel and B&B accommodation

- 5.12 There is little hotel provision within the town but includes B&B provision above the Lambton Arms (eight rooms available) in town, Hollycroft (three rooms available) just outside the town centre, and the four star Lumley Castle Hotel outside the town. There is active planning permission for a 149 room mid range hotel and conferencing facilities adjacent to the Cricket Ground that is to be constructed in the near future. The Council is working with consultants to understand the supply and demand for overnight accommodation across the County. Should the need arise we will cooperate with the private sector on filling any gaps in anticipated provision.

Emirates Cricket Ground, Sports and Leisure

- 5.13 The Emirates cricket ground continues to pursue its improvements to the stands and the new hotel and conference centre developments. The Council will continue to be supportive of this process. The hosting of the Ashes provides both the stadium and the town with opportunities to benefit from a raised profile. Other factors potentially impacting on the site in the masterplan period are the need for intensifying the site use and its community role, capitalising on its riverside setting, the relationship with

the DCC parking provision and links to ownerships and the riverside park. Access into the town is referenced elsewhere.

Heritage

- 5.14 The importance of Chester-le-Street's Roman and Christian heritage is recognised in this masterplan, previous reports and by the local community. With the potential to access the Lambton Estate (County Durham Plan¹⁹ & ²⁰), the combination of major heritage, tourism, leisure and sport provision along the river Wear becomes increasingly significant. This combination should be considered when looking at heritage initiatives in the Masterplan period.

Station Approach

- 5.15 The intention remains to enhance the approach to the station which forms a major gateway to the town centre to create a positive first impression to all visitors to the town. The 2008 masterplan proposals include enhancing the station forecourt and Station Road, upgrading the public transport link with a new shuttle bus drop-off and taxi rank at the station, encouraging the development of high quality new buildings²¹. A project of this scale would will raise the quality of the environment and provide activity to a new public square.
- 5.16 Station Approach and Roman Avenue are the most direct routes between the rail station, the town centre and the Riverside Park and EDI Cricket Ground, making this an important route. A recent signage project has made the route more legible for visitors. The intention is to encourage rail-arriving visitors to the Riverside to walk through the town centre en route. Linked to this is the need to create a good first impression for visitors arriving at the town for shopping, leisure or sporting events by enhancing the town's station approach. Chester-le-Street also has many local residents commuting out of the town. The major 2008 masterplan project would re-introduce office and employment uses.
- 5.17 An ex-supermarket building was vacant when a 2008 Masterplan proposal made for new development. The building is now occupied by a smaller supermarket and car sales business. It is suggested that these current uses should not be prejudiced by actively pursuing the proposal that is based solely on private ownerships. If a successful proposal that offers strong business/retail improvement should emerge in line with the masterplan, then it should be encouraged. Otherwise improvement of Station Approach itself remains a medium term objective.



¹⁹ C. Durham Plan Preferred Options Op.cit., p24

²⁰ Durham County Council, Lambton Estate Draft Supplementary Planning Document, July 2012

²¹ Chester-le-Street Masterplan, June 2008, Op.cit. Pgs. 87-92

Burns Green Leisure/Youth Centre

- 5.18 The recent development of a DCC/NHS One Point Hub for children and young people has meant that the existing youth centre site is now vacant. Its condition is structurally poor and there is currently no viable DCC reuse. This has created a development opportunity but the current economic climate will not support the masterplan objectives of a new leisure/cultural use with its substantial public sector requirements. Part of the masterplan site has already been used for the ONE Point Hub supporting the original development intentions for the area.
- 5.19 The site is not included as a residential site in the SHLAA being under the relevant size limit and is not zoned for specific use in the former Chester-le-Street Local plan or it's saved policies. The site is well situated with a high quality open space setting next to an existing attractive housing development within the conservation area. Development will require private sector input.
- 5.20. The private sector is welcomed and encouraged to invest in the town with local people being very keen to see improvements for Chester-le-Street. The Council would consider any appropriate application and would be willing to discuss the best way to progress an application with developers. The council recognises that without the partnering with or intervention of developers to the town there would be little change and the economic benefits needed would not be realised.



Delivery of New Homes

5.21. The new Local Plan is being prepared. The consultation document identifies that Chester-le-Street requires a minimum of 1300 dwellings over the lifetime of the Plan (2030). It is likely that these dwellings will be constructed on sites identified within the Strategic Housing Land Availability Assessment and will be provided by the private sector and Registered Providers, such as Cestria.

Current potential site opportunities include:

- Civic Centre (subject to approval and confirmation as surplus to use)
- Burns Green Youth Centre (subject to disposal)
- Bullion Lane Depot Site (subject to agreement between DCC and Cestria as joint owners)



5.22 It is important that the new housing that is provided caters for the needs of the local population including starter homes, family housing and older persons' accommodation. This provision will help support a balanced local community which would benefit education, health and leisure provision.

Resources

5.23 The national and pan European economy is in recession and the response of Government is to currently concentrate on public spending reductions. This means there is a reduction in resources that the Council can allocate to have a significant impact on the proposals within this development masterplan. However, in partnership with developers and other stakeholders there is opportunity for substantial improvement to the town allowing long term sustainability and longevity.

5.24 The Council's own capital programme and land could be used to draw developers or other stakeholders into discussion on how to progress with schemes that have planning permission as well as those to be submitted for consideration. New ways of partnering may need to be developed as well as using best practice from other authorities or public organisations.

- 5.25 Some examples of these are: public/private partnerships, public/public partnerships, joint venture agreements, development agreements and overage agreements. These approaches allow investment, risk, and profit to be shared between the partners in agreed amounts, making development more attractive to all parties.
- 5.26 We will work with the Homes and Communities Agency (HCA) on bringing grant and/or land to the partnership and a flexible attitude to making a proposal workable through e.g. front loading a project and sharing risk at the outset and then taking an agreed contribution/share out at the end. The North East Local Enterprise Partnership (LEP), if tackling larger scale projects with a sub-regional or regional impact, can work with a private sector partner to assist in accessing Regional Growth Fund. Working in partnership with local developers and other stakeholders like the EDI Cricket Ground and business community are also obvious choices.
- 5.27 There is a strong need to access more financial resources than can be provided by the Council's own capital programme therefore resources from developers, section 106, CIL and TIF must be regarded as essential contributions to new developments in the town.

Future Key Projects

Theme / Strategy	Project activity	Timescale	Outputs / Outcomes	Project Lead and Partners	Budget details / proposals
Altogether Wealthier Vibrant and Successful Towns	Reduce comparison and convenience leakage from the town by: <ul style="list-style-type: none"> Working with the business sector to promote the town, market, Riverside Park, monthly/ quarterly events, to local people on a monthly basis Ensuring events are held in the town on a regular basis by working with partners Support the revision of the town centre retail study by Planning Services Encouraging involvement of community and voluntary sector assisting in the improvement of town e.g. using charitable funding sources for events and “meantime” use of shops. 	High Short term	“Exploit opportunities to stimulate investment and generate wealth within the County making Durham a better place to live, work, invest and visit.” Local people spending more in their local town centre through: <ul style="list-style-type: none"> Improved knowledge of offer through regular marketing. More visitors to the Cricket Ground and Riverside Park using the town centre More promotional activities in the town to create repeat visits on a regular basis 	DCC AAP Local Businesses Agents	DCC: RED and AAP, Neighbourhood Budget , Member Initiative Fund, Highways Budget, Local businesses, Emirates Durham ICG
	Lambton Estate development Special Planning Document and onward development	High Short term – SPD report Medium- long term	Supplementary Planning Document (SPD) Approval Support initiatives to develop subject to approval of the SPD	DCC Private sector	DCC- SPD Private sector
	Potential housing development (Civic Centre) site on Newcastle Road. (This is Green SHLAA site.)	High Medium - long term	Subject to Civic Centre being agreed as surplus to need. Creation of attractive, sustainable, well designed, well connected housing development close to the town centre.	DCC Private sector	Private sector
	Former Burns Green Youth Centre redevelopment	High Medium-Long term	Subject to disposal approvals , disposal to private sector for beneficial redevelopment	DCC Private sector	Private sector
	Continue and refocus targeted building improvement scheme to encourage investment from owners and tenants.	Medium Short – medium term	Create new job opportunities Crete new businesses Bring land or premises back into use	Businesses DCC	DCC Local businesses
	Review balance of uses in Front Street and consider introduction of residential use	Medium Medium - long term	Addressing longer term vacant units, refining use clusters to reflect long term retail environment	DCC Private Sector	DCC Private sector
	Emirates Durham ICG, stands, hotel and conference centre development – support, appropriate facilitation by DCC	High Short –long term	Increased attendance, increased nos of events, increase in nos of visitors to Chester-le-Street	Emirates Durham ICG	Emirates Durham ICG/Private sector
	Enhance the attractiveness of the riverside and increase access to the riverbanks and water, increase attractiveness of connections to the town.	Medium Short - medium - long term	Increasing visitor numbers to the Riverside Park, Cricket Ground and subsequently the town Improved viability of local shops Improved evening economy Town is well used and well connected	DCC AAP Local Businesses Local Community Elected Members	DCC private sector
	Strengthen the presentation of the town’s heritage offer: widely market Roman/Christian Heritage bringing in more people and school trips – possibly linked trips to Beamish Museum.	Medium - Long Long – medium term	Heritage leaflet kept up to date Information on town sent out with other literature eg Cricket Ground tickets Publicity and marketing of the town undertaken by	DCC TIS AAP Business forum	DCC

Theme / Strategy	Project activity	Timescale	Outputs / Outcomes	Project Lead and Partners	Budget details / proposals
			professional Tourist Information Service to accept information on Chester-le-Street heritage and, link to other Roman and Christian sites to encourage linked trips.		
<i>Competitive and Successful People</i>	Encourage local businesses to take advantage of the evening events (post 5pm) to improve their turnover and the local evening economy.	High Short-Medium	“Exploit opportunities to stimulate investment and generate wealth within the County making Durham a better place to live, work, invest and visit.” <ul style="list-style-type: none"> • Businesses improve their turnover thereby improving their chance of longevity, • Town's economy stabilises, • Local people given opportunity to visit town for leisure purposes, • Better offer to shoppers provided. 	DCC Local businesses and Business Forum AAP	Private sector
	Railway Station - Promote the increase frequency of trans stopping and use generally	High Short term	Greater availability of trains at appropriate times for Chester-le –Street users.	DCC Chester-le-Track	Railway operators
	Continue to work in partnership with the local community, the AAP, and the business association to ensure opportunities for improvement are recognised.	Medium Short – medium term	Close relationships built Sharing of information and ideas Opportunities exploited	Traders DCC Businesses AAP Local Community Elected Members	Private sector
	Assess car park pricing trials to encourage town centre late afternoon and short stay shopping visits	Medium Short – medium term	Confirm scope for business uplift and centre attractiveness	DCC AAP	DCC
	Identify lead and work on Portas Town Team for Chester-le-Street with the aim of enhancing the town and its offer.	High Short term	Secure resources for improvements to town centre: e.g. pop-up shops, events etc	AAP Businesses Local college Traders Community Elected members	Government AAP Local Businesses
<i>A Top Location for Business</i>	Work with agents to reduce void retail units through an initiative including : <ul style="list-style-type: none"> • Use of shop graphics “jackets” on void stores to promote gaps in the market • Roller shutter graphics schemes • Market vacant units to third sector/ community e.g. low rent trials, “pop-up” uses, local colleges for use by young entrepreneurs and artists as studios and galleries etc a “Meantime Use” (Portas Report) • Improve floor plate offer to attract larger retailers e.g. bulky goods stores missing from town • Marketing of neighbouring units to allow for increased floorplate. • Market possible development sites 	Medium Short – Ongoing	<ul style="list-style-type: none"> • Reduction in void units • Improved visual aspect of town • Use of Retail analysis to demonstrate types of shop available to the town. • Local college giving students “real life” experience e.g. of sales and gallery use. • Larger retailers/ businesses investing the town. 	DCC Local Business Forum AAP FE Colleges	Private sector Poss. AAP
	Use DCC’s completed Markets Strategy to address the markets issue in town and improve the offer.	High Short-Medium	Market appearance and offer improved and more shoppers coming into town to shop.	Traders DCC	DCC strategy Private sector

Theme / Strategy	Project activity	Timescale	Outputs / Outcomes	Project Lead and Partners	Budget details / proposals
	Address repair issues			AAP	
	Re-location of CAP into town centre to reduce loss of jobs from the Civic Centre site.	High Short to medium	Reduces loss to town centre of potential closure of Civic Centre Staffing in centre of town and likely to shop	DCC	DCC
	Improve sense of arrival with improved Gateways in the form of features or landscaping or other appropriate items.	Medium Short and medium - long term	Build on current work to create attractive entrances to the town Gives sense of arrival and good first impression of attractive market town with significant Roman/Christian heritage.	DCC	DCC
	Increase footfall into town through: <ul style="list-style-type: none"> Ensuring visitors move into town from Riverside Park and Cricket Ground Events each month Promotion of the town and businesses Improved market (and promotion if it remains as Council managed) 	High Short – medium term	Increased footfall into town on regular basis Increased spend in town improved viability of town	DCC AAP Elected Members Local businesses Local community	DCC Private sector
	Work with partners to increase the number of events held at the Cricket Ground, Riverside Park, town centre and elsewhere around the town	Medium Short – medium term	Maintain good productive relationship with the Riverside Park, Cricket Ground and any other appropriate local organisation to improve visitor numbers to the town.	DCC	DCC
<i>Sustainable Neighbourhoods and Rural Communities</i>	Partner with Cestria housing and other local housing providers to ensure appropriate affordable and social housing is supplied to the Chester-le-Street market. E.g. elderly and family accommodation	Medium Medium and long term	Older people and families have affordable, sustainable, energy efficient, safe homes to rent of buy.	Cestria/ other housing providers	Cestria HCA DCC Housing Providers

Cabinet

14 November 2012



**Mortgage Rescue – Proposal to
Extend Scheme to Local
Authorities and ALMOs**

Report of Corporate Management Team

**Ian Thompson, Corporate Director Regeneration and
Economic Development**

Councillor Clive Robson, Cabinet Portfolio Holder for Housing

Purpose of the Report

- 1 This report considers the invitation from the Homes and Communities Agency (HCA) for local authorities and their ALMOs to participate in the purchase of Mortgage Rescue properties alongside other registered providers and makes appropriate recommendations.

Background

- 2 Mortgage rescue is aimed at vulnerable homeowners who are at risk of having their home repossessed. Early intervention to prevent homelessness can therefore bring benefits for those concerned and bring cost savings as part of a wider spend to save policy. It can also assist partners in meeting their priorities across health and social care provision.
- 3 In response to this, Durham County Council Housing Solutions Service has developed a range of prevention tools, some of which are aimed at helping those owner occupiers who have defaulted on mortgage repayments. This includes assisting priority households to remain in their own home by accessing the Mortgage Rescue scheme (MRS) and therefore avoiding homelessness. In 2011/12 there were 179 presentations to Housing Solutions from people who were experiencing difficulty with their mortgage.
- 4 There are two forms of Mortgage Rescue:
 - Equity Loan – where an interest free loan is provided to assist with mortgage repayments
 - Mortgage to Rent – where the owners house is purchased by a Registered Provider and the former owners subsequently rent the house instead.
- 5 The proposals from the HCA relate to the latter form of Mortgage Rescue ie Mortgage to Rent.

- 6 The HCA want to widen the number of providers who could consider appraising and purchasing prospective Mortgage Rescue properties.
- 7 The scheme is overseen and administered by the HCA's Zone Agent, Time2Buy.

Current Arrangements

- 8 Over the last year, 3 houses have been bought through Mortgage Rescue within the county. It is envisaged that the programme may expand but it will remain a relatively small element of the overall HCA programme.
- 9 In the last 2 years the following providers have purchased properties:
 - Livin
 - Vela
 - Tees Valley HA (Fabrick)
 - Cestria Housing
- 10 In addition Derwentside Homes and Riverside are also able to participate, but so far have not purchased any properties.
- 11 Although numbers have so far been low there is an expectation that numbers will rise and that additional funding will be made available. A recent announcement from the HCA suggests that Time2Buy will receive around £6.5m upto March 2014 for mortgage rescue in Durham and Tees Valley.
- 12 Most Registered Providers (RP's) concentrate on their traditional areas of operation although there are some who are prepared to operate either countywide or over extended areas of the County (see table below).

RP	Durham
Erimus/TV	No specific areas given
H/Hartlepool	East
Derwentside	Consett, Stanley, Chester le Street, Durham City
Cestria	Chester le Street
Livin	Durham City B/Castle, Teesdale
Riverside	Not likely to pick up

- 13 It is possible that in the areas where the County owns the majority of social housing stock that the interest from established housing associations will be limited (ie in East Durham, former Wear Valley and Durham City) – this is particularly the case in existing Council estates where former Right to Buy's (RTB's) are being considered.

Impact on Homelessness Service

- 14 Homelessness can have significant negative consequences for the people who experience it. At a personal level, homelessness can have a profound impact on health, education and employment prospects. At a social level, homelessness can impact on social cohesion and economic participation.
- 15 Mortgage repossessions have almost doubled over the last 10 years in Durham and now average around 1,000 per annum.
- 16 It is important to consider the cost of homelessness on the Local Authority. The following information clearly demonstrates that prevention of homelessness is a much cheaper option.
- 17 In 2007 Heriot Watt University estimated (in a DCLG report entitled 'Demonstrating the Cost Effectiveness of Preventing Homelessness') that the cost of processing a homeless application to a local authority was about £5,300; (this included staff time, cost of temporary accommodation and void costs to the housing provider).
- 18 In contrast, using a sample of 278 prevention cases in Durham, the cost to Durham County Council (to prevent homelessness) has been assessed. The total cost for the 278 cases was £64,967.28 in total or £233.70 per case.
- 19 Had the cases not been prevented the estimated costs based on £5,300 for a homelessness case would have been £1,473,400. By preventing 278 families from becoming homeless it is estimated that the service saved the authority £1,408,433 in non cashable savings.

Implications

- 20 **Right to Buy** – It should be noted that any local authority Mortgage Rescue tenants will be granted secure tenancies and will therefore have the Right to Buy. This will result in a tenant being in a position to buy back their home at 65% of the full market value after just 5 years in the property.
- 21 **Borrowing** - The County Council has no borrowing headroom and therefore any funds used to fund mortgage rescue will be taken from the HRA 'decent homes' capital programme. (Even if the funds were taken from HRA reserves then this would still have a 'knock on effect' on the capital programme). The HCA have confirmed that there will not be any special provisions for additional borrowing headroom to accommodate any new house purchases under this scheme.
- 22 **Stock Options** – should a full stock transfer progress, the Council would cease being a Registered Provider and responsibilities for Mortgage Rescue would pass to any newly created housing association(s).

- 23 **Viability** – the purchase of a typical mortgage rescue home has been run through the Proval viability model. On the assumption that an affordable rent is charged, then the purchase would break even in year 19. Details of the viability appraisal are contained in Appendix 2.

Analysis

- 24 The arguments in favour of proceeding with this proposal and becoming involved in the scheme are:
- (a) it offers to increase the range of Mortgage Rescue providers especially in areas of the County where interest from other RP's might be low
 - (b) it provides an opportunity for the authority to participate in an additional HCA funded scheme and provide additional assistance to the County's homelessness service
 - (c) it offers new opportunities for the county's ALMOs and INMO to add to their stock and meet specific housing needs in their operating areas
 - (d) there are significant long term savings to the local authority through supporting homelessness prevention schemes such as MRS.
- 25 The arguments against getting involved are:
- (a) it will require the Authority to develop new procedures and maybe access new skills in terms of purchasing properties and negotiating with existing mortgage providers and owners
 - (b) there will be a need for the local authority to borrow funds to purchase the property and also complete any essential repair work (see financial arrangements in paragraphs 27 and 28 below). Given the absence of any borrowing headroom it is important to recognise that any funds used for this purpose will be set against a reduction in funding for decent homes work
 - (c) management arrangements for 'one off' properties are often disproportionate to rental income and management allowances.
- 26 On balance, it is considered that the benefits of delivering additional units for those in need through Mortgage Rescue outweigh the additional responsibilities and costs of acquisition and management. There is therefore a good argument to agree to commit to Durham being one of the RP's involved in the Mortgage Rescue initiative in the County.

- 27 Furthermore, should we proceed we will be able to secure a grant rate of 47% of any relevant costs from the HCA. Decent homes work at the same grant rate (up to a maximum of £20,000) will also be available on the same terms.
- 28 The terms of any house purchase are agreed at 90% of the full market value of the house. The outstanding debt to the existing mortgage provider has to be redeemed within this sum.

Size of Programme

- 29 In order to prevent 'over-exposure' to this initiative, a ceiling on the number of mortgage rescue schemes we approve should be considered. Given that there are already 6 providers active in the Durham area it would be reasonable to set a maximum of no more than 25% of all MRS properties (in any one year) to be progressed through the County Council.
- 30 Even with an increased level of funding, it is unlikely that the County as a whole will secure more than 12 mortgage rescue properties a year which means that the County Council would have an indicative ceiling of 3 MRS homes per annum. This would require a financial commitment of around £200,000 for each financial year.

Recommendations and Reasons

- I It is recommended that:
- 31 The authority agrees to take up the proposal from the HCA and proceed with a limited programme of Mortgage Rescue acquisitions; subject to the appropriate referrals being made.
- 32 The authority commits to the scheme subject to an annual cap of £200,000 (equivalent to an indicative level of around 25% of the mortgage rescue programme for the county).
- 33 Any decisions to purchase property under this scheme are delegated to the Corporate Director of Regeneration and Economic Development in consultation with the portfolio holder for Housing

Background Papers

None

Contact: David Siddle, Special Housing Projects Manager
Tel 03000 268010

Appendix 1: Implications

Finance –

The Mortgage Rescue Scheme will commit around £65,000 - £70,000 per property from HRA capital funds. It is estimated that this will amount to around £200,000 per annum should a maximum of 3 houses be included in the scheme each year. The Council is a Registered Provider with the Homes and Communities agency and will be entitled to draw down grant to assist in the acquisition and purchase of the properties.

Staffing –

There will be no staffing implications.

Risk –

A risk assessment will be made on a property by property basis.

Equality and Diversity / Public Sector Equality Duty –

Mortgage repossessions affect all types of household – whilst disproportionately impacting on those with low incomes. This scheme will seek to ameliorate the worst impacts of mortgage debt for impoverished households.

Accommodation –

There are no accommodation impacts.

Crime and Disorder –

None

Human Rights –

None

Consultation –

No consultation requirements.

Procurement –

None

Disability issues –

None

Legal Implications –

The authority will acquire properties through this new scheme and grant secure tenancies

APPENDIX 2

Breakdown of Costs for a typical Mortgage Rescue Property

Type for House	Three bed terraced house (120 sq m)
Purchase price (90% of full market value)	£108,000
Repair costs to bring to decent homes standard	£10,200
Fees	£5,910
Total costs	£124,110
Grant from HCA	£55,554
Development Loan	£68,556
Weekly rent	£92.30pw
Break Even year	Yr 19
Loan Repaid	Yr 35

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Cabinet

14 November 2012



**Release of an Option Agreement and
Acquisition of land at Aykley Heads,
Durham City**

**Report of Corporate Management Team
Ian Thompson Corporate Director Regeneration and Economic
Development
Councillor Neil Foster, Cabinet Portfolio Holder for Economic
Regeneration**

Purpose of the Report

- 1 The purpose of the report is to obtain approval to release an option agreement to acquire land held by the Police Authority and to the acquisition of an area of land at Aykley Heads in lieu of the release.

Background

- 2 In 1996 the Council entered into an agreement with the Police Authority to transfer a number of areas of land from the former Police Authority, which was a committee of the County Council at the time, to the Durham Police authority.
- 3 Contained as part of the transfer were the two areas of land shown by a dotted line, on the attached plan. This land was subject to an option in favour of the Council to acquire the two sites at any time within 80 years from the date of the transfer agreement for a nil consideration, subject to the right of the Police Authority to have the displaced sports facilities on the two sites relocated at the Council's expense on adjacent Council land.
- 4 The Police Authority have for some time been in negotiation with the Council as they would like to develop one of the sites for their new Headquarters. Currently the legal arrangements around this area are complex.
- 5 Government expectation is that all public sector agencies work together in respect of land and identifying infrastructure necessary to deliver quality public service to their residents. Agreement has therefore been reached for the Council to relinquish its right to exercise its option to acquire the land, subject to the Police Authority transferring the area of land shown verged on the attached plan which equates to 3.295 acres and equates to approximately 50% of the land subject to the option. The Council will also

have unrestricted access over the land shown hatched on the plan with the right to construct a vehicular access.

- 6 Officers consider that the acquisition of this site will facilitate the implementation of the master-planning of Aykley Heads, clarify land ownership and provide certainty in respect of the land. It is being acquired with no restrictions on use but is subject to an overage provision whereby if the Council sold the land the Police Authority would receive 100% of the increase in value, if any, between a B1(Office) use and the future use.
- 7 As an urgent decision was required to enable the Police Authority to let a contract for the development of their new Headquarters, the Corporate Director of Regeneration and Economic Development, following endorsement by the Leader and Deputy Leader of the Council, exercised a delegated authority to agree :-
 - I. the surrender of the option agreement relating to two areas of land shown by a dotted line on the attached plan at Aykley Heads as it would facilitate the development of a new Police Headquarters and
 - II. the acquisition of the area of land shown verged on the attached plan in lieu of surrendering the option agreement to facilitate the redevelopment of the Aykley Heads Estate.

Recommendations and Reasons

- 8 It is therefore recommended that Cabinet note and endorse the action taken.

Background Papers

Original Transfer agreement in Council deeds

Contact: Gerard Darby Tel: 03000 267024

Appendix 1: Implications

Finance –

Each party to bear its own costs in the matter. On-going maintenance responsibility until the site is sold or developed.

Staffing –

None

Risk –

Any future development of the land which is being acquired is subject to planning and relevant consultation. The risk is that development will not be permitted on the land the Council is acquiring thereby resulting in a diminution in the value of the land.

Equality and Diversity / Public Sector Equality Duty –

None

Accommodation –

None

Crime and Disorder –

None

Human Rights –

None

Consultation –

Cabinet Portfolio Member for Regeneration and Economic development, and Leader and Deputy Leader of the Council

Procurement - None

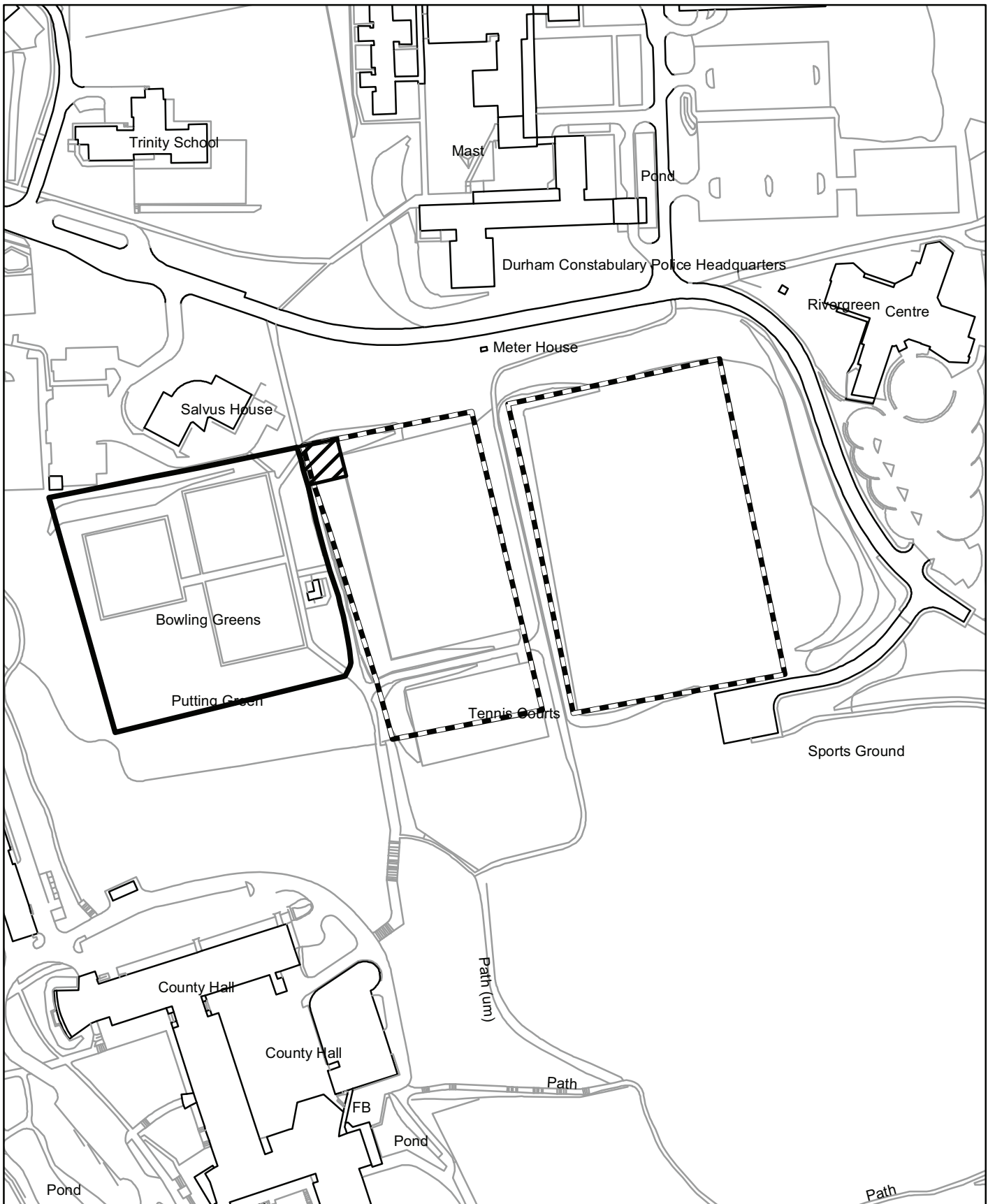
Disability Issues –

None

Legal Implications –

Outlined in the report

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Title: Aykley Heads Durham Police Authority Land

Scale: 1:2,500

Map Reference: Aykley Heads

Date: 21st September 2012

Plan Reference: Assets_LA

Durham County Council LA 100049055 2012. Crown Copyright.



IAN THOMPSON
CORPORATE DIRECTOR
REGENERATION AND ECONOMIC
DEVELOPMENT
COUNTY HALL, DURHAM DH1 5UL

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ASSET MANAGEMENT

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Cabinet

14 November 2012



Safeguarding Adults Board Annual Report

Report of Corporate Management Team

Rachael Shimmin, Corporate Director, Children & Adults Services

Councillor Morris Nicholls, Cabinet Portfolio Holder for Adult Services

SUBJECT OF REPORT

- 1 To present the County Durham Safeguarding Adults Board Annual Report for 2011/12.

PURPOSE OF REPORT

- 2 The report is to provide information in respect of the current position of the County Durham Safeguarding Adults Board, its achievements in 2011/12 and plans for 2012/13.

BACKGROUND

Safeguarding in its current context

- 3 In line with a national trend, the rate of safeguarding referrals has been rising for a number of years; this year however, has seen an unprecedented 88% increase in the referral rate. The on-going media attention fuelled by high profile cases such as Southern Cross and Winterbourne View has done much to shine the spotlight on the safeguarding agenda. Growing awareness and sensitivity across the care sector has undoubtedly impacted on the volume of cases now being addressed through safeguarding. Within County Durham effective management of safeguarding volumes continues with evidence of improvements in performance standards, this has been achieved within existing resources.
- 4 The local reconfiguration of the existing staff establishment to create a new Safeguarding Lead Officer (SLO) team has contributed significantly by dealing with 68% of all referrals during this period as well as improving practice standards. The SLO team work closely with the safeguarding practice officers to identify problems and improve standards of care provision. Their introduction has provided significant support to team managers, who also act as lead officers, by enabling them to commit more of their own time to providing strong leadership to their teams.

Achievements during the Year 2010 /11

- 5 The Safeguarding Adults Board (SAB) continues to monitor performance in order to ensure that safeguarding is carried out to a high standard and in a timely fashion. Routine audits of practice are carried out to ensure compliance with procedures and there is a continued effort to obtain meaningful feedback from service users and carers following their involvement in the safeguarding adults process.
6. In addition to audits, safeguarding practice has been influenced in a number of ways including; the embedding of safeguarding principles in the roll out of personalisation. Practice guidance has also been implemented to enhance the interface between commissioning and safeguarding services.
- 7 Executive Strategies exist where a safeguarding response is required to address situations where more than one service user is affected or where institutional abuse is suspected. The Board has reviewed and updated its policy and procedures and improved arrangements when adopting this approach. Chairs and minute takers were consulted and they have been issued with updated guidance. The Board has led on a second regional awareness campaign comprising of an eight week radio campaign on Real and Smooth Radio and a ten week screening of awareness information in doctors' surgeries across the northeast provided by the 'Life Channel'. Following consultation with service user groups we have reviewed our literature to reflect the feedback we have received
- 8 The SAB has had an unprecedented year in rolling out training, with more than 5000 attendances at various training events by people from partner agencies and the private and voluntary sector. Twenty training modules have been developed and the first three have received accreditation from Teesside University and will be delivered alongside our standard free multi-agency training. Trainers from all organisations are now using the SAB training evaluation form, which will assist in ensuring consistency in the training that is being delivered. The SAB is working closely with the Local Authority work force development service to provide places for 25 students to participate in the accredited training modules as part of their post qualifying training.
- 9 Key partners have continued to work proactively as members of the Safeguarding Adults Board and have contributed significantly to practice development. Durham Constabulary has held a number of champions' events resulting in 80 uniformed officers being trained to develop understanding and awareness across the service. The implementation of a Central Referral Unit (CRU) with an officer from adult care working in the service has improved working relationships and the sharing of information concerning vulnerable people. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) held a 5 day improvement event to develop their standards in managing safeguarding cases in Durham and standards in respect of this provider have subsequently improved. County Durham and Darlington NHS Foundation Trust and NHS Co Durham and Darlington have both undertaken work to improve and strengthen governance arrangements within their respective organisations.

Key Actions for 2012 / 2013

- 10 As part of the performance management of the SAB there will be continued monitoring of the of the compliance levels of key performance targets linked to the completion of safeguarding investigations. Records relating to repeat victims will be audited to identify how to reduce the repeat referral rate and an annual data set has been established for statutory partner agencies to provide a multi-agency view of performance.
- 11 There will be a major reformatting the policies and procedures to make them more 'user friendly' and easier to navigate on the internet. A safeguarding operations framework is to be established for the Clinical Commissioning Groups to enable them to fulfil their obligations to adult safeguarding and there will be collaborative work with probation and the prison service to ensure that safeguarding is available to all sections of the community.
- 12 The Training Sub Group will look to gain accreditation with Teesside University for the remaining training modules and will explore the establishment of infrastructure to support the first Safeguarding Adult degree course in the Country. Collaborative work will take place between the local authority and Durham Constabulary to develop better ways to interview victims of and witnesses to safeguarding incidents.
- 13 The Communications & Engagement Sub Group will explore better methods of obtaining meaningful service user and carer feedback on the safeguarding service that they have received. The sub group will work collaboratively with service users and carer groups to obtain feedback to modify and improve safeguarding promotional materials and look to take the lead in any further regional publicity campaigns.

Perspectives of the Key Partners

- 14 The key partners on the Safeguarding Adults Board have continued to develop their systems and procedures to ensure that they fulfil their obligation and demonstrate their commitment to safeguarding adults.

CONCLUSION

- 15 A great deal of developmental work has taken place within the last three years in County Durham. This had included embedding effective and robust safeguarding systems and processes. Continued achievement of adult safeguarding performance standards is evident despite increasing demands. The annual report references these developments. The continuation of this work will not be possible without ongoing investment from the County Council and NHS County Durham.

RECOMMENDATIONS

16 It is recommended that Cabinet:

- a) Receive the annual report and note the ongoing developments achieved in this critical area of work.

Contact: Lesley Jeavons, Head of Adult Care, Children and Adults Services
Tel: 03000 267354

Appendix 1: Implications

Finance - Ongoing pressure on public service finance will challenge all agencies to consider how best to respond to the safeguarding agenda.

Staffing - Within DCC arrangements have been put in place for the redeployment of staff to assist with increased work loads of front line staff. This was achieved within existing resources. A new Safeguarding Lead Officer team is now in place and evaluation is taking place as to how they are coping with an increasing work load in line with a general increase in referrals.

Risk – Ongoing funding contributions are required from multi agency partners to ensure safeguarding interventions continue to be effective.

Equality and Diversity / Public Sector Equality Duty - Adult safeguarding is intrinsically linked and this is covered in the SAB policy and procedures

Accommodation – No pertinent issues

Crime and Disorder - Adult safeguarding is intrinsically linked and this is covered in the SAB policy and procedures.

Human Rights – Adult safeguarding is intrinsically linked and this is covered in the SAB policy and procedures.

Consultation - Report available for all partner agencies and members of the public.

Procurement – No pertinent issues.

Disability Issues – The needs of disabled people are reflected within the SAB policy and procedures.

Legal Implications – The draft Care and Support Bill (July 2012) identifies new operational requirements for Safeguarding Adults Boards.

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County Durham
SAFEGUARDING ADULTS
INTER-AGENCY PARTNERSHIP

Annual Report **2011/12**

Working with The Safe Durham Partnership *Altogether safer*

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**Foreword from Lesley Jeavons, Chair,
County Durham Safeguarding Adults Board**

Welcome to the fourth annual multi agency safeguarding report.

As I reflect upon the progress the partnership has made during the last 12 months I am reminded of the significant achievements across the sector in continuing to deliver high standards of safeguarding activity.

The Safeguarding Adults Board recently saw evidence of this ongoing commitment to support vulnerable people at risk during its annual board development day. In developing our priorities for the forthcoming year the Board spent some time reviewing progress made during the previous 2 to 3 years.

I was delighted with the outcome of this reflective exercise given that our achievements in establishing sound safeguarding processes, ensuring the workforce is suitably trained to respond to safeguarding issues and achieving all of our safeguarding performance targets were evidenced.

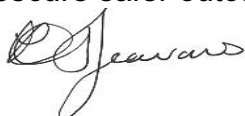
This has been achieved during a time of significant change particularly in relation to the NHS. The emergence of Clinical Commissioning Groups (CCGs) has enabled us to reflect on our engagement with primary care and we look forward to greater collaboration at a local level as a result.

The forthcoming transfer of Public Health to the Local Authority and the merging of Adults, Wellbeing and Health (AWH) and Children and Young People Services (CYPS) to form 'Children and Adults Services' will support us to work more collaboratively and continue to raise the profile of safeguarding adults and better influence the shape of local health and social care services to reflect its importance.

The shocking events at Winterbourne View last year reminded us all of the importance of our responsibilities in preventing and responding to neglect and abuse. The multi-agency partnership takes seriously its role in providing strong leadership to make safeguarding integral to care and it will continue to seek assurance that across the sector, systems and standards prevent abuse from happening. It is critical that in doing so we ensure people can be given the opportunity to be in control of their care and influence what happens in their lives, this will feature in our priorities for the forthcoming year.

Furthermore, following the publication of the Governments White Paper 'Caring for our future: reforming care and support' in July 2012, we look forward to operating within a revised statutory framework which places the Safeguarding Adults Board on an equivalent footing to local safeguarding children's arrangements.

Finally, thanks go to all staff working within the sector that support vulnerable service user's everyday during the course of their work. Their diligence and effort in attempting to secure safer outcomes for people is much appreciated.



Lesley Jeavons
Chair of County Durham Safeguarding Adults Board

Introduction

This annual report covers the key achievements and developments that have taken place during 2011/12

There are well established multi-agency Safeguarding arrangements in County Durham that were put in place in response to the 'No Secrets' guidance in 2000 and the Association of Directors of Adult Social Services ADASS National Framework of Standards.

There is a commitment from Durham County Council as the lead agency and its partner organisations to protect adults at risk from abuse and neglect, whether it is in their own home, in the community or whilst in receipt of services such as in care homes or hospitals.

The Safeguarding Adults Board (SAB) governs how safeguarding is delivered, based on the annual Business Plan and it is supported in that role by four sub groups that focus on specific areas of business, namely, policy and practice, performance and quality, communications and engagement and training.

Main Aims of the Board

The main aims of the Board are:-

- To safeguard and promote the welfare of adults at risk in County Durham through inter-agency collaboration.
- To co-ordinate the safeguarding activity undertaken by each organisation represented on the board.
- To ensure the effectiveness of what is done by each organisation for that purpose.
- To promote public confidence in safeguarding systems and ensuring human rights are balanced with protecting the public from harm.
- To understand the nature of adult abuse and foster strategies that reduces incidence and effect.
- To give strategic direction to partner agencies and organisations across in relation to safeguarding activity.

(Taken from the SAB Terms of Reference)

Strategic Overview of Safeguarding Adults

The Safeguarding Adults Board (SAB) continues to monitor performance in order to ensure that safeguarding is carried out to a high standard and in a timely fashion. Routine audits of practice are carried out to ensure compliance with procedures and there is a continued effort to obtain meaningful feedback from service users and carers following their involvement in the safeguarding adults process.

The Board has reviewed and updated its policy and procedures and improved arrangements for undertaking executive strategies. Chairs and minute takers were consulted and they have been issued with updated guidance. The Board has led on a second regional awareness campaign comprising of an eight week radio campaign on Real and Smooth Radio and a ten week screening of awareness information in doctors' surgeries across the northeast provided by the life channel. Following consultation with service user groups we have reviewed our literature to reflect the feedback we have received

The SAB has had an unprecedented year in rolling out training, with more than 5000 attendances at various training events by people from partner agencies and the private and voluntary sector. Twenty training modules have been developed and the first three have received accreditation from Teesside University and will be delivered along side our standard free multi agency training. Trainers from all organisations are now using the SAB training evaluation form which will assist in ensuring consistency in the training that is being delivered. The SAB is working closely with the Local Authority work force development service to provide places for 25 students to participate in the accredited training modules as part of their post qualifying training.

Regional Perspective

The Board has continued its commitment to working with other Local Authorities by fully participating in the North East Regional ADASS group. The regional work also resulted in the creation of a website to complement the radio campaign as well as the development of a safeguarding video for the hard of hearing and the formulation of training standards across the region.

In addition, our own safeguarding risk threshold tool heavily influenced the development of a regional document. Following further review and revision we have modified our own tool to improve consistency between the two documents. This will result in a common set of standards being adopted to instigate safeguarding adult's procedures across the region.

Safeguarding Adults in County Durham

Safeguarding Operations

In line with a national trend, the rate of safeguarding referrals has been rising for a number of years; this year however, has seen an unprecedented 88% increase in the referral rate. The ongoing media attention fuelled by high profile cases such as Southern Cross and Winterbourne View has done much to shine the spot light on the safeguarding agenda. Growing awareness and sensitivity across the care sector has undoubtedly impacted on the volume of cases now been addressed through safeguarding.

The local implementation of a new Safeguarding Lead Officer (SLO) team has contributed significantly by dealing with 68 % of all referrals during this period as well as improving practice standards. The SLO team work closely with the safeguarding practice officers to identify problems and improve standards of care provision. Their introduction has provided significant support to team managers; who also act as lead officers; by enabling them to commit more of their own time to providing strong leadership to their teams

Personalisation

Durham County Council continues to work towards mainstreaming self directed support as its core model for assessment and service delivery for adults in need of social care services. Self directed support enables people in need of services to have much more control over their assessment and care planning, and have greater choice and control over the services they receive to meet their assessed needs.

After working closely with service users, carers, providers and partner agencies, Durham County Council has reviewed and stream-lined its self directed support documentation and simplified its systems.

All eligible service users in County Durham are now advised of the value of the services to meet their assessed needs and can choose to manage this money themselves as a direct payment (arranging their own care and taking responsibility for paying the provider from their personal budget), or can ask staff to commission providers & manage their personal budget for them.

The Government target was for all Local Authorities to have at least 30% of eligible service users in receipt of a personal budget by March 2012. Durham County Council exceeded this target and continues to build on this success. As at end of June 2012, 50.1% of eligible service users in County Durham were in receipt of personal budgets.

Within self directed support, service users are offered the opportunity to develop their own person-centred care & support plan. Staff support service users to consider risks within this care & support plan, including any risk associated with their choice of provider/ service. Service users are also supported to consider contingency planning where safeguarding concerns are fully considered.

By offering people more choice and control over their care planning and service provision, Durham County Council has experienced an increase in the numbers of people choosing to manage their own personal budget via a direct payment. We have reviewed our procedures relating to direct payments, and has further developed the financial audit element of the Direct Payments service to ensure effective safeguards are in place to guard against financial mismanagement.

Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) came into force in April 2009 as an amendment to the Mental Capacity Act, 2005. They were introduced to protect the human rights of people who lack capacity and authorise their care in a registered care home or hospital. Deprivation of Liberty Safeguards may only be sanctioned when it is in the best interests of the vulnerable person. DoLS is an important and developing safeguard of the right to liberty of some of the most vulnerable people in our community.

Since implementation the number of referrals within County Durham has increased year on year and was over 150 in 2011/12, the third year of operation. The numbers of specially trained and authorised assessors has also been increased to cope with demand and includes social workers, nurses and occupational therapists.

Looking ahead, in April 2013 the responsibility for acting as supervisory bodies i.e. completing DoLS assessments and authorising or refusing DoLS applications in hospitals will transfer from the Primary Care Trusts to Local Authorities. While Local Authorities already hold this responsibility for care homes the addition of hospitals will mean that they assume sole responsibility for the administration of DoLS in all settings where it applies. In Durham we entered into early discussions with the PCT and from the summer of 2012 they will begin to work along side each other to ensure there is a smooth transition and handover of this responsibility.

The Safeguarding Adults Board and Sub Group Objectives

The Safeguarding Adults Board has the following key objectives:

- To establish and maintain an effective, accountable county-wide Safeguarding Adults Board.
- To establish robust governance and accountability arrangements.
- To make strategic decisions concerning the development of key processes and systems.
- To create a sub group structure to support the Board's activity and agree resources and sub groups.
- To agree business planning and reporting mechanisms.

The Board is comprised of senior representatives from the following Agencies:

Durham County Council, Children & Adults Services
County Durham and Darlington Community Health services
NHS County Durham and Darlington
Tees, Esk & Wear Valley Foundation NHS Trust
County Durham & Darlington NHS Foundation Trust
Durham Constabulary
Prison Service
National Probation Service
Care Quality Commission
Age Concern
Victim Support

The four Sub Groups of the Safeguarding Adults Board meet 4 times per year. They carry out much of the development work on behalf of the Board and aim to achieve the following key objectives:-

1. **Performance & Quality** - Maintain performance compliance levels of referral to strategy timescales and the completion of investigation timescales
2. **Policy and Practice** - Establish a Safeguarding Operations Framework for Clinical Commissioning Groups
3. **Communications & Engagement** - Update safeguarding communications materials in respect of feedback received from service users and carers
4. **Training** – Create an infrastructure to support the accredited training

Reporting and Interface Arrangements

The Board has interface arrangements with a number of Local Authorities, management teams across the council and partner agencies. There are also connections to a number of multi agency partnership groups such as the Local Safeguarding Children's Board and the Safer Durham Partnership.

For a Diagram of the multi agency interface arrangements (see appendix 1).

Working with the Local Safeguarding Children Board (LSCB)

Strong links continue to be maintained between SAB and the LSCB with the chair of the SAB sitting on the LSCB and the Head of Children's Care services sitting on the SAB. Training opportunities are well established for both safeguarding boards and in 2012 training leads from both boards will be exploring areas of joint interest with a view to developing a more coordinated approach to training delivery.

Links to the Vulnerability Thematic Group

The Chair of the Safeguarding Adults Board continues to chair the vulnerability group, the thematic sub group of the Safe Durham Partnership. The purpose of the group is to improve public confidence, improve the safety of vulnerable people and reduce incidents of the most serious harm. In the last year some examples of work that has taken place include: the development and implementation of the fire death protocol which seeks to reduce risk of fires, deaths, accidents and injuries by training front line staff to identify and refer residents who are known to have specific vulnerabilities; the production of a sexual violence marketing plan which will target key vulnerable groups with relevant marketing materials; and the delivery of a Hate Crime awareness raising campaign.

Links to Domestic Abuse

Domestic abuse continues to be a significant issue in County Durham and structural arrangements are in place to deal with this issue through the Safe Durham Partnership. This partnership consists of the County Council, Police, Fire and Rescue, Probation and Health who all work together to tackle crime, disorder and other anti-social behaviour. As well as ensuring support is available to both victims and perpetrators, the Partnership were also given statutory responsibility in 2011 for the carrying out of Domestic Homicide Reviews.

Key Milestones Achieved: April 2011 – March 2012

The following represents the key milestones achieved by the Board's thematic sub groups:

Performance & Quality

- Sep 11 Further development of user feedback methodologies in conjunction with dedicated lead officer post holders to obtain regularly feedback about experiences of the safeguarding adults process.
- Dec 11 Performance compliance developed to improve standard of data entry in respect of mental health cases.
- Jan 12 The performance framework was modified in response to changing requirements.
- Mar 12 Maintained key performance compliance levels - over 90% referrals that result in strategy meetings take place within 5 working days. Over 75% of investigations are complete within 28 days.
- Mar 12 Some common Performance Indicators established for safeguarding within NHS partners.

Policy and Practice

- May 11 Procedures revised with regard to executive strategies, domestic abuse and substance misuse.
- Sep 11 Findings from safeguarding case file audit used to communicate practice compliance issues to lead officers including the completion of practice briefings.
- Dec 11 The establishment of clear and robust processes to underpin the practice of four new dedicated Lead Officer posts.
- Feb 12 Developed a strategy for safeguarding adults for NHS Co Durham and Darlington aligned to the patient safety & quality strategy
- Feb 12 Contributed and responded to regional development work concerning the development of thresholds
- Mar 12 Ensure safeguarding adults principles are appropriately referenced in self directed support procedures & associated developments
- Mar 12 Establish strategic links between the Safeguarding Adults Board and Clinical Commissioning Groups
- Mar 12 Enhanced links between safeguarding and commissioning services including the adoption of new practice guidance.

Communications and Engagement

- Apr 11 A range of awareness raising communication materials (including training communications) developed for partner agencies to use when delivering presentations.
- Aug 11 Links made with other strategic representative groups with a view to fostering collaborative work. (e.g. Partnership Board for Older Adults)
- Aug 11 Links formed with specialist services to engage in collaborative work and raise the profile of Safeguarding. (e.g. Trading Standards, Community Safety)
- Sep 11 Engagement with service users and carers involved in the safeguarding process via dedicated lead officer posts to ascertain feedback on the quality of service they received.
- Jan 12 A variety of communication materials developed and updated to promote safeguarding adults. The information is available on the SAB website which has also undergone improvements to make the range of information available more comprehensive. Go to www.safeguardingdurhamadults.info

Training

- May 11 Practice improvement themes from safeguarding reviews disseminated into the delivery of training.
- Jul 11 Systems developed to support the roll out of accredited training.
- Jul 11 All service providers encouraged to use County Durham safeguarding training packages.
- Sep 11 Partner agencies increased their engagement in the delivery of core training.
- Sep 11 Development and implementation of a full package of training modules as identified in the Training Schedule.
- Dec 11 Local Authority staff targeted to receive 'Safeguarding Alerter' and 'Managing the Alert' training (level 1 and 2).
- Jan 12 Training events for service users and carers developed.
- Mar 12 The initial stages of accreditation for foundation, undergraduate and postgraduate training modules developed.

Key Actions: April 2012 - March 2013

The following provides a summary of the key actions planned for development in 2012/13. These actions reflect the core business of the Safeguarding Adults Board's thematic sub groups. The Board provides governance in overseeing the progress of the sub groups and in making key decisions and providing strategic direction. Our Business Plan describes these key actions in more detail. A copy of the Business Plan 2012/13 can be made available on request by contacting the Safeguarding and Practice Development Manager. Please see contact details at the back of this document.

Performance & Quality

- Modify performance framework in response to changing requirements.
- Maintain performance compliance levels in respect of referral to strategy timescales and completion of investigation timescales
- Monitor incidents of repeat safeguarding adults referrals pertaining to individual victims and report trends and concerns
- Further develop methodologies to obtain feedback for service users/carers regarding their safeguarding experiences
- Quarterly review of performance volume, trends and compliance
- Embed a performance indicator set for safeguarding within NHS/non NHS provider organisations
- Monitor the use of the intermediary scheme which supports vulnerable witnesses within the court processes
- Establish an annual performance data set across statutory partners
- Following the emergence of victim focussed outcomes in safeguarding, explore new methodologies for measuring success in achieving desired outcomes for victims
- Monitor the impact of implementing revised thresholds through the quarterly analysis of referrals and alerts

Policy and Practice

- Develop a practical working solution to address financial abuse reported in care home settings
- Explore ways of improving joint working between police and social work staff in undertaking investigations
- Develop joint working between Safeguarding and Probation services to support vulnerable offenders
- Work collaboratively with voluntary sector organisations to identify aspects of their services that may help support to victims of abuse
- Implement revised threshold tool and monitor its use and impact on practice
- Explore the possibility of developing an accreditation scheme for personal support providers as part of the personalisation agenda
- Review the remit of the dedicated lead officer team and their criteria for intervention
- Explore how the prison service can engage in safeguarding adults
- Establish a Safeguarding Operations Framework for Clinical Commissioning Groups
- Carry out medication audits on all contracted domiciliary care providers in conjunction with the quality band process
- Reformat the safeguarding adults inter agency policies and procedures to make it more user friendly and internet compatible

Communications & Engagement

- Update safeguarding communications materials in respect of feedback received from service users and carers
- Promote Safeguarding in the Clinical Commissioning Groups and GP surgeries
- Work with care homes to raise awareness of financial abuse
- Support the development of a regional information sharing protocol
- Promote links with service user and carer led groups with a view to developing more collaborative working
- Develop new survey for service users who have been involved in the safeguarding process to improve response rates and the quality of feedback on the service they received.
- Explore the options for working with carers/relatives causing harm or abuse to change their behaviour
- Make links with other strategic representative groups with a view to fostering collaborative work. (e.g. Partnership Board for Older Adults)
- Form links with specialist services to engage in collaborative work and raise the profile of safeguarding (e.g. Trading standards, Community safety)

Training

- Develop a training programme to promote safeguarding awareness for the Clinical Commissioning Groups
- Develop sexual abuse training module
- Make accredited training available to regional Local Authorities.
- Develop Achieving Best Evidence (ABE) training in collaboration with Durham Constabulary.
- Provide links to College Network so students can use workbook together with lecturing staff (lecturing staff at East Durham Community College to receive tuition).
- Develop greater involvement from partner agencies in the core delivery of training.
- Create infrastructure to support the accredited training.

Perspectives of Key Partners

The perspective of Durham County Council, is reflected through out this document as the lead agency. The following represents a brief summary of the developments that have taken place within the other key safeguarding adults partnership organisations.

Durham Constabulary

Durham Constabulary has trained 80 uniformed officers from across their front line in order to have 'Safeguarding Champions' on each team. There have been four safeguarding champion events held since 2010 and at each event training and development in the protection of vulnerable adults has taken place. Awareness and improvements in the police response when dealing with vulnerable people has been evident with an increase in adult protection referrals over the past year and a marked improvement in information submitted.

Durham Constabulary continues to be one of the few in the country that has a dedicated 'Adult Abuse Investigation Team' staffed by detectives who carry out investigation into all offences committed against vulnerable adults by persons in a position of trust. The officers within the team' work closely with Integrated Team Managers and other partners to investigate allegations of abuse and have built up considerable expertise in adult protection.

All referrals are now considered by police officers working within the central referral unit (CRU) at police headquarters to ensure an appropriate response. The CRU work closely with representatives who have a team member within the unit.

Tees, Esk & Wear Valleys NHS Foundation Trust

Our vision is to improve people's lives by minimising the impact of mental health or a learning disability and to be a recognised centre of excellence with high quality staff providing high quality services that exceed people's expectations

The Trust is a key partner agency on all the Local Safeguarding Adult Board's and subgroups that serve the Trusts geographical area. The commitment to partnership working remains a high priority

2011 -2012 has seen a number of key achievements both internal to the organisation and in partnership with the local Safeguarding Boards. This has included the Implementation of a skin damage protocol and participation in a successful joint media and Fire Brigade winter warmth campaign.

Internal key achievements include the development of systems to support incident recording and monitoring that includes Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARAC). Key staff have also been trained to roll out anti-terrorism awareness sessions.

A Rapid Process Improvement Event (RPIW) has resulted in improved standards in managing safeguarding cases in Durham and has produced several standard processes to improve safeguarding activity.

County Durham and Darlington NHS Foundation Trust

On the 1st April 2011, County Durham and Darlington Community Health Services merged with County Durham and Darlington Foundation Trust to become one organisation. The Trust provides integrated acute and community healthcare across Durham and Darlington. Services are provided in hospital, at home and in community settings. The merger will improve coordination of healthcare between hospital and community health services.

The Associate Director Patient Experience and Safeguarding was established to drive forward the strategic direction for the safeguarding adults agenda and is also the Trusts representative on the Safeguarding Adults Board. The Trust has taken a positive position by retaining the Safeguarding Adults Lead post which was previously within the Community Health Services structure and it is the safeguarding lead who is a member of the sub groups and is the nominated chair for the training sub group.

A new post of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Administrator has also been established to support the safeguarding adults lead with matters pertaining to the MCA & DoLS.

The newly merged Trust has harmonised the safeguarding adults and associated policies and procedures. These policies summarise and reflect the comprehensive standards and guidance contained within the agreed County Durham Inter-agency guidance. In addition to this the Trust established a robust method of ensuring compliance to standards set by the National Framework by initiating a regular process of auditing safeguarding alerts.

The Trust continues to be committed to delivering multi-agency training through the dedicated safeguarding adults trainer and lead for safeguarding adults. Basic awareness 'Alerter' training is included in the mandatory training schedule for all clinical staff.

The Trusts internal safeguarding adults group chaired by the Director of Nursing and Transformation will oversee the organisation wide coordination, prioritisation and development of safeguarding adult activity. The group will facilitate the recommendations set out by the Department of Health in its document Safeguarding Adults: The role of Health Services.

NHS Co Durham and Darlington

As commissioners, NHS Co Durham and Darlington (NHS CDD) have oversight of the local health economy. NHS CDD seek assurances that providers of NHS care contribute to the safeguarding adult agenda and that they keep vulnerable adults safe.

The key achievements in relation to multi agency working are in the support to Primary Care on national and local issues which include; Implementation of 'Deciding Right', Support to Primary and Secondary Care for Deprivation of Liberty Safeguards (DoLS) and support to Serious Case Reviews

Health has been represented and has provided practical support on high profile cases which include the concerns arising from the abuse at Winterbourne View and the transfer of care from Southern Cross to other providers. Support has been provided on a range of medicines management matters to Adult Care and individual establishments with practical advice being offered at multi-agency executive strategy meetings. The service also liaises

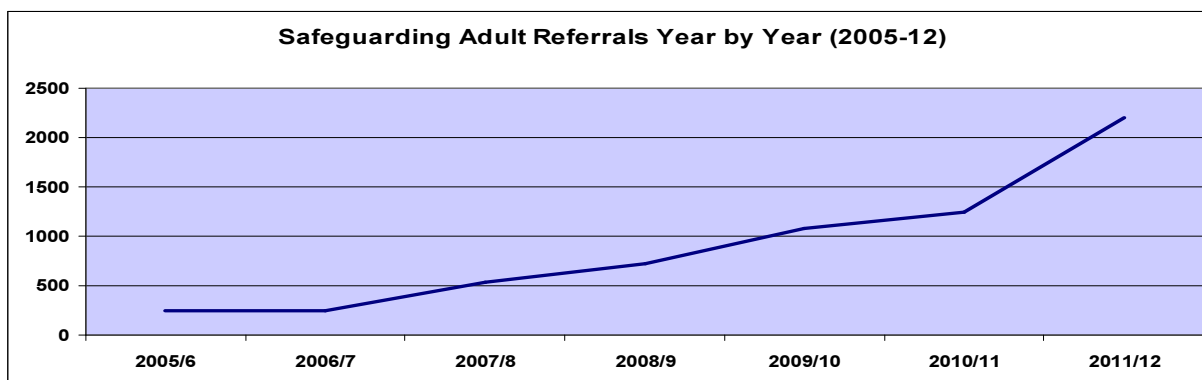
with primary, secondary and strategic health authorities to ensure that any actions and/or notices are implemented within primary and community services.

The Safeguarding Operating Framework which is currently being developed will describe the new arrangements for managing safeguarding in light of changes within Clinical Commissioning Groups.

Safeguarding Activity in Durham

Tables 1a & b (Referral Rates - All Safeguarding Adults Referrals)

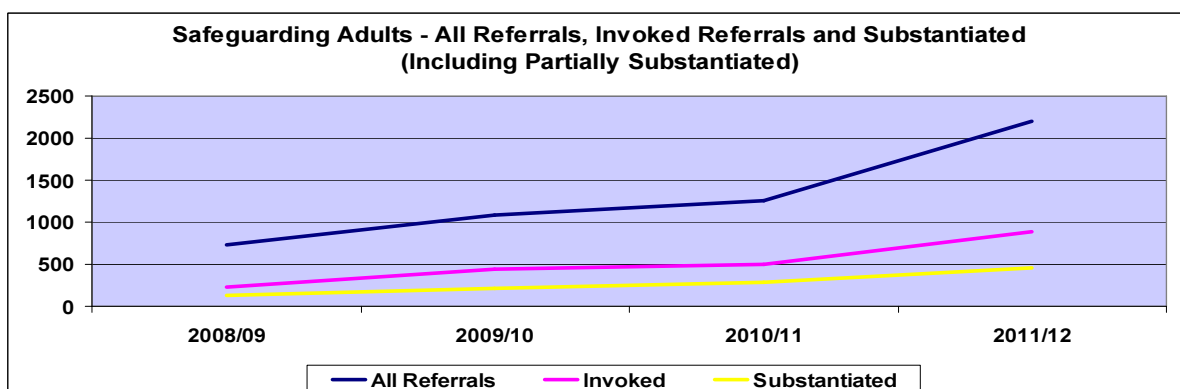
There has been a substantial increase in the rate of referral during 2011/12 on the previous year (88%). Increased media attention has heightened public and political awareness. In addition, better training and education and cases of suspected abuse and harm being identified and reliably reported all contribute to the year on year rise.



	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
Referrals	248	245	534	726	1079	1250	2197

Tables 2a & b (Referral Rates - All, Invoked and Substantiated)

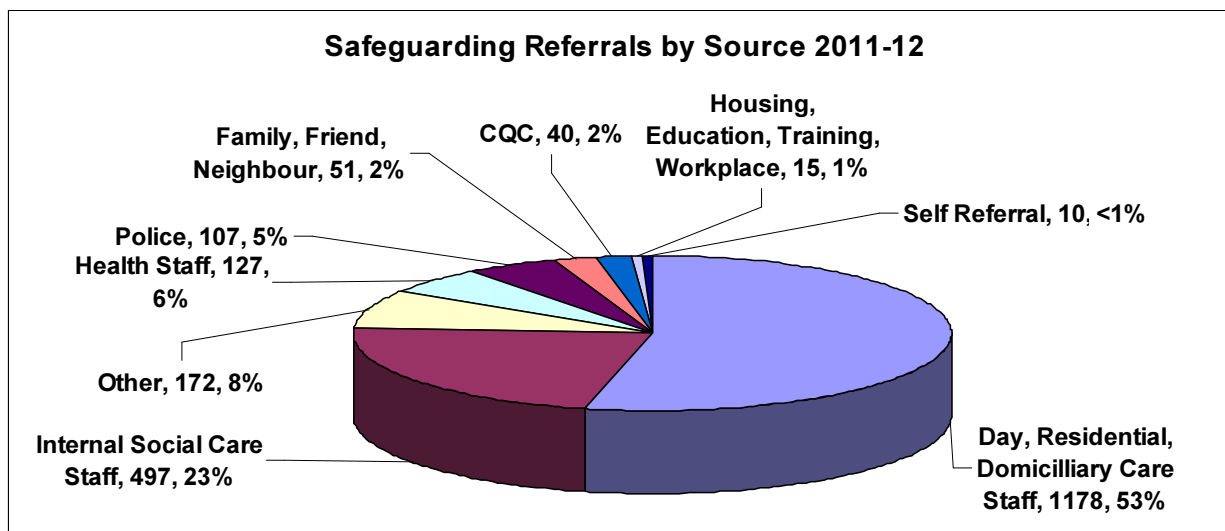
The percentage of invoked referrals (those that require multi-disciplinary investigations) has not risen as sharply as the overall rate of referrals received. Following on from initial decision making, 60% of safeguarding adult's procedures are not invoked. They are addressed by care management processes including direct follow up by providers. Of all invoked cases 82% resulted in follow up action for the victim including; reassessment, increased monitoring, applications to the court of protection and referral to advocacy or counselling. 84% of alleged perpetrators in invoked cases required further actions in respect of the perpetrator including; disciplinary action, criminal prosecution, action by CQC or counselling or training.



	All Referrals	Invoked	Substantiated	% Invoked	% of Invoked Substantiated	% All Substantiated
2008/09	726	227	125	31%	55%	17%
2009/10	1079	441	215	41%	49%	20%
2010/11	1250	502	283	40%	56%	23%
2011/12	2197	879	461	40%	52%	21%

Tables 3a & b (Referral Source – where identified)

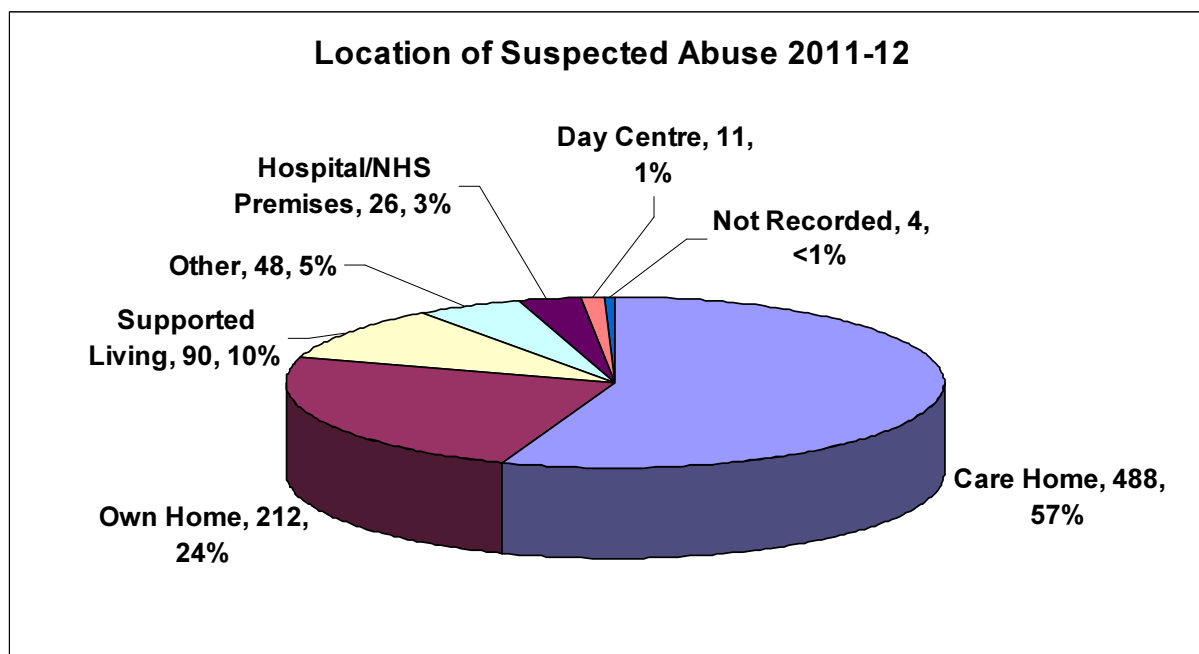
The majority (53%) of safeguarding referrals come from day care/residential care/domiciliary care staff and 23% from internal social care staff (staff who undertake assessments and care management). The growing number of referrals originating from care staff over a three year period is reflective of increasing awareness of staff in care settings to report all incidents of concern, including those of a minor nature. Such concerns are wide ranging, from general practice issues, residents lashing out at fellow residents, to serious acts of abuse.



Source of Referral	2008-9		2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%	Number	%
Day, Residential, Domiciliary Care Staff	335	46%	503	47%	601	48%	1178	53%
Internal Social Care Staff	246	34%	296	27%	305	24%	497	23%
Other	15	2%	22	2%	107	9%	172	8%
Health Staff	39	5%	92	9%	128	10%	127	6%
Police	34	5%	66	6%	47	4%	107	5%
Family, Friend, Neighbour	51	7%	96	9%	39	3%	51	2%
CQC	0	<1%	0	<1%	8	1%	40	2%
Housing, Education, Training, Workplace	6	1%	4	<1%	10	1%	15	1%
Self Referral	0	<1%	0	<1%	5	0%	10	<1%
Total	726		1079		1250		2197	

Tables 4a & b (Location of Abuse – where procedures were invoked)

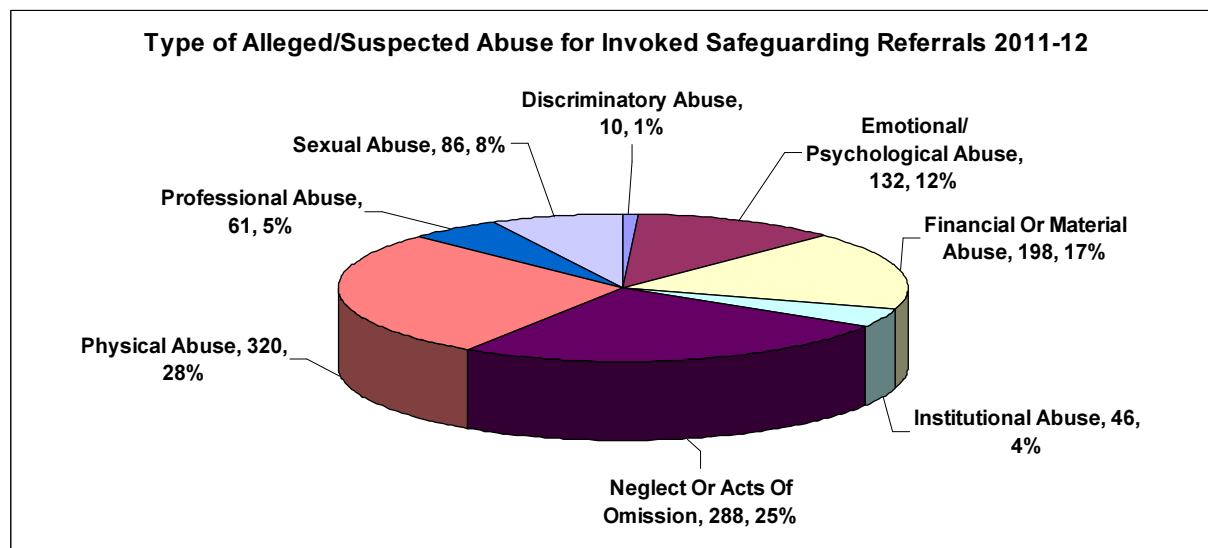
The growth in referrals for care homes and supported living services reflects the efforts made by Durham County Council to raise awareness and standards linked to reporting safeguarding incidents. Consequently the majority of safeguarding referrals pertain to care homes and typically are referred by personnel working in the care services themselves. This is a positive trend and it is on the increase as indicated by table 3b above.



Location	2008-9		2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%	Number	%
Care Home	100	44%	189	46%	253	50%	488	56%
Own Home	69	30%	118	29%	155	31%	212	24%
Supported Living	14	6%	20	5%	18	4%	90	10%
Other	30	13%	54	13%	52	10%	48	5%
Hospital/NHS Premises	9	4%	17	4%	21	4%	26	3%
Day Centre	4	2%	10	3%	2	<1%	11	1%
Not Recorded	2	1%	0	0%	1	<1%	4	<1%
Total	228		408		502		879	

Tables 5a & b (Type of Abuse - Where procedures were invoked)

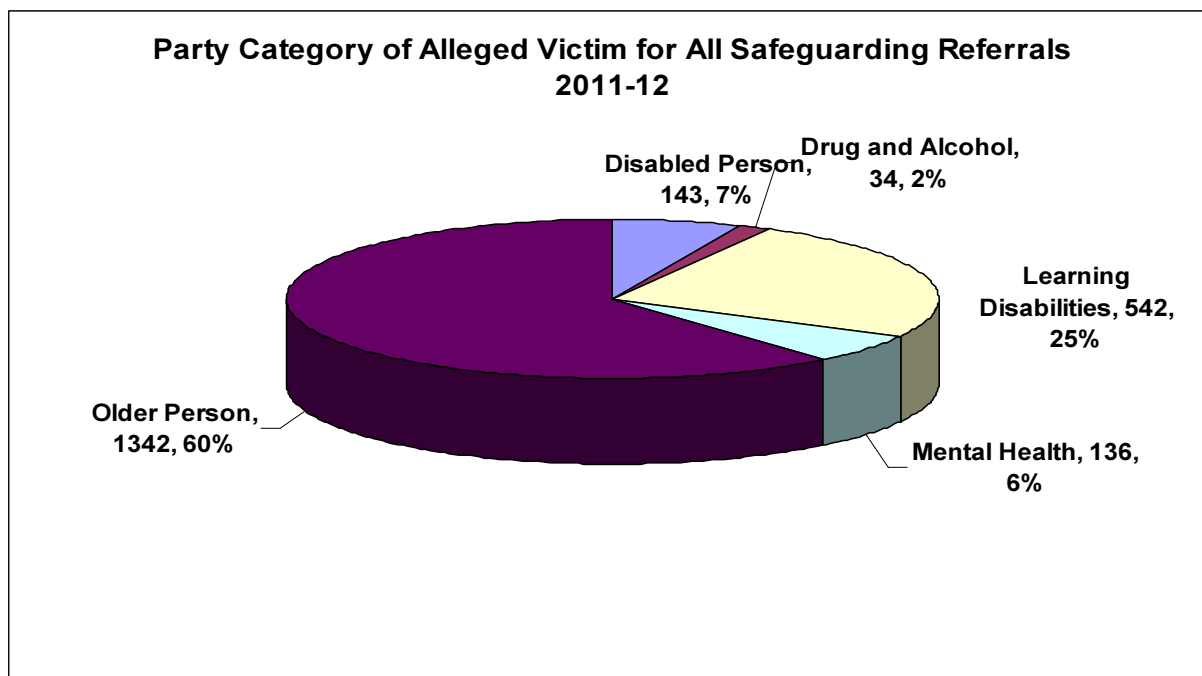
Financial or material abuse, neglect or acts of omission and physical abuse continue to account for the majority of types of recorded abuse. Reports of physical abuse have dropped from 27% to 22% of all referrals in respect of the previous year. Neglect or acts of omission have increased when comparing with the previous year, from 19% to 23%, as has financial or material abuse, from 20% to 23%. In the main, types of abuse for referrals have remained at similar levels to the previous year.



Type of Abuse	2008-9		2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%	Number	%
Discriminatory Abuse	1	<1%	3	<1%	8	1%	10	1%
Emotional/Psychological Abuse	24	10%	64	13%	78	13%	132	12%
Financial Or Material Abuse	47	19%	105	21%	145	23%	198	17%
Institutional Abuse	30	12%	47	10%	46	7%	46	4%
Neglect Or Acts Of Omission	44	18%	93	19%	140	23%	288	25%
Physical Abuse	70	29%	136	28%	135	22%	320	28%
Professional Abuse	0	0%	8	1%	18	3%	61	5%
Sexual Abuse	27	11%	38	8%	52	8%	86	8%
Grand Total	243		494		622		1141	
N.B. There may be more than one abuse type per referral.								

Tables 6a & b (Victim Category - of all referrals)

There has been no marked percentage change in the types of alleged victims when compared with the previous year. Older persons remain the largest category of referral; however this is expected as they represent the largest social care client group. Following development work with staff working with people with substance misuse problems, a significant rise in referrals linked to drug and alcohol resulted.

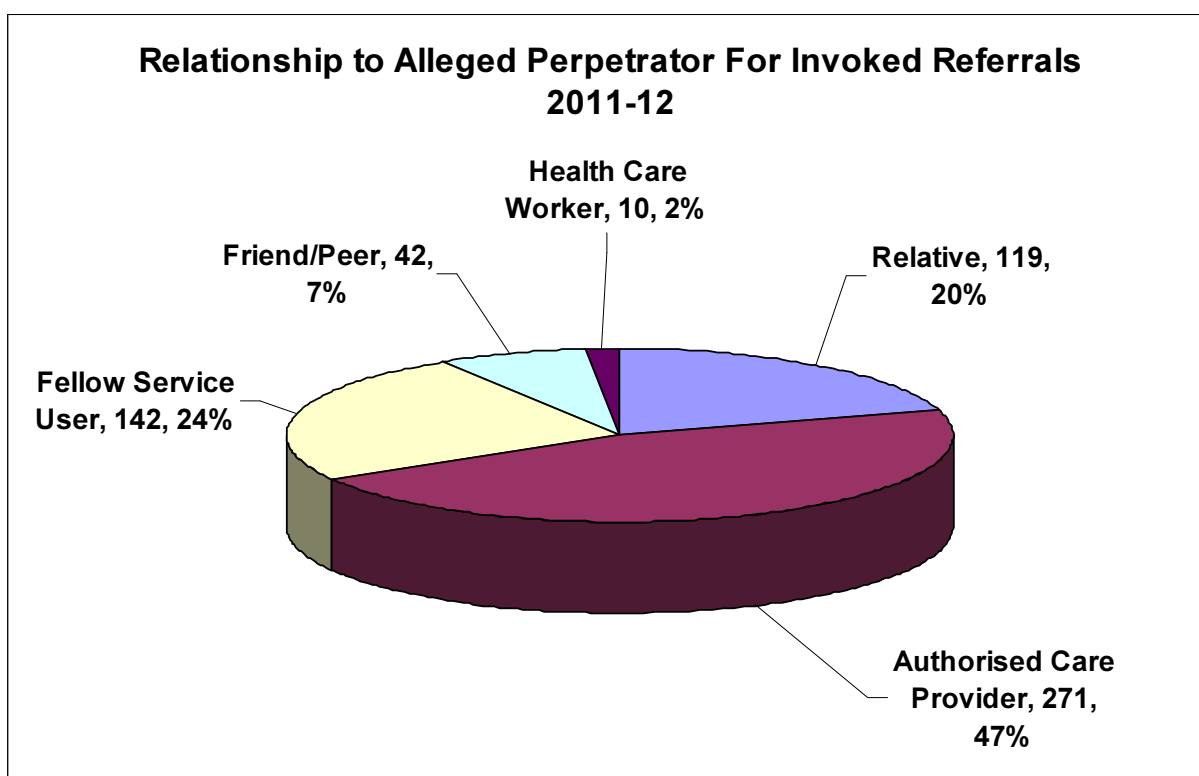


Party Category	2008-9		2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%	Number	%
Disabled Person	70	10%	99	9%	100	8%	143	7%
Drug and Alcohol	3	<1%	6	1%	3	<1%	34	2%
Learning Disabilities	169	23%	267	25%	275	22%	542	25%
Mental Health	29	4%	32	3%	79	6%	136	6%
Older Person	455	63%	675	62%	792	64%	1342	60%
Grand Total	726		1079		1249		2197	

Tables 7a & b (Perpetrator Category)

There is no marked change in the types of alleged abuser from the previous year. It is the persons that are in closest contact with the service user e.g. friends, relatives and authorised providers that attract the majority of allegations. The overall volume of referrals, from care providers continues to rise and this is due to a better awareness of abuse, increased publicity and a zero tolerance approach which has been adopted by all partner agencies.

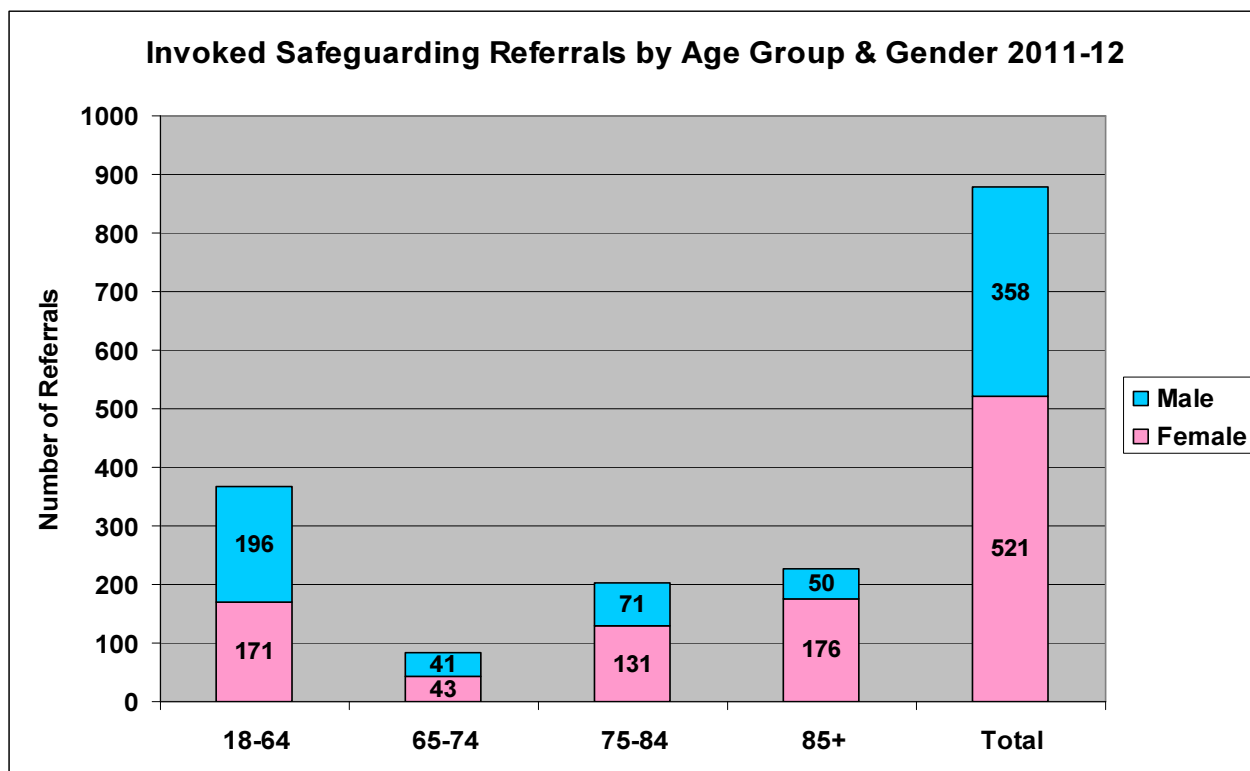
NB Category names have changed since 2009/10 to conform with Department of Health return definitions 2010/11. For example, the term 'carer' may have previously been used to define paid care workers and unpaid carers. Reducing and simplifying the available categories has provided improved clarity and consistency in this area.



Relationship Type	2008-9		2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%	Number	%
Relative	21	18%	70	27%	93	28%	119	20%
Authorised Care Provider	52	44%	109	43%	152	46%	271	47%
Fellow Service User	20	17%	33	13%	42	13%	142	24%
Friend/Peer	14	12%	35	14%	26	8%	42	7%
Health Care Worker	11	9%	8	3%	18	5%	10	2%
Grand Total	118		255		331		584	

Tables 8a & b (Age and Gender)

The overall percentage of alleged male and female victims remains similar to previous years, with a 39% and 61% split, respectively. In the age range 18 – 74 the percentage of referrals is evenly split. However, in the 75 - 85+ age range this changes considerably with a higher percentage of female clients dominating this age group. This is unsurprising as older people have a prevalence of dependency and women tend to live longer than men.

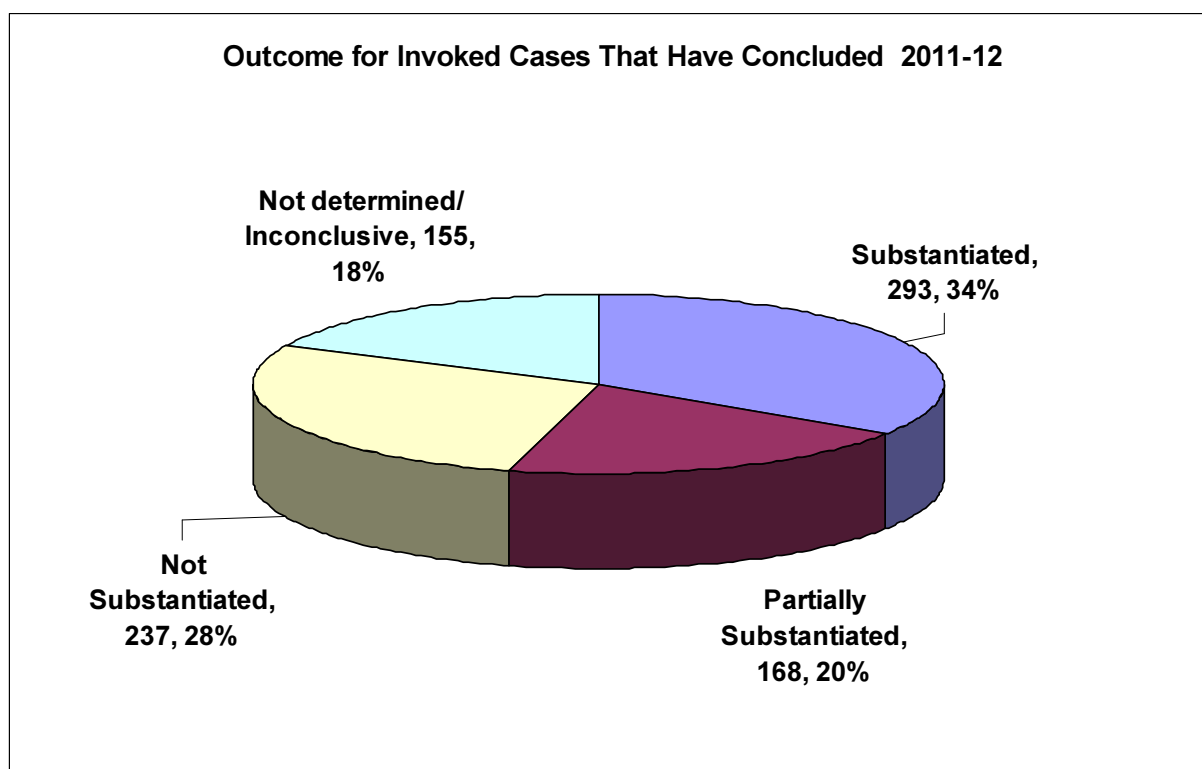


Age Group	2008-09		2009-10		2010-11		2011-12	
	Female	Male	Female	Male	Female	Male	Female	Male
18-64	133	127	224	209	246	217	171	196
65-74	57	26	78	58	77	65	43	41
75-84	118	65	187	91	173	108	131	71
85+	133	54	169	63	258	102	176	50
Total	441	272	658	421	754	492	521	358

Tables 9a & b (Outcomes)

54% of invoked cases were substantiated or partially substantiated which represents a slight decrease from the previous year. In these cases there are a variety of interventions that can and do take place to protect individuals including ongoing professional support, revisions to care/protection plans, advocacy and counselling interventions.

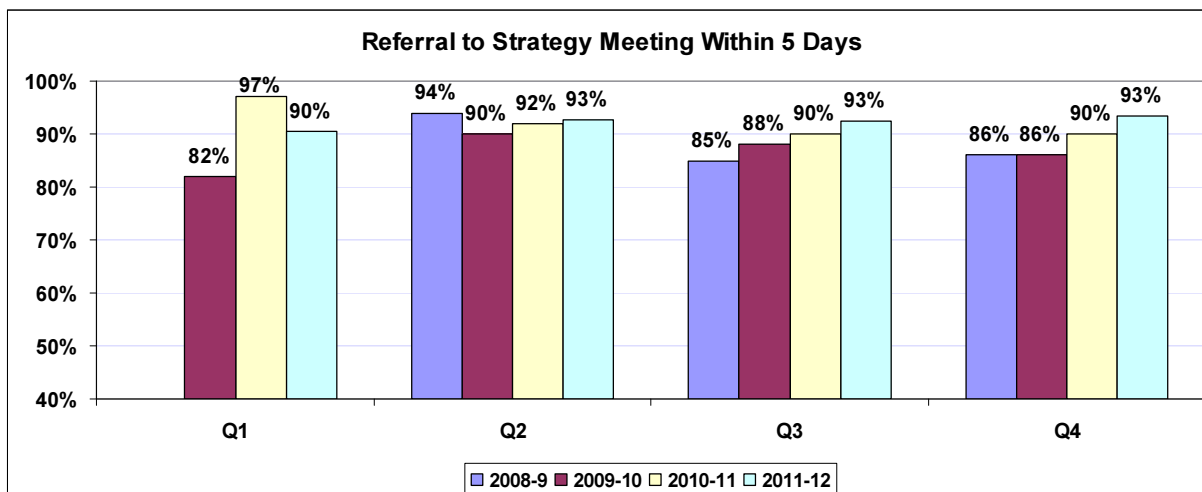
There are many reasons why the remaining cases (46%) are determined as not substantiated or inconclusive which include malicious/ false allegations and insufficient evidence following completion of an investigation. Where it is required, ongoing support is provided to those people who need it.



Outcome	2009-10		2010-11		2011-12	
	Number	%	Number	%	Number	%
Substantiated	184	45%	194	38%	293	34%
Partially Substantiated	31	7%	89	18%	168	20%
Not Substantiated	86	21%	114	23%	237	28%
Not determined/ Inconclusive	110	27%	105	21%	155	18%
Grand Total	411		502		853	

Tables 10a & b (Local Performance - Strategy Meetings)

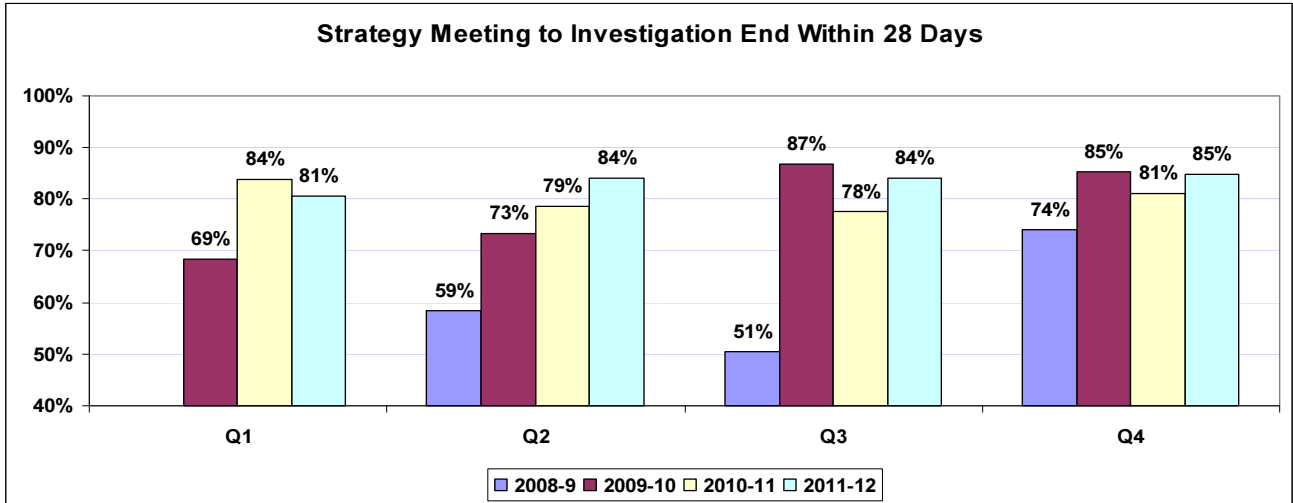
During 2011/12 the number of referrals that progressed to strategy meeting stage within 5 days ranged between 90% and 93% with an overall average of 92%. This is above 2011/12's target level of 90% and maintains the overall level of performance seen in 2010/11. Sustaining this response rate represents an exceptional high standard of response to referrals, particularly when the rate of referral increase is taken into consideration.



Referral to Strategy Meeting Within 5 Days				
	2008-9	2009-10	2010-11	2011-12
Q1	N/A	82%	97%	90%
Q2	94%	90%	92%	93%
Q3	85%	88%	90%	93%
Q4	86%	86%	90%	93%

Tables 11a & b (Local Performance- Investigations)

Cases where investigations ended within 28 days of the strategy meeting taking place ranged from 81% to 85%, giving an overall average of 83.5%. Again, this performance is above the current target level of 75%. This represents further improvement to the rate of case closures linked to the investigation completion target. Cases that take longer to complete are more complex in nature and may include the management of ongoing risks or the pursuit of criminal investigations.



	2008-9	2009-10	2010-11	2011-12
Q1	N/A	69%	84%	81%
Q2	59%	73%	79%	84%
Q3	51%	87%	78%	84%
Q4	74%	85%	81%	85%

Conclusion from the Safeguarding and Practice Development Manager

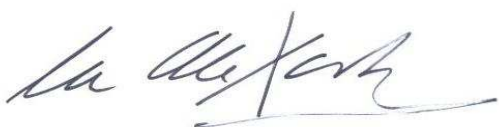
2011-2012 has been an extremely challenging and interesting year for adult safeguarding. The growing concerns reported in respect of Southern Cross Health Care and the exposure of Winterbourne View Hospital televised by the BBC on Panorama has resulted in heightened public, media and political awareness.

The effectiveness of regulation through the Care Quality Commission (CQC) was questioned in Parliament and after a period of review regulatory reform has followed. CQC have now launched a strengthened inspection model resulting in a return to annual inspections which are based on government standards. Enforcement actions follow when these standards are not met and there is increased transparency in respect of actions taken with details appearing on the CQC website. In addition CQC has improved processes it has in place to deal with calls from whistleblowers.

The Safeguarding Adults Board has reflected on this developing landscape throughout the year and has been assured by the strength of the partnership locally and the robust governance arrangements surrounding operational practices. A review of the number of Executive Strategies has shown a significant drop in services requiring this level of investigation due to serious safeguarding concerns. The number of Executive Strategies dropped from 24 in 2010/11 to 16 in 2011/12. This indicates improvements to the standard of care delivery in the independent sector.

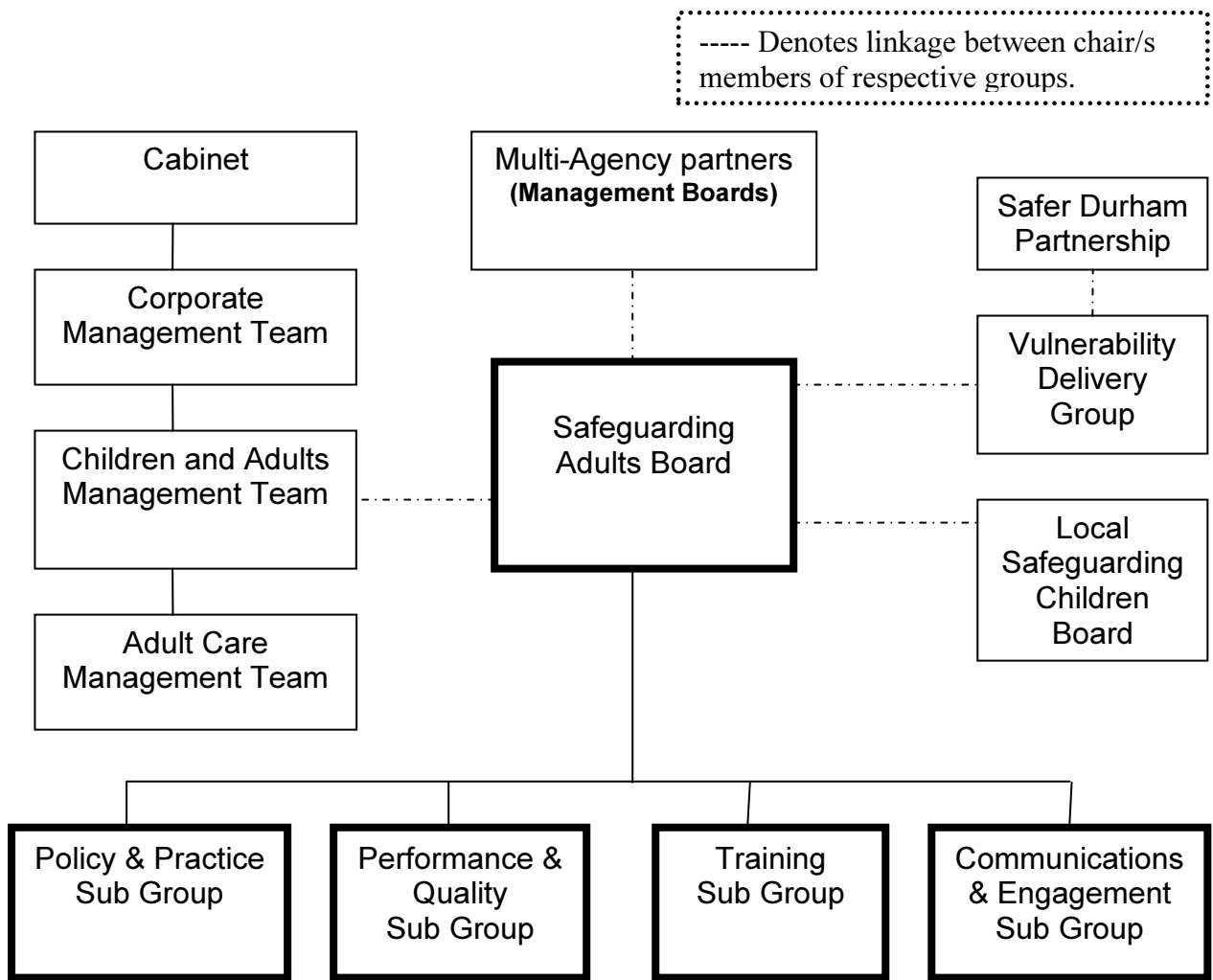
Several of the key developments this year have focused on further strengthening safeguarding processes; particularly those that engage with care providers. This includes a strengthening of links between safeguarding and commissioning services, resulting in the development of practice guidance to enhance information sharing and joint working approaches. Another positive step has been the development of a dedicated team of Safeguarding Adults Lead Officers who work along side Practice Officers and work exclusively with care homes and other 24 hour care providers. Basing these officers in the Safeguarding and Practice Development Team ensures there is a consistency of practice and of interventions as both teams of staff share a common focus and are managed in a single service area. This has been key to establishing growing expertise in this vital area of work.

The continuing rise in safeguarding adults' referrals appears to reflect the national and regional trend. In Durham we face many of the same challenges as Safeguarding Adults Boards up and down the country. The economic climate will continue to present significant challenges to the delivery of health and social care; particularly those services that support the most vulnerable. The government has now confirmed its intention to place Safeguarding Adults Boards on a statutory footing. This will help ensure this highly important agenda retains its high status across health, social care, law enforcement and regulatory sectors.



Lee Alexander

Reporting and Interface Arrangements



The Board and its sub groups have undertaken a significant amount of work in the past year with progress being made across all functional areas.

Abbreviations / Glossary of Terms

ADASS - Association of Directors of Adult Social Services (formerly ADSS)

CCG - Clinical Commissioning Group

CQC - Care Quality Commission (Formerly CSCI)

CRB - Criminal Records Bureau

CRU - Central Referral Unit (Police)

CYPS - Children and Young People's Service

DOH - Department of Health

DOL - Deprivation of Liberty

NHS - National Health Service

ISA - Independent Safeguarding Authority

LA - Local Authority

LSCB - Local Safeguarding Children Board

MAPPA - Multi-Agency Public Protection Arrangements

MARAC - Multi-Agency Risk Assessment Conference

MCA - Mental Capacity Act

PCT - Primary Care Trust

RIEP - Regional Improvement and Efficiency Partnership

SAB - Safeguarding Adults Board

TEWV - Tees, Esk and Wear Valley

Contact Details

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Go to: www.safeguardingdurhamadults.info

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Social Care Direct 0845 850 5010

Cabinet

14 November 2012



**Forecast of Revenue and Capital
Outturn 2012/13 for General Fund and
Housing Revenue Account – Period to
30 September 2012**

Report of Corporate Management Team

Don McLure, Corporate Director Resources

Councillor Alan Napier, Portfolio Holder for Resources

Purpose of the Report

- 1 To provide Cabinet with a forecast of 2012/13 revenue and capital outturn for the period to 30 September 2012 for the Council's General Fund and Housing Revenue Account.

Background

- 2 This report updates the information presented to Cabinet on 12 September showing the forecasted revenue and capital outturn based on expenditure and income up to 30 June 2012 and incorporates the recommended changes to cash limits within Service Groupings agreed at that time.

Revenue

Current Position to 30 September 2012

- 3 The table overleaf compares the forecast with the revised budgets and is shown in more detail in Appendices 2 and 3:
- 4 The following adjustments have been made to the Original Budget:
 - (i) agreed budget transfers between Service Groupings;
 - (ii) additions to budget for items outside the cash limit (for Cabinet approval);
 - (iii) planned use of or contribution to Earmarked Reserves (see Appendix 4).

	Original Budget	Budget - incorporating adjustments	Service Groupings Forecast of Outturn	Forecasted Variance
	£'000	£'000	£'000	£'000
Assistant Chief Executive	11,369	11,093	10,866	-227
Children and Adults Services	273,278	262,471	260,137	-2,334
Neighbourhood Services	98,176	110,273	111,560	1,287
Regeneration and Economic Development Resources	42,513	43,790	43,092	-698
Contingencies	20,369	21,868	20,940	-928
	11,248	10,447	10,447	0
NET COST OF SERVICES	456,953	459,942	457,042	-2,900
Capital charges	-49,115	-49,115	-49,115	0
Interest and Investment income	-577	-577	-1,425	-848
Interest payable and similar charges	30,715	30,794	27,791	-3,003
Net Expenditure	437,976	441,044	434,293	-6,751
Funded By:				
Council tax	-201,788	-201,788	-201,788	0
Council tax freeze grant	-4,989	-4,989	-4,989	0
Use of earmarked reserves	-2,633	-5,600	-5,600	0
Revenue Support Grant	-4,245	-4,245	-4,245	0
Re-distributed Non Domestic Rates	-219,006	-219,006	-219,006	0
New Homes Bonus	-2,551	-2,551	-2,551	0
LACSEG Grant	0	0	-637	-637
Forecast contribution to Cash Limit Reserve	-2,764	-2,865	35	2,900
Forecast contribution to General Reserves	0	0	4,488	4,488
TOTAL	-0	0	0	0

Note: Negative figures in the variance column represent an underspend

- 5 The sums Service Groupings have proposed as being outside the Cash Limit are detailed below:

SERVICE GROUPING	PROPOSAL	Amount
		£m
Neighbourhoods	Flooding	0.508
	Olympic Torch Event	0.178
	Premier Waste Income	0.275
RED	Whinney Hill School – Security (Surplus Property)	0.080
	Concessionary Fares	-0.333
Resources	Contribution to Newcastle Airport Support	0.084
	Coroner's Service	0.008
Total		0.800

- 6 After adjusting the budgets as detailed above the forecast outturn for Cash Limit Reserves and the General Reserve are summarised in the table below:

Type of Reserve	Opening Balance as at 1 April 2012	Budgetted use at 1 April 2012	Movement during 2012/13		2012/13 Forecast Outturn
			Planned contribution to (-) or use of reserve	Contribution to (-) or use of reserve	
	£m	£m	£m	£m	£m
Service Grouping Cash Limit					
Assistant Chief Executive	-1.133	0.344	0.111	-0.227	-0.905
Children and Adults Services	-8.092	2.320	0.000	-2.334	-8.106
Neighbourhoods	-2.205	0.100	0.142	1.287	-0.676
Regeneration and Economic Development	-2.960	0.000	0.207	-0.698	-3.451
Resources	-1.496	0.000	-0.359	-0.928	-2.783
TOTAL CASH LIMIT RESERVE	-15.886	2.764	0.101	-2.900	-15.921
General Reserve	-21.874	0.000	0.000	-4.488	-26.362

- 7 The forecasted increase in the level of cash limit and general reserves is a prudent position for the Council to be in during a period of unprecedented and continuing spending reductions.
- 8 The reasons for the major variances are detailed by each Service Grouping below.

Assistant Chief Executive

- 9 At the end of September ACE is reporting a forecast outturn underspend of £0.227m for the year, after accounting for the use of earmarked reserves to carry out planned activity in relation to the implementation of the Community Building initiative.

- 10 The forecast underspend is a managed position, reflecting the proactive management of activity by Heads of Service across ACE to remain within the cash limit.
- 11 In line with corporate policy employees are budgeted at 97%. As a result of low vacancy levels within the service following restructures (driven by the requirement to meet MTFP savings targets) employee costs are forecasting a small overspend £53k representing 0.8% of the employees' budget. The forecast overspend in employees is being managed within the service by adjusting planned activity elsewhere within ACE to ensure this overspend is offset
- 12 The Premises and Transport and Supplies and Services areas of activity are under constant review by managers to minimise spending while still delivering a high level of service and as a result they are expected to deliver a £0.144m underspend. It is of note that the forecast underspend expected by managers is quoted after accounting for additional expenditure of £0.123m to undertake additional service provision which has been 100% funded from external income Identified and accessed by ACE managers.
- 13 Income is forecast to over recover by £0.131m. As noted above this primarily is related to activity within Partnership and Community Engagement where managers have been able to identify and access additional funding to support additional activity within the AAP areas (£0.118m). Additionally support of the 'Police and Crime Panel' which is being co-ordinated by the Overview and Scrutiny function has lead to further income of £13k.
- 14 Each of the 14 area action partnerships (AAP) have an 'Area' budget to contribute to local projects of £0.120m in 2012/13. Combined with revenue budgets carried forward from previous years (related to committed expenditure on agreed projects), the total revenue budget across all 14 AAP's is £2.370m. To date £0.710m has been expended with detailed planning processes already confirming additional activity for 2012/13 financial year with a value of £1.004m. It is anticipated that the remaining £0.656m will be committed to investments in 2013/14 prior to the end of 2012/13.
- 15 Each elected member has a 'Member's Neighbourhood budget' of £25k for priorities in their local AAP areas made up of £15k revenue budget and £10k capital. Revenue funding to members is to reduce by £5k per member in 2013/14. Prior to 2012/13 all underspends on these budgets have been carried forward, however with Local Elections in May 2013 only committed budgets will be carried forward into 2013/14.
- 16 In 2012/13 Member's Neighbourhood revenue budget, including sums carried forward from the previous year, totalled £3.495m. Planning and approval processes are currently underway to determine activity in 2012/13. Currently it is expected that £1.315m will be committed to investments.

Children and Adults Services

- 17 The 2012/13 projected outturn position for Children and Adults Services (CAS) as at 30 September 2012 is a cash limit underspend of £2.334m. This takes into account adjustments for sums outside the cash limit such as redundancy costs which are met from the MTFP Redundancy Reserve, capital accounting entries and use of / contributions to earmarked reserves.

18 The main reasons accounting for the projected outturn position are as follows:

- Early achievement of a number of future year MTFP management and support service proposals, together with the careful management and control of vacancies and general budgets across the service has created a projected net underspend for the year of approximately £2.7m;
- Net spend on care packages is approximately £0.8m below budget. This area of spend is closely monitored to assess the impact of demographic changes. Savings have arisen from consistent and effective application of the existing eligibility criteria, reducing the level of care packages subsequently commissioned. The service is reviewing its approach to current savings in order to consider increasing the saving associated with consistent application of eligibility criteria. This will need to be carefully considered in light of transition cases, potential for ordinary residence claims and the potential for increased care package costs linked to older carers and general increases in demand;
- CAS managers have reviewed plans in respect of available one-off additional funding, which has created an in-year contribution to the overall cash limit of £0.78m. It is anticipated that this funding will be utilised in part to resource the work associated with the outcomes of the LGA efficiency review work linked to the transformation agenda in social care for children and adults;
- To assist in the management of the demographic pressures facing the service over the MTFP period, the service has targeted a planned underspend for 2012/13, repeating the approach applied in previous years, and a further contribution of £2m to the reserve for demographic pressures/hyperinflation is being actioned during the year;
- There continues to be pressures in the Children's Care budget in relation to external placements and the cost of internal foster carers. The forecast outturn position indicates an overspend of £1.367m in relation to these elements of the budget. The revised forecast takes into account two high cost placements with an additional cost of £0.26m, a school placement of £70k and increases in independent fostering agency costs of £0.17m since quarter 1.
- A further area of overspend within Children's Care is in transport, where the funding of contact visits authorised by courts and excess school travel costs are forecast to exceed budget by £0.52m.
- These overspends are partially offset by underspends within the direct staff, supplies and services and direct payments budgets within Children's Care of £1.04m, leaving a net forecast overspend of £0.98m in respect of Children's Care.
- Savings of £1.1m across employees and supplies and services within One Point, Countywide Services and Achievement Services are forecast to the year end, whilst the Home to School transport outturn

forecast is within budget to the year end, achieving the MTFP savings requirements this year.

- 19 Taking the projected outturn position into account, the cash limit reserve to be carried forward for Children and Adults Services £8.105m.

Neighbourhood Services

- 20 The forecast revenue outturn for 2012/13 is currently showing an overspend of £1.287m, after taking account of the forecast use of reserves, and items outside the cash limit.

- 21 Since the Quarter 1 outturn report was presented to Cabinet, the Neighbourhoods revenue budget has been revised to take account of transfers between Neighbourhood Services and other Service Groupings. These principally involve an increase in the budget to reflect the transfer of Libraries, Heritage and Culture (£9.669m) from CAS, and a reduction of £0.2m to reflect the redistribution of Disturbance Allowances budget to other Service Groupings. This has resulted in a revised revenue budget for the service grouping of £110.209m.

- 22 The main reasons for the projected overspend of £1.287m are as follows;

- There is a forecast overspend of £0.111m due to a fall in the projected income from Trade Refuse, and also £0.323m due to a loss of income for the sale of dry recyclates as a result of falling market prices.
- In addition, there is a forecast overspend within Direct Services of £0.286m due to a shortfall of contracted works within Grounds Maintenance, reduced sales within Catering, and additional overtime which both relates to Alternate Weekly Collections, and the impact of the severe weather conditions on grass cutting.
- There is a forecast overspend of £0.130m in relation to Sport and Leisure which is mainly due to the anticipated delay in the closure of the Lamplight Centre which is an MTFP efficiency saving in the current year. Discussions have been progressing with Stanley Town Council about the possibility of them taking over the running of the centre, and they are intending to consider a report on 13 November regarding a business plan and structural survey, before confirming their intentions. It has been emphasised to the Town Council that public consultation will be required in the very near future, which potentially could result in the withdrawal of the facility, so a decision from them is required imminently.
- There is a projected underspend of £0.948m within Strategic Waste, associated with savings from reduced levels of waste being generated, principally due to the economic climate, and the introduction of Alternate Weekly Collections.
- There is a forecast overspend of £1.37m due to lower levels of anticipated income within Highways Operations. Work is ongoing in terms of identifying additional work, and also areas where costs can be reduced.

- 23 While the service is currently forecasting an overspend of £1.287m, it should be noted that the opening balance on the cash limit reserve for the service grouping after planned usage is taken into account is £1.963m.

Regeneration and Economic Development (RED)

- 24 The 2012/13 forecast outturn for Regeneration and Economic Development is a cash limit underspend of £0.698m. This takes into account adjustments for sums outside the cash limit such as redundancy costs which are met from the MTFP Redundancy Reserve, year end capital accounting entries and use of / contributions to earmarked reserves.

- 25 The main reasons accounting for the forecast outturn position are shown below:

- Strategy Programmes and Performance - £35k saving due to the freezing of vacant posts and other general efficiency savings on Supplies and Services.
- Economic Development and Housing - £0.297m underspend primarily due to savings on employee costs resulting from vacant posts, maternity leave and staff now working reduced hours.
- Planning and Assets - £0.486m underspend which is broken down into a £0.589m underspend in the Planning service and a £0.103m overspend on Assets. Building control income is lower than budget by £0.200m although planning fee income is higher and is offsetting this budget pressure. The underspend in the Planning service results from vacant posts and other efficiency savings on Transport, Supplies and Services, etc. Assets is experiencing income pressures mainly from Newgate Street in Bishop Auckland, the Bracken Centre and Millennium Square in Durham City where rental income is not being achieved.
- Transport - £0.120m overspend which is primarily due to the non-realisation of budgeted vacancy savings and additional costs incurred for agency staff to cover for sickness on statutory duties.

Resources

- 26 The Service is reporting a forecast cash limit underspend of £0.928m. This takes into account adjustments for sums outside the cash limit such as redundancy costs which are met from the MTFP Redundancy Reserve, capital accounting entries and use of / contributions to earmarked reserves.

- 27 The main reasons accounting for the projected outturn position are as follows:

- Employee costs are forecast to be £1.515m below budget, which is primarily as a result of the planned early achievement of 2013/14 MTFP saving requirements linked to the unitisation of Finance and Human Resources. Proactive management of vacancies within Legal and Democratic Services, Internal Audit and ICT is intended to minimise the cost and disruption of restructures planned for 2013/14. The restructures are designed to achieve the 2013/14 MTFP savings

requirements but contribute significantly to the forecast underspend in 2012/13.

- Premises and transport are forecast to marginally underspend by £80k in total. The forecast underspend is due mainly to reduced spend on travel.
- Supplies and Services costs are forecast to overspend by £0.673m. Contributing to the overspend are costs in Finance associated with the introduction of Hyperion and Business Intelligence budgeting tools; the cost of outsourced work packages in respect of Benefits and within ICT additional one-off costs for maintenance of the current telephony system which is in the process of being replaced as part of the capital programme.
- Whilst Housing / Council Tax Benefit payments (included in transfer payments and Central Support) are forecast to overspend by £2.294m, this is offset by additional subsidy from Government and therefore has a net nil impact. These budgets are treated as outside the Resources cash limit.

28 Sums treated as outside the cash limit total £96k and consist of the following items:

- a £84k contribution to the 'Beacon' project in respect of Newcastle Airport;
- £8k in respect of the Coroners Service;

29 A range of activities result in an utilisation of a net £0.451m of earmarked reserves held corporately and within Resources.

- £0.813m use of the MTFP Redundancy Reserve;
- £56k use of the Equal Pay reserve to fund the implementation of the Job Evaluation exercise;
- £0.418m contribution to the procurement reserve from over recovery of supplier rebate income.

30 Taking the projected outturn position into account, the cash limit reserve to be carried forward for Resources is £2.784m.

Central Budgets

- Interest Payable and Similar Charges - Capital Financing

31 A review of capital financing costs has led to a forecast underspend of £3.003m. This saving is being achieved due to lower than forecast interest rates on loans and borrowing taking place later than estimated due to higher levels of cash balances than forecast.

- Interest and Investment Income

- 32 The forecast of outturn is an overachievement of income of £0.848m which is due to a higher than anticipated level of cash balances. This is due in the main to slower than expected use of reserves and capital spend.

- Local Authority Central Spend Equivalent Grant (LACSEG) Fund

- 33 Following a successful legal challenge Durham County Council has received an amount of £0.637m in 2012/13 in respect of the Government's top slice of the LACSEG grant in 2011/12 which has now been proved to have been 'illegal'. This payment will be used to offset any redundancy costs associated with downsizing of "centrally managed" Behavioural Support Services, following the decision by the Schools Forum on 15 October 2012 not to "de-delegate" Dedicated School Grant to fund these pan-county strategic services from 1 April 2013. At present the payment has been added to the Council's general reserves and future reports will detail the redundancy costs as they become known.

Earmarked Reserves Forecast

- 34 Appendix 4 details the forecast use of Earmarked Reserves in 2012/13. Based on the latest forecast the position at the end of the year is estimated to be as follows:

	Non-Schools	Schools and DSG	Cash Limits	TOTAL
	£m	£m	£m	£m
Opening Earmarked Balances as at 1 April 2012	-59.439	-25.100	-15.886	-100.425
Less				
Forecasted use of / contribution to (-) Earmarked Reserves	5.600	0.000	-0.035	5.565
Closing Earmarked Reserve Balance as at 31 March 2013	-53.839	-25.100	-15.921	-94.860

Housing Revenue Account (HRA)

- 35 In summary, the HRA shows a balanced outturn position on the revenue account after using a projected surplus of £0.868m towards the capital programme. The main variances are explained below:

- Repairs and Maintenance £0.352m overspend – this results from an increased cost per void as a result of the implementation of the lettable standard scheme in 2010/11. In addition an overspend is being incurred as a result of problems encountered with specific Gas Boilers purchased prior to LGR, which are now out of warranty;

- Supervision and Management £0.243m underspend – this is a managed underspend on the Service Improvement budget to compensate for the overspend on Repairs and Maintenance;
- HRA Subsidy £94k underspend – this is a refund due to the Council resulting from Housing Subsidy payments made to the DCLG in 2011/12;
- Interest Payments £0.884m underspend – this results from a lower interest rate and lower average debt during the year. The savings will be used to support the capital programme in lieu of borrowing.;
- Revenue Support to Capital £0.868m surplus – the balancing item on the HRA which identifies the potential resources available to support the capital programme and reduce our reliance on borrowing.

Capital

Background

- 36 The General Fund (GF) capital budget for 2012/13 was set at £197.436m and was approved by Cabinet on 22 February 2012. Re-profiling from the 2011/12 capital programme into 2012/13, amounting to £32.213m, was reported to Cabinet on 11 July 2012.
- 37 The Housing Revenue Account (HRA) budget was set at £44.854m with re-profiling of £1.465m from 2011/12 to 2012/13.
- 38 The Capital Member Officer Working Group (MOWG) has since reviewed the capital programme and taken into account further developments and analysis of changes and demands on resources. The recommendations following the MOWG review are included in this report.

Current Position

- 39 As part of the Medium Term Financial Plan 2, services have re-profiled the capital programme over the years in which expenditure is expected to be incurred.
- 40 The tables below summarise the original budget, slippage and revisions reported to MOWG. The tables also show the forecast outturn for each service and actual spend as at 30 September 2012:

General Fund Capital Programme 2012/13

Service	Original Budget	Slippage from 2011/12	Amendments recommended by MOWG	Revised Budget 2012/13	Projected Outturn 2012/13	Actual Spend to 30 Sept 2012
ACE	3,703	641	-1,911	2,433	2,433	435
CAS	98,639	12,745	-15,075	96,309	94,189	24,665
NEI	29,867	1,321	1,075	32,263	28,928	9,940
RED	43,079	16,743	-4,617	55,205	55,205	10,887
RES	22,148	611	-18,801	3,958	3,958	1,480
Other	-	153	0	153	-	-
Total	197,436	32,214	-39,329	190,321	184,713	47,407

Housing Revenue Account Capital Programme 2012/13

Service	Original Budget	Slippage from 2011/12	Amendments recommended by MOWG	Revised Budget 2012/13	Projected Outturn 2012/13	Actual Spend to 30th September 2012
HRA	44,854	1,465	-575	45,744	45,744	18,428

- 41 The tables below summarise the recommended financing of the revised capital programme:

Financing – General Fund Capital Programme 2012/13

Financing	Original Budget	Slippage from 2011/12	Amendments recommended by MOWG	Revised Budget 2012/13
Grants and Contributions	85,490	14,300	-19,602	80,188
Revenue and Reserves	5,426	380	-1,815	3,991
Capital Receipts	21,608	-	-3	21,604
Borrowing	84,912	17,534	-17,909	84,537
Total	197,436	32,214	-39,330	190,320

Financing – Housing Revenue Account Capital Programme 2012/13

Financing	Original Budget	Slippage from 2011/12	Amendments recommended by MOWG	Revised Budget 2012/13
Grants and Contributions	13,000	-	-	13,000
Revenue and Reserves	22,080	-	1,000	23,080
Capital Receipts	525	-	-	525
Borrowing	9,249	1,465	-1,575	9,139
Total	44,854	1,465	-575	45,744

- 42 Detailed below are the commentaries from each Service Grouping:

Assistant Chief Executive (ACE)

- 43 The Member's Neighbourhood capital budget available in 2012/13 totalled £1.260m which is augmented with capital budgets carried forward leading to £2.985m capital budget being available. £0.752m of this budget has already been transferred to other County Council services to deliver Members initiatives. The planning and approval processes are currently underway to determine further activity in 2012/13 but it is anticipated that this capital budget will be fully expended in 2012/13.
- 44 Capital budgets to complete the Community Building initiative totals £2.15m with £0.2m budgeted within 2012/13. It is anticipated that activity within 2012/13 will fully spend the current year's budget allocation.

Children and Adults Services

- 45 The revised original Children and Adults Services capital programme for 2012/13 (including slippage from 2011/12) was £111.384m. Further amendments to the budget were agreed by MOWG in May, July, September and October 2012, giving a revised capital programme of £96.309m for 2012/13.

46 The capital funds currently available have been reprofiled to reflect latest planning and construction timelines and the planned spend over the next 3 financial years is set out below:-

2012/2013	£96.309m
2013/2014	£46.842m
2014/2015	£5.668m

47 The 2012/13 capital spend for CAS as at 30 September 2012 is £24.665m.

48 The projected capital outturn of £94.189m for 2012/13 is £2.12m lower than the revised budget. A report to MOWG will recommend reprofiling CAS capital budget in line with the latest outturn projection. Reasons for the variance are set out below:

- The 2012/13 Basic Need budget is likely to be underspent by £0.120m and this amount will be reprofiled into 2013/14. At the September MOWG £0.155m of the Basic Need budget was allocated to provide additional places in schools in several areas of the County. It is anticipated that the budget allocated to the Seaham area will be spent in 2012/13 but the budgets for the Bishop Auckland, Consett, Stanley, Chester-le-Street, Belmont and Durham Central areas will be reprofiled into 2013/14 as more investigation is needed in these areas to finalise the schemes which will take place.
- £2m of the 2012/13 Capital Maintenance budget will be reprofiled into 2013/14, subject to MOWG approval, as none of the budget of £2m earmarked for Hare Law Special School is likely to be spent in 2012/13. This is because consideration is being given to relocating the school onto the Greencroft site at Annfield Plain. The former Greencroft Business and Enterprise Community School is now part of Stanley Academy, but the new build for the Academy will not be complete until September 2013. Until then the Greencroft site is not available to be used as a replacement premises for Hare Law.

49 Anticipated spend for the year on other CAS capital projects is in line with the current budget.

Neighbourhood Services

50 The forecast outturn for Neighbourhood Services is currently projecting an underspend of £3.335m.

51 The main reasons for this variance are as follows;

- The scheme to replace Queen Street Depot is currently expected to underspend by £1.448m. Ground investigations have commenced and once the results of these investigations are received further decisions will be made as to the progress of this new depot. Even if favourable investigations are received, works will not be able to commence until November/December 2012 and therefore it is anticipated that only £0.725m of this budget will be expended this financial year.
- The project to introduce a new Computerised Repairs Management system within Building Services is now expected to underspend by

£0.600m. It was originally expected that the new system would be procured from an external source, but it has been possible for existing systems to be upgraded by ICT at a much lower cost. It is anticipated that £0.150m of this budget will be needed to complete works during this financial year and the remaining budget of £0.600m will be underspent.

- The Vehicle and Plant replacement budget is currently projecting an underspend of £1m, but it is intended to request that this be carried forward to cover the shortfall of budget available in 2013/14.
- There will be an underspend of £0.156m relating to the demolition of leisure centres, as it was only necessary to demolish one centre, as the other two facilities were transferred to community groups.

Regeneration and Economic Development (RED)

52 The Regeneration and Economic Development capital programme was revised at Outturn for budget rephased from 2011/12 and Assets budgets transferred from the Resources service grouping. This increased the 2012/13 budget to £65.325m. Reports to the MOWG in July, September and October detailed further revisions, for grant additions/reductions, budget transfers and budget reprofiling into later years. The revised budget now stands at £55.205m.

53 Actual spend to 30 September amounts to £10.887m for the General Fund. There has been significant spend to progress the implementation of the Local Transport Plan (£1.289m) and the Durhamgate Scheme (£2.663m) to improve transport infrastructure in the County. Other significant spend has been made on the Disabled Facilities Grants and Helping Hands Loans Schemes (£1.476m) and the Housing Renewal Programme (£1.598m), to improve and support private sector housing. Other areas of the programme are profiled to be implemented later in the year and it is anticipated that the projected outturn at 31 March 2013 will be in line with the revised budget. A further review of the full programme will be undertaken in the final quarter to confirm that this is achievable.

Resources

54 The Original Resources Capital Programme 2012/13 was £22.148m. Slippage from 2011/12 of £0.611m was agreed by Cabinet on 11 July 2012. This resulted in a revised budget of £22.759m.

55 The Capital Member/Officer Working Group met on 24 July 2012 to review progress against the agreed programme on a scheme by scheme basis. Reasons for any slippage and necessary reprofiling have been thoroughly challenged and are included in this report.

56 An overspend of £0.120m was financed from the 2012/13 capital programme. Planned and budgeted capital expenditure of £11.854m has been reprofiled into 2012/13 and £6.827m has been transferred to other services.

57 This results in a revised 2012/13 Resources Capital Programme of £3.958m. Expenditure of £1.480m has been incurred within Resources in the first two quarters, which equates to 37% of the 2012/13 budget. It is anticipated that

the full capital budget will be spent in 2012/13. This forecast will be closely monitored and revised throughout the year.

Housing Revenue Account (HRA)

- 58 The 2012/13 HRA Capital Programme, as agreed by Council on 22 February 2012, was £44.854m and this was subsequently increased by £0.890m reflecting re-profiling from 2011/12 and to 2013/14 plus savings in the budget, giving a total revised budget of £45.744m.
- 59 The programme has been significantly supported with £13m of Decent Homes Backlog Grant funding from the Homes and Communities Agency. In the first six months of the financial year a total of 589 properties have been brought up to the Decent Homes standard, which is slightly ahead of the progress anticipated against the annual target of 982.
- 60 For the whole HRA capital programme actual spend for the first three months amounts to £18.428m and it is anticipated that the projected outturn at 31 March 2013 will be in line with the revised budget. The programme anticipates improvements will be made to around 3,500 properties in 2012/13.

Recommendations

- 61 It is recommended that Cabinet:
- Note the projected change in the Council's overall financial position for 2012/13.
 - Agree the proposed 'sums outside the cash limit' for approval.
 - Agree the revenue and capital budget adjustments.
 - Note the forecast use of Earmarked Reserves.
 - Note the forecast end of year position for the Cash Limit underspend reserves.
 - Note the position for the Capital Programme,

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Appendix 1: Implications

Finance -

The report details the 2012/13 forecast of outturn position for Revenue and details the forecast movement on Reserves.

Staffing -

None

Risk -

None

Equality and Diversity / Public Sector Equality Duty -

None

Accommodation -

None

Crime and Disorder -

None

Human Rights -

None

Consultation -

None

Procurement -

None

Disability Issues -

None

Legal Implications -

None

Appendix 3: Revenue Summary by Expenditure / Income for the period ended 31 March 2013

	Original Budget	Agreed Budget	Service Groupings Forecast of Outturn	Sums Outside the Cash Limit	Cash Limit Reserve	Contribution to / Use of Earmarked Reserves	Revised Service Outturn	Forecasted Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employees	516,389	520,216	515,198	0	-74	-539	514,585	-5,631
Premises	55,144	51,414	51,966	0	0	0	51,966	551
Transport	52,620	53,003	53,168	92	0	-0	53,260	256
Supplies & Services	120,541	127,360	127,218	0	325	336	127,879	518
Agency & Contracted	228,398	228,919	226,797	288	-50	0	227,035	-1,884
Transfer Payments	258,751	256,838	259,199	0	0	-34	259,165	2,327
Central Costs	85,038	92,054	92,719	0	0	0	92,719	666
Other	1,131	-1,084	1,204	0	0	0	1,204	2,288
Capital Charges	49,115	49,115	49,115	0	0	0	49,115	-0
GROSS EXPENDITURE	1,367,128	1,377,835	1,376,583	380	201	-237	1,376,927	-908
Income								
- Specific Grants	597,299	605,955	607,934	0	0	0	607,934	-1,979
- Other Grants & conts	25,984	27,965	29,901	0	0	13	29,914	-1,950
- Sales	8,397	8,561	7,517	0	0	0	7,517	1,045
- Fees & charges	102,147	106,713	105,382	275	0	-111	105,546	1,167
- Recharges	172,201	165,038	165,016	0	0	0	165,016	22
- Other	15,394	13,524	14,239	0	0	-418	13,821	-297
Total Income	921,423	927,755	929,988	275	0	-516	929,747	-1,992
NET COST OF SERVICES	445,705	450,080	446,595	105	201	279	447,180	-2,900

Appendix 4: Earmarked Reserves Position as at 30 September 2012

EARMARKED RESERVES AND CASH LIMIT RESERVES	SERVICE GROUPING	2011/12 CLOSING BALANCE	USE OF RESERVES	CONTRIBUTION TO RESERVES	TRANSFERS BETWEEN RESERVES	TOTAL MOVEMENT ON RESERVES	2012/13 CLOSING BALANCE
ACE AAP/Members Reserve	ACE	-2,364	34	-575	0	-541	-2,905
ACE Grant Reserve	ACE	-233	0	0	0	0	-233
ACE Operational Reserve	ACE	-140	0	0	0	0	-140
ACE Regeneration and Communities Reserve	ACE	0	0	0	0	0	0
Heritage and Culture Reserve	CAS	-209	100	-300	0	-200	-409
Social Care Reserve	CAS	-9,368	4,478	-2,000	0	2,478	-6,890
Health and Wellbeing Reserve	CAS	-1,347	902	0	0	902	-445
Community Safety Reserve	CAS	-75	75	0	0	75	0
Aycliffe Young People's Centre Reserve	CAS	-475	178	0	0	178	-297
Continuing Professional Development Reserve	CAS	-373	0	0	0	0	-373
Education Reserve	CAS	207	0	0	0	0	207
CYPS Leisure Reserve	CAS	-52	0	0	0	0	-52
LEP Reserve	CAS	0	0	0	0	0	0
Special Projects Reserve	CAS	-60	0	0	0	0	-60
Youth Forum Reserve	CAS	0	0	0	0	0	0
Neighbourhoods AAP Reserve	NS	-504	163	0	0	163	-341
Customer Services Reserve	NS	-360	300	0	0	300	-60
Direct Services Reserve	NS	-1,406	116	0	0	116	-1,290
Env. Health and Consumer Protection Reserve	NS	-141	18	0	0	18	-123
Sport and Leisure Reserve	NS	-1,765	550	-101	0	449	-1,316
Strategic Waste Reserve	NS	-104	104	0	0	104	0
Transport Asset Management Programme Reserve	NS	-365	26	0	0	26	-339
Economic Development Reserve	RED	-1,666	30	0	0	30	-1,636
Planning Reserve	RED	-1,774	105	0	0	105	-1,669
Employability and Training Reserve	RED	-855	75	0	0	75	-780
RED Regeneration Reserve	RED	-990	434	0	0	434	-556
Housing Regeneration Reserve	RED	-95	74	0	0	74	-21
Housing Solutions Reserve	RED	-1,321	137	0	0	137	-1,184
Restructure Reserve	RED	-500	0	0	0	0	-500
LSVT Reserve	RED	-122	0	0	0	0	-122
Transport Reserve	RED	-364	0	0	0	0	-364
Funding and Programmes Management Reserve	RED	-193	37	0	0	37	-156
North Pennines Reserve	RED	0	0	0	0	0	0
Resources Corporate Reserve	Resources	-1,164	0	-417	0	-417	-1,581
Resources DWP Grant Reserve	Resources	-159	0	0	159	159	0
Resources System Development Reserve	Resources	-700	0	0	200	200	-500
Resources Housing Benefit Subsidy Reserve	Resources	-1,200	0	-900	0	-900	-2,100
Resources Land Search Fees Reserve	Resources	-1,000	0	0	0	0	-1,000
Resources Elections Reserve	Resources	-800	0	0	0	0	-800
Corporate Regeneration Reserve	Corporate Fin	-578	0	0	578	578	0
Cabinet Reserve	Corporate Fin	-498	0	0	0	0	-498
Equal Pay Reserve	Corporate Fin	-3,408	57	-1,600	0	-1,543	-4,951
Insurance Reserve	Corporate Fin	-11,841	0	0	0	0	-11,841
Performance Reward Grant Reserve	Corporate Fin	-1,319	149	0	-578	-429	-1,748
MTFP Redundancy and Early Retirement Reserve	Corporate Fin	-9,552	2,992	0	0	2,992	-6,560
New Homes Bonus Reserve	Corporate Fin	-206	0	0	0	0	-206
Total Non-Schools Reserve		-59,439	11,134	-5,893	359	5,600	-53,839
Schools' Balances							
Schools' Revenue Balance	CAS	-20,890	0	0	0	0	-20,890
Schools' Unspent Grants	CAS	0	0	0	0	0	0
DSG Reserve	CAS	-4,210	0	0	0	0	-4,210
Total Schools and DSG Reserve		-25,100	0	0	0	0	-25,100
Cash Limit Reserves							
Assistant Chief Executive		-1,133	455	-227	0	228	-905
Children and Adults Services		-8,092	2,320	-2,334	0	-14	-8,106
Neighbourhood Services		-2,205	1,529	0	0	1,529	-676
Regeneration and Economic Dev		-2,960	207	-698	0	-491	-3,451
Resources		-1,496	0	-928	-359	-1,287	-2,783
Total Cash Limit Reserves		-15,886	4,511	-4,187	-359	-35	-15,921
Total Earmarked Reserves		-100,425	15,645	-10,080	0	5,565	-94,860

Appendix 5: Forecasted Housing Revenue Account to 31 March 2013

Year to Date Actual	Variance		Annual Budget	Projected Outturn	Forecasted Variance
£000	£000		£000	£000	£000
		Income			
-30,256	57	Dwelling Rents	-60,115	-60,068	-47
		Non Dwelling Rents			
-458	7	- Garages [net of voids]	-899	-924	25
-72	24	- Shops/Other	-96	-96	0
-59	17	Charges for Services & Facilities	-105	-90	-15
-122	17	Contributions towards Expenditure	-250	-259	9
-30,967	122	Total Income	-61,465	-61,437	-28
		Expenditure			
7,255	0	ALMO Management Fee + Outsourced Contract	17,266	17,266	0
2,252	-158	Repairs & Maintenance	4,187	4,539	-352
1,979	296	Supervision & Management - General	4,550	4,307	243
251	23	Supervision & Management - Special	549	522	27
84	16	Rents, Rates, Taxes & other Charges	100	100	0
-94	94	Negative HRA Subsidy		-94	94
7,755	0	Depreciation & Impairment of fixed assets [Net MRA Adj]	15,510	15,510	0
458	0	Increase/Decrease in bad debt provision	916	916	0
88	0	Debt Management Costs	186	186	0
20,028	271	Total Expenditure	43,264	43,252	12
-10,939	393	Net cost of HRA services per Authority I&E Account	-18,201	-18,185	-16
543	0	HRA services share of Corporate & Democratic Core	1,085	1,085	0
201	0	HRA share of other amounts included in the whole authority Net Cost of services but not allocated to specific services	402	402	0
-10,195	393	Net cost of HRA Services	-16,714	-16,698	-16
5,675	442	Interest Payable & Similar Charges	12,234	11,350	884
2,719	-434	Direct Revenue Financing [Balancing Item on HRA]	4,570	5,438	-868
-57	0	Interest & Investment Income	-114	-114	0
-1,858	401	[Surplus] / Deficit for the year on HRA services	-24	-24	0

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Cabinet

14 November 2012

Management Options Appraisal – Culture and Sport**MTFP: NS20****Report of Corporate Management Team****Terry Collins, Corporate Director Neighbourhood Services****Councillor Maria Plews, Cabinet Portfolio Holder for Leisure, Libraries and Lifelong Learning; Councillor Neil Foster, Cabinet Portfolio Holder for Economic Regeneration.****Purpose**

- 1 The purpose of this report is to provide an update on the 'Trust' project for Culture and Sports Services. The report confirms the implications of the Localisation of Business Rates, which comes into effect from 1 April 2013, and sets out the potential implications with regards to the Culture and Sports Services 'Trust' option business case.
- 2 The report has been prepared in view of the project having to pause to consider the Government's proposed changes to the business rates system and provides an opportunity to consider the future status of the project, given the MTFP savings targets of £866k in 2012/13 and 2013/14 and beyond .

Background

- 3 The Council's Medium Term Financial Plans 2 and 3 include a number of savings proposals linked to the Management Options Appraisal (MOA) process. The principal aim of the MOA was to identify future management arrangements best suited to providing optimal value for money, whilst still meeting the Council's strategic priorities in service provision.
- 4 The services originally included within the scope of the project were Sport and Leisure Services (Neighbourhood Services) and Cultural, Library Services (Adults, Wellbeing and Health) and Outdoor Learning Centres (Children & Young People's Services). All these service now reside within the newly formed Culture and Sports Services grouping within Neighbourhood Services, with the exception of Outdoor Learning Centres.
- 5 The assumed Medium Term Financial Plan (MTFP) savings linked to the project total £865,897; consisting of £615,897 Sport and Leisure (NS20 - £369k in 2012/13; and £247K in 2013/14); and £250,000 Libraries and Culture (originally within the Adults Wellbeing and Health proposals (AWH 10 and AHW 23 – all assumed in 2014/15). Following the corporate management team restructure, the cultural and library services have now been transferred to Neighbourhood Services, together with all linked MTFP saving targets.

- 6 Following a review of a range of management options, an ‘in principle’ decision was taken by Cabinet in January 2012 to transfer some or all of these services to a Trust subject to further modelling.

The report identified the potential impact on mandatory rate relief from the Government’s proposals on the localisation of business rates had become uncertain at that time due to proposed government changes.

- 7 The January 2012 report tasked the project to provide a further update on the project in autumn 2012. It was originally envisaged that this update would have focused on more detailed issues around staffing, business planning and procurement matters, in order to facilitate a firm commitment to the transfer of services. The project has, however, been delayed to consider the government’s proposals on the localisation of business rates. This report now focuses on the outcome of this and its implication for the future of the project.

Original National Non Domestic Rates (NNDR) savings forecast

- 8 When the MOA project commenced, it was anticipated that the mandatory relief of 80% of NNDR costs would be available on all property facilities included in the scope of the project and vested in the Trust.
- 9 MTFP savings associated with the project were therefore premised on the savings likely to be achieved through mandatory NNDR relief. The assumption was that the NNDR savings would be top-sliced from any contract payment to the Trust, with the Council benefiting from this relief at no expense to the Trust as they would qualify for the corresponding amount in mandatory NNDR relief. The following table shows the current NNDR budgets and original anticipated savings from the Trust model.

Table 1: Original NNDR costs and savings for a Trust model

	2011/12 Budgeted full NNDR Costs	Trust Saving @ 80%
	£	£
Sport & Leisure	760,280	608,224
Culture	79,430	63,544
Libraries	267,765	214,212
Teesdale Outdoor Learning Centre	2,000	1,600
TOTAL	1,109,475	887,580

- 10 As noted earlier, the MTFP includes saving requirements totalling £865,897 (£615,897 Sports and Leisure, £250,000 Libraries and Culture) from the MOA. This was broadly in line with the savings expectations under the Trust delivery model.

Localisation of Business Rates – The Business Rates Retention Scheme

- 11 The Government published a consultation paper on its proposals for the localisation of business rates – the Business Rates Retention Scheme (BRRS) - in autumn 2011. The Government’s response to this initial consultation process was published in December 2011 and contained a range of commitments:
- 12 Based on the initial soundings from the National Working Groups and in light of the action taken by other authorities who had been developing similar

proposals, the decision was taken to defer development of the MOA in April 2012, pending further clarity over the calculation of business rates income for the purposes of determining the local and central shares under the BRRS. The concern at that stage being that the mandatory rate relief reductions could be offset 100% by a reduction in retained business rates – effectively producing no savings to the Council from the development of a trust.

- 13 On 17 May 2012 the Government published a ‘Statement of Intent’ in relation to the Business Rate Retention Scheme (BRRS) which included the following indications:
- a) That the ‘local share’ would be 50% i.e. the Council would retain 50% of business rates collected, with the Government retaining the remaining 50% as a ‘central share’;
 - b) the retention of a 50% ‘central share’ by Government would result in councils having to continue to receive Revenue Support Grant to ensure the initial baseline funding level is maintained;
 - c) The Government would introduce a ‘safety net’ if Councils’ baseline funding significantly reduced. At the present time, the Government is expecting the safety net to be accessed if an authority’s baseline funding reduces by around 10% due to a reduction in business rate income in any one year. It would be highly unlikely that Durham County Council would ever meet this criterion due to the low level of ‘local share’ rate retention compared to the baseline funding level;
 - d) A number of other funding streams are to be included in the BRRS in addition to the current level of Formula Grant e.g. Early Intervention Grant, Learning Disability and Health Reform Grant and Council Tax Support Grant. The impact on Durham is currently being analysed.
- 14 The Government published its response to the consultation on the BRRS on 17 July 2012. The consultation provides an indication of how baseline funding levels will be calculated and also how the BRRS will work in the future. This consultation document confirms a number of the points identified above.

Revisiting the Business Case

- 15 As a result is now clear that under the BRRS, the Council would benefit by only the 50% of the costs of mandatory relief that would be met by Government, based on the 50% local / central share calculation. So, whilst originally it was anticipated that the savings would be circa £888k and there was concern that this would be completely removed, it is likely that 50% (c£444k) could still be realised.
- 16 Although clearly not as attractive as originally identified within the original business case, a benefit of £444k is not insignificant, particularly when considered that there should be no negative service implications from achieving the saving. This would leave a shortfall of £422k against the original MTFP target.
- 17 The MTFP 2 and 3 savings associated with the project was due to be realised from September 2012 and the delay in this project is causing cash limit pressure in Neighbourhood Services in 2012/13 of c£369k.

- 18 This is being mitigated by the use of Neighbourhood Services's cash limit reserves in year, however, the position will be exacerbated in April 2013 when the remaining elements relating to leisure and library and cultural service savings are applied to the budgets and post Trust assumed savings start to be factored in. Total budget pressures will be c£866k next year if the Trust does not go ahead or alternative proposals are not found.
- 19 Alternative proposals are not being developed / brought forward by Neighbourhood Services at this stage, pending a final decision on the MOA.

Financial Viability of the Trust

- 20 In addition to the NNDR savings, the MOA business case (presented to Cabinet January 2012) highlighted that there were net VAT benefits available to the Trust post transfer.
- 21 These VAT benefits arise because within a Charitable Trust, the majority of fees and charges are VAT exempt, allowing the Trust to charge the same fees as previously without having to pass on VAT to HM Revenues and Customs; essentially gaining 20% of all fees not previously exempt while the services were provided by the Council. The two main streams of income that could deliver a VAT gain would be sporting activities and cultural admissions. This would be offset in part by unrecoverable VAT on expenditure.
- 22 Officers, working with the advisers and with in-house VAT officers at the time, determined that the potential net VAT gain may be in the region of £450k, based upon an output tax VAT gain of £1.07m and a non-recoverable input tax VAT loss of £617k.
- 23 The original business case assumed that this additional capacity would be retained within the Trust to establish / strengthen areas such as marketing and promotion and provide an operating budget surplus / contingency. This was seen as vital to ensure financial stability and viability of what would be one of the largest and most diverse Trusts in the Country.
- 24 The project team are now preparing a robust business plan and working to ensure that the staff, legal issues and corporate impact matters have been adequately dealt with, together with the confirmation of financial savings. This information, together with a Service Delivery Plan, will form the basis of a future report on the decision to transfer.
- 25 The challenge of delivering efficiencies from the project have been increased as a result of the changes to the Localisation of Business Rates. Any potential trust will need to explore wider means by which to achieve these and bring the full force of the flexibility and operating environment such a vehicle provides in achieving these.

Project Delivery

- 26 The original business case proposed that the Council procured dedicated external project management and legal / technical support to establish a robust business plan and deliver the Trust, at an estimated cost of c£200k. There is already an internal project team in place reporting to a Project Board, chaired by the Corporate Director, Neighbourhood Services.

- 27 At this stage further work undertaken with regards to the Trust would have a number of costs, potentially abortive, that would need to be incurred. It is estimated that these costs would be c£100 -150k prior to reporting back for a final decision to transfer and incurring additional legal costs in setting up the transfer agreement etc.
- 28 An element of this work may be abortive if the Trust did not subsequently proceed, however, much of the business planning work would be of benefit to the service if retained.

Future MTFP Savings Requirements

- 29 Further savings proposals of c£700k are factored into the Neighbourhood Services MTFP relating to these services post transfer, through restructuring, additional income assumptions and consequential reductions in the contract payments made to the Trust.
- 30 The Trust would have been anticipating to achieve these efficiencies and it is expected that these requirements will be embodied within the arrangements. This would essentially mean that the level and profile of funding to the new entity would reflect not only the savings associated with the MOA project but all related MTFP savings.
- 31 The ability of the Trust to achieve these savings plus the shortfall of c£422k arising from the original set up savings assumptions from NNDR is something that will need to be demonstrated within any proposed business plan. It could be that the Trust may be better placed to deliver these savings given the additional freedoms and flexibilities and access to other funding streams it would have?

Wider benefits of the trust option

- 32 Whilst the main concern of this report has been the financial implications of the BRRS it should be remembered that in making the 'in principle' decision to create a trust, in January 2012, Members considered a wider range of benefits. Not least amongst these was that such an organisation could not distribute any surplus or profit it generates, rather it is restricted to reinvesting its resources to furthering its objectives. In other words, any surplus **must** be used to re-invest in service provision. Other advantages of an trust are set out below;
- Single focused body with unitary purpose
 - Opportunity for community involvement in the management of the non-profit distribution organisation (NPDO)
 - Ability to harness the various "Friends Of" organisations to enhance volunteering, fundraising and community initiatives
 - Potential to access private finance for improving and enhancing any of the facilities
 - A new NPDO would be the only option which would potentially involve a buy-back of any services from Durham County Council
 - A NPDO could benefit from the pooled experience of staff currently working within the portfolio and Leisureworks if they merge with the NPDO

- A new NPDO would be “owned” by those committed to County Durham and the delivery of the services
- A NPDO can borrow to invest and improve the facilities outside the local government finance requirements
- A new NPDO could become a strategic partner of the Council and take a leading role in the Durham Cultural Partnership
- This governance model has a proven track record and can develop collaborative working at regional, national and international levels
- Range of fiscal advantages including exemption for corporation tax, opportunity for corporate sponsorship and donations utilising gift aid.
- Greater access for National Lottery funding which is increasingly being directed away from local authorities.
- County-wide NPDO will offer opportunities to attract contracts from commissioning bodies in public health through both arts and physical activity.
- Access to other sources of funding for charities not available to the public sector from national charitable foundations.

Conclusion and next steps

- 33 The Trust project has been held up while the outcome of the BRRS was determined. As a result 2012/13 budget pressures (c£366k) are being offset by use of cash limit reserves, but this is not a sustainable position going forward.
- 34 Full year savings of c£866k will manifest themselves as a base budget pressure in 2013/14 if the Trust is not set-up by 1 April 2013. Procurement timescales (if a full EU compliant tender process is followed) would mean that it would be highly unlikely that 1 April 2013 would be a realistic timescale and therefore there will be inevitable cost pressures next year.
- 35 NNDR savings will only be 50% of the original anticipated savings in creating a trust, realising c£444k savings, leaving a permanent MTFP savings shortfall of £422k. This would need to be mitigated in 2013/14 and any trust’s delivery plan’ would need to demonstrate how these costs would be mitigated.
- 36 VAT advantages of the trust model will contribute to achieving the required saving. The initial calculation of actual VAT benefits (estimated at a net £450k) and utilisation of these sums by a Trust to deliver future MTFP requires further exploration.
- 37 The trust project is now back on-line and the project team are beginning preparation of a robust business plan setting out how all efficiency, staffing, legal and procurement issues will be addressed. This information, together with a Service Delivery Plan, will form the basis of a future report.

Recommendation

38 It is recommended that Cabinet endorse:

- a) Continuation of the 'Trust' project and the reconvening of the project board and working groups with a view to:
 - i. Establishing a charitable trust for Culture and Sports Services
 - ii. Realising the full MTFP saving previously associated with the project (£865,897) together with all other MTFP savings identified against the services to transfer.
- b) Slippage cost associated with the saving are met in 12/13 from Neighbourhood Services cash limit reserves and in 13/14 from corporate reserves.
- c) A further update report on the project is developed at the earliest opportunity once the project has reconvened.

Background papers

- Durham County Council, Management Options Appraisal Report January 2012
- Durham County Council, Management Options Appraisal; Winckworth Sherwood 2011
- Medium Term Financial Plan 2011/12 to 2014/15
- Inspire and Transform: Cultural Strategy for County Durham 2010-2013 (approved by Cabinet 16/06/2011)
- Durham County Council: Sport and Leisure Service Strategy 2010-2013 (approved by Cabinet 02/03/2011)

Contact: Steve Howell Tel: 0191 372 9178

Appendix 1: Implications

Finance

Contained in the main body of the report

Staffing

As a general rule the lease of any facilities to a trust would trigger Transfer of Undertakings (Protection of Employment) Regulations 1981 ("TUPE"). In such a case, all staff within scope would transfer on existing terms and conditions and there would be no break in their continuity of service. This would include any revised terms and conditions the subject of single status proposals. The position for other staff involved with the facilities, but working with other departments, would depend on their individual circumstances.

The Service will work closely with representatives from the HR Team to ensure that all affected employees and the trade unions are fully engaged in the consultation processes associated with these proposals, and that the Council's Change Management protocols are adhered to in this regard.

Risk

A comprehensive risk assessment has been developed in relation to this project.

Equality and Diversity / Public Sector Equality Duty

An initial equality impact assessment has been undertaken and will be developed further as the project develops. Any potential impacts on service delivery and staff will be included in a final impact assessment to inform future decision making, essentially we would need to ensure that safeguards are in place to meet our responsibilities under the Public Sector Equality Duty alongside the general provisions of the Equality Act 2010

Accommodation

Whilst those services within the scope of this project currently run and manage a large number of buildings it is anticipated, at this stage that the Council will enter into long term leases with any new entity. It is further envisaged that the Council will retain repair and maintenance responsibility. Although it may be determined that some elements of work, small works and repairs together with internal presentation issues, will pass to the new organisations.

In general terms, however, the Council will still need to make provision on both a revenue and capital basis for the upkeep of the buildings. So whilst in future there may be the opportunity for investment from the new organisation in relation to this, in the short term there will be no savings to be achieved from this area of expenditure; similarly there will be no additional cost either.

Crime and Disorder

None

Human Rights

None

Consultation

It is not anticipated that public consultation will be undertaken in relation to any transfer, as there would be no changes to the level of service, as a direct result.

Consultation with Members will be undertaken via the Overview and Scrutiny process together with Member workshops.

Staff consultation will take place in line with the management of change toolkit.

Procurement

The Authority is required to consider the procurement issues associated with this project. The portfolio is made up of Part B services. Under the Public Procurement Regulations there is no need to advertise these services nor carry out a competitive tender exercise. However, case law in this area has highlighted the principles of the Treaty of Rome and there is an underlying expectation in the body of case law that for contracts outside the provision of the regulations, advertising of such contracts may be required to comply with those principles. The specific procurement route will be determined in the next phase of the project.

Disability Issues

None

Legal Implications

Durham County Council has a number of powers through which it can manage or outsource the services and facilities within the scope of the MOA. The key powers, which include an ability to provide grant aid, were given full in the January 2012 Cabinet report.

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Cabinet
14 November 2012



**Joint Children & Young People's
and Adults, Wellbeing & Health Scrutiny
Report – Obesity in Primary Aged
Children**

Report of Assistant Chief Executive, Lorraine O'Donnell

Purpose of the Report

- 1 To inform Cabinet of the findings of a scrutiny review looking at obesity in primary aged children and to ask Cabinet to note the recommendations in the report in line with reporting arrangements from Scrutiny into Cabinet.

Executive Summary

- 2 The focus of the review was the effect of obesity on children of primary school age taking into account four key lines of enquiry:
 - 1) Review the current childhood obesity strategy to ensure it reflects:
 - Current obesity programmes.
 - Changes in national policy.
 - A multi-agency approach.
 - Social determinants such as poverty and transport.
 - 2) Social marketing of health such as change4life and behaviour change and the impact of their implications.
 - 3) Investigate gaps in local data.
 - 4) Impact of all commissioned programmes on obesity in primary aged children.

- 3 It is important for the purpose of this report to establish how children's weight is categorised. Children's weight and height are noted at various stages of their childhood, this is recorded on Body Mass Index percentile charts. Interventions are required if children are underweight i.e. if their weight is recorded as lower than 5th percentile. Children whose weight is recorded as greater than 85th percentile but lower than 95th percentile are classed as overweight. Children whose weight is greater than 95th percentile are considered obese. Excess weight is a term used to describe all children whose weight is greater than 85th percentile which includes both overweight and obese categories.

- 4 National and local policies clearly demonstrate the need to reduce current obesity levels if serious health consequences for future generations are to be avoided. It is expected that Clinical Commissioning Groups in their Clear and Credible Plans will reflect obesity as a priority area. The current strategy (Tackling Obesity in Children and Young People in County Durham and Darlington: A Strategy for Prevention and Treatment) was published in 2004 and is in need of updating to reflect recent changes in policy and legislation, specifically Healthy Lives Healthy People: A Call to Action on Obesity (2011). A refresh of the current strategy would also reflect changes in programmes, statistics and structures. In line with

this refresh it is proposed that this is done within the context of the partnership approach we have for Think Family.

- 5 Evidence suggests wider social determinants impact on health (including childhood obesity), such as low income households and poor housing. Jones et al (2010) found that early school years may be the time when child, parent/family and community characteristics begin to differ between overweight and non-overweight boys and girls, and may be an ideal time to target broader parental and community contexts influencing overweight and obese children. (International Journal of Paediatric Obesity, vol. 5, pg256-264). Action to address wider determinants should be taken into consideration in the review/refresh of the strategy. An awareness of social and environmental determinants is also needed when adopting and refreshing council policies such as policies to encourage walking and cycling; when developing new road layouts or when considering planning applications for fast food outlets especially when they are located close to schools. The proposal to limit the number of hot food take away outlets is being addressed as part of the County Durham Plan which is currently out to consultation.
- 6 Durham County Council offers a wide range of physical activity programmes for children and their families in formal and informal settings through Neighbourhood Services. Local communities, Area Action Partnerships, voluntary organisations and schools also offer a range of physical activity programmes at no or low cost. Many physical activity programmes are promoted through Children and Adult Services (CAS) and Neighbourhood Services through Leisure Services dedicating a web-page to various activities (including activities to do during school holidays) throughout the county. It is important that barriers to accessing physical activity programmes are addressed (e.g. cost, safety and travel), the CAS web-page provides information on costs associated with the activities and transport information. Following the inspirational performances of London 2012 and the Paralympics this is an opportune time to encourage children and families to take part in physical activity programmes.
- 7 There are many targeted and specialist programmes addressing overweight and obesity in primary aged children which are delivered by NHS teams. Most universal weight programmes are delivered in school and community settings which help to reduce stigma. Universal programmes address lifestyle changes and include a whole family approach. These programmes are commissioned and led by Public Health staff currently located in the PCT. The costs of tackling obesity from a prevention and universal approach is difficult to quantify as delivery of programmes is only a small part of a much larger role of professionals such as school nurse.
- 8 Baseline spend of County Durham PCT on childhood obesity 0–19 years is approximately £360,000 per annum in County Durham. However it is difficult to break down how much is spent on interventions for primary aged children (5-11years). Further funding for programmes comes from various sources e.g. schools, public health, local authorities, funding from AAP area budgets, and nationally from Department of Health and Department of Education.

- 9 Schools play an important role in the delivery of programmes therefore it is crucial that Head Teachers and School Governors provide the necessary leadership and support to drive programmes and their outcomes forward. Great importance is given to the procurement of food in schools taking into account how the food is sourced, ensuring it is seasonal and from higher environmental production schemes e.g organic or integrated production, and that it is produced with minimal negative environmental impact e.g energy efficient production and delivery.
- 10 The change4life marketing strategy has had a marvellous impact on recruiting families to sign up to the campaign nationally. Other than parents, schools have influence on children's habits including eating and physical activity. Promoting change4life and its various sub-brands in school will give children and parents information so they can start to make changes to their lifestyles. It will also give children the ability to recognise the change4life logo on healthy products.
- 11 Supermarket chains should be encouraged to promote change4life in their local stores through marketing techniques to support families to purchase healthier products.
- 12 County Durham has an excellent record of participation in the National Child Measurement Programme (NCMP). This programme is undertaken annually in schools by school nurses who record the children's height and weight at age 4/5 years and again at age 10/11 years. Participation in the programme is optional but parents must opt out if they do not wish their child to be measured.
- 13 Performance information demonstrates that programmes addressing childhood obesity have managed to sustain the levels of obesity over several years which have reached a plateau. However it is now necessary to establish a downward trend. At Reception Class (age 4/5 years) the occurrence of obesity is much lower than that of children in Year 6 Class (age 10/11years). The difference in the occurrences of obesity between the two age groups is significant but also complex as a myriad of factors ranging from genetics to low income to playing on video games impact upon childhood obesity. A greater understanding is needed of why a gap has developed and how it can be addressed. An intermediate measurement taken at age 6/7 years could possibly provide an opportunity to provide programmes at an earlier age.
- 14 The Standard Evaluation Framework (SEF) indicates that evaluation of programmes should be a continual process and not an activity that occurs at the end of an activity. Programmes such as FISCH and MEND have demonstrated through evaluation their positive impact on children and families by encouraging changes in behaviours that lead to changes and choices in their lifestyle to reduce and prevent obesity
- 15 It is important that programmes can demonstrate they are proven to work especially in times of constrained budgets. Healthy Lives Healthy People: Update on Public Health Funding (2012), proposes significant change to the way national health budget is allocated to local authorities. If interim proposals of the Healthy Lives Healthy People: Update on Public Health Funding (2012) are implemented then in 2014/15 Durham County Council could potentially suffer 46% reduction in funding which would impact on public health services including obesity

programmes for children. It is important for children's health and well-being that childhood obesity programmes continue as invest to save incentive.

- 16 The report makes five recommendations that relate to:
 - a refresh and update of the original strategy
 - encouraging schools to provide the necessary leadership to drive programme outcomes forward
 - all programmes following the principles of continuous evaluation as set out in the Standard Evaluation Framework
 - a feasibility study to assess the viability of an interim child weight and height measurement at Year 2 (ages 6/7 years)
 - systematic review of the review and its recommendations six months after its consideration by Cabinet and the Children and Families Trust.

- 17 Cabinet are asked to note the recommendations contained in the report and as part of the approach through systematic review provide a progress update on recommendations in six months time.

Service Response

- 18 The Children and Adults Service Group have considered the report together with the Director of Public Health. The service group find the report helpful in providing a comprehensive picture of current initiatives and action to halt the increase in childhood obesity in County Durham. The scrutiny investigation has considered the current evidence base, recognising that families and schools are the major influences of children's early behaviours at this stage of their lives. The report provides recommendations which will be led professionally by the specialist public health team and Director of Public Health as the function transfers to Durham County Council from 1 April 2013.

Background

- 19 Over the last 25 years there have been huge changes in the way we live our lives which have impacted on children's lifestyles. Advances in technology have changed the way children spend their leisure time, playing video games, surfing the internet, chatting to friends via social media sites or on mobile phones. Parents are more inclined to drive their child to places and may be anxious if their child is playing out. Eating habits have changed too. Children tend to graze by repeatedly snacking and eating and drinking more high energy, high calorie foods but do not use up the energy or calories they consume due to lack of physical activity. (Ofcom, Child Obesity – Food Advertising in Context, 2004)
- 20 The NHS choices website defines obesity as carrying too much body fat for height or gender. In adults obesity is established using waist circumference and the Body Mass Index (BMI), in children and adolescents it is more complex as they are still growing and BMI differs between boys and girls. To address this children and adolescents' weight status in the UK is assessed by reference to the BMI percentile charts which are comparable growth charts. Each child has its own growth chart where weight and height information is plotted. There are trigger points on the chart which alerts practitioners when action is required.
- **0 - 5 Percentile – Underweight**
 - **5 - 85 Percentile – Healthy Weight**
 - **85 - 95 percentile – Overweight**
 - **95 - 100 percentile - Obese**
- Actions are triggered from 85th percentile.
The term '*excess weight*' is used to describe children whose weight is found to be greater than 85th percentile which includes overweight and obese.
- 21 The culture of the UK has attached a stigma to overweight and obesity which is reinforced by the fashion industry and media and impacts on the psychological well-being of children. This is manifested in low self esteem, low self confidence and leads to teasing and bullying issues which may lead to comfort eating. Therein the problem becomes circular and a downward spiral may develop. However, the causes of obesity are complex and include factors such as genetics, lifestyle, environment, culture and economics. (Nursing Times V100; 03; 28,2004)
- 22 The health consequences of obesity in childhood can be both short and long term, they can affect physical and mental health and can lead to devastating results in adulthood. The physical health consequences may include cardiovascular problems, increase in blood insulin levels and high blood pressure. There are also associated risks of asthma, and sleep apnoea. Health outcomes are influenced by parent behaviour and the environment they live in. Wider social determinants include
- Low income or low disposable income making it difficult to afford to eat healthy.
 - Housing where there are no places for children to play safely.
 - Accessibility and affordability to exercise facilities.
 - Work – family life balance – in the current economic climate families face difficult choices of working additional hours at the cost of reducing the amount of time spent with the family.

- 23 Reducing childhood obesity is a complex issue and not purely a matter of calorie reduction and an increase in physical activity, but a lifestyle change. However, children's lifestyles are not of their own making, their lifestyle and behaviour choices are usually that of their parents/carers. Fair Society, Healthy Lives, (Marmot 2010) states that Health Inequalities result from social inequalities. Action on health inequalities requires action across all social determinants of health. Childhood Obesity programmes and projects do not expect children to lose weight but to maintain their weight while they are growing in height. Programmes and projects promote healthy eating, healthy choices and physical activity.
- 24 Early intervention programmes and behaviour changes provide a wider economic benefit too. The cost of health inequalities can be measured in human terms, by years of life lost and years of active life lost; and in economic terms, by the cost to the economy of additional illness (Marmot 2010). Healthy Lives, Healthy People – A Call to Action on Obesity states that excess weight costs the NHS more than £5bn each year. More broadly, it has a serious impact on economic development through absenteeism and low productivity at work. This statement from the white paper makes it all the more important that early intervention programmes and behaviour changes are made in childhood to alleviate health problems in adulthood.
- 25 The latest Health Survey for England (HSE) data shows that in 2009, 61.3% of adults (aged 16 or over), and 28.3% of children (aged 2-10) in England were overweight or obese, of these, 23.0% of adults and 14.4% of children were obese. The Foresight Report, 'Tackling Obesities: Future Choices' project, published in October 2007, predicted that if no action was taken, 60% of men, 50% of women and 25% of children would be obese by 2050. Foresight estimated that weight problems already cost the wider economy in the region of £16 billion, and that this will rise to £50 billion per year by 2050 if left unchecked. NHS costs attributed to overweight and obesity are projected to reach £9.7 billion by 2050.
- 26 The National Obesity Observatory (NOO) provides a single point of contact for wide-ranging authoritative information on data, evaluation and evidence related to weight status and its determinants. The website hosts information on the National Child Measurement Programme and the Standard Evaluation Framework.
- 27 The aim of the Standard Evaluation Framework (SEF) is to support high quality, consistent evaluation of weight management interventions in order to increase the evidence base. The SEF provides introductory guidance on principles of evaluation and lists essential and desirable criteria. Essential criteria are presented as the minimum recommended data for evaluation weight management intervention. Desirable criteria are additional data that would enhance the evaluation.
- 28 Evaluation is about judging the value of an activity and assessing whether or not it has achieved what it set out to do. In health promotion, an evaluation determines the extent to which a programme has achieved its objectives, and will assess how different processes contributed to achieving these objectives. A health promotion initiative should have three components:

- Planning;
- Implementation;
- Evaluation.

- 29 The National Child Measurement Programme (NCMP) provides information relating to children’s weight and height which is gathered annually by school nurses or health visitors in school. Measurements are taken at Reception Class (age 4/5 years) and Year 6 Class (age 10/11 years). Parents who do not want their child to be measured can opt out.
- 30 Performance information shows figures from NCMP for County Durham indicate that the occurrence of obesity in Reception class aged pupils (ages 4-5 years) is reducing and the problem is not as widespread as year six, where the occurrence of obesity is greater than both statistical neighbours and the national average. County Durham has an excellent participation rate for the NCMP, which provides a more accurate picture than perhaps other areas who do not have the same levels of participation.
- 31 The performance information below shows that the current figures for Reception class is below statistical neighbours but slightly above the national figure. However, the figure for children in year six is higher than both statistical neighbours and national figures.

Performance Information 2010/11 for children who are Obese	County Durham Figure	Statistical Neighbours	National Figure	Participation in National Child Measurement Programme
Reception Class	9.5%	9.8%	9.4%	99.2%
Year 6	21.6%	20.0%	19.0%	99.1%

Source: Performance Management Report Quarter 3 2011/2012

- 32 However, when analysing performance of obesity in childhood, several years of performance figures should be analysed to discover if a trend has developed. Using performance information for several years indicates that the trend has been sustained as shown in the chart below. More information on trends can be found at paragraphs.83-85.

Period Data Relates to	Reception Performance (4/5 yrs)	Year 6 Performance (10/11 yrs)
2007-2008 Academic Year	9.6%	20.9%
2008-2009 Academic Year	9.4%	20.3%
2009-2010 Academic Year	9.2%	20.6%
2010-2011 Academic Year	9.5%	21.6%

Source: County Durham CYPS Planning and Performance 2012

National Policy

- 33 A number of reports and government policies on obesity have been introduced since 2004, when it was highlighted in the House of Commons ‘*Report on Obesity*’ that there was a need for joined up solutions requiring cultural and

societal changes. Obesity was identified by the UK Government as a policy priority at this time and targets have set to halt the year on year rise in childhood obesity in the UK by 2010. A non exhaustive list of government policies that relate to obesity in primary aged children can be found at appendix 2 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

- 34 Healthy Lives, Healthy People – A Call to Action on Obesity, 2011 acknowledges the scale of the problem and explains why it matters both on economical and social levels. It provides a new approach with new ambition and focus. The Government has added two new ‘national ambitions’ to show what might be achieved.
- **a sustained downward trend in the level of excess weight in children by 2020.**
 - **a downward trend in the level of excess weight averaged across all adults by 2020.**
- 35 It highlights the main components of the new approach as:
- *Empowering individuals* – through the provision of guidance and a focus of equipping people to make the best possible choices.
 - *Giving partners the opportunity to play their full part* – developing a greater role for business and other partners in change4life and the part the food and drinks industry plays.
 - *Giving local government the lead role in driving health improvement and harnessing partners at a local level* – giving freedom to determine local approaches which work best for local people and for specific population groups facing the greatest challenges.
 - *Building the evidence base* – recognising that there is a need to further develop the evidence base on effectiveness and cost effectiveness in many areas of action on overweight and obesity.
- 36 Healthy People, Healthy Lives – Our Strategy for Public Health, (2010), indicates that schools and local communities will be empowered to provide opportunities to forge local partnerships to deliver better health outcomes for children and young people. The white paper confirms the continuation of the healthy child programme and the requirement for PE in all maintained schools. The white paper indicates that it will broaden the change4life programme to a more holistic approach to childhood issues and sets out intentions for the development of Public Health England.
- 37 Healthy Lives Healthy People: Update and Way Forward have introduced reforms to the Public Health system to come under local authority control from April 2013. This document sets out how the new approach of Healthy Lives Healthy People reforms will be carried forward. Local authorities will take the lead for improving health and coordinating local efforts to protect the public’s health and wellbeing. The document also clarifies the role of local authorities and the Director of Public Health in health improvement, health protection and population healthcare.
- 38 The Public Health Outcomes Framework sets the desired outcomes for public health and how these will be measured. The outcomes reflect a focus on how

long and how well people will live, looking at reducing health inequalities between people, communities and areas, such as obesity. The framework then provides a set of supporting indicators which help to focus understanding of progress year on year nationally and locally on aspects that matter most to public health.

- 39 The Health Survey for England (HSE) comprises of a series of annual surveys which started in 1991 for adults and included young people from the age of 16 years old. From 1995 children and young people were included in the surveys. The work is commissioned and published by NHS Information Service, surveys are designed to measure health and health related behaviours in adults and children in England.
- 40 The latest publication from HSE giving statistics on obesity, physical activity and diet for England, 2012 tells us that children living in the highest income quintile are the least likely to become obese. The proportion of children who were overweight including obese generally increased as income quintile decreased, ranging from 26% of boys and 24% of girls in the highest quintile to 35% of boys in the lowest quintile and 30-33% of girls in the lowest three quintiles. This links to earlier information in the report. HSE also provides information relating to the consumption of fruit and vegetables by 5-15 year olds. In 2010 the mean number of fruit and vegetable portions consumed by boys aged 5-15 years was 3.2; where as the mean average for girls of the same age was 3.3. Local information is not available from the national data in this survey.
- 41 The National Institute for Clinical Excellence (NICE), guidance 6, 2007 recommends that interventions and programmes should be based on:
- Careful planning taking into account the local and national context and working in partnership with recipients.
 - A sound knowledge of community needs
 - Existing skills and resources by identifying and building on the strengths of individuals and communities and the relationships within communities.
- NICE Clinical Guideline 43 on obesity looks at the cost effectiveness of interventions and identifies that ‘a paucity of data on the cost effectiveness of interventions, particularly interventions undertaken in the UK and with more than a year follow up.’ The report goes on to advise that there is little evidence on the cost effectiveness of interventions which focus on diet, physical activity and behavioural treatment.
- 42 New draft National Institute for Health and Clinical Excellence guidance suggests that interventions and programmes should be evaluated, either locally or as part of a larger project, and practitioners should be equipped with the necessary competencies and skills to support behaviour change. This includes knowing how to use evidence-based tools such as the Standard Evaluation Framework (SEF). The draft guidance also suggests that there is a lack of evidence about what approaches to obesity are effective at a community level. This is not to say that it is impossible to identify examples of good practice and to make a judgement about their likely effectiveness, based on common sense and professional expertise but places the importance of monitoring and evaluation of local projects.

- 43 The Department of Health have produced “Start Active Stay Active - A report on physical activity for health from the four Home Countries’ Chief Medical Officers” which provides guidelines as to how much physical activity is needed to maintain a healthy weight across a person’s lifespan, as referenced in the scrutiny report *Health Inequalities Review of Physical Activity*.
- 44 The 2008 Play Strategy was abolished in favour of a more localised approach being adopted by local authorities working with voluntary and community organisations. Article 31 of UNICEF Rights of the Child state that: ‘*Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities*’. (UNICEF 2005). ‘Fair Society, Healthy Lives’, (Marmot 2010) indicates the importance of play as a vital part of a happy childhood and that it may help to combat childhood obesity as it raises activity levels. Marmot also stressed the need to “fully integrate planning, housing, transport, environment and health systems to address social determinants of health”. There has been two independent reports published recently that promote outdoor play for children and highlight its benefits. Both reports also indicate parents’ perceptions of the dangers of outdoor play.
- 45 London Olympics’ motto was *to inspire a generation* and it is important that the inspiration is sustained. The Prime Minister has announced a new PE curriculum to be published in draft in the autumn 2012 that will require every primary school child to take part in competitive sport. The new curriculum will include sports such as football, netball and hockey, as well as outdoor activities. It will encourage older children to compare their performances in order to achieve their personal best. The changes will:
- Enable pupils to be physically active for sustained periods of time.
 - Develop pupils’ competence in a broad range of physical activity programmes
 - Provide opportunities for pupils to engage in competitive sport and activities and help pupils to lead healthy and active lifestyles.
- 46 The School Games is a key Government priority for realising a meaningful sporting legacy from the 2012 Olympic and Paralympics Games. School Games is a new approach to competitive school sport, designed to motivate and enthuse all young people. In January 2012, the Culture Secretary announced that Sainsbury’s had pledged a £10 million package to support the School Games Competition over the next four years. A further £14 million from the Department of Health plus a further £8 million from Sport England will extend funding for Schools Games organisers from two years to four years, up to 2015 and sponsorship from Adidas means that the 1600 young athletes will be provided with sports kit.

Local Policy

- 47 County Durham has a robust partnership framework where partners come together to work collaboratively in the interests of the population of County Durham. The Sustainable Community Strategy 2010-2030 provides the long term vision of County Durham. This links into the Council Plan which sets out corporate

priorities for improvement and efficiency. These documents underpin service plans and partnership plans such as the Children, Young People and Families Plan and Altogether Healthier Delivery Plan. More information on Local Plans and Policies can be found at appendix 3 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

- 48 The Health & Wellbeing Partnership has developed and introduced five Health Networks across County Durham. Health Networks address health inequalities locally; recognising that many of the health behaviours related to the development of diseases, such as heart disease and many cancers, follow a social gradient. The Health Networks take into account the concept of proportionate universalism, focusing on wards with the most significant inequalities. The five health networks are in the following localities:
- Durham Dales (including Teesdale and Weardale)
 - East Durham
 - Derwentside
 - Sedgefield
 - Durham and Chester le Street
- 49 Reducing childhood obesity is a key local priority of the Joint Strategic Needs Assessment, Sustainable Community Strategy, Health Improvement Plan and is identified within Council service plans and Partnership plans, such as the Children, Young People and Families Plan and Altogether Healthier Delivery Plan. It is recognised that the problem of obesity of children at Reception Class is lower than the national figure, but at Year 6 the average is more than double that of the average at Reception Class children. As stated in the Health Improvement Plan 2011-2013 a strategic linkage of plans helps to ensure actions and measures are complementary and add value to one another, whilst maximising the potential of the partnership for better outcomes for children and young people.
- 50 It is expected that Clinical Commissioning Groups in their Clear and Credible Plans will reflect obesity as a priority area.
- 51 A report to Cabinet in July 2012 advised on the changes to Public Health Service delivery from April 2013 and its impact on the Medium Term Financial Plan. A consultation document, Healthy People, Healthy Lives: Update on Public Health Funding has been published and proposes significant change to the way in which the national health budget is allocated to local authorities. Initial analysis carried out by Association of North East Councils (ANEC) suggests:
- a. The north east would lose £53.6 million if the proposals were accepted whilst the south east, east of England and south west would gain.
 - b. County Durham would lose £19.7 million i.e. 46% of current funding.
- Given the scale of the funding reductions that the proposals would mean for the county and the region, a robust response is being developed with partners to the consultation.
- 52 Inferred reductions in public health funding will impact on public health services including childhood obesity programmes. Consideration should be given to continuation of these programmes as invest to save initiative.

- 53 A further report to Cabinet in July 2012 provided an update on recent developments regarding the transfer of public health functions from NHS County Durham and Darlington to Durham County Council (DCC). The report advises that:
- a consultation response to the Department of Health's update on public health funding will be prepared and submitted.
 - The DCC Receiver Group will work with internal audit on the due diligence to ensure controls, evidence and quality assurance are in place with regard to public health transition project plan.
 - The DCC Receiver Group will continue to manage the public health transition project plan.
- 54 Tackling Obesity in Children and Young People in County Durham and Darlington: A Strategy for Prevention and Treatment was published in 2004 following the government raising obesity as a priority policy. The strategy has a cross organisational approach across a life course providing a whole system approach on prevention/intervention/treatment. It has had involvement of a host of partners including partners from health, local authority, schools and voluntary agencies. The strategy was written before the National Child Measurement Programme was in place, but states that identification of who is at risk or in need of treatment should be actively monitored at:
- 8 months (weight), 12 months (weight)
 - Primary school entry (BMI)
 - Secondary school entry (BMI)
- 55 The multi agency approach of the original strategy is well established strategically and should remain as part of a new or refreshed strategy. A refresh of the current strategy would also reflect changes in programmes, statistics and structures. In line with this refresh it is proposed that this is done within the context of the partnership approach we have for Think Family. Tackling obesity does not sit with one organisation and is everyone's business; therefore a holistic approach should be adopted as suggested in Healthy People Healthy Lives. The full extent of involvement by third sector organisations is not fully known. However links with partners in the voluntary and private sectors as well as 'mainstream' partners in education and health should be made to provide information on nutrition and cooking by targeting families through early years provision or addressing barriers preventing families from accessing activities such as transport or cost.
- 56 The table below provides information showing the proportion of the population at Reception class and Year 6 and how they are categorised according to their weight. The top part of the table shows the clinical definitions giving numbers in percentages and in figures. The table shows that for underweight and obese specialist treatment is required, this will be led by a paediatric team. For those who are classified as overweight including obese, that is having a result between 85th and 95th percentile they would receive targeted interventions. Examples of the type of interventions are Family Initiative Supporting Children's Health (FISCH), Mind Exercise Nutrition ... Do it (MEND) or Health Improvement Service (HIS) Schemes.

BMI group	Reception	Year 6	Level at current delivery strategy	Type of service
Clinical definitions				
Obese	5.8% (290)	14.5% (725)	Treatment	Specialist
Overweight including obese	15.2% (760)	29.4% (1470)	Intervention	Targeted
Healthy weight	84.0% (4,200)	69.3% (3465)	Prevention / Health promotion	Universal
Underweight	0.6% (30)	1.3% (65)	Treatment	Specialist
Population monitoring				
Obese	9.5%	21.6%		
Overweight	13.4%	14.4%		
Healthy weight	76.6%	62.8%		
Under weight	0.5%	1.1%		

Source: Updates on Current Delivery, Presentation to Working Group (220512)

- 57 Evidence suggests wider social determinants impact on health including (childhood obesity) such as low income households and poor housing. Jones et al (2010) found that early years may be time when child, parent/family and community characteristics begin to differ between overweight and non overweight boys and girls, and may be an ideal time to target broader parental and community contexts influencing overweight and obese children. (International Journal of Paediatric Obesity, vol. 5, pg256-264). Many local policies impact on health inequalities too such as planning and transport, e.g., the layout and design of housing estates providing space to play and 20 mph zone areas; walking and cycling routes to encourage physical activity; location of food takeaway outlets with proximity to school premises. Reducing levels of obesity is a key objective of the Council. There are a number of powers the Council has at its disposal which could be used in tackling the problem of obesity such as licensing or regulatory powers. The County Durham Plan is proposing to limit the number of hot food takeaways by controlling the numbers of these outlets located within 400 metres of schools and colleges. The County Durham Plan is currently out to consultation.

Physical Activity Programmes Provided in County Durham

- 58 County Durham offers a wide range of universal physical activity programmes to all children and their families. Activities are provided by the County Council through many aspects of their services, including Neighbourhood Services and Children and Young People's Services. Many voluntary and community organisations and several Area Action Partnerships provide physical activity programmes for children and young people at a low or nil cost. However, there are barriers that prevent children, young people and families from accessing activities, such as – cost of attending activities as a family, transport costs and

availability of transport services, parents' attitudes and education in relation to attending activities as a family. More information can be found at appendix 4 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

County Durham School Sports Partnership

- 59 Under the previous government administration a PE and Sports Strategy was set up to enable every young person to:
- Access to regular competitive sport.
 - Coaching to improve their skills and enjoyment.
 - A choice of different sports.
 - Pathways to club and elite sports.
 - Opportunities to lead and volunteer in sport.
- 60 Currently the school sports partnership is providing a full programme of activities to children in County Durham but due to reductions in partnership funding it will become more difficult to sustain a full school year of activities and therefore decrease to one or two terms of activity. More information can be found at appendix 5 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

FISCH (Family Initiative Supporting Children's Health)

- 61 The FISCH (Family Initiative Supporting Children's Health) project is a local programme aimed at increasing the amount of physical activity children participate in during, before and after school, as well as highlighting the benefits of eating a well balanced diet. This is a programme which is delivered in schools and in communities. Funding for FISCH is technically for all schools, however, there is a ranking order, determined by NCMP data and schools not immediately eligible could also access other local services. The sessions are delivered in schools identified within the NCMP as having overweight and obese children, but in order to reduce stigma the programme is delivered using a whole school approach. Schools are expected to sign a "Charter" that helps to ensure sustainability of the programme within schools. The FISCH team return at 6 and 12 months to take measurements and measure progress. The participation target is for 5 schools per term or a minimum of 250 pupils per term, rotating schools on a term by term basis within each locality.
- 62 The project promotes healthy lifestyles to all children and works closely with other agencies that support children's health. The FISCH project is designed to assist families in leading a more active lifestyle to prevent health problems in the future. The project delivers a 10 week programme to school children primarily in years 4 and 5 (ages 8-10), offering them extra fun activities during, before and after the school day. The children also learn about the benefits of maintaining a healthy lifestyle. The programme can reach a total of 250 school children per term.
- 63 The FISCH project was developed in 2005 by Durham and Chester-le-Street Lifestyle Initiative and was funded by Durham and Chester-le-Street PCT prior to Durham PCT. The programme was originally piloted in the Durham and Chester le Street areas, but later rolled out to the Derwentside area. An evaluation of the pilot was undertaken by Northumbria University (Allin & Dodd-Reynolds), April 2010. The key findings from the evaluation were:

- There were positive improvements in perceptions of physical appearance and self worth and no increase in BMI over a school year.
- Many children in the focus groups talked of changes to perceptions, attitudes and behaviours following FISCH. Most notably in doing a greater variety of activities and trying healthier foods.
- Many children talked about health and FISCH to parents and siblings at home, some children receive support but there is also evidence of challenges and barriers to changing family lifestyles.
- All children interviewed indicated they would like FISCH to continue, with some suggesting extending the programme.
- An improvement to the programme would be to enhance the family involvement and support in order to maximise effectiveness.

The report acknowledges that the FISCH programme has had a positive impact and recommends that the project is rolled out across the County.

- 64 The FISCH project can be specialist or targeted, specialist programmes have been delivered on a one to one basis from September 2011. The targeted programme has been delivered in 39 primary schools with 767 curricular sessions and 1793 children attending these sessions in County Durham. The current budget associated with FISCH delivery is £225 000 per annum, as reported in September 2011 in a Joint Commissioning Board report. An evaluation of the programme will be available at the end of the financial year 2012/2013, which will be able to provide cost per head.

MEND 7-13 (Mind Exercise Nutrition ...Do it)

- 65 MEND 7-13 is a locally commissioned programme that is available nationally and the only UK community-based programme with a published, peer-reviewed Randomised Controlled Trial (RCT). The RCT demonstrates a significant and safe reduction in child obesity and improvements in health, fitness and esteem. Community data for over 10,000 families shows that MEND programmes delivered by staff from a wide range of backgrounds achieve equally successful outcomes for reducing overweight and obesity in children.
- 66 As a minimum, all MEND programmes adhere to guidance from both the National Institute of Health and Clinical Excellence (NICE) and the National Obesity Observatory's Standard Evaluation Framework (NOO SEF). The programmes are outcome based; comprehensive reports are monitored and evaluated. Information provided includes details of demographics as well as changes in BMI, waist circumference, physical activity, sedentary behaviours, fitness, nutrition habits and psychological outcomes.
- 67 Independent research has found the programme to be cost effective, providing returns on public investment of between 10 and 13 times. For example evidence found that the incremental cost-effectiveness ratio of MEND 7-13 is £1,671 per quality adjusted life year (QALY) gained – this is significantly below the NICE threshold for cost effectiveness of £20,000-£30,000 per QALY gained. The key reasons cited for the success of the programme include: the involvement of both children and parents; high participation and attribution rates; the combination of nutrition, education and physical activity; and its community based delivery which is accepted, non-stigmatising and low cost. Following the programme,

participants continue to be monitored for a further 12 – 24 months. Funding for the programme originally came from the Big Lottery Fund however this stopped in July 2011 and was taken up by the NHS. Unfortunately, there is currently no funding or participation data available for MEND 7-13 as this programme started in May 2012.

- 68 Information was provided on many other programmes in less detail during the course of the review. A précis of these programmes and projects can be found at appendix 5 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

Schools

- 69 Evidence suggests schools play an important role in delivery of programmes therefore it is important that Head Teachers and governors provide the necessary leadership to drive programme outcomes forward and should be encouraged to take part in the Enhanced Healthy Schools Programme.

- 70 The national healthy schools programme was set up with three aims:

- help raise pupils' achievement;
- help reduce health inequalities;
- help promote social inclusion.

The previous government set targets and made funding available to ensure that schools were able to achieve the programme with the help and support of local authorities. In 2009 all primary maintained schools in County Durham had achieved national healthy school status. Changes in government administration have led to changes in policy as funding is no longer available. Healthy Lives, Healthy People, 2010 states that “the Healthy Schools, Healthy Further Education and Healthy Universities programmes will continue to be developed by their respective sectors, as voluntary programmes, collaborating where appropriate and exploring partnership working with business and voluntary bodies.” A Healthy School promotes the health and well-being of its pupils and staff through a well planned, taught curriculum in a physical and emotional environment that promotes learning and healthy lifestyle choices.

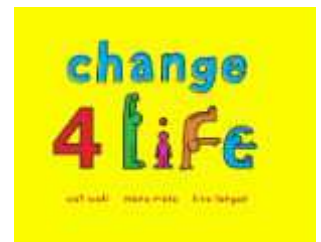
- 71 How the ingredients used in the school meals contract are sourced is of great importance. Wherever possible ingredients are required to be sourced ethically and any animal products will meet minimum animal welfare standards. Preference will also be given to seasonal food, food from higher environmental production schemes such as organic or integrated production and that is produced with minimal negative environmental impact e.g. using energy efficient equipment, production and delivery. Schools which are County Council maintained have their foods procured through contractors or County Council procurement contracts. The contractors adhere to contract specifications of the Council which request that foods are locally procured through the most appropriate and available source. This process (procurement of food for schools) lends itself for:
- a) schools promoting healthy choices and healthier options.
 - b) children having access to healthy food as part of a wider programme to promote healthier eating and for our purposes tackle the issue of obesity.

- 72 The Enhanced Healthy Schools Model builds upon existing Healthy School Status and delivers measurable improvements in the health and well-being of children and young people. It is expected that schools will want to move beyond the Annual Review of healthy school and strive to continually improve outcomes for their children and young people. The Enhanced Model provides the tools to do this. Presently there are 42 schools in County Durham who are working on the enhanced healthy schools programme, but not all on obesity programmes.
- 73 Durham County Council maintained primary schools provide a nutritious healthy meal for all pupils. From September 2009 to July 2011 local authority maintained primary schools in County Durham took part in a national free school meal pilot exercise. During this time take up of school meals was extremely good with figures reported of 100% in some schools. The most recent figures (performance report quarter 4 2011/2012) show that uptake of free school meals as 65.5% this figure has decreased following the recent national pilot exercise. However the pre pilot figure was 49% therefore this would suggest that the pilot has encouraged children to eat a school dinner rather than the alternatives. An evaluation of the national pilot exercise was published in July 2012 and has concluded that children's attainment was better in the areas that under took the pilot exercise compared with the control group (of similar size and numbers) who did not take part in the pilot exercise.

Social Marketing and Behaviour Change Implementations

Change4Life

- 74 Change4Life has become one of the most instantly recognisable brands in health improvement. It enjoys high levels of trust and involvement from the public, private and third sector organisations. The goal of change4life is to help every family in England eat well, move more and live longer and its ambition is to create a movement in which everyone in society plays their part, helping to create fundamental changes to those behaviours that can help people lead healthier lives. The Department of Health intend it to become the sole branded programme for all healthy lifestyle information, products and tools for families and adults.
- 75 Change4life is supported by a wide range of local supporters and national partners who share the change4life goals and ambition. Local supporters can use the campaign resources for their own events and/or coordinate their activities according to the campaign schedule to create more of a national movement. Change4life has had the fastest awareness build of any government campaign according to independent audits by Central Office of Information. 88% of mothers with children aged under 11 years were reported to have recognised the change4life logo, this is double the target.
- 76 Funding for the programme is allocated nationally and distributed via School Sports Partnerships. In County Durham each School Sports Partnership received an allocation of schools (6 primary schools and at least 1 secondary school) the funding was largely allocated to equipment. Additionally there is £250.00 per school to assist with the programme of activities, this funding is kept with School Sports Partnership to assist with programme delivery. Schools should be encouraged to embrace and promote all change4life activities in and outside of



school, including physical activity programmes in their communities by working with voluntary organisations and accessing community buildings. Children should be aware of the change4life logo so that it is instantly recognisable.

Behaviour Change

- 77 To halt the progress of obesity behaviour, lifestyle changes are needed. Portion size is one behaviour that has been promoted with 'me sized meals' campaign aimed at children. According to the Department of Health tracking study, over 1 million mums stated that they have made changes to their children's diet or activity levels as a result of change4life.
- 78 The Public Health Responsibility Deal taps into the potential for businesses and other organisations to improve public health and help to tackle health inequalities through their influence over food, physical activity, alcohol and health in the workplace. There are three central parts to the deal:
- Core Commitments.
 - Collective and individual pledges.
 - Supporting pledges.
- 79 All the major supermarkets have signed a national collective food pledge concerning calorie labelling, salt reduction and removal of artificial trans fats. The Association of Convenience Stores (ASC) has signed an individual pledge to work with its members to roll out Change4life branding into 1000 of its stores.

Impact of Commissioned Programmes

- 80 Programmes to tackle obesity in primary aged children are commissioned jointly through the Children and Families Trust with Public Health staff taking the lead in commissioning and leading programmes on child obesity. This partnership working has reduced duplication of effort and provides value for money, with a systematic collective approach rather than individual ad hoc arrangements. Programmes offer a targeted service using information provided from the NCMP. However, to reduce stigma some programmes in schools are universal to the whole class, but have been identified through NCMP as a target school. Children are not expected to lose weight but to maintain it and as they grow they will become a healthy weight for their height.
- 81 A small number of primary aged children are referred for specialist services from paediatric team based in local hospitals, where 60% of referrals come from specialist nurses. There are approximately 120 new cases a year with approximately 400 follow up cases. Specialist teams aim for a first appointment within 5 weeks maximum from referral. Currently there is 16 to 20% failure to attend rate for hospital appointments. The outcome of this service is BMI maintenance with balanced dietary intake and physical activity.
- 82 The baseline of spend of County Durham and Darlington PCT on childhood obesity 0-19 years is approximately £360,000 per annum in County Durham. However, it is difficult to break down how much is spent on interventions for primary aged children (ages 5-11 years). Additional funding comes from various sources such as NHS, local authorities, AAP neighbourhood budgets and Department for Education. Lots of programmes offer places to the whole family to

ensure a shift in the behaviour and lifestyle of the family. The costs of tackling obesity from a prevention and universal approach are difficult to quantify. Delivery of programmes also makes it difficult to breakdown costs, e.g., school nurses are often involved in delivery of programmes but this is only part of their work. To provide a true costing, their time would need to be calculated for specific primary aged obesity related activities as they deliver on a variety of issues and this has not been done to date.

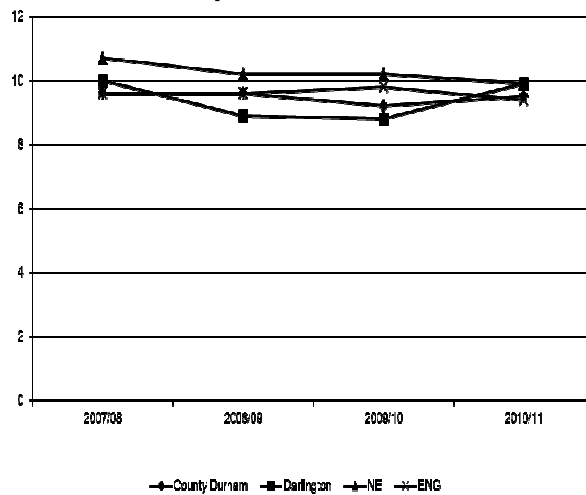
- 83 In analysing performance information over the last five years, it is clear that there is a trend developing which shows that the increase in obesity has halted with current levels sustained during that time. It is important that work continues to establish a downward trend in obesity in children at Year 6; a downward trend is starting to emerge for children in Reception class which must continue, as required in 'Healthy Lives Healthy People – A call to action on obesity' and will be monitored through 'Healthy People Healthy Lives –Public Health Outcomes Framework' and measured through the NCMP.

Data and Evaluation

- 84 The approach currently used is based upon the data collected from the National Child Measurement Programme (NCMP) at Reception class (age 4/5) and Year 6 (age 10/11). Members learned that there was a "population monitoring" definition of weight groups and also a "clinical" definition, with the population data giving a profile of the weight distributions and the clinical data being used to direct interventions.
- 85 County Durham has an excellent participation rate in the NCMP which allows for a much more accurate picture regarding obesity. However, parents still find it difficult to recognise when their child has a weight problem with only 10% responding to correspondence alerting them to their child's measurements. Help is needed to raise awareness amongst parents of the need to act when advised by NCMP through early intervention programmes.
- 86 In a recent survey carried out by MEND 'Lets Talk about Weight' more than 1000 parents shared their views about bringing up the topic of weight with their children. 65% of parents who completed the survey said they were concerned that talking to their overweight or obese child about weight would lead to an eating disorder. 85% of parents who responded to the survey reported that they'd like support when talking to their child about weight. 15% of parents surveyed reported that their child was overweight or obese and more than a third of all parents identified their child's weight by looking at them. Research shows that telling if a child is overweight by sight alone is generally inaccurate and usually leads to parents of overweight children to mistakenly conclude that they are a healthy weight. If left unrecognised this may have major implications for the child. This would also support NCMP evidence of parents not recognising their child has a weight problem.
- 87 The working group were informed that the population of children with a healthy weight in County Durham for 2010/2011 was 76% at Reception class, this current trend is better than the regional and national figures. At Year 6 the figure was 63% which is lower than both regional and national average. The trend at Reception class for the population of children who have a BMI >95th centile is

falling. There is a downward trend for those children who have a BMI >91st centile. It is important that these trends are sustained. At Year 6 the trend for children who have a BMI >91st centile is well above the national average and slightly above the regional average. There is a significant difference in the numbers of children who are recorded as obese at Reception class and those at Year 6 class. A greater understanding is needed as to why there is an increase in numbers of children who are recorded as obese at Year 6 and how this can be reversed.

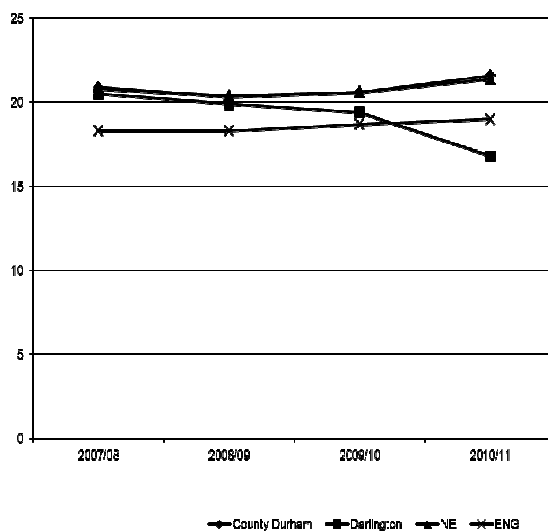
Trends at Reception - Obese



Source: Presentation to Working group 15/06/2012

- 88 The above chart demonstrates that a sustained trend has been developed for Reception class children who are recorded as obese. The line on the chart which represents County Durham follows a similar path to the line representing England. This indicates that the trend at Reception class for children who are recorded as obese is similar to the national figure which is better than the North East region.

Trends at Year 6 Obese



Source: Presentation to Working group 15/06/2012

- 89 The chart above show that a sustained trend has been established for children measured as obese in Year 6. However the chart illustrates that the figure for County Durham is higher than England but similar to the North East region as a

whole. Work should continue to tackle obesity to enable a smooth downward trend to be established in line with the Government's new ambitions in 'Healthy People Healthy Lives – A Call to Action on Obesity'.

Targeting Services

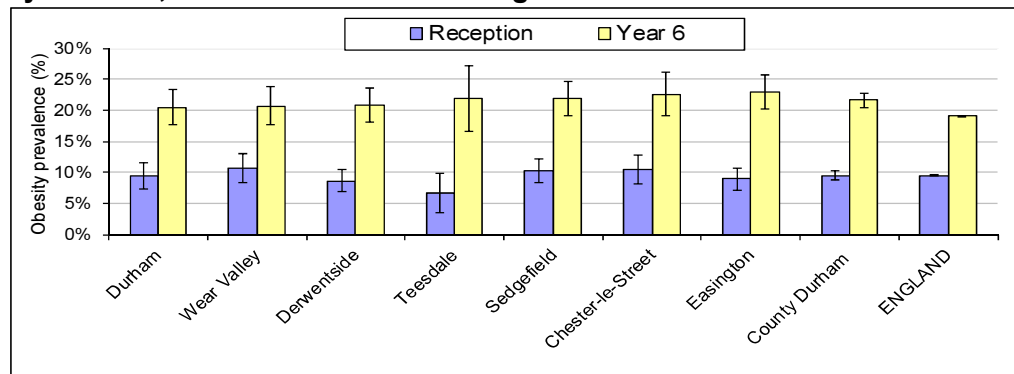
- 90 Data is broken down into localities and schools which have enabled programmes to be targeted in localities that have the greatest need. For example East Durham had the highest levels of obesity and thus became the focus of programmes. Data is monitored and prioritised continuously; this strategy has worked with prevalence of obesity in East Durham which is reducing. It is expected that programmes in this locality will become sustainable enabling the focus of programmes would move on to another locality with prevalence of obesity.
- 91 Smart targeting of services ensures that resources are directed to where there is greatest need. Communities are encouraged to be involved as obesity is an issue that involves the whole community, this could be done using an asset based approach which enables communities to take control of issues by focusing on the causes rather than the issue itself. The table below provides NCMP information taken over a three year period from 2008/2009 to 2010/2011 on the top 10 wards in County Durham with highest to lowest ranking of obesity prevalence. Using this table it is clear that there is a need for services to be targeted to the schools in the Sacriston area.

Reception (Age 4-5 yrs) County Average 9.4%		Year 6 (Age 10-11 yrs) County Average 20.8%	
Sacriston	14.3%	Sacriston	28.1%
Ferryhill	12.9%	Dawdon	27.8%
Tudhoe	12.8%	Anfield	26.8%
Peterlee East	12.7%	Evenwood	26.7%
Deerness Valley	12.5%	Chester le Street West Central	25.8%
Horden	12.2%	Horden	25.8%
Chester le Street West Central	12.2%	Schildon West	25.4%
Esh	12.1%	Gilesgate	24.3%
Dawdon	12.1%	Chilton	23.8%
Durham South	11.6%	Shotton	23.8%

Source: NCMP 2008/2009 to 2010/2011

- 92 Reasons for differences in weight within wards is multifactorial and although deprivation and income play a very crucial role there are many other factors that also have a bearing on a child's weight, such as genetics, diet, amount of physical activity, underlying health. The proximity to play and leisure services, safe cycle and walk ways and parental attitudes to safety all have an effect on how children spend their leisure time. More information on Ward data that relate to obesity prevalence can be found at appendix 6 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

Obese Children (%), Reception and Year 6, with 95% confidence intervals, 2009/10, County Durham, Health Networks and England



Source: National Obesity Observatory (NOO) as shown in JSNA 2011

- 93 The graph above shows the prevalence of obesity of children as measured in Reception class and Year 6 as a percentage at locality areas (former district areas), County Durham and England. The information shows that at County Durham overall has a similar measurement to that for England, but Wear Valley and Chester le Street are shown to have a higher average for measurements than the County average. At Year 6 the average for County Durham is significantly higher than the average for England, with Chester le Street and Easington having averages higher than that of County Durham. More understanding of why a gap has emerged between Reception class and Year 6 children is needed so it can be addressed. Perhaps an interim measurement taken at ages 6/7 years would provide practitioners with information to help address this gap.
- 94 Initial findings from the FISCH programme locally, tells us that only 10% of families who are advised their child is overweight or obese take action to attend a programme. This would suggest that there is a gap in getting parents and/or carers to recognise there is a problem. As from 2012 the Department of Health has authorised follow up to original correspondence through the NCMP. A report on the millennium project at Gateshead had shown the differences in parental perception to that of professionals which indicated that parents identified a problem by the 99th percentile, but professionals wanted to get involved when the child reached the 85th percentile. Parents don't always recognise a problem in their child's weight and by the time they do, the child may have moved from the overweight category to the obese category. Raising awareness amongst parents is fundamental to initiating early interventions and reducing obesity in primary aged children.

Turning Planning Into Action: How It All Fits Together

- 95 County Durham has a robust partnership framework where partners come together to work in collaboration. The Children and Families Trust has produced the Children, Young People and Families Plan, which sets out agencies commitment to achieving the things that children, young people and families said mattered to them most. Obesity fits into the plan under the objective 'Children and young people are healthy and make positive choices.' The specific outcome is 'negative risk taking behaviour is reduced.' There is an action within the Annual Commissioning Plan around the development of an Obesity Strategy. All partners

are responsible for contributing to the reductions in obesity through strategic actions within their own organisation.

- 96 Priorities and plans are turned into actions through commissioning and service plans which provide:
- New and inspired ways of working.
 - Value for money.
 - Annual Commissioning Plan – determined by the priorities as set out in Children, Young People and Families Plan.

In order to reduce duplication of effort, one lead is identified for the partnership who takes forward the priority with the help of partners within the partnership.

- 97 The table below shows how the Council delivers on the strategic actions of the Partnership.

<ul style="list-style-type: none"> • Partnership • Establish what the needs are, who delivers and how are we doing. • Identify gaps. • Identify solutions. • Develop strategic plan. 	<ul style="list-style-type: none"> • Local Authority • Increase participation in positive activities • Places to go Things to Do. • Increase % of young people engaged in 3 hrs of PE per week. • Healthy Child programme and Health improvement programs.
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Source: Turn Planning into Action: How it Fits Together (Presentation to Working Group 020712)

- 98 We know when we have been successful in reducing obesity when there is an increase in the percentage of:
- children and young people who do 3 hours of PE per week;
 - young people reached through youth work;
 - young people participating in youth work;
 - the prevalence of breastfeeding at 6-8 weeks.

	Actual	Target
children and young people who do 3 hours of PE per week;	89.4% (primary) 78.4% (secondary)	No target set
young people reached through youth work	27%	25%
young people participating in youth work;	15.2%	15%
the prevalence of breastfeeding at 6-8 weeks	23.5%	31.3%

Source: Quarter 4 2011/2012 Performance Information

- 99 Performance information indicates that we are successful in reaching young people through youth work and the numbers of young people participating in youth work. The percentage of children and young people who do 3 hours of PE per week is also encouraging. However, more work is needed to increase the prevalence of breastfeeding at 6-8 weeks.
- 100 Ultimately success will be demonstrated as a reduction in the percentage of children in Reception and in Year 6 who are recorded as obese.

Conclusions

- 101 National and local policies clearly demonstrate the need to reduce current obesity levels if serious health consequences for future generations are to be avoided. It is expected that Clinical Commissioning Groups in their Clear and Credible Plans will reflect obesity as a priority area. 'Tackling Obesity in Children and Young People in County Durham and Darlington: A Strategy for Prevention and Treatment 2004' clearly demonstrates multi-agency working is well established, but the strategy is in need of updating and refreshing to reflect changes in legislation (namely Healthy People, Healthy Lives: A Call to Action on Obesity), guidelines, statistics, programmes and structures. It is important that any updated strategy is developed holistically with other strategies and not as a stand alone strategy. The updated strategy would need to become part of the Health and Wellbeing strategy and the Think Family strategy.
- 102 Partnership working is fundamental and central to providing and delivering programmes to children who are obese. This is highlighted as a method of best practice within Healthier People Healthier Lives and is practised in County Durham through the County Durham Partnership via the Children and Families Trust. However more work is needed to know the full extent of third sector involvement.
- 103 Evidence indicates that there are wider social and environmental determinants that impact on obesity in children such as housing and low income. Such determinants should be considered when refreshing the strategy and local policies by looking at the extent of powers at the Council's disposal e.g. using licensing and regulatory powers; encouraging walking and cycling rather than car use when devising road layouts, the consequence of allowing takeaway food outlets close to schools or where there are already lots of take away food outlets at a location and the layout of housing estates. The proximity of take away food outlets to schools is a proposal that is being addressed by the County Durham Plan.
- 104 Durham County Council offers a great number of physical activity programmes across the county, lots of activities are being carried out in communities through Area Action Partnerships and voluntary organisations. Many community buildings are made available for use by schools and voluntary groups for physical activity programmes at low or no cost. Children and Adult Services promote activities for children and young people on their web-pages, dedicating a page to various activities and provide information on transport and cost which may act as barriers to some families accessing services offering physical activity programmes.
- 105 Programmes such as FISCH and MEND are making an impact by helping children and their families make necessary changes and choices in their lifestyle to reduce and prevent obesity. However some parents do not recognise that their child has a problem with obesity and as a result do not respond to correspondence relating to NCMP measurements and invitations to attend programmes.
- 106 Schools are greatly involved with the delivery of programmes and it is essential that programmes have the backing of the management of the school to provide

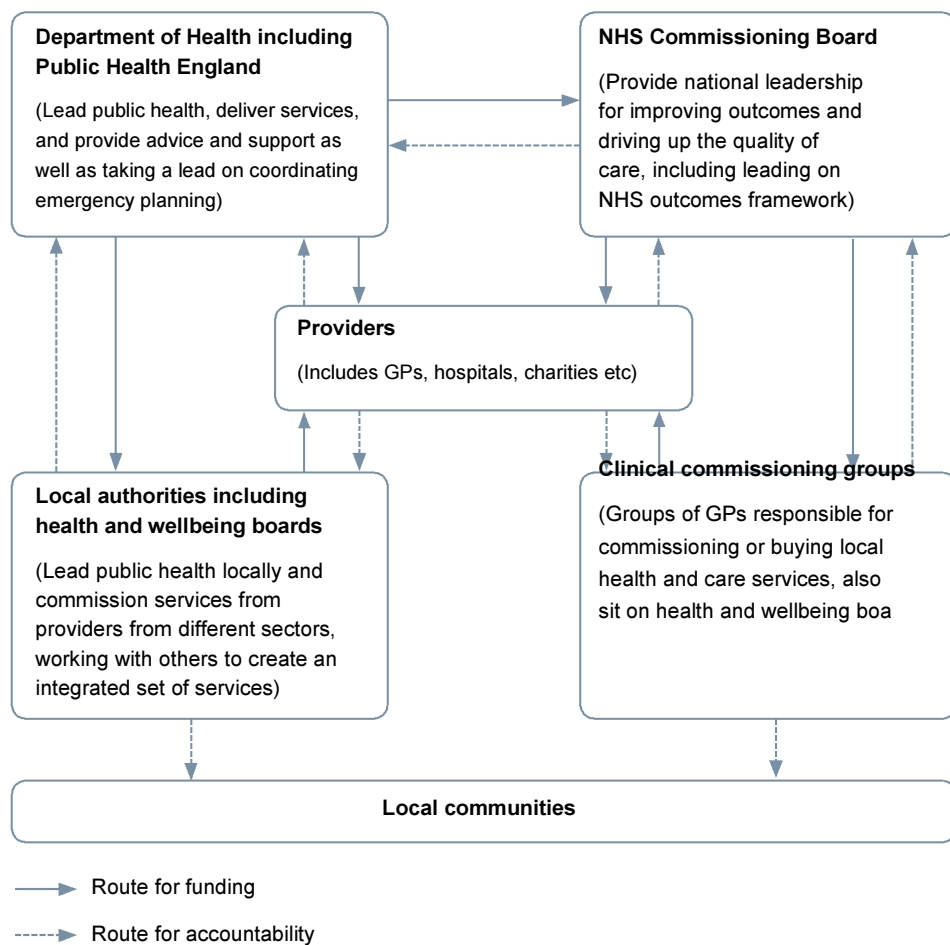
leadership and drive to push forward programmes and deliver outcomes. Great importance is given to the procurement of food in schools ensuring that food is seasonal comes from sustainable sources and that produce is locally sourced.

- 107 Change4life has had a tremendous impact but how do we know that families in need of help are the ones signing up to the campaign? Other than parents, school is the one place that has a fundamental influence on children's habits including eating and physical activity programmes. Therefore by promoting change4life and its various sub-brands in school will give children and parents information to start to make changes in their lifestyles and be able to recognise change4life logos on healthy products.
- 108 Supermarket chains have signed a collective public health responsibility deal pledge concerning food sold in their stores. The Association of Convenience Stores have signed an individual pledge to work with its members to roll out change4life branding across its stores. Supermarkets locally should be encouraged to deliver a similar pledge in their stores to encourage shoppers to help change eating behaviours by promotion of incentives such as change4life.
- 109 County Durham has an excellent record in participating in the National Child Measurement Programme. However, most parents of those children who are identified as being obese do not follow up on programmes from the initial letters. Only 10% of parents notified take up programme places offered, from 2012 professionals are allowed to follow up on this initial correspondence. Greater awareness is needed amongst parents of the importance of taking advantage of early intervention programmes to assist their child to achieve and maintain a healthy weight, before more stringent and costly measures are needed. An interim measurement at age 6/7 years may alert parents to take advantage of early intervention programmes.
- 110 All projects and programmes are evaluated, monitored and prioritised to those areas with the greatest need. Evaluation should not be a task that occurs at the end of the programme, but be carried out throughout the lifespan of the programme as outlined as a means of best practice in the Standard Evaluation Framework.
- 111 Performance information clearly shows that obesity in primary aged children has reached a plateau which would indicate programmes and projects such as FISCH and MEND have been successful, but they need to continue to establish a downward trend. In a report by the Greater London Authority on Childhood Obesity (April 2011) characteristics of cost effective programmes are found to be those which have family and community involvement and intervene early. The report also suggests "In a time of constrained budgets, the costs of introducing new programmes and interventions are likely to be an issue. Therefore, funding should be directed to programmes that are proven to provide positive outcomes." Funding for programmes comes from many sources and the costs of tackling obesity from a prevention and universal approach are difficult to quantify.
- 112 The diagram below shows the potential accountability and funding flows for post April 2013, when public health comes into local authority control, but is not how accountability and funding currently operate. The information is taken from a

National Audit Office report, published July 2012 which provides an update to the Government's approach to tackling obesity. Durham County Council's Cabinet reported Healthy Lives Healthy People: Update on Public Health Funding proposes significant change to the way National Health budget is allocated to local authorities. If the interim recommendations of the Update on Public Health Funding are implemented then Durham County Council will suffer a 46% reduction in funding which will impact upon the public health services including obesity programmes for children. It is important for children's health and well-being that childhood obesity programmes continue as invest to save incentives.

A simplified overview of accountability and funding flows

Much of the responsibility for measures to tackle obesity will transfer to local authorities in April 2013



Source: National Audit Office 2012

Recommendations

113 The report recommends that:

- A. Cabinet, the Shadow Health and Wellbeing Board and the Children and Families Trust agree that the current strategy, 'Tackling Obesity in Children and Young People in County Durham and Darlington: A Strategy for Prevention and Treatment' is refreshed and updated to reflect changes in legislation, current programmes, statistics, structures and funding arrangements. The revised strategy should continue to follow a multi-agency approach to strengthen partnership working and to address prevention and treatment of obesity in children, reflect a Think Family approach, looking at the lifestyle of the family and not an individual. A revised strategy should be holistically integrated to sit with other strategies such as Health and Wellbeing Strategy.
- B. Cabinet, the Shadow Health and Wellbeing Board and the Children and Families Trust encourage the management of schools to provide the necessary leadership to drive forward programmes and projects and deliver outcomes, to help children and families recognise the importance of a healthy lifestyle.
- C. Cabinet, the Shadow Health and Wellbeing Board and the Children and Families Trust in recognition of best practice of continuous evaluation, as set out in the Standard Evaluation Framework ensure that all projects and programmes that provide healthy lifestyle changes and support to children and families follow the principles of continuous evaluation, with particular emphasis on effectiveness of programmes and projects and value for money.
- D. Cabinet seek the advice from the Director of Public Health on the need for further work to assess the feasibility of an interim measurement at year 2 (ages 6-7 years) in addition to National Child Measurement Programme (NCMP) measurements taken at Reception Class (age 4-5 years) and Year 6 (age 10-11 years). The Working Group note that the NCMP is a nationally prescribed programme and that there are potential resource implications to establish an interim measurement.
- E. A systematic review of this report and progress against its initial recommendations should be undertaken 6 months after it is considered by Cabinet and the Children and Families Trust.

114 Cabinet are asked to note the above recommendations of the Joint Working Group and provide an update in six months time to the Children & Young People Overview and Scrutiny Committee.

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Appendix 1: Implications

Finance – The report makes reference to the significant change to the way in which the national health budget is allocated to local authorities by focusing on a single deprivation measure. Initial analysis of proposals suggests that County Durham could potentially lose 46% of current funding to Public Health budget in future years.

Staffing - None

Risk - None

Equality and Diversity / Public Sector Equality Duty – An equality impact assessment of the recommendations has been carried out and can be found at appendix 7 of the appendices pack which can be found in the Scrutiny Office and Members Resource Library.

Accommodation - None

Crime and Disorder – None

Human Rights – None

Consultation – Evidence was provided from colleagues in Public Health, Children and Adult Services, Leisure Services and School Sports Partnerships.

Procurement – Evidence was provided relating to the procurement of food in Council maintained schools being seasonal and wherever possible locally sourced.

Disability Issues – None

Legal Implications – None

NATIONAL CONTEXT

The information below provides a précis of national policy which effects childhood obesity from 2004.

2004

- **House of Commons and Health Committee Report on Obesity**

This report focuses on actions taken by the NHS and health services to tackle inequalities in health but found that a lot of the solutions were outside the control of the NHS and health services. The report also references that joined up working between Government departments is needed to deliver co-ordinated government policies.

The report draws many conclusions that relate to joined up working, healthy eating, increased physical activity and fast food.

- **Securing Good Health for the Whole Population**

This review by Derek Wanless focused on prevention and the wider determinants of health in England and on the cost-effectiveness of action that can be taken to improve the health of the whole population and to reduce health inequalities.

The review called on PCTs and local authorities to work together and agree local targets after considering national objectives and local needs.

These two reports and the rising levels of childhood obesity laid the foundation for future government policy on tackling obesity.

2005

- **National Child Measurement Programme (NCMP)**

Established in line with the government's strategy to tackle obesity, inform local planning and delivery of services for children, to gather population-level data to allow analysis of trends in growth and patterns of obesity. The programme was also established to increase public and professional understanding of the weight issues in children and be a vehicle for engaging with children and families about healthy lifestyles and weight.

The NCMP measure children in reception class (ages 4-5 years) and Year six (ages 10-11 years). Measurements are taken in school by either the school nurse or health visitor. Parents are advised of the process and if they do not want their child to take part the must opt out of the process.

National Child Measurement Programme (NCMP) is an important element of the Government's work programme on childhood obesity, and is operated

jointly by the Department of Health (DH) and the Department for Education (DfE). The NCMP was established in 2006.

Every year, as part of the NCMP, children in Reception and Year 6 are weighed and measured during the school year to inform local planning and delivery of services for children; and gather population-level surveillance data to allow analysis of trends in growth patterns and obesity.

The NCMP also helps to increase public and professional understanding of weight issues in children and is a useful vehicle for engaging with children and families about healthy lifestyles and weight issues.

The primary purpose of the NCMP is to:

- help local areas to understand the prevalence of child obesity in their area, and help inform local planning and delivery of services for children;
- gather population-level surveillance data to allow analysis of trends in growth patterns and obesity; and
- enable primary care trusts and local authorities to use the data from the NCMP to set local goals as part of the NHS Operating Framework vital signs and their LAA National Indicator Set, agree them with SHAs and government offices, and then monitor performance.

The programme also increases public understanding of child weight issues by engaging families with the issue of healthy weight in children, through the provision to parents (whether automatically or by-request) of their child's results.

2006

- **National Audit Office – Tackling Child Obesity – First Steps**

This report focuses on children aged five to ten to highlight specific issues that can readily be addressed through existing structures, but it also recognises the importance of other elements – for example what children do outside school, their parents' access to buying healthy and affordable food, and food promotion to children in improving diet and promoting healthier lifestyles.

The report looks at five key programmes involved in tackling child obesity:

- School Meals
- School Sports Strategy
- Healthy Schools Programme
- Play
- Obesity Campaign

- **National Institute for Health and Clinical Excellence (NICE) – Obesity - guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children**

This guidance was the first of its kind that provided recommendations aimed at public, NHS, local authority and community partners that could be put into practice in early years settings, schools, workplaces and self help. The recommendations range from strategic to delivery level and include interventions and factors from individual to environmental and structural levels.

2007

- **Childhood Obesity National Support Team** established to assist local areas in improving quality and impact of healthy weight delivery systems and interventions.
- **Tackling Obesities – Foresight Report**

This report highlights the need for a multi agency ‘holistic approach to tackling obesity and the obesogenic environment’. This means that obesity strategies should be connected if possible to other local strategies, such as carbon emissions strategy. The report emphasises the importance of keeping strategies local, working at grass roots level and making information accessible. The report suggests that NHS costs attributable to overweight and obesity are projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year.

2008

- **Healthy Weight, Healthy Lives – A Cross Government Strategy**

This strategy acknowledges the Foresight Report and sets out to halt the year on year rise in obesity by providing opportunities for people to make healthy choices about food and activities. The Government set itself a new ambition: “of being the first major country to reverse the rising tide of obesity and overweight in the population by ensuring that all individuals are able to maintain a healthy weight. Our initial focus is on children: by 2020 we will have reduced the proportion of overweight and obese children to 2000 levels.”

It set out investment in school food, schools PE and sport, and play and plans to introduce compulsory cooking for all 11 to 14 year olds by 2011.

2009

- **Change4Life, Eat Well, Move More, Live Longer**

Change 4 Life was the social marketing strategy of the Healthy Weight Healthy Lives strategy. Its focus was on behavioural change and prevention rather than being a weight loss programme. The campaign would influence children to eat healthy and get active thus leading to a gradual decrease in

the prevalence of obesity. The initial target of the campaign was pregnant women and children.

2010 * Coalition Government elected May 2010

- **Healthy Weight, Healthy Lives – Two Years On**

This document was basically a progress check on what was being achieved and if the strategy had made a difference. It reported that good progress had been made in levelling off the rise of obesity in children under the age of eleven, but the prevalence remained high. The report also acknowledged that adult and teenage rates were too high and the work had to be expanded to include these groups of people.

- **Change4Life – One Year On**

This document is an evaluation of the marketing strategy in its first year. All of the targets set for the first year were exceeded. The campaign has encouraged families to change behaviours that have brought about excellent results. Local and national partnerships had embraced the campaign too:

- 44% of primary schools, hospitals, general practices, town and village halls, children's centres, pharmacies, nurseries, libraries and leisure centres displayed Change4Life materials.
- Over 25,000 local supporters used Change4Life materials to help them start conversations regarding lifestyles with over 1 million people.
- NHS staff ordered over 6 million items of Change4Life material to distribute to the public.
- Primary schools generated over 50,000 sign-ups to Change4Life.
- Local authorities and primary care trusts joined up their own activities and created new ones, such as street parties and roadshows.

Sub brands of the campaign also emerged such as swim4life and play4life. Three of the major health charities, Cancer Research UK, Diabetes UK and the British Heart Foundation ran their own campaigns in support of change4life. Support was given to the campaign from other non governmental organisations.

- **Fair Society, Healthy Lives – Professor Michael Marmot**

This review commissioned by the Department of Health had two specific aims, to improve the health and wellbeing for all and to improve health inequalities. To achieve this, we have two policy goals:

- To create an enabling society - that maximises individual and community potential
- To ensure social justice, health and sustainability are at the heart of all policies.

Low income and deprivation are associated with higher levels of obesity.

- **Healthy Lives Healthy People – Our Strategy for Public Health in England**

This report set out the new government's intentions in relation to public health and responded to the Fair Society, Healthy Lives report. It acknowledges the progress made in tackling childhood obesity and affirms the continuation of the healthy schools programme and the national child measurement programme. This report puts local government and local communities at the heart of improving health and wellbeing for their populations and tackling inequalities. Public Health England will be created to ensure excellence, expertise and responsiveness.

2011

- **Healthy Lives, Healthy People – A Call to Action on Obesity in England**

This report acknowledges the scale of the problem of obesity and explains why it matters socially and economically. It provides a new approach with new focus and ambition. "The Government is determined to bring a new drive to this issue and, following consultation with partners, is setting two new national ambitions to act as a 'rallying cry' for us all, and show what might be achieved if we all pull together:

- **Sustained downward trend in the level of excess weight in children by 2020**
- **Downward trend in the level of excess weight averaged across all adults by 2020.** "

- **Public Health Responsibility Deal**

The Public Health Responsibility Deal was launched in March 2011 with 19 collective pledges and 176 partners and is a new way of harnessing the contribution business make to delivering public health priorities. The Responsibility Deal taps into the potential for businesses and other organisations to improve public health and help to tackle health inequalities through their influence over food, physical activity, alcohol, and health in the workplace. There are three central parts of the Deal:

- core commitments
- collective and individual pledges
- supporting pledges.

Monitoring progress is key to establishing accountability by confirming that the actions organisations have pledged to take have been completed. Partners have agreed to their monitoring and evaluation for each pledge they have signed up. The pledges cover four specific areas – Food Pledges; Alcohol Pledges, Physical Activity Pledges and Health at Work Pledges.

- **Health Survey England 2011**

Health Survey England (HSE) is a series of annual surveys that measure health and health related behaviours in England. The survey has core elements that are included in the survey every year and special topics.

Core topics include: general health; smoking, drinking and fruit and vegetable consumption; height; weight; blood pressure measurements and blood and saliva samples.

Special topics include: cardiovascular disease; physical activity; accidents; lung function measurement and certain blood analytes.

The HSE produce trend tables which can be accessed at http://www.ic.nhs.uk/webfiles/publications/003_Health_Lifestyles/HSE2010_REPORT/HSE2010_Trends_commentary.pdf

The trend tables include information on fruit and vegetable consumption, levels of physical activity and mean weight by age and gender.

2012

• **Public Health Outcomes Framework 2013-2016**

There are many factors that influence public health over the course of a lifetime. They all need to be understood and acted upon. Integrating public health into local government will allow that to happen – services will be planned and delivered in the context of the broader social determinants of health, like poverty, education, housing, employment, crime and pollution. The NHS, social care, the voluntary sector and communities will all work together to make this happen.

The framework has three parts to it; part one presents the overarching vision for public health with the outcomes wanted to achieve and indicators to understand how well we are improving and protecting health. Part two of the framework specifies all the technical details currently supplied for public health and indicates where further work to specify all indicators will take place. Part 3 consists of the impact assessment and equalities impact assessment.

The framework focuses on two high level outcomes – increased life expectancy and reduced differences in life expectancy and healthy life expectancy between communities. These outcomes reflect the focus on how long we live and how well we live.

While information will be provided on the performance against both these outcomes, the nature of public health is such that the improvements in these outcomes will take years – sometimes even decades – to see marked change.

So a set of supporting public health indicators have been developed that help focus our understanding of how well we are doing year by year nationally and locally on those things that matter most to public health, which we know will help improve the outcomes stated above.

These indicators are grouped into four domains:

- improving the wider determinants of health
- health improvement
- health protection
- healthcare public health and preventing premature mortality.

- **NCMP Annual Update**

The annual guidance advises local providers of the NCMP on how the programme should be implemented. While there are no fundamental changes to the operational delivery of the NCMP from the previous school year (2011/12), the guidance has been amended in the light of findings from recent research, feedback from practitioners, and the significant reforms and transitions that are under way within the NHS.

The annual results from the NCMP for the 2010/11 school year show that there is no room for complacency. Progress is being made in 4–5-year-old children (reception year), with a small, but significant, reduction in obesity and in overweight and obesity combined in this age group. While this is good news, it does not confirm a downward trend.⁵ By contrast, the results show a significant rise in obesity in 10–11-year-olds (Year 6), suggesting that we may be experiencing a small but statistically significant rising trend in obesity in older children, with almost one in five 10–11-year-olds (19%) being obese.⁵ There remains a strong correlation between obesity prevalence and deprivation and marked differences between children of different ethnic groups.

The update also provides information about feedback to parents and the best practice methods of doing this. Information is also given on the proactive following up of children who are identified as being underweight, overweight or obese. This involves contact the parents of those children to offer them advice and services to help control their child's weight.

- **Change4life Three Year Social Marketing Strategy**

When Change4Life was launched, there had been relatively few attempts to change obesity-related behaviours anywhere in the world. In consequence, the Change4Life team piloted different initiatives, monitoring each to see which had the most impact.

As announced in *Healthy Lives, Healthy People*, local authorities will take on a greater role in public health, and, with this, much of public health marketing. Going forward, the Department of Health will do only those things that it alone is best placed to do. While Change4Life has always sought to involve local communities in its programme, more will now be done to ensure that local authorities have access to the support they need from Change4Life to facilitate the co-creation of ideas.

Change4Life and its sister brand, Start4Life, will be the sole centrally funded marketing programme for health advice, information and support for families and for adults in mid-life. It will therefore embody a more holistic approach to health, by incorporating messages such as the health harms of above-limits alcohol consumption, the broader benefits of physical activity (i.e. not just weight maintenance) and all nutritional information, including salt reduction, for example. This new strategy will reverse from Change4life asking for

support to Change4life asking how it can support communities and professionals.

- **Strategic High Impact Changes – Childhood Obesity National Support Team**

This document is to share intelligence and insights gained throughout the teams visits and make recommendations to support the future strategic direction. The team make 4 high impact changes:

- Building on local intelligence by making best use of resources and funding available to them and sharing data in an easily accessible and understandable format to increase partnership buy-in. All service provision should be mapped to identify gaps and duplication and whether services and projects are delivering their desired outcomes.
- Harnessing Existing Community Resources within Local Healthy Weight Pathways. This change seeks to optimise existing resources and highlight opportunities that some areas may be missing. Look at all community based programmes and services including all public sector providers, then look further to engage with third sector and business partners who also have a contribution to make. Develop a mechanism to ensure there is effective local signposting through partnership working and maximise the opportunity presented to engage with families and individuals through Health Child Programme and the NCMP process.
- Workforce Development is about ensuring that all staff who have a contribution to make to the healthy weight agenda know what their contribution is and that they are competent, confident and effective when delivering interventions.
- Workforce Health relates to the health of those who work in the public sector by addressing environments, unhealthy weight status and workforce lifestyles it also encourages cultural change.

- **London 2012 Legacy**

London Olympics motto was *to inspire a generation*, it is important that the inspiration is sustained and the Prime Minister has announced a new PE curriculum to be published in draft in the autumn, will require every primary school child to take part in competitive sport. The new curriculum will include sports such as football, netball and hockey, as well as outdoor activities. It will encourage older children to compare their performances in order to achieve their personal best.

The changes will:

- Enable pupils to be physically active for sustained periods of time.
- Develop pupils' competence in a broad range of physical activities.
- Provide opportunities for pupils to engage in competitive sport and activities and help pupils to lead healthy and active lifestyles.

The Government have indicated that they will increase National Lottery funding from 13.7% to 20% enabling Sports England's £1 billion four year funding 2013 -2017.

The mental and physical health consequences of inactivity are the subject of persistent official warnings; the latest NHS health survey for England found that in 2010 68% of adults were obese or overweight, a growing tendency in recent times, and 16% of children were obese. The economic cost of obesity is estimated at £50bn a year by 2050, £9.7bn to the NHS.

The School Games is a key Government priority for realising a meaningful sporting legacy from the 2012 Olympic and Paralympic Games. School Games is a new approach to competitive school sport designed to motivate and enthuse all young people.

In January 2012 the Culture Secretary announced that Sainsbury's had pledged a £10 million package to support the School Games Competition over the next four years. A further £14 million from the Department of Health plus a further £8 million from Sport England will extend funding for School Games organisers from two years to four years, up to 2015. And sponsorship from Adidas means that the 1,600 young athletes will be provided with sports kit.

The government has guaranteed to provide £125 m of funding to elite sports until Rio 2016 on the basis that it will inspire participation. The funding will be made up from National Lottery and the Exchequer.

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LOCAL CONTEXT

- **Tackling Obesity in Children and Young People in County Durham and Darlington: A Strategy for Prevention and Treatment 2004**

The strategy developed by County Durham and Darlington PCT for the Local Strategic Partnership sets out why it is important to tackle obesity in children and young people as a priority specifically looking at measuring, prevalence, impact and causes of obesity. The strategy explains that prevention needs a multi agency approach and gives examples of when treatment should be considered.

The strategy references what was being done at that time and how this was monitored. The final part of the strategy sets out an action plan stating actions required organisations and their leads, outputs and a deadline for actions to be taken. The strategy is now in need of updating in line with national and local policies and to take account of structural changes in many of the organisations involved in the strategy.

- **DCC Sustainable Community Strategy 2010 – 2030**

The Sustainable Community Strategy (SCS) is developed by the County Durham Partnership following significant consultation with residents, communities and key partners. It sets the long term vision of County Durham and identifies key priorities for change over the next 20 years and how they will be delivered. Performance against the priorities is monitored regularly. One of its key priorities is to reduce childhood obesity.

- **Council Plan 2012 – 2016**

The Council Plan 2012-2016 sets out the corporate priorities for improvements and key actions that the council will take in support of delivery of the long term goals in the Sustainable Community Strategy. It identifies the improvements that the council want to make and how it is managed. The actions are captured in the priority themes of the council.

Altogether Better, Altogether Wealthier, Altogether Greener, Altogether Safer and Stronger, Altogether Healthier and Altogether Better for Children and Young People.

The last two themes, Altogether Healthier and Altogether Better for Children and Young People identify the reduction of childhood obesity as a key priority.

- **Joint Strategic Needs Assessment 2011**

County Durham Joint Strategic Needs Assessment (JSNA) provides a detailed overview of the current and future health and wellbeing needs of the people of County Durham. As the name indicates the assessment is a jointly the responsibility of Children and Young People's Services; Adults Wellbeing and Health Services and Public Health.

To help achieve positive outcomes for the local population, the County Durham JSNA aims to:

- Highlight areas where there is a need to improve health and wellbeing outcomes for the local community.
- Aid decision makers in targeting resources to both areas and services.
- Act as a resource document to support health and wellbeing planning and commissioning.
- Help inform our plans and strategies to provide a basis upon which to plan for the achievement of local outcomes and targets.

The document covers the five thematic themes of the council Altogether Wealthier; Altogether Greener; Altogether Safer; Altogether Healthier and Altogether better for Children and Young People. Both of the last two themes highlight in their key messages the awareness of excess weight in children as this poses a major health challenge and a risk to future health and wellbeing of children and young people in County Durham.

The JSNA 2011 states in childhood, excess weight can directly cause mobility problems, hypertension and abnormalities in glucose metabolism (Department for Children Schools and Families and Department of Health 2009). In addition there may be emotional issues related to low self-esteem. The stigmatisation of obesity that is heightened in adolescence may lead to bullying or exclusion from the peer group. Obesity in adolescence is linked to poor social relations and educational disadvantage (Royal College of Physicians, 2004).

Very rapid weight gain in early childhood is also associated with later obesity independent of birth weight (Power C and Jefferis B, 2002 and Jones *et al*, 2007, p47). Overweight young people have a 50% chance of being overweight adults and, unless childhood obesity is addressed, this is likely to increase demand on the NHS and Adult Services due to the health problems associated with adult obesity.

In County Durham obesity rates are below the national average for children in Reception (9.5% in County Durham compared with 9.8% across England). However they are higher for children in Year 6 (21.6% in County Durham compared with 20.0% across England). Obesity rates have shown a similar when comparing over the four year period from 2007/08 to 2010/11.

In terms of supporting and educating children and young people to make healthy food choices, the take up of school lunches in both primary and secondary schools is measured. The take up of school lunches in primary schools in 2010 was significantly higher (83.9%) compared with secondary schools (49.6%).

Across County Durham the proportion of children classified as obese in Year 6 is around twice that in Reception. Levels of overweight children are similar

between Reception and Year 6. There is little variation within County Durham by Health Network in levels of overweight or obese children.

- **Altogether Healthier Delivery Plan 2012-2016**

The Altogether Healthier Delivery Plan sets out a major programme of partnership work to reduce health inequalities and bring about change in County Durham. The plan considers the impact of the wider determinants of health and proposes a range of partnership actions across three key priority areas:

1. Improve Life Expectancy
2. Reduce Health Inequalities
3. Improve Mental Health & Wellbeing

- **Health & Wellbeing Partnership**

The Health and Wellbeing Partnership brings together different organisations in County Durham to improve people's health and wellbeing. The partnership is focused on reducing health inequalities of the County and leading on the health and wellbeing targets and objectives set out the County Durham Sustainable Community Strategy.

- **Health Networks**

The Health & Wellbeing Partnership has developed and introduced five Health Networks across County Durham. The Health Networks will provide a vehicle for joining up local partnership planning, delivery, involvement and participation from local partners and communities. Health Networks maximise opportunities for 'joined up' working and partnership delivery at the local level. Five Health Networks are established in County Durham and consistent with the current geographies of the shadow GP Commissioning Consortia and Local Children's Boards (LCBs). Reflecting the direction provided by the Marmot Review, specifically its recommendation to strengthening the role and impact of ill-health prevention - the five Health Networks address health inequalities locally; recognizing that many of the health behaviours related to the development of diseases, such as heart disease and many cancers, follow a social gradient. The Health Networks take into account the concept of proportionate universalism, focusing on wards with the most significant inequalities. The five health networks are located:

- Dales including Teesdale and Weardale
- East Durham
- Sedgefield
- Derwentside
- Durham and Chester le Street

- **Children, Young People and Families Plan 2012 -2016**

The Children, Young People and Families plan developed by Altogether Better for Children and Young People states its intentions to provide support and promote healthy living from an early age. It aims to reduce childhood obesity and ensure more children maintain a healthy weight.

Altogether Healthier plan states that Childhood obesity is linked to diet and nutrition, physical activity, parenting and emotional health and wellbeing. The proportion of County Durham children in Year 6 classified as obese is above the national average.

As with a healthy diet, participation in physical activity is known to benefit overall health and is particularly linked to improved cardiovascular health, reduced levels of obesity and improved mental health. The council will be taking various steps to improve overall level of participation in physical activity, driven by the delivery of its Sport and Leisure Strategy.

- **Health Improvement Plan 2011-2013**

The Durham County Council Health Improvement Plan sets out how all service areas in the Council are working together and in partnership with other agencies to tackle the health challenges faced by our local communities.

Theme 3 of the Health Improvement Plan is physical activity, food and nutrition and asks the question why the take up of physical activity and diet is a problem in County Durham. It sets out the risks associated with obesity and gives the childhood obesity rates as they were reported by NCMP 2007/08. The plan sets out what it wants to achieve and how it will go about it using current strategies such as the local play strategy.

- **Medium Term Financial Plan (MTFP)**

A report was received by Cabinet on the MTFP and how changes to Public Health service delivery from April 2013 would impact on this. A report to Cabinet in July 2012 advised on the changes to Public Health Service delivery from April 2013 and its impact on Medium Term Financial Plan. A consultation document, Healthy People, Healthy Lives: Update on Public Health Funding has been published and proposes significant change to the way in which the national health budget is allocated to local authorities. Initial analysis carried out by Association of North East Councils (ANEC) suggests:

- a. The north east would lose £53.6 million if the proposals were accepted whilst the south east, east of England and south west would gain.
- b. County Durham would lose £19.7 million i.e. 46% of current funding.

Given the scale of the funding reductions that the proposals would mean for the county and the region a robust response is being developed with partners to the consultation.

- **Transfer of Public Health Functions to Durham County Council**

During 2012 Cabinet has received reports on developments related to public reforms and sought agreement on public health transition arrangements between NHS County Durham and Darlington and Durham County Council. A single 'Receiver' plan exists, which outlines the tasks and milestones to be achieved by Durham County Council and NHS County Durham prior to and including the date for transfer of public health functions to Durham County Council.

A due diligence exercise is to be completed, coordinated by Adults Wellbeing and Health, with Internal Audit and Risk providing assurance that the necessary controls and evidence are in place for the transfer of public health functions to Durham County Council. Work is also being undertaken to prepare 'handover' documents (known as a legacy document) for the transfer of public health functions and responsibilities from NHS County Durham to Durham County Council by 1st April 2013.

The development and delivery of the local public health vision is being led by the Director of Public Health County Durham, in collaboration with a wide group of stakeholders, including the Portfolio Holder for Safer and Healthier Communities, Durham County Council's Chief Executive and the Corporate Director of Adults Wellbeing and Health. As the local leader for public health across County Durham, the Director of Public Health will ensure that the vision and delivery model enables the council to deliver the new statutory functions from 2013. An update on the public health vision will be included in the next quarterly update report to Cabinet in October 2012.

- **Review of Fixed Play Provision**

The Council recognises the value of play as an essential part of a child's life. It allows children to develop a sense of wellbeing; it develops their emotional responses and helps them to manage risk. It improves their interpersonal skills, develops their learning capabilities and increases their ability to interact with other children in their community. It can help prevent obesity, can increase resilience to mental health problems and can make children feel more independent. The main objectives of reviewing play provision across the County are to:

- Ensure the County provide equal and fair access to quality fixed play provision for children and young people
- Provide safe and accessible fixed play provision for all children and young people, including safe access routes to play
- Provide a sustainable offer within current resources
- Ensure that County Durham also provides an attractive offer for visitors to enjoy a diverse and quality play experience through destination sites.

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PHYSICAL ACTIVITY PROGRAMMES IN COUNTY DURHAM

Area Action Partnerships

Children and Young People are listed as a priority of all the Area Action Partnerships (AAP) below is a summary of events and projects that AAPs across the County have successfully delivered for children. The events listed are for children under 11 years of age.

AAP – Children’s Activities South Durham

- Great Aycliffe & Midridge AAP
- Bishop Auckland & Shildon AAP
- Four Together AAP
- Three Towns AAP
- Teesdale AAP
- Weardale AAP

Swimming Pool Inflatable’s Project (Newton Aycliffe Leisure Centre) Neighbourhood Budget 2011 - 2012

The funding was used to purchase a swimming pool play inflatable, floats and pool toys, and small scale enabling works. The inflatable, floats and toys will be for use during children's holiday programmes (Summer, Easter, Christmas and half terms). This will provide an additional activity at low cost for local young people to help them enjoy swimming, have fun with friends, and improve their health and personal development.

Newton Aycliffe Youth Centre Football Club - Neighbourhood Budget 2011 - 2012

The sustainability of the football club relies on the Development Section providing fun sessions for boys and girls aged 4-6 yrs old. As the children progress they move into mini soccer for which the club must provide safe and secure mini soccer goals. As part of the project funding was used to replace the clubs current mini soccer goals. Funding was also used to help support hire costs of indoor training facilities during the winter months. The project covered a 200+boys and girls from the age of 4 yrs old to 17 yrs old.

Sports Project (DCC leisure Services) - Area Budget 2012 - 2013

Many youngsters don't get the opportunity to try new sports or activities because of the tight financial position their family find themselves in. Others come from backgrounds where sport is not important and youngsters are expected to find their own entertainment. The aim of the project is to provide opportunities for young people in and around Newton Aycliffe to try new sport and leisure activities for a nominal fee. The sessions are conducted by qualified staff and will work in conjunction with sports clubs that would allow youngsters the opportunity to continue with the sport if they wish. The type of activities proposed include, kyak, rock climbing, bootcamps, DJ workshops, swimming, pool inflatable, aquajog, Bokwa, Zumba, fencing, dance mats, trampoline & fitness suite. In terms of age limit it is feasible to expect that young people from the ages of 8+ will participate in the project.

Agnew Disability Sports Group (Agnew Community Association & Anderson Sport Development) - Area Budget 2011 - 2012

The Agnew Disability Sports Club is based at Agnew Community Centre in Newton Aycliffe. The Club is to be set up for the benefit of young people aged between 8-16 years with disabilities. The aim of the project is to provide fundamental basic skills and sports specific activity sessions in a secure, comfortable environment.

AAP – Children’s Activities East Durham

- East Durham AAP
- East Durham Rural AAP
- Durham AAP
- Spennymoor AAP

Thornley Summer Programme – The programme has a range of activities for children from 0 – 19 however, for the purpose of this study focus will be on ages 4-11 years. The programme is supported by youth workers, volunteers, support workers and sports coaches. The events included in the programme for children aged 4-11 years include football, dodge ball, rounders, quick cricket, mini Olympics, obstacle courses, skipping, hop scotch and dancing other activities include arts and crafts, singing and pottery painting. The programme at Thornley is in partnership with parish councils, local churches, sports development team, positive activities for young people and AAP.

RTC Summer Programme - The aim of the programme is to expand the East Durham Area Action pilot which was delivered during the summer 2011. The aim of the Multi Agency Youth Delivery Project funded by East Durham Area Action Partnership (AAP) was to pilot a new approach to delivering outreach work with young people. Sports coaches and youth workers would work in partnership to deliver a 10-week outreach programme enabling young people who do not access sport for a variety of social, emotional or ability reasons to participate in sports activities. The programme offers similar activities to what is on offer at Thornley.

Project in the Park – Murton Primary School – Children from class 14 of Murton Primary school identified issues that were making their park unusable for them such as dog fouling; broken glass; broken play equipment; poor lighting and gangs congregating to drink alcohol. They took their issues to the AAP and local Councillor with suggestions for improvement.

Consultation with Young People at Blackhall – Young people at Blackhall were invited to take part in a consultation of the provision of facilities and activities for children and young people. The questions asked centred around what facilities are currently available; where do C&YP want facilities to be located; what activities are being delivered in Blackhall; what activities are accessed by children and young people and where do they go to access these activities. 87 questionnaires were completed, 55 from children aged 5-12yrs and 32 from young people aged 13-19 yrs. Recommendations from the

survey that there should be greater involvement of local schools and more children and young people should be encouraged to take part in activities.

Vision for Denehouse Park, Peterlee – Following issues of anti-social behaviour being reported to Councillors and Police residents and children of Denehouse area requested a meeting to discuss issues of Denehouse Park. The meeting which was attended by County and Parish Councillors, Police, AAP Co-ordinators, CYPS One Point Staff together with residents and children from the estate. The outcome of the meeting was to look at existing activities in the area and apply for funding for junior provision for children 8 to 12 years during the initial planning period. East Durham Area Action Partnership developed a Community Partnership to plan short term and long term goals. Local County Councillors provided funding for 40 children and young people to receive 10 free swimming sessions. They also provided funding for a junior weekly youth club. This addresses the short term aim of the partnership which is to provide positive activities for 8 to 12 year olds in the Denehouse area. The group had suggested several ideas to improve the area such as a park with picnic benches so a wider range of the community can enjoy the area.

East Durham Rural Corridor – provided the following information on activities they have delivered for children to encourage physical activity.

- As per the AAP Statistical Profile, rates for overweight/ obesity in both Reception Year and Year 6 in this AAP are higher than England. With this in mind, as well as providing 45 apprenticeship opportunities, and hopefully a Sports Development Officer at the end of the project, the apprentices work in schools alongside qualified staff to provide free coaching to primary aged children across the whole AAP, sometimes in areas where parents may not be able to afford this sort of activity.
- May Crescent Community Garden – as well as physical activity in this intergenerational garden, links have been established with Health colleagues to work with the community group to use the produce from the garden to aid and improve their diets and well being.
- Cycle Programme – this extended the programme of activities that were running at the former Coxhoe Leisure Centre by extending the free bike hire scheme. Two regular bike rides were organised from Coxhoe and Sedgefield particularly targeted at the primary school age group and their families although no age group would be excluded. These rides have been sustained past the funding.
- Saturday Night Opening of Former Coxhoe Leisure Centre was funded in year 1, open to all aged 8 – 18 to make full use of the facilities including the gym. Transport was provided for children and young people in the surrounding areas.
- Cycle/ Walkway Project – building on success of Limestone LinX, a series of circular routes in the North of the area which AAP contributed

£30,000, attracting a match of £175,000; the main aim of the Cycle/Walkway project was to link up the whole of the AAP area and provide safe routes to school and work.

Sports and Leisure Activities – In School and Outside of School

It's important that we provide children and young people with wide ranging and high quality opportunities to get involved in sport and physical activity from an early age. Enjoyment is key and will hopefully switch them on to the benefits an active lifestyle can bring which they will take with them into adulthood.

The Council operates 10 leisure centres across County Durham, there are also leisure facilities operated by other operators Leisure works in Stanley area, Harpers in the Peterlee and Seaham areas and Spectrum Leisure in the Willington area.

Leisure centres offer a wide range of activities for children and young people including gymnastics, trampolining, coaching sessions and activities in the various swimming pools.

School's Out! – Our School's Out! programme of holiday activities, which is produced every Easter and summer, provides a variety of sport and physical activities ranging from coached to casual sessions. We work with local clubs and other partners to deliver activities ranging from football to fencing and boccia to bowling.

Taster sessions encourage youngsters to discover something different. Coaching courses give them a chance to learn a new skill or improve existing ones. There's also outdoor activities, often for the whole family, which includes cycling and walking.

Children & Adults Services – The working group received information from a Commissioning Manager in Adults and Children's Services of 'An Audit of Need', Services and Performance report that relates to the Places to go Things to do which was presented to the Joint Commissioning Board.

Members were informed that provision of services were available across the County and that research had indicated that besides structured activities arranged by the Local Authority many voluntary organisations provide a range of sporting, cultural and leisure opportunities.

Due to the size of the county and the range of providers it is not possible to capture the entire landscape of provision available in all cases however we do know that we have provision in the following categories;

- **Marquee Events** - The miners gala, Lumiere, the Literacy Festival, - these large events are promoted across the county and are mainly free to access.

- **Activities in School** – Activities tend to be more prevalent in primary school with a noticeable drop in secondary school participation.
- **Open Spaces** - **205** public open spaces and play parks across the county, including rural areas. The county is well covered with parks and open spaces, however some access is prohibited due to early closing of some parks specifically in winter.
- **Public Buildings** - **120** community centres, **39** libraries, **8** swimming baths (plus 14 in schools) and **14** leisure centres (subject to change).
- **Cultural Activities** - over **60** many of which are free or low cost with the exception of cinemas, these again are spread across the County.
- **Sports Clubs** - over **1,050** sports clubs are registered with County Durham Sport and over **1,400** football teams are registered with the Durham FA. The provision of sports clubs is countywide.
- **Private Activities** - numerous activities exist across the county, for example Beamish Wild, Hall Hill Farm, Mini Moos, however these are often expensive for families to access. **Youth Provision** - over **1,500** hours of structured activities are delivered across the county each month. Each area receives similar provision and provision does reach into rural communities. In addition to this provision the third sector provide a range of activities across the county e.g. there are over **400** scout/guide/cubs group spread across all localities.
- **Vulnerable Groups** - Significant developments in local provision have been made in providing activities for vulnerable groups. These include substantial short break provision for disabled children and young people and the Freedom Card for Looked After Children.

Tell us was a survey of children and young people across England, asking their views about their local area, with questions covering the Every Child Matters outcomes.

The survey sampled children and young people in school years 6, 8 and 10. The Tellus 4 survey was carried out in October/November 2009. 25 primary, 10 secondary and 3 special schools of those sampled completed surveys. A total of 2,238 surveys were completed in Durham.

Of the those children and young people who took part in the survey:

- 60% responded that they had taken part in a group activity led by adults outside of school in the previous month.
- 63% responded that they had access a local park or playground in the last month.
- 69% responded that their school provided a good range of activities.
- 22% responded that an increase in organised / structured activities would make their lives better.
- 14% responded that activities were not available when they wanted to do them.

- 19% responded that activities can be expensive to take part in.
- 14% responded that they do not have the time to take part in activities.
- 9% responded that they do not take part in activities because their parents / carers worry about them.

The report concludes that in County Durham and the immediate surrounding boarders, it appears that there are a wide range of activities for children, young people and families. These activities range across the spectrum and include large events such as Lumiere to small individual clubs run by the voluntary sector.

For a number of children, young people and families, barriers exist to prevent them from accessing provision. This can have a negative impact on the key priorities for the LA and partners.

The 3 main categories acting as barriers to participation include:

- Transport - lack of affordable and regular provision
- Information & Marketing - lack of clear unified marketing strategy
- Attitudes - towards C&YP/improving service focus around C&YP

PTGTDD is an issue that previously has been addressed in isolation by C&YPS with some other partners such as leisure services. However, the barriers that have been identified require a cross agency approach that involves a range of service areas and links into communities through AAP's, One Point, schools, local business, the voluntary sector and existing provision.

Children and Adult Services have a dedicated web page which

County Durham Sport -- is one of 49 County Sport Partnerships nationally, funded by Sport England, the Department of Health and other local partners. County Durham Sport was established in 1996 as the first County Sports Partnerships in the country. County Durham Sport is an independent team working closely with national, regional and local organisations to ensure that sport and physical activity are developed in a coordinated and effective way across the county. They work with various partners to help improve and get more local people to take part in sport and physical activity.

County Durham School Sports Partnership – County Durham has 6 local school sports partnerships. Since 2006 all schools on England have been part of a school sports partnership. Secondary, primary and special schools work together to increase the quality and quantity of physical education and sports opportunities for children and young people. Each partnership is managed by a Partner Development Manager and funded centrally and employed by the schools.

In December 2010 the Department for Education informed the School Sports Trust who fund school sports partnerships that ring fenced funding would not continue after March 2011 to allow schools to concentrate on competitive

sport. Schools were free to continue to work in partnership to deliver school sports but were not required to do so. The Department for Education confirmed that it would pay school sports partnerships (SSP) for the full school year to the end of the summer term 2011 to ensure that the partnerships and their service could continue until the end of the academic year. In December 2011 the Department for Education confirmed that every secondary school would receive funding up to the end of 2013 to pay for one day per week of a PE teacher's time to be spent out of the classroom, encouraging greater take up of competitive sport in primary schools and securing a fixture network for schools to increase the amount of intra- and inter-school competition.

A report looking at the impact of school sports partnerships on primary schools suggests that PE and school sports has increased since the introduction of SSP. The research carried out by the author indicates that the number and range of activities on offer in primary schools has increased (being dominated by competitive team games). The report goes on that without the assistance of SSPs school staff would not have had the time or effort required to dedicate to the organisation of activities and events. **EDWARDS, MARK, JUSTIN (2011) The impact of School Sport Partnerships on primary schools: An in-depth evaluation. Doctoral thesis, Durham University. Available at Durham E-Theses Online: <http://etheses.dur.ac.uk/3294/>**

After School Activities

There are 227 state maintained primary schools in County Durham. All primary schools offer some form of after school activity ranging from football to fencing, athletics to Irish dancing. There are too many to list individually but as the examples allude there is a wide and diverse range. It is up to the school what after school activities it offers and some may apply an additional cost to cover equipment such as cookery club to cover the cost of ingredients.

Not all after school clubs are based on sports some are related to universal and targeted excess weight programmes such as FISCH and MEND 7-13. Gardening clubs and cookery clubs also give children an understanding and the knowledge of the benefit of growing your own vegetables and the basics of cookery. Local communities allow schools to use their buildings for no or very little cost to provide activities where space is limited in school. Local knowledge provides schools with help to start gardening clubs where children grow vegetable that are used in school.

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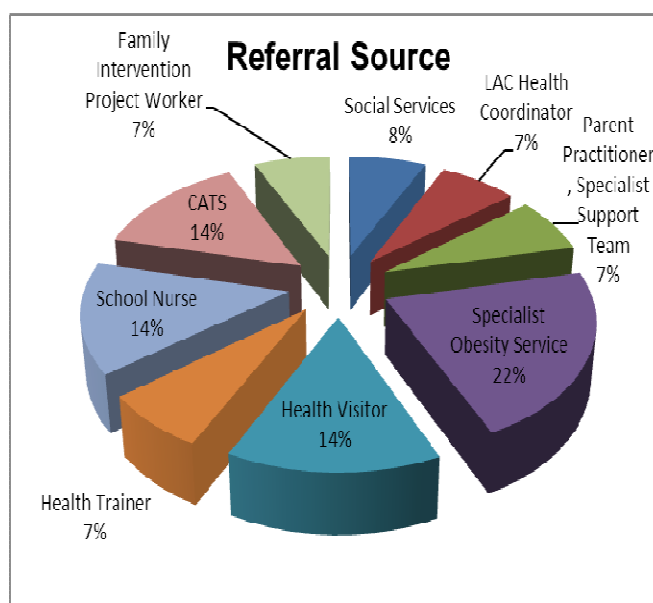
An Overview of Projects and Programmes Offered to Children who are measured as overweight or obese

Below is a non exhaustive list of the many projects and programmes on offer with a paragraph on how they operate.

The Family 1:1 Support Programme

This is a ten week family support programme that works collaboratively with families to identify need and support lifestyle changes. Participants may be referred on to the programme with a variety of food related issues. Most referrals are related to obesity where there are also complex family issues. A small number of these children are from child protection cases.

Following the ten week programme families are offered a supportive exit programme that moves to bi-weekly and then monthly support if needed and extending up to 12 months. The Food and Health Service have indicated that 29 individuals have been supported on this programme. (June 2011)



Source: Food & Health Report to Scrutiny Working Group, 2012

Small Steps to Good Nutrition

This programme is targeted and takes place in primary schools and lays foundations for good nutrition. Approximately 79 participants completed the 4 week course in 2011 which included children and their parents/carers. The results from the course showed a 67% improved knowledge of healthy eating and three courses were aligned to FISCH referrals.

A snapshot of an evaluation of the course from Bullion Lane Primary School

- Head Teacher commented – families participating in the course do not usually engage with the school.
- All of the parents participating reported the course had helped their child to try new foods, eat more fruit and vegetables, understand the need to eat a balanced diet, become more involved with cooking and eat a more balanced diet.

A snapshot from Laurel Avenue Primary School

- 88% of parents reported the course had helped their child to try new foods, eat more fruit and vegetables and eat a more balanced diet.

HIS (Health Improvement Service) Programmes

School Food Cluster Programmes – have been developed in targeted areas in County Durham to address the wider issues associated with health inequalities and to support pupils, parents and staff in accessing the skills, knowledge and confidence to adopt healthy eating behaviours. This programme is whole school based and can include curriculum based or extended school activities with an aim to promote healthy eating within families. Recurrent funding targeted at five school clusters – Gillesgate Cluster, Stanley Cluster, Willington and Crook Cluster, Wolsingham Cluster and Newton Aycliffe Cluster. (A full breakdown of the schools included in each cluster can be found in the evidence file at appendix8) Functions and activities included breakfast and after school cooking clubs; cooking courses for pupils and/or carers; new physical activities opportunities; food and health training for staff; family learning; reducing health inequalities and sustainable whole school gardening.

Alive Project – this project aims to increase access and availability of fruit and vegetables to school age children in targeted areas of deprived wards within the Durham Dales locality. Six schools were identified, the project was launched March 2010 in two schools and launch events were used as training session for volunteers and staff from the other four schools. Following this six cooking together courses for parent and child of three week and 1½ hour duration were set up across all six schools. The project was promoted at the Bishop Auckland Food Fair liaising with participating schools.

Grow Your Own 5 was a project in 2009 to encourage children in the North East to grow their own fruit and vegetables in pots to promote healthy eating. The project was launched in schools across County Durham by the local NHS Public Health team with support from Extended School Coordinator. Over 1000 students in the Tanfield area were encouraged to grow 5 different fruits and vegetables without using a garden or allotment. The project has been highlighted in bulletins including the United Nations University Bulletin.

Junior One Life is a 12 week healthy lifestyle programme designed to tackle the problem of childhood obesity and is aimed at children aged 7-12years identified as being overweight for their height. The programme sessions work with parents and children and individual groups. The programme does not focus on weight loss but is designed to adopt an all round approach to healthier lifestyles with the beneficial side affect of weight loss.

Breakfast Clubs – many schools operate breakfast clubs for pupils that offer a healthy start to the day.

The Greggs Foundation

The Greggs Foundation, formerly known as the Greggs Trust is an independent charity established by the founder of the Greggs Bakery chain in 1987. The mission of the foundation is of 'making a difference to the lives of disadvantaged people in the heart of Greggs' local communities.' The foundation has four principal grant programmes; Major Grants; Hardship Fund; Regional Grants and Breakfast Clubs. The interest to this study is the breakfast clubs.

The Breakfast Club Programme started in 2000 with the aim of providing a free, nutritious breakfast for primary school children in areas of particular social disadvantage. The supply of fresh bread and funding for cereals, spreads, fruit, yoghurt and milk has contributed to improved attendance, classroom performance and also strengthened the relationship between the schools and their local community.

In 2010, Greggs has increased the number of Breakfast Clubs by 30%, reaching a target of 150 clubs, and now donates £225,000 each year to the scheme. More clubs are lined up to open in partnership with other organisations including RBS and the CBI and Middlesbrough Council, thanks to the support of Business in the Community. In 2010, the Greggs Breakfast Clubs received the Gold Award at the Food & Drink Federation's Community Partnership Awards, in the Health & Wellbeing category.

Greggs Chief Executive Ken McMeikan believes there is the potential to help many more children in deprived areas across the UK, by rolling out the Greggs Breakfast Club model in partnership with other companies who might be willing to help.

Impact of the scheme

- Over ten years on, the Breakfast Clubs now feed over 7,000 children each day in deprived areas
- There are over 150 primary schools across the UK with a Greggs Breakfast Club
- Research undertaken by Durham University has shown that attendance, punctuality, concentration and social skills have dramatically improved as a result of Greggs Breakfast Clubs.

The scheme started in Newcastle and has gradually moved south, running only in schools in disadvantaged areas, where at least 40% of its children are eligible for free school meals; another 20 clubs are to open in the new school year.

Greggs' staff participates as volunteers in the foundation's 173 breakfast clubs, which provide free breakfasts to 7,000 primary school children in the UK. Now the foundation is making a concerted effort to encourage breakfast club partnerships with other businesses. "The breakfast club model is quite attractive to other organisations, so we started to develop business partnerships in order to open new clubs. In a quote given by the Foundation Manager she says "We hope to have 300 breakfast clubs over the next five years, and this will be impossible to do without partners," she went on to say "Partners can have a valuable input into the clubs and help young disadvantaged children to aspire to work in different professions."

Tow Law Millennium School is one of the schools in County Durham that is in receipt of the Greggs Foundation and has a Greggs Breakfast Club. The Head Teacher of the schools has indicated that the breakfast club has helped children who would otherwise have not had a breakfast before coming to school. By eating breakfast the children are more responsive and ready to learn. Head Teacher, Mrs. Jackson has said "*Greggs has given our children a brilliant start to the day! They have a healthy balanced breakfast and we have noticed a huge improvement on readiness to learn. Children are more*

attentive as they embark on the challenges of their daily mental maths sessions, lateness has improved and both parents and children start the school day in a calm and sociable setting encouraging good manners.”

Partner Project with Groundworks (May 2010) Growing Project developed in the following schools/localities:

- Crook Primary – 20 sessions with 12 young people, where these sessions were delivered as an after school club and were regularly attended by parents and members of the community. This has allowed 57 adults to attend sessions, assembly sessions were also delivered to all 330 pupils.
- Coundon Primary – delivered 4 planning sessions with the whole class of 26 pupils and then a further 11 sessions with 12 young people of these 3 were community days which 22 adults attended, assembly sessions were also delivered to all 200 pupils.

Enhanced School Standards (ESS) – As part of the ESS, action plans have been developed with individual schools where gaps are identified. Below is an example of where action plans have been tailored to addressing food and health or childhood obesity.

No.	School Name	Action Plan
1	Delves Lane Junior School	Develop a 'Tell it-Grow it- Eat it' programme in order to promote healthy eating and emotional wellbeing.
2	Timothy Hackworth Primary	Develop and extend breakfast club facility
3	Tow Law Millennium Primary	Raise Awareness of healthy diet, access to healthy varied diets
4	Stanley Crook Primary	Address teenage obesity through healthy lifestyle choices
5	Hartside Primary	Address childhood obesity through healthy lifestyle choices
6	Peases West Primary	Address childhood obesity through healthy lifestyle choices
7	Bullion Lane Primary	Develop grow and cook programmes
8	Sunnybrow Primary	Support national obesity agenda school children are provided with knowledge of healthy lifestyle with support from parents

Food and Nutrition Training – Accredited and non accredited food training has been accessed by following partner services: FISCH; School Food Coordinators; Extended School Coordinators and Integrated School Nursing and Health Visiting teams. One training session has been delivered to 15 private foster carers. A comprehensive training course is being delivered by DCC training and development services to local authority carers. Input from the Food and Health Service adds value to the course through inclusion of up to date evidence based information and resources in relation to nutrition. From April 2011 practical support sessions are included within the core course for local authority carers to produce nutritionally balanced meals for their children and families.

National Healthy Schools Programme – The national healthy schools programme was set up with three aims:

- help raise pupils' achievement;
- help reduce health inequalities;

- help promote social inclusion.

The previous government set targets and made funding available to ensure that schools were able to achieve the programme with the help and support of local authorities. In 2009 all primary maintained schools in County Durham had achieved national healthy school status. Changes in government have seen changes in policy and funding is no longer available. Healthy Lives, Healthy People, 2010 states that “the Healthy Schools, Healthy Further Education and Healthy Universities programmes will continue to be developed by their respective sectors, as voluntary programmes, collaborating where appropriate and exploring partnership working with business and voluntary bodies.” A Healthy School promotes the health and well-being of its pupils and staff through a well planned, taught curriculum in a physical and emotional environment that promotes learning and healthy lifestyle choices.

Enhanced Healthy Schools Status – The Enhanced Healthy Schools Model builds upon existing Healthy School Status and delivers measurable improvement in the health and well-being of children and young people. It is expected that schools will want to move beyond the Annual Review of healthy school and strive to continually improve outcomes for their children and young people. The Enhanced Model provides the tools to do this. Presently there are 42 schools in County Durham who are working on the enhanced healthy schools programme but not all on obesity programmes.

In School – County Durham was identified as a national pilot for free primary school meals which took place over two academic years 2009-2011. As part of the pilot many primary school kitchens underwent improvements to enable all school meals to be prepared and cooked on site. This has enabled primary schools in County Durham to provide a nutritiously balanced midday meal freshly cooked in school with locally sourced produce. Following the end of the pilot charges for primary school meals were reintroduced but at the competitive rate of £1.50 per day. This cost effective price is to continue for the next academic year (2012-2013). An evaluation of the national pilot is expected July 2012.

The current uptake of free school meals (as at Jul 2012) is 65.5%. It is important that parents are aware that they do not need to complete a long and laborious process to find out if they are eligible for free school meals schools only need to know parents’ National Insurance number and Date of Birth to establish if children are eligible for free school meals.

All state maintained primary schools must adhere to government rules relating to nutrition and healthy balance of school food. Children with specific dietary needs are all catered for - whether this is for medical or religious purposes. However there have been very few requests for halal meals with the majority of parents opting for their children to eat the vegetarian option. Schools also provide guidance for parents whose children eat a packed lunch to ensure they provide at least one healthy option. A whole school approach is taken to healthy eating – breakfast clubs should offer a balanced start to the day with healthy cereals; sweets should not be given as rewards and alternative reward systems should be considered to reward good behaviour/work. The majority of schools recognise the problem with obesity and address the problem independently although many schools are involved in the delivery of programmes.

Members advised that in their communities community buildings had been made available to schools for physical activities as they had large indoor space that some schools do not. Members suggested that schools should take advantage of community buildings as a means of providing indoor physical activities

Healthy Hearts - Within County Durham the mortality rates from Cardio Vascular Disease (CVD) are significantly higher than the National rate. The Healthy Hearts programme aims to address CVD and the inequalities it causes by taking a co-ordinated approach across service areas. Recognising that factors such as the outdoor environment, how safe people feel, the food they eat and what they learn in school all impact on CVD and these are services which are provided by the local authority.



County Durham and Darlington
3 year aggregate Obesity prevalence by school year (2008/09 to 2010/11) and electoral ward of child residence

Ward name	Reception (age 4-5 years)		Year 6 (age 10-11)	
	Number obese	% obese	Number obese	% obese
County Durham	1467	9.4%	3235	20.8%
Anfield Plain	28	10.9%	59	26.8%
Aycliffe East	20	10.4%	46	19.3%
Aycliffe North	13	5.9%	36	15.1%
Aycliffe West	29	10.6%	51	21.9%
Barnard Castle East	11	4.4%	49	17.9%
Barnard Castle West	11	6.1%	38	21.2%
Belmont	17	11.0%	34	20.1%
Benfieldside	s		29	15.1%
Bishop Auckland Town	23	9.0%	40	18.2%
Blackhalls	27	10.7%	48	17.8%
Brandon	34	10.4%	73	21.0%
Burnopfield and Dipton	25	11.5%	48	22.9%
Chester-le-Street North and East	19	7.4%	40	15.9%
Chester-le-Street South	19	7.8%	47	16.6%
Chester-le-Street West Central	28	12.2%	67	25.8%
Chilton	26	9.4%	62	23.8%
Consett North	25	9.1%	57	20.7%
Coundon	26	11.1%	57	22.3%
Coxhoe	24	9.8%	45	21.0%
Craghead and South Moor	16	10.3%	40	22.0%
Crook North and Tow Law	22	7.6%	56	23.0%
Crook South	28	11.1%	40	15.7%
Dawdon	35	12.1%	68	27.8%
Deerness Valley	34	12.5%	57	21.3%
Delves Lane and Consett South	29	7.4%	95	21.7%
Denside	13	5.9%	57	23.7%
Durham South	20	11.6%	20	12.7%
Easington	22	8.8%	43	18.7%
Elvet	s		s	
Esh	23	12.1%	41	17.5%
Evenwood	24	10.7%	71	26.7%
Ferryhill	36	12.8%	66	22.8%
Framwellgate Moor	36	10.9%	59	18.7%
Gilesgate	26	11.1%	52	24.3%

NHS
County Durham and Darlington

NCMP 2008/09 to 2010/11	
Top 10 wards with highest to lowest ranking of obesity prevalence-DCC	
Reception (age 4-5yrs)	Year 6 (age 10-11yrs)
Sacrison - 14.3%	Sacrison - 28.1%
Ferryhill - 12.9%	Dawdon - 27.8%
Tudhoe - 12.8%	Anfield - 26.8%
Peterlee East - 12.7%	Evenwood - 26.7%
Deerness Valley - 12.5%	Chester-le-Street West Central - 25.8%
Horden - 12.2%	Horden - 25.8%
Chester-le-Street West Central - 12.2%	Shildon West - 25.4%
Esh - 12.1%	Gilesgate - 24.3%
Dawdon - 12.1%	Chilton - 23.8%
Durham South - 11.6%	Shotton - 23.8%

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Durham County Council – Altogether Better equality impact assessment form

NB: Equality impact assessment is a legal requirement for all strategies plans, functions, policies, procedures and services. We are also legally required to publish our assessments. You can find help and prompts on completing the assessment in the guidance from page 7 onwards.

Section one: Description and initial screening

Section overview: this section provides an audit trail.

Service/team or section:

Overview & Scrutiny: Joint Report of Children & Young People and Adults Wellbeing & Health Scrutiny Committees Review of Childhood Obesity of Primary Aged Children

Lead Officer:
Ann Whitton

Start date: April 2012

Scrutiny review of Childhood Obesity of Primary Aged Children. The focus of the review was the effect of childhood obesity on primary aged children and followed four key lines of enquiry:

- 1) Review the current childhood obesity strategy to ensure it reflects:
 - Current obesity programmes.
 - Changes in national policy.
 - A multi-agency approach.
 - Social determinants such as poverty and exercise.
- 2) Social marketing of health promotions such as change4life and behaviour change and the impact of their implications.
- 3) Investigate gaps in local data.
- 4) Impact of all commissioned programmes on obesity in primary aged children.

The key findings of the review was:

- the current strategy was in need of refresh to reflect changes in legislation, programmes, structures and statistics.
- Schools play an important role delivering programme outcomes

- Most programmes take a whole family approach
- Local Supermarket chains should be encouraged to promote healthy eating
- Evaluation of programmes is important and it should be continuous process and not an activity at the end of the programme.
- County Durham has an excellent participation record with the National Child Measurement Programme
- Only 10% of parents who are informed their child is overweight or obese take up a place on a programme.

Recommendation 1

Cabinet, the Shadow Health and Wellbeing Board and the Children and Families Trust agree that the current strategy, 'Tackling Obesity in Children and Young People in County Durham and Darlington: A Strategy for Prevention and Treatment' is refreshed and updated to reflect changes in legislation, current programmes, statistics, structures and funding arrangements. The revised strategy should continue to follow a multi-agency approach to strengthen partnership working and to address prevention and treatment of obesity in children, reflect a Think Family approach, looking at the lifestyle of the family and not an individual. A revised strategy should be holistically integrated to sit with other strategies such as Health and Wellbeing Strategy.

Recommendation 2

Cabinet, the Shadow Health and Wellbeing Board and the Children and Families Trust encourage the management of schools to provide the necessary leadership to drive forward programmes and projects and deliver outcomes, to help children and families recognise the importance of a healthy lifestyle.

Recommendation 3

Cabinet, the Shadow Health and Wellbeing Board and the Children and Families Trust in recognition of best practice of continuous evaluation, as set out in the Standard Evaluation Framework ensure that all projects and programmes that provide healthy lifestyle changes and support to children and families follow the principles of continuous evaluation, with particular emphasis on effectiveness of programmes and projects and value for money.

Recommendation 4

Cabinet seek the advice from the Director of Public Health on the need for further work to assess the feasibility of an interim measurement at year 2 (ages 6-7 years) in addition to National Child Measurement Programme (NCMP) measurements taken

<p>at Reception Class (age 4-5 years) and Year 6 (age 10-11 years). The Working Group note that the NCMP is a nationally prescribed programme and that there are potential resource implications to establish an interim measurement.</p>											
<p>Who are the main stakeholders: General public / Employees / Elected Members / Partners/ Specific audiences/Other (please specify) – DCC Children & Adult Services, Neighbourhood Services; County Durham and Darlington Public Health, NHS County Durham & Darlington Foundation Trust; County Durham School Sports Partnership.</p>											
<p>Is a copy of the subject attached? Yes / No</p>											
<p>If not, where could it be viewed?</p>											
<p>Initial screening</p>											
<p>The group of people mostly affected by the review are children who are measured as overweight or obese and their families or carers. The National Child Measurement Programme (NCMP) takes measurements at reception and year 6 classes, this data has indicated that there are greater numbers of children recorded as obese in year 6 than reception. Early intervention programmes that address childhood obesity work with the whole family to help change behaviours and ultimately change lifestyle choices to encourage healthy eating and increase physical activity.</p>											
<p>Is there an actual/potential negative or positive impact on specific groups within these headings?</p>											
<p>Indicate : Y = Yes, N = No, ?=Unsure</p>											
Gender	N	Disability	N	Age	Y	Race/ethnicity	N	Religion or belief	N	Sexual orientation	N

How will this support our commitment to promote equality and meet our legal responsibilities?

Reminder of our legal duties:

- Eliminating unlawful discrimination & harassment
- Promoting equality of opportunity
- Promoting good relations between people from different groups
- Promoting positive attitudes towards disabled people and taking account of someone's disability, even where that involves treating them more favourably than other people
- Involving people, particularly disabled people, in public life and decision making

In addressing Childhood Obesity in Primary Aged Children will raise awareness of the benefit of early intervention programmes to alleviate health problems as adults thus providing a better quality of life.

What evidence do you have to support your findings?

Evidence for the review was submitted from Durham County Council Children & Adult Services; Neighbourhood Services; Children's Trust Joint Commissioning Board; NHS County Durham and Darlington Foundation Trust – Public Health; County Durham School Sports Partnership.

Decision: Proceed to full impact assessment – Yes/No **Date:**

If you have answered 'No' you need to pass the completed form for approval & sign off.

Section two: Identifying impacts and evidence- Equality and Diversity

Section overview: this section identifies whether there are any impacts on equality/diversity/cohesion,

what evidence is available to support the conclusion and what further action is needed.			
	Identify the impact: does this increase differences or does it aim to reduce gaps for particular groups?	Explain your conclusion, including relevant evidence and consultation you have considered.	What further action is required? (Include in Sect. 3 action plan)
Gender			
Age	The focus on this age group was selected following NCMP data and performance information.	By addressing this age group early intervention programmes can address weight problems before they become acute and need specialist treatment. This will reduce health complications in adulthood which will enable a better quality of life.	
Disability			
Race/Ethnicity			
Religion or belief			
Sexual orientation			

How will this promote positive relationships between different communities?

There is a lot of community involvement in programme delivery.

Section three: Review and Conclusion

Summary: please provide a brief overview, including impact, changes, improvements and any gaps in evidence.

- By refreshing and updating the original strategy will reflect changes in legislation, programmes, structures and statistics.
- It is essential that there is the backing of school management when they are delivering obesity programmes as this is needed to sustain the momentum of the programmes and drive through their outcomes.
- Continuous evaluation of programmes will ensure that the programmes that can demonstrate impact and value for money are the ones that are taken forward.
- Measurements taken at reception class are in line with national average but measurements taken at year 6 class are double those taken at reception class and well above the national average. It is important to find out why this is and advice should be sort from the Director of Public Health on the need for further work to assess the feasibility of an interim measurement at year 2 (ages 6-7 years) in addition to National Child Measurement Programme (NCMP) measurements taken at Reception (ages 4-5 years) and Year 6 (ages 10-11 years).

Action to be taken

Officer responsible

Target Date

In which plan will this action appear

When will this assessment be reviewed?	Date:			
Are there any additional assessments that need to be undertaken in relation to this assessment?				
Lead officer - sign off:				Date:
Service equality representative - sign off:				Date:

Please email your completed Impact Assessment to the Equality team - equalities@durham.gov.uk.

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Agenda Item 13

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