

**COMMUNITY CUSTOMER AND ORGANISATIONAL SCRUTINY  
COMMITTEE**

**Thursday, 26th June, 2014**

Present:-

Councillor Innes (Chair)

Councillors	Bagley	King+++
	Blank++++	Lowe
	Borrell	Serjeant++
	Brown++++	Simmons
	Hill+++	

Kirsty Ball - Locality Manager, North Derbyshire Clinical Commissioning Group+

Andy Bond - Town Centre Operations Manager++

Anita Cunningham – Policy and Scrutiny Officer

Marc Jasinski - Corporate Safety Advisor+++

Donna Reddish - Policy Manager++++

Mary Stead – Democratic Services Officer

+ Attended for Minute No. 3

++ Attended for Minute No. 4

+++ Attended for Minute No. 5

++++ Attended for Minute No. 6

**1 DECLARATIONS OF MEMBERS' AND OFFICERS' INTERESTS  
RELATING TO ITEMS ON THE AGENDA.**

No declarations were received.

**2 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Tom Murphy.

**3 NORTH DERBYSHIRE CLINICAL COMMISSIONING GROUP**

An update on the North Derbyshire Clinical Commissioning Group was provided by Kirsty Ball, Locality Manager for Chesterfield for the North Derbyshire Clinical Commissioning Group.

The update included information on the following matters:-

- the role and remit of the Clinical Commissioning Group;
- the partnership possibilities it offered in the local area;
- an explanation of the different tiers of the health service structure, from central NHS England (national budget and healthcare delivery planning), through to the Nottinghamshire and Derbyshire Area Team (responsible for directly commissioning primary medical services, including General Practitioner services and public health), to the North Derbyshire CCG (planning and paying for local healthcare).

The work of the North Derbyshire Clinical Commissioning Group included:

- responsibility for 36 GP practices, 298,000 registered patients and a £380 million budget;
- commissioning all non-GP and non-dentist health care, including mental health, community health services, urgent care, some primary care, Hospital services including the Royal and our community hospitals;
- work with the private and voluntary sector organisations dealing with health care.

It was said that the CCG differed from the former structure, the PCT, because it was a clinically-led membership organisation, with representatives from GP practices. Details of the doctors' roles within the CCG were given. There were doctors leading in each of the medical specialist areas. Information was also provided about the governance structure of the CCG and about the administration of its finances.

The CCG was represented on the local Health and Welfare Board. It was actively engaged in the process to bring health care and social care closer together into a more integrated structure, to provide better care and reduce overall costs.

Discussion focused decision-making about priorities in the health service, and on the timescales within which the changes were being implemented. Partnership working between GP practices, and the emphasis on locally-

decided priorities was supported. Interest was expressed in new ways of developing primary care.

## **RESOLVED –**

That the speaker be thanked for the presentation, and an update be given after six months, so that progress could be monitored.

### **4 EXECUTIVE MEMBER FOR LEISURE, CULTURE AND TOURISM - REPORT ON OUTSIDE MARKET RECONFIGURATION**

The Executive Member for Leisure, Culture and Tourism and the Town Centre Operations Manager provided an update on plans to reconfigure the Open Market in Chesterfield town centre.

The report included details of current occupancy levels on the four different market days, and provided information on the current layout of the market.

The position of stalls affected the price that could be charged for that stall, with the edges of the market providing the most sought-after sites because there was greater footfall there, compared with stalls in the interior of the market. The development of a street market in Central Pavement, Packers Row and part of Vicar Lane showed that there was demand for stalls that were in a good location to attract sufficient trade to be viable.

The problems of making a living from running a stall in the market had been discussed in depth with market traders, at the Markets Consultative Committee meetings. Issues that would make it easier and more profitable to run a stall had been fully explored.

These issues included:

- changes in the market layout to improve visibility
- wider spaces between stalls to make them more accessible
- a layout that would make it easier to provide bad weather protection
- improved drainage where possible

- retention of the traditional nature of the market
- encouragement of street traders back into the market place
- reduction of stall numbers to reflect demand, while maintaining flexibility to cater for the greater demand from the flea market
- upgrade of electricity supply to stalls.

The Council needed to maintain or increase its income stream, source funding to implement changes, deliver the requirements of traders and shoppers and take account of the market being in a conservation area.

More work would be done to develop the market as a destination, attracting people to Chesterfield, and encouraging local people to come into the town centre to shop.

It was proposed that a business case be developed to present the value for money analysis of proposals for a revised stall layout, followed by a consultation exercise on the proposed changes. A consultant would be appointed to develop the revised layout, taking into account the consultation outcome, so that a design could be agreed, and external funding sought to implement it in 2015.

## **RESOLVED –**

That thanks be given for the presentation, and a further update be requested in November 2014.

## **5 EXECUTIVE MEMBER FOR GOVERNANCE AND ORGANISATIONAL DEVELOPMENT - PROGRESS REPORT ON CORPORATE HEALTH AND SAFETY IMPROVEMENT PLAN**

The Executive Member and Assistant Executive Member for Governance and Organisational Development and the Corporate Safety Advisor submitted a performance update on the Occupational Health and Safety Improvement Programme.

The report summarised the Council's performance against the programme since 2012. The programme included four objectives: to reduce accidents, to improve the management of health and safety, to

improve the health and safety climate among employees and to develop a more effective occupational health policy and practice.

Details were given of performance on the eleven targets identified in the plan. A summary of the costs of occupational ill health and accidents was also provided. Issues identified included the relatively high reporting of stress, which was being tackled by a stress working group and by stress risk assessments.

## **RESOLVED –**

That staff and Members be congratulated on the progress made in health and safety at the Council, and that further progress updates be requested.

## **6 EXECUTIVE MEMBER FOR CUSTOMERS AND COMMUNITIES - REPORT ON COMMUNITY ASSEMBLIES**

The Executive Member and Assistant Executive Member for Customers and Communities and the Policy Manager submitted a report on the Community Assemblies Annual Report for 2013 -14 for consideration, before it was forwarded to Cabinet for approval.

The report highlighted progress made since the recommendations of the Community Forum Review had been agreed in 2013. Community Assemblies had been established to replace the Community Forum structure, and to deal with issues raised in communities, by encouraging greater community engagement and involvement.

Standard and special single-issue meetings, workshops, action planning, participatory budgeting and other community events had been held, and the use of social media, community chairing and engagement of partner agencies had been promoted. Community development had been undertaken with a variety of organisations, including schools. Priorities including financial inclusion, healthy eating, inter-generational understanding and support for the Armed Forces Community Covenant had been established.

Funding programmes, including the Minor Grants Fund and the Community Chest had been used to bring additional funds into the area from sources beyond the Borough Council.

The community development worker had been successful in empowering communities to take action to resolve their own problems, rather than simply relying on the Council and other organisations to do so. The aim was to facilitate community activities, and to work closely with partner agencies. It was believed that there had been significant cultural change in communities, as a result of this work.

It was generally agreed that Community Assemblies were achieving more for their local areas than Community Forums had been able to do.

### **RESOLVED –**

That the Policy Officer and Community Development Worker be thanked for the work done to successfully implement the Community Assemblies.

## **7 FORWARD PLAN**

The Committee considered the Forward Plan for the period 1 July to 31 October 2014.

An update on the Review of Tenant Involvement was requested, and would be emailed to members of the committee.

### **RESOLVED –**

That the Forward Plan be noted.

## **8 SCRUTINY MONITORING**

The Scrutiny Monitoring Report was considered, and the following matters were raised:-

- authorisation for the replacement of stolen signs on Reynolds Way;
- the request for statistics from the Royal Hospital on alcohol-related hospital admissions.

### **RESOLVED –**

That both matters would be followed up, and a report made at the next Crime and Disorder Committee meeting, which would take place at the

November meeting of the Community, Customer and Organisational Scrutiny Committee.

9 **WORK PROGRAMME FOR THE COMMUNITY, CUSTOMER AND ORGANISATIONAL SCRUTINY COMMITTEE**

The Committee considered a list of items raised to date for its Work Programme.

**RESOLVED –**

(1) That the Customer Services, Workforce and Cemeteries Strategies would be considered at the next meeting in September 2014.

(2) That updates be provided on the Outdoor Market, the Equality and Diversity report and a report on Social Inclusion be considered in November 2014.

10 **OVERVIEW AND SCRUTINY DEVELOPMENTS**

The Policy and Scrutiny Officer reported that she had attended an East Midlands Scrutiny meeting, with Councillor Innes.

Minutes would be circulated for discussion, and reports from the meeting were available on request from the Policy and Scrutiny Officer.

The meeting had focused on scrutinising performance, and had been attended by the Director of the Centre for Public Scrutiny.

Meetings were held quarterly, and Members would be kept informed about issues relevant to Chesterfield..

11 **SCRUTINY PROJECT GROUPS PROGRESS UPDATES**

**Health and Inequalities Scrutiny Project Group**

Progress had been slow, but the group had realised the scale of the task, and had decided that they would work more closely with other organisations, including the Clinical Commissioning Group, and with local GPs.

Two more meetings were scheduled for July and September, and it was hoped that the report would be ready for discussion at the November meeting of the Scrutiny committee.

To allow time for discussion in November it was suggested that the Crime and Disorder Committee be deferred until a date to be decided in December.

**RESOLVED –**

That the Crime and Disorder Committee be deferred until December 2014 to allow time for a full discussion of the Health and Inequalities report at the November meeting of the Community, Customer and Organisational Scrutiny Committee..

**12 MINUTES**

The Minutes of the meeting of the Community, Customer and Organisational Scrutiny Committee held on 10 April, 2014, were presented.

**RESOLVED –**

That the Minutes be approved as a correct record and signed by the Chair.