

# Council

A meeting of Council was held on Wednesday, 17th July, 2013.

**Present:** The Worshipful the Mayor (Cllr Mrs Kathryn Nelson); Cllr Paul Baker, Cllr Jim Beall, Cllr Derrick Brown, Cllr Carol Clark, Cllr Michael Clark, Cllr Robert Cook, Cllr Nigel Cooke, Cllr Evaline Cunningham, Cllr Ian Dalgarno, Cllr Phillip Dennis, Cllr Ken Dixon, Cllr Kevin Faulks, Cllr John Gardner, Cllr Robert Gibson, Cllr David Harrington, Cllr Ben Houchen, Cllr Barbara Inman, Cllr Mohammed Javed, Cllr Jean Kirby, Cllr Paul Kirton, Cllr Terry Laing, Cllr Miss Tina Large, Cllr Colin Leckonby, Cllr Ken Lupton, Cllr Mick Moore, Cllr Steve Nelson, Cllr Ross Patterson, Cllr Maurice Perry, Cllr David Rose, Cllr Michael Smith, Cllr Norma Stephenson O.B.E, Cllr Mick Stoker, Cllr Tracey Stott, Cllr David Wilburn, Cllr Norma Wilburn, Cllr Mrs Mary Womphrey, Cllr Mick Womphrey, Cllr Bill Woodhead and Cllr Barry Woodhouse.

**Officers:** N Schneider (CE); J Danks (R), J Humphreys (CESC); P Dobson (DNS); P Kelly (DPH); D E Bond, P K Bell (LD).

**Also in attendance:** Members of the public.

**Apologies:** Cllr Lynne Apedaile, Cllr Mark Chatburn, Cllr Julia Cherrett, Cllr David Coleman, Cllr Gillian Corr, Cllr Eileen Johnson, Cllr Elliot Kennedy, Cllr Alan Lewis, Cllr Ray McCall, Cllr Ann McCoy, Cllr Jean O'Donnell, Cllr Maureen Rigg, Cllr Andrew Sherris, Cllr Andrew Stephenson, Cllr Steve Walmsley and Cllr Sylvia Walmsley.

## **C Evacuation Plan**

**43/13**

The evacuation plan was noted.

## **C Declarations of Interest**

**44/13**

Councillor Cunningham declared a personal / non prejudicial interest in respect of agenda item 11 - Motion to Council as her son worked for Community Energy Solutions.

Councillor Lupton declared a personal / prejudicial interest in respect of agenda item 10 - Consultation Response to Reconfiguration of Critical Care and Emergency Medicine at North Tees and Hartlepool Trust as he was a Non Executive Director of the North Tees and Hartlepool Hospital Trust. Councillor Lupton withdrew from the meeting and left the room during consideration of the item.

## **C Minutes**

**45/13**

The minutes of the meeting held on 12th June 2013 were signed by the Worshipful the Mayor as a correct record.

## **C Public Question Time**

**46/13**

The Director of Law and Democracy informed Members that no Public Questions had been received.

## **C Members' Policy Seminar Programme**

**47/13**

Consideration was given to a report that provided an overview of content from the Members Policy Seminars in June and July 2013, that provided an update on the position with respect to Dog Fouling across the Borough, Individual Electoral Registration and a demonstration of the Council's new Web Site.

RESOLVED that the report be noted.

**C**  
**48/13**      **SUPPLEMENTARY PLANNING DOCUMENT 8 – PROVISION OF AFFORDABLE HOUSING AND THE NEED FOR VIABILITY EVIDENCE**

Consideration was given to a report on the Draft Supplementary Planning Document 8 – Provision of Affordable Housing and the Need for Viability Evidence.

The Council's affordable housing requirement was set out in Core Strategy Policy CS8. The Core Strategy (2010) recognised that the Council's Planning Obligations SPD (2008) would require updating to reflect the new Core Strategy policy. This Supplementary Planning Document would provide clear planning guidance on determining appropriate 'affordable housing' contributions.

SPDs must be subject to public consultation prior to their adoption as part of the Borough's Development Plan. It was intended that the draft SPD would undergo public consultation between July and September 2013. At a recent public inquiry the appellant had put forward an interpretation of Policy CS8 which differed from the Local Planning Authority's (LPA) interpretation of that policy. This SPD would assist in clarifying the correct interpretation.

The SPD was accompanied by a Habitats Regulations Assessment (HRA) Scoping Report and an Equalities Impact Assessment. The HRA Scoping Report concluded that a full HRA was not required for this SPD. The documents were available in the members' library and on the Council agenda system. The draft Consultation Statement which must be produced alongside an SPD was also attached to the report.

Cabinet had considered the matter at their meeting held on 13th June 2013 and had agreed the recommendations which were detailed in the report to Council. A copy of the relevant minute extract was attached to the report.

RESOLVED that:-

1. The contents of the report be noted.
2. The 'Draft Supplementary Planning Document 8 – Provision of Affordable Housing and the need for Viability Evidence' be agreed for public consultation.
3. Minor amendments to the contents of the document be delegated to Officers prior to the public consultation period.

**C**  
**49/13**      **Alteration to the Scheme of Delegation**

Consideration was given to a report on an alteration to the Scheme of Delegation. The Government had introduced new permitted development rights for a 3 year period which required prior notification to the Local Planning Authority if the applicant had not been formally notified of a decision by the last day of the statutory period for determination.

The Council's scheme of delegation authorised the Head of Planning to

determine applications which did not generate more than 5 individual letters of representation contrary to the officer recommendation. There was genuine concern that there may be situations arising under the new prior notification process where more than 5 individual letters of representation were received contrary to the officer recommendation but the application could not be reported for determination by the Planning Committee before the expiry of the statutory period for determination with the result that the deemed approval provisions would take effect.

The report examined the new issue and proposed alterations to the Scheme of Delegation to make it possible for prior notification applications to be determined lawfully within the statutory time period and prevent prior approval being obtained via the deemed approval provisions.

The issues had been considered by the Planning Committee on 29th May 2013 when Members supported the proposed alteration to the Scheme of Delegation subject to the situation being monitored and reported back to the Planning Committee.

If the Local Planning Authority were unable to decide a prior notification application within the statutory time period this situation would be clearly contrary to the rules of natural justice. This would be totally unsatisfactory for neighbours if their representations could not be properly considered.

The Secretary of State for Communities and Local Government had indicated that it was up to the Local Planning Authority to determine how it wished to determine prior notification applications.

The proposed change would still result in the officer scrutiny applied in respect of the determination of applications under current delegated powers, as indicated below.

Each application required the signature of the case officer, and the Area Team Leader / Major Projects Officer from one of the other teams. During the course of a prior notification application, case officers would liaise with their own line manager to discuss the case and recommendation. Therefore to ensure consistency in decision making and for an independent view, another team leader would act as signatory on the delegated decision, i.e. they could not sign off their own team members' decisions.

Applications recommended for refusal, in addition to the 2 signatures above, would be required to have a 3rd signature, that of the Development Services Manager to ensure consistent decision making across the teams and as a way of monitoring performance with regards to appeals.

In conclusion it was therefore recommended that the Head of Planning be authorised to determine all applications for prior notification. The revised scheme of delegation would ensure transparency, probity, fairness and consistency in decision making, and lead to continued improvements in performance.

**RESOLVED** that the Head of Planning be authorised to determine all applications for prior notification and the proposed change to the scheme of

delegation be incorporated into the Council's Constitution.

**C**            **Amendment to the Housing and Community Safety Select Committee**

**50/13**

At its Annual Meeting, held on Wednesday 25 May 2011, the Council approved appointments to its Committees, Panels and Joint/Outside Bodies for 2011/15.

Changes had been requested and were presented for Council approval.

RESOLVED that Councillor Andrew Sherris be removed from and Councillor Mark Chatburn be added to the Housing & Community Safety Select Committee.

**C**            **Officer Decision Taken in Consultation – Health Scrutiny Joint Committee**

**51/13**

Consideration was given to a report that informed Members of the following Officer decision, taken under urgency powers, in consultation with the Cabinet Member for Adult Services & Health and the Cabinet Member for Corporate Management and Finance.

The decision was that the Director of Law and Democracy, in consultation with the Cabinet Member for Adult Services & Health and the Cabinet Member for Corporate Management and Finance had agreed the appointment of Cllrs Javed, Mrs Wilburn and Mrs Womphrey to serve on a Joint Committee comprising elected representatives from Durham, Hartlepool and Stockton-on-Tees regarding proposals put forward by the NHS Clinical Commissioning Group on changes to critical care and acute medicine at North Tees and Hartlepool NHS Foundation Trust.

The reason the decision was taken was that Under the Local Authority (Public Health, Health and Wellbeing Boards, and Health Scrutiny) Regulations 2013, there was a requirement to form a Health Scrutiny Joint Committee in order to receive evidence and respond to the consultation. The Joint Committee should consist of those Councils that were consulted on the proposals due to the effect on their local populations, and therefore in this case it would be made up of three representatives from each of the following Councils:- Durham, Hartlepool, and Stockton-on-Tees.

The public consultation would end on 11 August 2013.

Under Stockton Council's Constitution, responses to consultations on substantial variations to local NHS services required Council approval prior to submission. Therefore the Joint Committee had to meet ahead of 17 July (this being the last Council meeting prior to the end of the consultation period) in order to consider the matter and for Stockton's representatives on the Joint Committee to form a view, ahead of endorsement by Council. Stockton's view would then be incorporated into the Joint Committee's final submission to the consultation, which would reflect all of the Local Authorities' views.

As a result, it was not practicable to refer the decision to appoint the Council's representatives to full Council for determination. Immediate action was essential in that respect in both the Council's and the public's interest.

RESOLVED that the Director of Law and Democracy's decision be noted.

**C**  
**52/13**      **Consultation Response to Reconfiguration of Critical Care and Emergency Medicine at North Tees and Hartlepool Trust**

Consideration was given to a report that presented consultation proposals relating to Critical Care and Emergency Medicine at North Tees and Hartlepool NHS Foundation Trust. In line with the statutory regulations, arrangements had been made to establish a separate Joint Health Scrutiny Committee in order to respond to the consultation.

The Joint Health Scrutiny Committee would be meeting on 11 July 2013 to consider the proposals and take evidence from key stakeholders. A further update was to be presented to the Council meeting, comprising Stockton's proposed views and comments in relation to the consultation, thereby enabling Council Members to agree the Council's representations and submission for inclusion in the Joint Committee's response to the consultation.

At the request of Hartlepool and Stockton-on-Tees CCG, the National Clinical Advisory Team (NCAT) had undertaken a review of the provision of Critical Care and Emergency Medical services within North Tees and Hartlepool NHS Foundation Trust.

The NCAT review advised on the configuration of services in the lead up to the completion of the planned single-site hospital at Wynyard. The NCAT Final Report was published on 15 May.

In line with the NCAT recommendations, the CCG had entered into a period of public consultation between 20 May and 11 August on proposals to reconfigure the services under review.

The public consultation document stated that, 'after much discussion with health professionals, a review of alternative options and receiving the report from the independent National Clinical Advisory Team, which agreed that there were no viable safe alternatives, it was proposed to centralise emergency medical and critical care services at the University Hospital of North Tees from October 2013.

Public consultation was being undertaken by Hartlepool and Stockton-on-Tees CCG, in partnership with Durham Dales, Easington and Sedgefield (DDES) CCG, and North Tees and Hartlepool NHS Foundation Trust.

The public consultation document stated that the Trust would:-

- "open 120 beds at the University Hospital of North Tees to make sure we have enough beds and staff to look after patients from right across our area
- make extra space in critical care so we can look after critically ill patients
- then, gradually, close the beds in medicine and critical care at the University Hospital of Hartlepool
- and transfer a number of staff from support services such as pharmacy, radiology and pharmacy and estates that need to come to the University Hospital of North Tees to support the new arrangements"

The proposals also included the potential for additional elective and rehabilitation services at the University Hospital of Hartlepool.

Further detail on the public consultation process could be accessed via:-  
<http://www.hartlepoolandstocktonccg.nhs.uk/content/page.aspx?type=news&page=8>

The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 required the formation of a joint scrutiny arrangement when an NHS body or relevant health service provider consulted more than one local authority on proposals to make substantial variations or developments to services. They provided that all the local authorities whose residents were affected and that considered the matter to be a substantial variation to local health services, must participate in the joint scrutiny arrangement for the purpose of responding to the consultation.

In such situations it was only the Joint Committee that could not require the organisation proposing the change to provide information to them, or attend before them to answer questions. If a local authority had opted out of the joint arrangement, they may not request information or attendance from the NHS body or relevant health service provider proposing the change.

In scrutinising the proposals, the Joint Committee should aim to consider the proposal from the perspectives of all those affected or potentially affected by that proposal.

On this basis, Stockton-on-Tees, Hartlepool and Durham Councils had established a Joint Committee for the purposes of responding to the Critical Care and Emergency Medicine consultation.

The Joint Health Scrutiny Committee met on 11 July 2013 to consider the consultation proposals and take evidence from key stakeholders. A further meeting of the Joint Committee would take place on Monday 29 July to agree the final consultation response from the Joint Health Scrutiny Committee (which would incorporate Stockton Council's response).

A copy of Stockton's Draft Response to Consultation on Reconfiguration of Critical Care and Emergency Medicine was presented to Members as follows:-

"Quality and safety

1. It is accepted that the proposals to bring together critical care and emergency medicine on one site are clinically led, and have the potential to improve outcomes for patients from across the geographical area covered by the Trust. The preferred long term solution for hospital services in the North of Tees area remains the development of the new Wynyard hospital, however it is recognised that the Clinical Commissioning Group (CCG) and North Tees and Hartlepool NHS Foundation Trust must address the situation as it currently stands to ensure that services are safe and of high quality.

2. The main concerns are with the sustainability of the critical care unit at University Hospital of Hartlepool due to under-utilisation, difficulty in staffing, and its small size, which taken together mean that the unit is in danger of failing to meet the clinical standards required. These standards are continually

developing, as critical care becomes a speciality in its own right, rather than a sub-set of anaesthetics. Emergency (or acute) medicine must be co-located with critical care and therefore the proposals have a wider impact. There are also opportunities to improve emergency medicine through a combined approach.

3. Continuing with the two site approach to critical care in particular raises a number of risks that will build over time. These include unnecessarily delayed diagnosis and therefore poorer outcomes, a detrimental effect on training opportunities, and an increasing need for transfers of critically ill patients.

4. A one site approach would mean patients have access to all the potential services they require at the first point of contact.

5. The different levels of service between the two sites are already apparent (for example routine tracheostomy can only be performed at certain times of the day at Hartlepool). This already creates an inequitable situation for patients, and the risk is that their outcomes become simply dependent on which hospital they are admitted to.

6. Due to the ever increasing specialisation of critical care, and the lower usage of the unit at Hartlepool, recruitment of anaesthetists is an issue. A combined critical care unit will be a more attractive option for trainees and provide a safer environment.

7. The centralisation of emergency medicine will enable the Trust to work towards having an increased range of specialists available around the clock, which will enable specialist input into a patient's care at an earlier stage than may be possible at present.

8. As the field of emergency medicine becomes increasingly specialised, Stockton representatives agree that there is a need to continually work towards having the right clinicians, in the right numbers, and in the right specialities, in order to cover the range of conditions that patients present with.

9. It is pleasing to note that recruitment in the emergency medicine department remains strong, and high quality candidates are seeking to work at the Trust, particularly in elderly care.

10. Ultimately, it would be unacceptable for a relatively small geographical area as covered by the Trust to have two units providing different levels of care. Therefore the proposal to concentrate these units on one site is strongly supported.

11. The proposals have been supported by the independent National Clinical Advisory Team (NCAT) following its review in January, and this was re-affirmed through its additional submission submitted to the Joint Committee.

12. The Joint Committee was informed that the Trust was being commissioned, separately to the proposals under consideration, to provide an additional 24 bed unit at North Tees to cope with winter pressures. This is to be welcomed in light of the recent experience of the NHS, and also due to the fact that, as a result of the proposals, the total number of beds at the Trust as a whole will go

down from 598 to 585.

#### Location

13. The options process appraisal as described to the Joint Committee included consideration as to which site should be chosen, once the proposal to concentrate these services on one site had been agreed. North Tees was selected as it is the site for complex surgery and trauma, other related clinical and support facilities, and has the necessary space required.

14. It should also be noted that, even if it was possible to separate these services from those they inter-link with at North Tees and fit them into the current layout of the Hartlepool site (and Members were informed it was not), this would have led to twice the disruption in terms of movement of beds and people, including staff.

15. There is also the issue of population and geography. North Tees Hospital is situated in the north of Stockton Borough, which has a population of c.192,406, compared to Hartlepool's population of 92,238 (ONS Mid-2012 population estimates). Therefore if the principle of combined units is accepted, it makes sense to locate them nearest to the greatest number of people. North Tees is also accessible for patients who are resident in the Sedgefield area of County Durham. Clearly transport is a key issue for all those affected, and this is addressed below.

#### Elective Care

16. The Joint Committee was reassured that the University Hospital of Hartlepool site will continue to be a centre for planned (elective) care, including orthopaedics and breast surgery for lower risk patients. This is crucial for the Trust as a whole as there is not enough capacity at the North Tees operating theatres to undertake all the surgical activity required.

17. On that basis it should be noted that already a number of Stockton Borough residents travel to Hartlepool, and there is the potential for this to increase once the detail of some shift in elective care from North Tees to Hartlepool is more fully described. Based on 2012-13 activity, 817 Stockton residents had elective care at Hartlepool (nb. it is assumed that of these 57 were higher risk patients who in future would be cared for at North Tees, as outlined above). Any increase in the number of Stockton residents having treatment at Hartlepool will need to be considered closely, including any impact on residents at risk of social exclusion through disability, those who require longer stays, and the consequent impact on visitors.

18. It will be key to the success of the elective centre at Hartlepool, and the safety of patients from all Boroughs, that the remaining clinical support team at that site is appropriately resourced (as noted by NCAT) and that the risk stratification process to determine whether a patient is low or high risk is as robust as possible.

#### Transport

19. Overall the proposals will mean 100 acute medical beds and 4 critical care beds will transfer to North Tees, which in terms of patient activity equates to 10,806 admissions a year (in total across all CCGs affected), based on 2012-13 activity levels. This means an additional 30 patients per day will receive their

treatment at North Tees.

20. It should be noted that these figures include 284 emergency and ambulatory patients from Stockton who will be cared for at North Tees rather than Hartlepool in future.

21. In addition approximately 200 staff would be affected. Taken together with the numbers of visitors that can be expected, this clearly represents a significant number of people at the North Tees site.

22. Transport and access is a key concern in relation to any proposed change to health services, particularly for areas of low income and low car ownership. Visitors play a key part in the recovery of patients and will obviously be concerned about the condition of their relatives and friends.

23. The Joint Committee heard examples from Healthwatch of the stress placed on people in emergency situations when trying to visit relatives without access to cars. Examples were also provided of the difficulties in relation to attending early morning appointments that were difficult to attend using public transport, and also in some cases, using NHS Patient Transport due to its operating hours.

24. People with low incomes may qualify to claim back the costs of travel to health appointments, but this is on the basis of those people having had the money in the first place to spend; this is becoming increasingly hard for many people.

25. These are real concerns, and the CCG and Trust have both committed to working in partnership with local authorities, and Healthwatch, to tackle this issue which will affect patients from all areas, and this is to be welcomed.

26. In terms of initial patient access for emergency and urgent care, this will mainly continue as at present, with referrals via GPs, NHS111 or 999. The North East Ambulance Service was unable to be present at the Joint Committee but have indicated that they will work with the CCG and Trust to understand the impact on the overall capacity of the Service locally.

27. In terms of scheduled transport needs, the Trust has brought forward a number of suggestions. These include the provision of two 17-seater shuttle buses which will operate from summer 2013, on a seven-day a week basis, between 8am and 8pm. These will be operate between the two sites and will be available to the public and staff, free of charge. A staff car sharing scheme is also to be promoted in the summer, and the Trust retains its own 'same day' ambulances.

28. At the meeting, the Trust gave particular emphasis to the use of volunteer drivers. This would be a service delivered to patients that did not require an ambulance, but needed some assistance with transport. Volunteers are to be commended for their work and this scheme can play an important part in the mix of transport options. However, it is not appropriate or sustainable to develop a major part of the transport solution on the basis of volunteer provision.

29. If this is a perception, it must be addressed. Patients, families and carers

should be provided with the full range of transport options. Consideration could be given to building on the example of Durham County Council's Travel Response Centre; this is set up to manage bookings onto a variety of health transport options as part of its work, including Patient Transport, the East Durham Hospital Link Service, and in some cases taxis and volunteer drivers.

30. As was noted at the Joint Committee, there are congestion issues already between Stockton, Hartlepool and County Durham at peak times. Junction improvements are planned for the A19-A689 interchange, however these have not yet taken place and the proposals under consideration may come into force within months. Therefore it is understandable that this adds to residents' concerns, and transport issues need to be considered in the round by the Trust, all local authorities, and transport providers.

31. These issues will need addressing, although overall it is recognised that the major transport concerns lie with residents of Hartlepool and County Durham. However Stockton would need issues to be addressed in relation to the situation of North Tees and the Hardwick area. In particular, the impact of increased numbers of staff, patients and visitors to the University Hospital of North Tees site is a concern as the site and surrounding area currently experiences problems with car parking.

32. With this in mind we would be keen to work closely with the appropriate staff at the Trust to develop a realistic and meaningful travel plan and to encourage the use of sustainable modes of transport as an alternative to the private car where possible. This would ideally involve the introduction of appropriate infrastructure on the site. We would also like to understand the details of the various transport initiatives proposed as part of the changes including the shuttle bus service and car sharing scheme. The Trust has highlighted a potential planning application to increase car parking capacity at the North Tees site, and this should be progressed as a priority. If this cannot be brought forward to coincide with the transfer of services, then temporary solutions should be investigated.

33. It would also be appropriate to keep under review the facilities available for families, carers and other visitors at the North Tees site, given the increase in numbers that will ensue from these proposals."

Members agreed the above as Stockton's Response to Consultation on Reconfiguration of Critical Care and Emergency Medicine.

RESOLVED that Stockton's consultation submission be endorsed for inclusion in the Joint Health Scrutiny Committee's response to the consultation, as required by the statutory regulations and the Council's constitution.

**C**  
**53/13**

### **Motion**

The following motion was submitted in accordance with Council Procedure Rule 12.1 by Councillor Rose, seconded by Councillor Cooke:-

"This Council condemns BT Openreach's unjustified fees, which we consider excessive, for carrying out straightforward works to telephone lines on houses,

therefore taking huge sums from funding secured to tackle fuel poverty.

We call on BT Openreach to urgently review its charging policy of £144 per house in the GoWarm energy efficiency programme. The work - involving fitting an extended eyebolt for a telephone line - typically takes less than one hour to complete. BT Openreach is abusing its monopoly position in charging for these works at an unjustified high price, which even includes a call-out fee each time when most properties are next door to each other Stockton Council calls on BT to significantly reduce this charge.

The Council fully supports the groundbreaking partnership with GoWarm (Community Energy Solutions) which is making a huge difference to people's lives across the borough. This work, primarily involving external wall insulation to solid wall houses, is delivering warmer homes, reduced energy bills, better health and well-being, regeneration and many other benefits to thousands of residents.

BT stands to make an unreasonable return, when charging £144 per house - which will therefore significantly reduce funds available to tackle fuel poverty. It will potentially earn some £750k from Stockton alone and going forward stands to make £70-100 million nationally from the £1.3 billion Energy Company Obligation funding stream. This money is supposed to be reducing carbon emissions and reducing fuel poverty, often in many of the country's most deprived areas, not to be supporting BT's profit margins.

Therefore this Council condemns BT Openreach's current charge rates for this work and calls upon it to review this urgently and move to a fair and appropriate price which will not be detrimental to work to tackle fuel poverty."

The motion was agreed.

## **C Members' Question Time**

**54/13**

The following question was submitted by Councillor Large for response by the Cabinet Member for Regeneration and Transportation:-

"Including Wellington Square development, pedestrian works and various highway layout changes in the past and including work currently being carried out, how much in total has been spent on Stockton High Street since Stockton became a unitary authority?"

The Cabinet Member for Regeneration and Transportation responded with:-

"It is difficult to fully quantify how much has been spent on Stockton High Street due to the private sector expenditure which has taken place but the Council has spent to date, in that period, approximately £16.3m which has additionally levered in a further £14.2m of grant from such sources as ERDF, One North East funding, Heritage grants etc. In addition to this will be the unknown private sector investment."

The following question was submitted by Councillor Large for response by the

Cabinet Member for Environment:-

“The current policy of an additional charge for burial of a person from outside of the borough has been proven to be flawed in respect of a dying wish to be interred with their nearest and dearest in a Stockton Cemetery could in fact be denied simply because of a family’s inability to pay the excess charge. In effect, somebody sharing a bed with a spouse in this life could be prohibited from sharing a burial plot because of lack of cash. Therefore, would the cabinet member consider re-visiting this policy and iron out the flaw?”

The Cabinet Member for Environment responded with:-

"I will look at the details surrounding this and report back."

## **C 55/13** Forward Plan and Leader’s Statement

The Leader of the Council gave his Forward Plan and Leaders Statement.

Cabinet met on 13th June and 11th July and considered a wide range of issues of particular interest were reports on:-

- The action plan following the Ofsted inspection of Child Protection
- The Local Strategic Partnership “Tackling Disadvantage”
- An update on the Medium Term Financial Plan
- A review of the full year performance for 2012/13
- The draft Supplementary Planning Document on the provision of Affordable Housing and the need for viability evidence.
- The Scrutiny review of Tobacco Control
- The 5 year housing supply
- An invest to save opportunity to tackle Empty homes
- And, an update and assessment of the early impact of the Welfare Reforms

Since the last meeting of Council the outcome of the Government Spending Review had also been received which included:-

- a headline 10% real terms reduction in Local Government funding
- Further details and particularly more clarity is needed around the Health funding before the full implications can be assessed
- However initial indications were that there could be an additional pressure of approximately £3m on the Medium Term Financial Plan from 2015/16
- There was no need to make any immediate changes to the Council plans or estimates in the short term. But once the full impact of the announcement was

analysed, the Council would have to consider it as part of the process of developing the 2014/15 budget and Medium Term Financial Plan

Since the last meeting the Council had also published the first annual report covering the work of TVU, it was a good summary of the success in the Borough and across the Tees Valley. A successful first year was topped off with the RGF 4 announcement which showed £27 million investment in the Tees Valley including 2 projects in the Borough at Air Fuel Synthesis Ltd / Crane Services (UK) Ltd and at Tinsley Special Products. However it was disappointing to hear that the Airport bid had not been successful and Peel Group were looking at their options.

The Council had suffered an ICT outage on 20th June and Councillor Harrington would be sending a report on the incident to all Members.

The Council had seen a great start to the summer events programme with a fantastic cycling festival on 5th July and it was great to see Stockton Town Centre packed with thousands of people last Sunday as the town danced with Ashley Banjo, the programme will be on the television in the autumn.

There's a packed programme of events over the summer, with Stockton Weekender, followed by SIRF, the Billingham International Folklore Festival and then the Rat Race and Summer Show at the end of August.

Cabinet would meet next on 5th September significant items included:-

- Armed Forces Annual Report
- EIT Review of Adult Mental Health Services
- Review of Appointment of Independent Person
- Review of the Councils new Standards regime
- Children's Social Care Workload Pressures
- Billingham Care Ready Retirement Housing
- Scrap Metal dealers Act 2013 – Delegation of Powers and Setting of Fees