



AGENDA

For a meeting of the
HEALTHY ENVIRONMENT DEVELOPMENT AND SCRUTINY PANEL
to be held on
TUESDAY, 17 JANUARY 2006
at
2.30 PM
in the
COMMITTEE ROOM 1, COUNCIL OFFICES, ST. PETER'S HILL, GRANTHAM
Duncan Kerr, Chief Executive

Panel Members:	Councillor Elizabeth Channell, Councillor Nick Craft (Vice-Chairman), Councillor Donald Fisher, Councillor Bryan Helyar, Councillor Fereshteh Hurst, Councillor Stanley Pease, Councillor Mrs Margery Radley, Councillor George Waterhouse (Chairman) and Councillor Avril Williams
Scrutiny Officer:	Paul Morrison 01476 406512 p.morrison@southkesteven.gov.uk
Scrutiny Support Officer:	Jo Toomey 01476 406152 j.toomey@southkesteven.gov.uk

Members of the Panel are invited to attend the above meeting to consider the items of business listed below.

1. COMMENTS FROM MEMBERS OF THE PUBLIC

To receive comments or views from members of the public at the Panel's discretion.

2. MEMBERSHIP

The Panel to be notified of any substitute members.

3. APOLOGIES

4. DECLARATIONS OF INTEREST

Members are asked to declare interests in items for consideration at the meeting.

5. ACTION NOTES

The notes of the meeting held on 8th 2006 November are attached for information.

(Enclosure)

6. FEEDBACK FROM THE EXECUTIVE

A briefing note prepared for the Economic Development Portfolio Holder on hospital provision in Grantham and Stamford is attached for discussion.

(Enclosure)

CATEGORY A PRIORITY: RECYCLING

7. WHEELED BINS AND DESIGN COMPETITION

The Panel to discuss the twin, wheeled-bin scheme and opportunities to promote the scheme with a design competition for children.

8. BRING SITES

The Panel to discuss ongoing problems with bring-sites.

9. HIGH HEDGES

The Panel to consider recent government legislation on high hedges. Report number DLS242 to Council is attached for information.

(Enclosure)

10. REPORTS FROM WORKING GROUPS

A copy of the letter sent in response to the consultation draft of the Access Criteria for Non-Urgent Patient Transport Requests Policy has been attached for information.

(Enclosure)

11. BEST VALUE PERFORMANCE INDICATORS

(Enclosure)

12. WORK PROGRAMME

(Enclosure)

13. ANY OTHER BUSINESS, which the Chairman, by reasons of special circumstances, decides is urgent.



MEETING OF THE HEALTHY ENVIRONMENT DEVELOPMENT AND SCRUTINY PANEL

TUESDAY, 8 NOVEMBER 2005 2.30 PM

PANEL MEMBERS PRESENT

Councillor Elizabeth Channell
Councillor Nick Craft (Vice-Chairman)
Councillor Donald Fisher
Councillor Bryan Helyar
Councillor Fereshteh Hurst

Councillor Stan Pease
Councillor Mrs Margery Radley
Councillor George Waterhouse (Chairman)
Councillor Avril Williams

OFFICERS

Chief Executive
Corporate Director, Community Services
Scrutiny Officer
Scrutiny Support Officer
Scrutiny Support Officer

Judith Moore – Waste and Resources Action
Programme
Mandy Renton – Peterborough & Stamford
Hospitals NHS Foundation Trust
Christopher Hall – Peterborough & Stamford
Hospitals NHS Foundation Trust

OTHER MEMBERS PRESENT

Councillor David Brailsford
Councillor John Hurst
Councillor Vic Kerr
Councillor Linda Neal (Leader)
Councillor Gerald Taylor
Councillor John Wilks

1 Member of the press
1 Member of the public

The Chairman welcomed Judith Moore from the Waste and Resources Action Programme, Mandy Renton and Christopher Hall from the Peterborough and Stamford Hospitals NHS Foundation Trust, Members of the Mental Health Services Working Group and members of the public.

42. COMMENTS FROM MEMBERS OF THE PUBLIC

A comment was made by Mrs. Patrick of Stamford on the provision of beds for mental health patients in Stamford. She stated that funding had been withdrawn from the United Lincolnshire Hospitals NHS Trust and in her view the only safe unit left for patients in Lincolnshire was Lincoln prison.

43. MEMBERSHIP

None.

44. APOLOGIES

None.

45. DECLARATIONS OF INTEREST

None.

46. ACTION NOTES

Noted.

47. FEEDBACK FROM THE EXECUTIVE

The Healthy Environment Portfolio Holder acknowledged receipt of the DSP's recommendations on waste management. Consultation would cease in November and a report to Cabinet was expected in December, at which point recommendations would be made on how to proceed.

48. WASTE AND RESOURCES ACTION PROGRAMME

Judith Moore from the Waste and Resources Action Programme (WRAP) gave a presentation on their background, objectives, sustainable procurement and products available.

WRAP are funded by DEFRA and the devolved administrations of Scotland, Wales and Northern Ireland. WRAP's mission was to accelerate resource efficiency by creating efficient markets for recycled materials and products, while removing barriers to waste minimisation, re-use and recycling. WRAP was launching a national campaign to raise consumer awareness of recycling and to encourage people to take action to recycle.

Encouraging people to use products with a recycled content makes the resources collected more valuable and is important for:

- Creating markets, better prices and increased demand for materials collected;
- Offering a practical measure and cost-effective way to demonstrate progress against sustainable objectives;
- Leading by example.

Uses for materials with recycled content include: construction, printing, highways and estates management, for which a minimum quota for recycled content could be stipulated within the project specification and included in conjunction with the tendering process. Case study details for projects that have included materials with a minimum recycled or reclaimed content are available on the WRAP website. WRAP had experts who would assist any authority seeking to pursue sustainable procurement of paper products.

All WRAP publications and guidance had been made available on the website: (http://www.wrap.org.uk/procurement/local_authorities).

Ms. Moore answered questions from Panel Members that had arisen from her presentation. She stated that WRAP had produced a series of guidelines for people within target sectors including construction. WRAP were working with many different groups, including Local Authorities and the construction industry; the presentation for each was tailored to reflect potential needs and objectives of all of the organisations. The quality of products with recycled content would need to stand against "conventional" products on the open market and would need to look right, perform right and cost the right price.

The Chairman thanked Ms. Moore for her presentation and the information that she had provided.

49. HOSPITAL PROVISION IN SOUTH KESTEVEN

The Chairman welcomed Mandy Renton and Christopher Hall from the Peterborough and Stamford Hospitals NHS Foundation Trust and thanked them for attending the meeting. He informed the Panel that disappointingly a last minute apology had been received from the United Lincolnshire Hospitals NHS Trust. Notes from a meeting with the Trust were circulated for the information of Members. Although there would be no guaranteed outcome from the NHS Trusts, the DSP would be able to make recommendations to Cabinet or Council for their consideration.

Stamford

Ms. Renton gave a presentation detailing an overview of the services provided on site. She stated that there was a minor injuries unit, which was open from Monday to Friday, in-patient medical facilities, day-case surgery, outpatient services, diagnostic facilities, pharmaceutical facilities and rehabilitation facilities. Theatre specialties included orthopaedics, gynaecology, urology and general surgery; approximately 3,600 procedures are performed every year. Over the past 2-3 years there had been an increase in day-case surgery, reflecting the clinical strategy and contemporary practices in medicine where in-patient surgery was no longer normal. Of the 45,000 outpatients seen from the Stamford area across all 3 hospital sites (Peterborough District Hospital, Edith Cavell Hospital and Stamford Hospital), 22,400 were treated at Stamford hospital. Figures for the minor injuries unit for three time periods are listed below:

	Number of Patients	Waiting Period
2000-2001	9047	2hrs, 23 minutes
2003-2004	9882	34 minutes
2004-2005	9436	20 minutes

The east end of the estate was being used for medical purposes, the older buildings at the west end of the estate were closed because they were not used and there was no need to use them. A workshop had been held in October to find ways to use the buildings that responded to changes within medicine and to commissioning and funding patterns. Any changes that had been made were backed up by clinical changes.

Ms. Renton and Mr. Hall responded to questions from the Panel and discussed the following:

- No comparable accounts for the previous year had been included in the statement of accounts sent to the District Council because the financial year 2004/05 was the Trust's first year as a Foundation Trust. Two sets of figures would be included in the next set of accounts produced;
- There had been a spending increase attributable to a variety of circumstances including increased employer contributions for staff pensions, additional costs associated with central government initiatives, which had not been fully covered despite an increase in revenue and increased local costs in the way services were provided, thus having to adjust to reflect the level of funding available;
- Because the Trust had become a Foundation Trust, they were subject to legally binding contracts with Primary Care Trusts (PCTs). They had over-performed in the first six months of their contract; this has meant that they have had to decrease the number procedures in order to meet contracts. The Hospital could do additional procedures but the PCT would not stand the cost. They

were unable to put tenders out to the private sector or undertake any private sector work because of capping figures on the income, which could be generated through private patients to ensure that private patients were not treated to the detriment of NHS patients;

- The mandatory capital payment of public dividends equated to 3.5% of the value of assets being paid to the Department of Health, this would constitute part of the cash to fund PCTs;
- That both hospitals in Bourne had been closed, despite assurances to the contrary at the time, while both Grantham and Stamford were seeing a depletion in the number of wards open and the number of services available. The Peterborough and Stamford Foundation Trust were looking at using the estate at Stamford hospital for the provision of other health related services using a public steer. Although the Hurst Ward had closed, it did not affect service provision as a whole. It was suggested that a policy could be pursued to ensure that the hospital estate be retained for the supply of medical services;
- Plans for a Centre of Excellence in Peterborough would not affect hospital provision in Stamford. Such plans would entail an amalgamation of the two hospital sites in Peterborough City. The Hurst Ward had been taken out of medical use because it did not offer the most suitable clinical lay-out for patient care;
- 2% of Trust staff were Senior Managers, approximately 29% of staff were nursing staff. Administration staff accounted for 7.1% of total staffing numbers. This was comparable to a figure of 20.6% for the United Lincolnshire Hospitals NHS Trust;
- When hospital services are adjusted and ward closures ensue on the pretext of the establishment of a centre of excellence, there should be empirical proof that the Centre of Excellence exists; it was suggested Panel Members should attend a site visit to the Centre of Excellence;
- When discussing the driving force behind decisions, a lack of money of money to effectively use their capacity was suggested. Generally recruitment was good, although some specialists had to be recruited from outside the UK. The Trust were looking at bringing in work from other areas.

Ms. Renton stated that there had been a review of all services across the Trust, the outcomes of which were due to be published shortly after the meeting.

The Chairman thanked Ms. Renton and Mr. Hall for their attendance and their frank answers. He advised them a copy of the action notes from the meeting would be sent to them for their information.

Grantham

The Chief Executive commented on the notes he had produced from a meeting with representatives of the United Lincolnshire Hospitals NHS Trust. Key points from that meeting included:

- At Grantham Hospital in a year there would be over 30,000 patients treated in the Accident and Emergency (A&E) Department, 7,000 planned surgical operations, 6,000 emergency admissions and 80,000 outpatient visits;
- A&E would continue to be a 24-hour, 7 days a week service;
- Patients who need urgent medical treatment would continue to be cared for at Grantham;
- Patients brought to the A&E requiring treatment in a major trauma centre would continue to be transferred to Sheffield or Nottingham (this had always been the

case);

- A change had been proposed regarding Level 3 Critical Care services; where patients were known to the Trust, they had previously been and would continue to be redirected to hospitals that could offer the appropriate standard of health care required. Where the condition of patients already in hospital had deteriorated, they would be transferred as soon as possible, previously they would have been held for 24-hours. The change was proposed as a result of a clinical safety review;
- Haematology day-care patients would continue to be treated at Grantham. The service would be enhanced through integration into county-wide provision;
- There is the potential for service improvements at Grantham, including capital investment in the development of breast care services within the Trust, the appointment of a senior doctor who is a leading expert in the country at using MRI technology to diagnose heart problems and the application by the Trust for Grantham to be the site for an innovation unit for the whole of the East Midlands;
- The Trust were in a financial transitory period to the implementation of payment by results. This would lead to a code to cover every medical service. This would not be implemented until 2008. Interim arrangements were causing difficulties;
- Data from the Department of Health said the reference cost of United Lincolnshire Hospitals had been higher than the target. The 2003/04 reference cost was 109, which would need to be reduced to 98 by implementing efficiency gains. Historically Lincolnshire hospitals had not received equivalent levels of funding compared to elsewhere in the country while facing the additional costs incurred in delivering a service to a rural area with a low infrastructure of community service. One key aspect in improving efficiency would be to reduce the average length of a stay within hospital, which had been 8.7 days in 2003, to 5.5 days;
- The deficit of £4.9m on a turnover of £287m had arisen because of historical borrowing to close the gap between the service required and the resources available. From 2006/07, the Department of Health had agreed to increase funding for Lincolnshire, from 8% below the national average to 2% below the national average. However, as a condition to this funding, the Trust would need to increase its efficiencies and pay off its debt;
- A large number of issues raised by the Trust and points of mutual interest between the Trust and the Council, it was suggested that the Hospital should be invited to become a full member of the Local Strategic Partnership. As Chairman of the LSP, The Leader was tasked with consulting Members.

Panel Members were concerned about some of the points raised at the meeting and suggested that they would like the opportunity to question representatives from the United Lincolnshire Hospitals NHS Trust at a future meeting. Questions and discussion included the following points:

- If critical care beds were moved from Grantham, where would they go?
- Despite being told that there would be an increase in high dependency beds across the District, no mention had been made as to where these would be;
- A lot of people who “block” beds cannot be discharged because there would be nobody to look after them. It was suggested that there should be increased liaison with social services. As people are not able to be discharged, efficiency targets would not be met;
- The proportion of administration and estates was seen as being particularly high (21% of the total work force), while healthcare staff had decreased by

9.2% and staff costs had increased by 13.4%. The Panel would require an explanation of the numbers;

- Hospital provision is important for ensuring the sustainability of the community, this would be particularly important in Grantham's aspiration to become a Sub-Regional Centre;
- With the depletion of critical care beds, Members were concerned about what would happen in the event of a pandemic;
- The financial pressure under which the hospital is operating could incentivise the sale of land for housing purposes. The Panel suggested that protections could be put on the land using the Local Development Framework, classifying hospital land and putting stringent controls on development, it was also suggested that the Council may be able loan the Hospital the money it would need to pay off the deficit or make representations on its behalf;
- More information would also be required on the structure and availability of support staff; this would be particularly important because of the increase of care within the community.

It was felt that an increased knowledge and understanding of critical care and high dependency would be beneficial, so representatives with financial and clinical knowledge should be invited to the next meeting. If no one would be available to come, it was suggested that the Healthy Environment DSP should go to meet with the Trust.

CONCLUSIONS:

- 1. That the Panel visit any Hospital claiming to serve as a Centre of Excellence for people within the District;**
- 2. That clinical and financial experts from the United Lincolnshire Hospitals NHS Trust should be invited to the next meeting of the Healthy Environment DSP on January 17th 2006;**
- 3. That accounts and financial statements should be sought from other Health Service Trusts for comparison;**
- 4. That the future Local Development Framework should include policies to protect existing sites of medical/health infrastructure for that use only. Such facilities are considered to be of fundamental importance to the future well-being of the towns, and the District as a whole, and that their loss to alternative development should be restricted;**
- 5. That the District Council should explore the possibility of offering a loan to cover the deficit.**

50. LEISURE TRUST

The Corporate Director of Community Services updated the Panel on the process of the formation of a Leisure Trust. Work is being undertaken on whether a single trust or multiple trusts would provide the best service for the District. The Leisure Trust had been included as a consultative item on the agendas for all Local Area Assemblies; this consultation would be completed on 16th November 2005. There had also been consultation with town councils, schools, the County Council and Burghley Estates. A report detailing the findings of the consultation would be considered by Cabinet on 5th December.

Panel Members briefly discussed the consultation aspect of the Leisure Trust, including obligations to the Grantham Charter Trustees and the Guildhall. Building Ownership would be retained by the Council and leased to the Trust; obligations to users and other stakeholders could be dealt with under the terms of any contract. The

District Council would retain some control of the services provided because representatives would be appointed to the Board of Trustees.

There would be an event providing more information on Leisure Trusts for staff on Monday 14th November 2005, while a similar event would be held for Members on Tuesday 15th November 2005.

Members requested that a single page guide should be produced, listing the pros and cons of Leisure Trusts. Members were advised that, following the release of the Cabinet report, they should contact the Chairman, Vice-Chairman or the Scrutiny Officer to request its inclusion as an agenda item for the next meeting.

CONCLUSIONS:

1. ***That a brief guide listing the pros and cons of Leisure Trusts should be produced and circulated to Panel Members;***
2. ***That if, following the production of the report to Cabinet, Members require it including as an item for the meeting on January 17th 2006, they should contact the Chairman, Vice-Chairman or the Scrutiny Officer.***

51. REPORTS FROM WORKING GROUPS

Mental Health Services Working Group

Members of the Mental Health Services Working Group were thanked for their attendance. Given that their report was not yet complete, it was suggested that the item should be deferred to a future meeting of the Panel and included as a substantive agenda item to enable extensive discussion.

CONCLUSION:

That Members of the Mental Health Services Working Group should be invited back to present their final report on 14th March 2006, where it will be considered as a substantive agenda item.

Public Information Pillars Working Group

The notes of the PIPs Working Group had been circulated to all Members of the Economic DSP, the other interested Panel. No representations had been received from them. Members of the Healthy Environment DSP agreed to endorse the sites preferred by the Working Group. Any PIP the company wants to install would require planning permission.

CONCLUSION:

That the Panel endorses the recommendations for preferred sites for Public Information Pillars in Grantham.

52. BEST VALUE PERFORMANCE INDICATORS

Copies of the most recent performance indicators had been circulated with the agenda. The only red indicator was for satisfaction with Street Scene by TCMPs. This information was derived from a questionnaire circulated to TCMPs, it was thought that the lack of satisfaction could partly be attributed to the format of the questionnaire. This was being redesigned.

Member foresaw that given the success in meeting recycling targets, future targets could be very challenging. It was felt that bring-sites were still not emptied sufficiently.

53. WORK PROGRAMME

The most recent Work Programme had been circulated with the agenda for the meeting. The Scrutiny Officer reminded Members that it reflected the Forward Plan. This was noted. He advised Members that the decision on waste, noted as not before December 2005 could be moved back, if necessary, the meeting schedule could be reviewed accordingly. There was concern that not all households in South Kesteven had had SK Today circulated, it was deemed that if any recommendations were to be made based on consultation through SK Today, it would not offer a representative view of the District. The Panel were informed that some houses had been missed in circulation but the distributor had been tasked to return to ensure that every household had a copy.

CONCLUSIONS:

- 1. To request a report on high hedges for the next meeting of the DSP on 17th January 2006;**
- 2. That Kevin Brumfield should be contacted to request a copy of the letter he was tasked to send to the haulage companies on completion of the Bourne Inner Relief Road;**
- 3. That the design competition to promote recycling and the wheeled-bin scheme should be included as an agenda item for 17th January 2006.**

54. ANY OTHER BUSINESS, WHICH CHAIRMAN, BY REASONS OF SPECIAL CIRCUMSTANCES, DECIDES IS URGENT.

Access Criteria for Non-Urgent Patient Transport Requests Policy

A draft of the policy had been circulated to all Panel Members, the deadline for representations was Friday 2nd December. Members appointed a Working Group to submit a response on the Panel's behalf.

CONCLUSIONS:

- 1. That a Working Group should be appointed to consider the draft Access Criteria for Non-Urgent Patient Transport Requests Policy, consisting of Councillors F. Hurst, Mrs. Radley and A. Williams;**
- 2. That the Working Group should be delegated the authority to represent the Panel.**

55. CLOSE OF MEETING

The meeting was closed at 17:47.

Briefing Note for Cllr John Smith

Subject: Hospital Provision in South Kesteven

Recommendation of Healthy Environment DSP

That the future Local Development Framework should include policies to protect existing sites of medical/health infrastructure for that use only. Such facilities are considered to be of fundamental importance to the future well-being of the towns, and the District as a whole, and that their loss to alternative development should be restricted.

The Council is able to allocate land and premises for the development of new or for safeguarding existing community facilities within its Local Development Framework (LDF). This function is normally used to safeguard sites for education facilities or highway changes where there is a long term political and/or financial commitment by the Local Education Authority or Highway authority to the development of the land for that specific purpose.

The LDF could therefore include a policy which seeks to protect existing medical or health facilities within the district.

The actual effect of such a policy would however be limited as it would not necessarily prevent an existing hospital from closing, as this would be an operational decision on behalf of the health trust and would not require planning permission so there would be no opportunity for the Council to intervene using its planning function.

The only real effect of the policy would therefore be on the future re-use of a site or premises. Any application for the re-use of a former hospital site covered by a protection policy would need to be determined in light of that policy, together with "other relevant material considerations".

The policy would indicate that the site should be re-used for medical/health care only, however if the applicant were able to demonstrate that there was no economical, practical or feasible chance of reusing the site for medical purposes another use of the site could be considered. For example this may be residential, employment, other social or community facilities.

Were such a designation to be made in the SKLDF it would demonstrate the Council's political support for retaining local health facilities, it would not however be a particularly effective tool in actually achieving the retention of such facilities, but would provide a "moveable " obstacle to any future re-use of a hospital site.

If Members are convinced that the inclusion of such a policy in the LDF is both beneficial and desirable it should be included within the first consultation draft of the most appropriate LDF policy document (probably the Core Principles

and Location Strategy document) which is likely to be prepared for publication next Easter (2006).

This policy will need to identify the specific sites considered most appropriate for protection (advice will be sought from Members whether they would wish the protect to apply just to hospitals or whether it should include other local NHS medical centres and any other health related premises)

It would also be necessary to provide the criteria against which any future re-use applications should be considered. A draft policy may therefore read :

“ Existing public medical and health care facilities as identified on the proposals map should be retained for the benefit of the local community.

The loss or redevelopment of such premises will only be permitted where:

- a) it is demonstrated that the existing (or former) community use is being relocated to premises more suited to its function, and where the new site is at least as easily accessible to the community it serves; or*
- b) it is demonstrated that the existing(or former) use is no longer functionally and financially viable and that the current service provided by that facility can continue to be provided through alternative provision.*

Applications for the re-use of an identified site will only be permitted where it is demonstrated that consideration has been given to using the premises for alternative “community” services or facilities first. If it is determined that the site is not suitable for other community uses or that there is no need or demand for such uses in that locality consideration may be given to the re-use of the site for alternative commercial uses.

REPORT TO COUNCIL

REPORT OF: NICK GODDARD
CORPORATE MANAGER DEMOCRATIC &
LEGAL SERVICES (MONITORING
OFFICER)

REPORT NO. DLS24

DATE: 28th April 2005

TITLE:	HIGH HEDGES LEGISLATION – ANTI SOCIAL BEHAVIOUR ACT 2003 – OPERATIONAL ISSUES
FORWARD PLAN ITEM:	NOT APPLICABLE
DATE WHEN FIRST APPEARED IN FORWARD PLAN:	NOT APPLICABLE
KEY DECISION OR POLICY FRAMEWORK PROPOSAL:	NOT

COUNCIL AIMS/PORTFOLIO HOLDER NAME AND DESIGNATION:	COUNCILLOR JOHN SMITH DEVELOPMENT CONTROL ENFORCEMENT
CORPORATE PRIORITY:	CORPORATE GOVERNANCE
CRIME AND DISORDER IMPLICATIONS:	HIGH
FREEDOM OF INFORMATION ACT IMPLICATIONS:	HIGH This report is available via the Local Democracy link on the Council's website www.southkesteven.gov.uk
BACKGROUND PAPERS:	ANTI-SOCIAL BEHAVIOUR ACT 2003 AND DRAFT GUIDANCE

1. PURPOSE OF REPORT

To outline the new statutory duty imposed upon the District Council in relation to complaints about high hedges and to put in place the necessary procedures, fees, delegations and authorisations in order to implement the requirements when brought into force. ODPM has indicated that this is likely to be within the next few months.

2. INTRODUCTION – THE NEW ACT

Part 8 of the Anti-social Behaviour Act 2003 (The Act) contains the framework within which the District Council must consider complaints from owners or occupiers of domestic property, alleging that their reasonable enjoyment of that property is being adversely affected by the height of a high hedge situated on land owned or occupied by another person. The Act does not apply to non-residential properties.

3. NEW REGIME

An owner or occupier of a domestic property may make a complaint under Part 8 on the ground that the reasonable enjoyment of his domestic property (or part of it) is being adversely affected by the height of a hedge growing on neighbouring land. It is intended that making such a complaint to the local authority should be a last resort; reasonable attempts should first be made to resolve the problem by negotiating with the neighbour.

4. WHAT THE COMPLAINT MUST INCLUDE

4.1 The complaint must relate to a “high hedge” which is defined in the Act as a barrier to light or access as is formed wholly or predominantly by a line of two or more evergreen or semi-evergreen trees or shrubs and rises to a height of more than 2 metres above ground level. A line of evergreens or semi-evergreens is not to be regarded as forming a barrier to light or access if gaps significantly affect its overall effect as such a barrier at heights of more than 2 metres above ground level.

4.2 The local authority can reject the complaint if they consider it to be frivolous or vexatious or if reasonable steps have not been taken to resolve the dispute amicably.

4.3 A complaint cannot be made about single trees or shrubs, whatever their size or the effect of roots of a high hedge.

5. PROCEDURE

5.1 If the Council consider that negotiation will not resolve the dispute then it should provide the complainant with a formal complaints

form and explanatory leaflet. Regulations will prescribe a maximum fee.

- 5.2 The complainant completes the form and sends a copy (together with the relevant fee) to the council and a copy to the owner and occupier of the land where the hedge is situated.
- 5.3 The council decides whether or not to proceed with a complaint. It may not proceed if it considers that the complainant has not taken all reasonable steps to resolve the matter without involving the council or that the complaint is frivolous or vexatious. In either event the complainant must be notified of the council's decision. If the council decide not to issue a remedial notice then consideration should be given to providing practical advice on how the hedge might be maintained so that it does not cause problems in the future.
- 5.4 If the council decide to proceed with a complaint, it must decide whether or not to issue a Remedial Notice with a view to remedying the adverse effect of preventing its reoccurrence. The procedures for issue, service, effective dates, compliance periods and appeals to the Secretary of State are similar to those for Planning Enforcement Notices, except that appeals may also be made against a decision not to issue a Remedial Notice by the complainant. Notices are registerable as Local land Charges.
- 5.5 There is some flexibility in relation to the remedial notice in that there is nothing in the Act that says hedges must be reduced to 2 metres. Remedial action cannot involve reducing the height of the hedge below 2m from ground level nor require the hedge to be removed.

6. POWERS OF ENTRY

The Council may authorise "a person" (i.e. not necessarily an Officer of the Council) to enter land to obtain information relevant to a complaint or Remedial Notice upon 24 hours prior notice (Section 74). Obstruction of an authorised person is a Level 3 offence (currently attracting a maximum fine of £1,000).

7. OFFENCES

Failure to comply with any local authority remedial notice will constitute an offence that is liable, on conviction in the magistrates' court, to a fine of up to £1000. The court may also issue an order requiring the hedge owner to carry out the required work within a prescribed time.

8. WORKS IN DEFAULT

The council will also have default powers to enter onto the land (upon 7 days prior notice) and carry out the works required by a Remedial Notice. Costs of carrying out the works in default may be recovered from the owner. Any unpaid expenses will be registered as a local land charge and be binding on successive owners.

9. PROCEDURAL MATTERS

The Act is to be supplemented by Regulations and detailed guidance including the recommended methodology for calculating the height of a hedge that is likely to cause significant loss of light to a garden or house nearby (see below). The new duty to consider complaints and decide whether or not to issue a Remedial Notice is considered to be Regulatory and it is therefore appropriate that the function falls under Development Control Committee. It is anticipated that complaints will, in the main, proceed by way of written representations, however in some cases a hearing may be appropriate.

10. GUIDANCE

10.1 The draft Guidance contains 14 pages of formulae and diagrams for calculating the “action hedge height”. Hedges higher than 1 metre above this line are likely to already be causing a substantial loss of light and should be trimmed to at least 1 metre below it.

10.2 The “action hedge height” is calculated having regard to:

- Loss of daylight to main house windows – these calculations take account of the geographical orientation, distance, window positions, type of room inside the property, whether the hedge is directly opposite or to one side or oblique to the window and whether the window is ground floor or not. Sloping ground also has to be taken into the calculation.
- Loss of sunlight to nearby gardens – as well as orientation there is a formula to allow for the relative size of the affected part of the garden to the whole, and whether the hedge is on or set back from the boundary. Again, calculations need to be revised to take account of sloping ground.
- In both cases summer and winter variations will also have to be taken into consideration.

11. OTHER RELEVANT FACTORS

In reaching a decision as to whether to issue a Remedial Notice other relevant factors are to be taken into account such as:-

- Extent to which a high hedge affords privacy to adjoining occupier
- Contribution of hedge to the amenity of the neighbourhood
- Any legal obligation in relation to the hedge
- Hedge on more than one side of a garden
- History e.g. whether hedge has remained as present height for a number of years, previous complaints, was hedge as present height when complainant purchased or his property built.
- Other options such as thinning, crown lifting, etc.
- Proximity of a building behind the hedge blocking as much light as the hedge itself
- Partial obstruction of window only
- Topiary hedges
- Trees in hedges
- Acoustic screen hedges
- Protection of wild life, such as nesting birds

12. RECOMMENDATIONS

12.1 In order to accommodate the new duties imposed by the Act it is recommended to the Council that:

The following functions be added to the Development Control Committees' remit:-

“Functions relating to high hedges pursuant to Part 8 of the Anti-Social Behaviour Act 2003.”

12.2 The following powers be delegated to the Development Control Services Manager:-

- (i) to deal with all complaints in relation to high hedges made pursuant to Part 8 of the Anti-Social Behaviour Act 2003 and any regulations issued thereunder;**
- (ii) to authorise persons to exercise the power of entry pursuant to Section 74 and 77 of the Anti-Social Behaviour Act 2003.**

12.3 That a member panel of not less than three members be created to determine complaints requiring a hearing pursuant to Part 8 of the Anti-Social Behaviour Act 2003. The member panel to be drawn from members of the Development Control Committee.

12.4 That the Council recommends to the Cabinet that it determines the maximum fee for dealing with High Hedge complaints under Section 68 of the Anti-Social Behaviour Act 2003 to be at the same level as the fee applicable to householder planning applications and to remain in line with any future householder application fee increases.

13. CONTACT OFFICER

Nick Goddard Corporate Manager Democratic & Legal Services
(Monitoring Officer)

Your ref: ST/CC
Our ref: DSP02 (HE)

Officer Contact: Jo Toomey
Extension: 6152

Date: 22nd November 2005

Direct Line: 01476 406152
e-mail: j.toomey@southkesteven.gov.uk

Dear Mr. Tomlinson,

ACCESS CRITERIA FOR NON-URGENT PATIENT TRANSPORT REQUESTS POLICY

Many thanks for your letter dated 29th October 2005 and the attached Consultation Draft of the Access Criteria for Non-Urgent Patient Transport Requests Policy. This has now been considered by Members of the District Council's Healthy Environment Development and Scrutiny Panel, who conveyed their representations, as listed below:

- That the production of a policy including clear qualification criteria for NEPT is welcome;
- There was concern about the timescale for the project; until on-line services are complete, people would be reliant on accessing their own doctor who would then have to liaise on their behalf;
- Para 4.1: The first bullet-point is unclear as there is either an additional word (have) or a missing modifier (have _____ **must**);
- Para 4.3: If patients are responsible for their own transport arrangements there is no mechanism for assistance on their arrival. If the patient arrives by taxi or is escorted by a relative with limited mobility, there is no provision for them to receive any assistance, fetching wheelchairs, getting to their appointment, etc. It was suggested that on arrival there should be a telephone number they could call for assistance;
- Para 5.1: The person making the NEPT booking (at the booking centre) must have a basic medical knowledge and suitable qualifications to make an assessment, particularly when they are relying on information coming from the patient or a source with no medical background;
- Para 6.1: A point at which reimbursement would occur would need to be made clear to all patients;

- Para 6.6: There was great concern that this should contain a degree of flexibility. If people from rural areas not served by public transport or without their own transport must attend appointments, a taxi would be very expensive, a cost which the patient would have to stand. There could be vast implications on elderly members of rural communities;
- Para 11.1: Why is there no Choose and Book Centre in Grantham? It was felt that, as one of the principal towns in South Kesteven, there should be a Choose and Book Centre based in Grantham;
- Para 15.1: There should be more specificity when advising people to speak with the person providing their care; patients could be receiving care from a number of different people.

Members were generally positive about the clarity and appropriateness of the criteria included within the document but ask that when developing the policy further, you take note of the recommendations made above. Should you have any queries regarding any of the points, please do not hesitate to contact me.

Yours sincerely,

Jo Toomey
Scrutiny Support Officer (Healthy Environment DSP)

Healthy Environment DSP - Performance Monitoring 2005/06

Those indicators with a number in the PI column are from the Government's Best Value Performance Indicators suite used by many Councils. The remaining indicators are local to SKDC and may be relatively simple measures/indicators only. The reader is asked therefore to exercise an element of caution when interpreting any data attached to them.

Key: C=cumulative; A=average; N=number; %=percentage; CA=cumulative average; Q=quarterly; blank=monthly

PI	SKDC Priority Area and PI Description	IND Type	Reporting	2004/05 SKDC Outturn	2003/04 Upper Quartile	2005/06 SKDC Target	April	May	June	July	August	Sept	October	November	Year End (12 months to March)	Are We Improving Yr on Yr?	2006/07 SKDC Targets	2007/08 SKDC Targets	
	RECYCLING Priority A																		
82a/b	Recycling - % of household waste recycled and composted	A		14.5%	22%	18%		24%	23%	25.20%	29%	28%	26%	20.25%	0%	Y	21%	24%	
	STREET SCENE Priority A																		
199	Cleanliness of relevant land and highways	%	Q	19%	12%	17%			11%			12%			0%	Y	15%	12%	
Local	Street Cleaning pass rate for town centres	%				95%	N/A	93.75%	93.75%	95%	95%	95%	96.25%	96.60%	0%	N/A	96%	97%	
Local	No. of fixed penalty fines issued	C				60	5	15	43	84	138	180	206	225	0	N/A	70	70	
Local	Average time taken to remove flytips	A				2 days	Same day	Same day	Same day	Same day	1 day	2 days	1 day	2 days	0	N/A	2 days	2 days	
Local	Satisfaction with street scene by TCMPs	%	Q			80%			57%			57%			0%	N/A	82%	84%	

**DEVELOPMENT AND SCRUTINY PANELS (DSPs)
WORK PROGRAMME 2005/6
INTRODUCTION**

This Work Programme is partly derived from the Cabinet's Forward Plan, but also contains items that have been brought forward by the DSPs themselves. Such items are in italics.

Where the item has appeared on the Forward Plan, the anticipated date of the key decision is listed in the second column. The third column shows the last available date that the full DSP can consider this item before the key decision is due to be taken (unless a special meeting is called). This does NOT necessarily mean that the item will appear on the DSP agenda, this will only happen if this is requested by the Chairman or members of the DSP. There will also be instances where there is no DSP meeting before a decision is due to be taken; in these cases the next meeting date after the decision date is shown.

As Cabinet meets monthly and the DSPs meet bi-monthly it is not possible within the current timetable of meetings for the DSPs to consider every single Cabinet or Cabinet Member decision. Scrutiny members are therefore encouraged to read this Work Programme and bring forward items for consideration where they think that an item should be considered by the DSP.

HEALTHY ENVIRONMENT DSP		
<u>ISSUES FOR CONSIDERATION</u>	<u>DATE OF KEY DECISION (IF APPROPRIATE)</u>	<u>DSP MEETING /ACTION</u>
SKDC enforcement policy – a generic plan for regulatory services	February 2006	17.01.06
<i>Grantham Hospital – possible closures Hospital Provision in Stamford</i>	<i>N/a</i>	<i>Identified as an issue by the DSP on 08.09.05</i>

**DEVELOPMENT AND SCRUTINY PANELS (DSPs)
WORK PROGRAMME 2005/6**

<i>Mental Health Services</i>	N/a	Identified as an issue by Comms/Eng DSP on 13.01.05. Site visit has taken place.
<i>Visit to ambulance control centre in Lincoln</i>	N/a	Identified as an issue by Comms/Eng DSP on 13.01.05
<i>Waste collection arrangements</i>	Not before January 2006	17.01.06
<i>Design competition for promotion of wheelie bin scheme</i>	N/a	17.01.06
<i>Management of cultural services – results of consultation on the feasibility of managing arts and leisure through a non profit making trust</i>	Not before April 2006	14.03.06
<i>High Hedges</i>	Identified at Council on 8.9.05	To be considered at meeting on 17.01.06