

CABINET – 18 SEPTEMBER 2012

ITEM 4 – QUESTIONS FROM COUNTY COUNCILLORS

Questions received from the following Members:

Councillor Janet Godden to Councillor David Nimmo Smith

“Residents of Farmoor have queried with me the repairs to the edges of a long strip of the narrow B4017 at Filchampstead in preparation for the ride of respect, when other local road maintenance problems - particularly on the B4044 - have been reported more frequently and seem to deserve higher attention. What consideration was given to the need for road repairs when the route was chosen? What has been the cost of this work along the route of the ride, and what budget has this money come from?”

Answer:

“The work that has been carried out at Filchampstead was structural patching, not edge strengthening, which was identified as required for repair. This section of patching work had been identified before Oxfordshire County Council were made aware of the Ride of Respect, but, as it was on the Route, it made sense to carry it out before the event took place. The route was identified by the Royal British Legion and agreed by Thames Valley Police. These decisions are not based on the condition of the highway but if there were significant safety issues relating to a road we would take the necessary action to ensure the safety of all road users.

The County Council are aware of issues that are faced on the roads in Oxfordshire and officers assess each potential location based on their merits and submit locations for programmed attention after they have completed their assessment. These decisions are based on their professional assessment factors including visual inspections, SCRIM test results (skid resistance test) and reports from Local Highway Representatives.

The structural patching work carried out was completed at a cost £36.5k which was funded from the structural patching budget. This patching was completed over a distance of approximately 2.5 kilometres in advance of surface dressing planned for the summer of 2014 in that area.

Due to the volume of motorcycles expected for the ride of respect, the proposed route was inspected and work undertaken to ensure any defects on the route were repaired. This work was funded out of the standard defect budget.

The B4044 has been assessed regarding defects remaining open and not completed, there appears to be 6 safety defects in this area that are overdue and beyond the 28 days required for completion. These are programmed for completion by Friday 21 June 2013.”

Councillor Susanna Pressell to Councillor Hilary Hibbert-Biles

“I'm sorry that you don't have the benefit of a range of comments from the Health Scrutiny Committee, but yet again the Public Health Annual Report has not been sent to this committee before coming to Cabinet. This is very regrettable and seems to show that the administration has no respect for the scrutiny function. Instead of this, you just have a couple of questions from me:

firstly what do you see as the major public health challenges presented by our growing ethnic minority communities

and secondly how do you plan to meet these challenges and narrow the wide health gap between our Pakistani and Bangladeshi residents and the most healthy people in the County?”

Answer:

“1. The Director of Public Health (DPH) Annual Report.

The Health Overview and Scrutiny Committee is free to set its own agenda and to request items for presentation at its meetings, but has not yet requested that this report be presented.

The DPH Annual Report is a statutory and independent report, presenting evidence of trends and gaps in the health and wellbeing of the population. This independence means that, though the views of committee members can be taken into account for future consideration, the report is not the subject of scrutiny or consultation.

2. The issue of inequalities in health, including those which are linked to ethnicity, are examined in the Director of Public Health Annual Report. There are two major public health challenges - poorer outcomes for particular groups on particular issues and an overall increase in the number of people from ethnic minorities in the population.

Specific challenges need to be addressed and it is the role of Public Health to identify these issues, influence the organisations responsible for delivering improvement and perform a “watchdog” role to ensure better outcomes. For example, South Asian communities have a higher prevalence of diabetes and it is the work of the Clinical Commissioning Group to ensure early identification and good management of the condition. Similarly the NHS England Thames Valley Area Team are now responsible for commissioning cancer screening services. They have been alerted to lower uptake of cervical screening programmes by women from some specific ethnic groups. Teams from the Clinical Commissioning Group are identifying and contacting these people individually to encourage attendance.”

The Joint Strategic Needs Assessment identifies particular groups in the population who have poorer outcomes. This analysis can then be used by all commissioners to ensure that they focus on the areas or populations with greatest need. It is this principle which is highlighted in the Director of Public Health Annual Report. Improving the quality of data to enable this process is an important and on-going task.