Sedgefield BOROUGH

For Service and Enterprise

AREA 1 FORUM

Monday,

6 September 2004

6.30 p.m.

Tudhoe Community Centre

AGENDA

and

REPORTS

AREA 1 FORUM Monday, 6 September 2004

AGENDA

1. APOLOGIES

2. MINUTES

To confirm as a correct record the Minutes of the meeting held on 7th June 2004. (Pages 1 - 6)

3. POLICE REPORT

A representative of Spennymoor Police will attend the meeting to give a report on crime statistics and initiatives in the area.

4. DURHAM CONSTABULARY - SOUTH COMMUNICATIONS CENTRE

Report of visit to South Communications Centre. (Pages 7 - 8)

5. SEDGEFIELD PRIMARY CARE TRUST

A representative of Sedgefield Primary Care Trust will attend the meeting to give an update on local health matters, including the control of infection and performance figures. A copy of the report 'Achieving Patient Access Target and Baseline Performance Requirements' is attached.

A copy of the executive summary of the NHS Improvement Plan 'Putting People at the Heart of Public Services' together with the summary leaflet of the Public Health Annual Report 2003/04 'The Health and Wellbeing of People in Sedgefield' are attached for information (Pages 9 - 30)

6. NEIGHBOURHOOD WARDEN SERVICE

Arrangements have been made for the Head of Neighbourhood Services to attend the meeting to give a presentation regarding the above.

7. PLAY AREAS

Further to Minute AF(1)7/04 of the meeting held on 7th June 2004, arrangements have been made for an officer from the Council's Leisure Services Department to attend the meeting to give details of the proposed provision of play areas for the area covered by the Forum and the sources of funding available to support young athletes.

8. LOCAL ROAD SAFETY ISSUES

A copy of the minutes of the meeting of Spennymoor Road Safety Local Working Party held on 13th May 2004 is attached for information. (Pages 31 - 34)

9. QUESTIONS

The Chairman will take questions from the floor.

10. DATE OF NEXT MEETING

Monday 25th October 2004 at 6.30 p.m. at Spennymoor Town Hall.

11. ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT

To consider any other business which, with the consent of the Chairman, may be submitted. Representatives are respectfully requested to give the Chief Executive Officer notice of items to be raised under this heading no later than 12 noon on the Friday preceding the meeting in order that consultation may take place with the Chairman who will determine whether the item will be accepted.

N. Vaulks
Chief Executive Officer

Council Offices
SPENNYMOOR
26th August 2004

ACCESS TO INFORMATION
Any person wishing to exercise the right of inspection in relation to this Agenda and associated papers should contact **Gillian Garrigan, Spennymoor, Ext 4240**

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Membership of Forum

Sedgefield Borough Council
Councillor J. M. Khan (Chairman)
Councillor A. Smith (Vice-Chairman) and

Councillors Mrs. A. M. Armstrong, Mrs. B. Graham, A. Gray, M. T. B Jones, B.M. Ord, G.W. Scott, Mrs. C. Sproat, K. Thompson and W. Waters

Spennymoor Town Council
Councillors Mrs. S. Fleetham and Mrs. E. Summerson

Durham County Council
Councillors E. Foster and N.C. Foster

Tudhoe Grange Comprehensive School Council
Victoria Hall

Spennymoor Comprehensive School Council
J. Palmer and P. Lenagh

Church of England Representative
To be confirmed.

Spennymoor Police
Chief Superintendent M. Banks

Sedgefield Primary Care Trust
Mrs. M. Fordham and Mrs. G. Wills

Tudhoe Community Centre
J. Smith

New Life Community Church
R. Gibson

CAVOS
M. Russell

Community Network
Anne Frizell

Spennymoor Pub Watch
C. Fletcher

Spennymoor Chamber of Trade
J. Welsh

Neighbourhood Watch Co-Ordinators
R. Campion, T. Coulson & Mrs. E. Croft

The Oaks Residents Association
S. Bright

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SEDGEFIELD BOROUGH COUNCIL

AREA 1 FORUM

Kirk Merrington Community Centre — Monday, 7 June 2004

Time: 6.30 p.m.

Present: Councillor J.M. Khan (Chairman) – Sedgefield Borough Council and

Councillor Mrs.A. M. Armstrong	–	Sedgefield Borough Council
Councillor Mrs. B. Graham	–	Sedgefield Borough Council
Councillor M.T.B. Jones	–	Sedgefield Borough Council
Councillor B. M. Ord	–	Sedgefield Borough Council
Councillor A. Smith	–	Sedgefield Borough Council
Councillor Mrs C. Sproat	–	Sedgefield Borough Council
Councillor K. Thompson	–	Sedgefield Borough Council
Councillor E. Foster	–	Durham County Council
Sergeant I Rodgers	–	Durham Constabulary
P.C. G. Coulson	–	Durham Constabulary
Mr. G. Willis	–	Sedgefield Primary Care Trust
Mrs. M. Fordham	–	Sedgefield Primary Care Trust
M. Khan-Willis	–	Police Authority
J. Smith	–	Tudhoe Community Centre
K. Ainsley	–	Local Resident
D. Gordon	–	Local Resident
J. Graham	–	Local Resident
C. Kennedy	–	Local Resident
E. Maddison	–	Local Resident
J. Marr	–	Local Resident
R. Stewart	–	Local Resident
F. Walker	–	Local Resident

In Attendance: Mrs. G. Garrigan and J. Nutt - Sedgefield Borough Council

Apologies:

Councillors A. Gray, G.W. Scott and W. Waters	–	Sedgefield Borough Council
Councillors Mrs.S. Fleetham, & Mrs. E. Summerson	–	Spennymoor Town Council
Inspector S. Winship	–	Durham Constabulary

AF(1)1/04 MINUTES

The Minutes of the meeting held on 5th April 2004 were confirmed as a correct record and signed by the Chairman. (For copy see file of Minutes).

AF(1)2/04 POLICE REPORT

Sergeant I. Rodgers and P.C. G. Coulson were present at the meeting to give details of crime figures for the area.

The crime statistics were as follows:

Type of Crime	April 2004
Total crime	118
Violent crimes	18
Assault	17
Dwellinghouse burglaries	5
Burglaries – other	5
Vehicle crime	12
Theft	43
Criminal Damage	39

Specific reference was made to the beat surgeries that had recently been held in Asda and Co-op supermarkets, Spennymoor and the arrangements being made to hold a surgery in the foyer of the Borough Council Offices, Spennymoor.

Concern was expressed regarding the consumption of alcohol in public places. It was reported that it was not an offence to consume alcohol within the Borough in a public place, unless the person drinking the alcohol was under the age of 18 years.

The Forum was informed that the Police had recently prepared lists of graffiti in the Tudhoe, Spennymoor and Middlestone Moor areas. The lists, which identified the exact location, extent and content of graffiti, had been forwarded to the Borough Council to arrange removal. It was agreed that an update would be given at the next meeting of the Forum regarding progress made.

Concern was expressed regarding the number of vehicles obstructing both the pavement and the road, in the Ridgeside/North Close area. The Beat Officer for that area agreed to investigate the problem.

Specific reference was made to the speeding campaign that the Police, in conjunction with the Council's Community Force, had recently undertaken in Tudhoe Village.

It was reported that arrangements had been made for up to 12 members of the Forum/members of the public to visit the call centre at Bishop Auckland Police Station on the evening of Tuesday 29th June 2004. Anyone interested in taking part, was asked to complete the form that would be circulated at the meeting or contact Mrs. Gillian Garrigan on Spennymoor 816166

AF(1)3/04 SEDGEFIELD PRIMARY CARE TRUST

Melanie Fordham and Gloria Wills attended the meeting to give an update on recent performance figures and local health matters.
Mrs. Wills reported that she was currently acting chairman of the PCT following the death of Councillor Alan Gray.

Reference was made to a consultation exercise which had been undertaken in April/May 2004 in response to the Government paper, 'Choosing Health'. A report detailing the findings of the exercise was to be presented to the Sedgefield PCT Board at its meeting on Thursday 10th June 2004.

Reference was also made to the report - 'Achieving Patient Access Targets and Baseline Performance Requirements', a copy of which would be forwarded to members of the Forum.

The targets with regard to access to a GP within two working days and a primary health care professional within one working day had continued to be met.

A target of 91.2% had been achieved in respect of patients waiting less than 4 hours in the Accident and Emergency Departments of the County Durham and Darlington Hospitals.

It was noted that no-one had waited more than 17 weeks for an outpatient appointment and three patients had been effected by delayed transfer of care.

With regard to the North East Ambulance Service, the target of responding to 75% of calls to life threatening emergencies in 8 minutes had not been achieved. The actual performance was 65.6%. It was noted that representatives of the North East Ambulance Service would be presenting details of their plans to improve the service to the PCT.

It was reported that the PCT had submitted details of its performance for the past year to the Department of Health and its star rating should be determined by 17th July 2004.

With regard to the development to the out-of-hours service, six GPs had been recruited to man the Urgent Care Centre at Bishop Auckland Hospital and there were a number of GPs within the Borough, who were willing to cover some sessions of the out-of-hours rota.

It was pointed out that from October 2004 the Accident and Emergency Department and the Urgent Care Centre at Bishop Auckland Hospital were to be combined.

Specific reference was made to the 'Choice Initiative Programme' for those people waiting for treatment for more than six months. It was noted that fourteen people within Sedgefield Borough had been eligible to receive treatment elsewhere, however, in all cases they had decided to remain with their own consultant.

Concern was expressed regarding the 'superbug' that was effecting a number of hospitals and it was requested that information on the control of infection be presented to a future meeting of the Forum.

It was also requested that further information be provided at the next

meeting regarding the development of Spennymoor Health Centre under the LIFT Programme.

AF(1)4/04 WALKING THE WAY TO HEALTH

Jim Nutt, member of the Countryside Team, Sedgefield Borough Council, attended the meeting to give a presentation on the benefits of walking to improve health and fitness.

He explained that the Countryside Agency and the British Heart Foundation were encouraging more people to walk in their own communities to improve their health and Sedgefield Borough Council, Sedgefield Primary Care Trust, Spennymoor Town Council and the Countryside Agency were helping to develop 'health' walks in the towns and villages of the Borough.

It was pointed out that walking could be enjoyed by almost everyone, of all ages and abilities and could help to manage or control some medical conditions, including coronary heart disease, high blood pressure, narrowing of the arteries in large leg muscles and diabetes. Regular walking also improved muscle tone and skeletal bone density and helped to reduce the incidence of osteo-arthritis, low back pain, osteoporosis and risk of falls.

Walking also helped with weight loss and reducing obesity and was a recommended therapy to improve one's outlook on life. A healthy walk was a brisk walk. Those people who had not exercised for some time were advised to seek medical advice before commencing.

Specific reference was made to the aim to establish ten walking clubs within the Borough and to recruit more volunteers.

The Forum's attention was also drawn to the proposed improvements to public footpaths and bridleways in the Whitworth Park area of the Bobby Shafto Estate under the Minerals Valley Project.

AF(1)5/04 LOCAL STRATEGIC PARTNERSHIP BOARD - APPOINTMENT OF BOARD MEMBER AND ALTERNATE

Consideration was given to a report of the Chief Executive Officer regarding the above. (For copy see file of Minutes).

It was agreed that Councillor A. Smith be appointed as the representative for Area 1 Forum on the LSP Board and Councillor Mrs. A.M. Armstrong as 'Alternate'.

Councillor Andrew Smith, reported that Spennymoor had been awarded £2.1m of Single Programme Resources as part of the County Durham Economic Partnership's Major Centres – Urban Programme which would enable the implementation of a comprehensive programme of improvement works within the town centre. The total funding package for the Improvement Programme was in excess of £3.4m as contributions were to be made by the Borough Council, Durham County Council, Spennymoor Town Council and other property owners in the

Centre.

It was explained that the funding would enable improvements to be made to the western and eastern gateways and High Street, CCTV installation and improvements to Festival Walk, subject to negotiation and agreement with the Precinct owners.

AF(1)6/04 DATE OF NEXT MEETING

Monday 6th September, 2004 at Tudhoe Community Centre at 6.30 p.m.

AF(1)7/04 PLAY AREAS

Concern was expressed regarding the lack of play areas in Middlestone Moor.

It was agreed that an officer from Leisure Services Department be invited to attend a future meeting to give details of the proposed provision of play areas for the area covered by the Forum.

Concern was also expressed regarding the small amount of funding available from Durham County Council to support young athletes. It was requested that information be provided for the next meeting regarding the sources of funding available to support young athletes.

Access to Information

Any person wishing to exercise the right of inspection, etc., in relation to these Minutes and associated papers should contact Mrs. Gillian Garrigan Spennymoor 816166

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REPORT TO AREA 1 FORUM

6TH SEPTEMBER 2004

DURHAM CONSTABULARY – SOUTH COMMUNICATIONS CENTRE

Further to Minute No. AF(1)2/04 of the meeting held on 7th June 2004, Members of the Forum and local residents visited Durham Constabulary's South Communications Centre at Division Headquarter, Woodhouse Lane, Bishop Auckland on the evening of Tuesday 29th June 2004.

Inspector Peter Foster showed the Group around the Centre and gave details of how it operated.

The Centre was responsible for the handling of calls for the south of the County – Weardale/Teesdale/Sedgefield and Darlington areas. The remainder of the County was covered by the North Communications Centre at Aykley Heads, Durham City.

It was explained that calls were taken by officers/support staff known as "call takers", who had a list of questions to ask the callers to ensure that they received the necessary information. A Minicom system was available at each Communications Centre for callers who were hard of hearing. There were 6 levels of response, which ranged from an immediate response within ten minutes to the matter being referred to the local beat officer to be dealt with on a non urgent basis. The "call takers" transferred the information they had received regarding incidents electronically to the "call dispatchers". A paper copy of the reported incidents was also produced. The "call dispatchers" were aware of the officers on duty and their location when assigning incidents/jobs.

All 999 calls automatically jumped to the top of the queue. 90% of 999 calls were answered within ten seconds. 999 calls from mobile phones were all answered by the North Communications Centre. The drop-out rate for calls was low and the Centre was answering more calls as the number of reported incidents had increased by 20%when compared with figures for 2002. From 1st January 2004 to date there had been 15,000 incidents reported on the incident log system for the Sedgefield area.

Specific reference was made to the three switchboard operators who were on duty at Bishop Auckland Police Office from 8.00 a.m. to 6.00 p.m. and took approximately 500 calls each per day.

It was reported that Durham Constabulary were currently in the process of recruiting more "call takers" – support staff. The newly appointed officers would receive two weeks training and then be mentored for at least ten weeks. It was pointed out that all calls and all radio transmissions were recorded.

The Group's attention was drawn to the fact that Durham Constabulary now operated on the Airwaves Radio System. The digital system provided secure communication channels and gave 98% coverage of the area. The quality of transmission was also excellent and the system would enable officers to communicate with all police forces within the country.

The staff at the Communications Centre could also link into the CCTV systems operated by Councils in the area and monitor the front desks of Police Offices in its area.

RECOMMENDED : That the information be received.

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Sedgefield NHS
Primary Care Trust

Board Meeting Thursday 12th August 2004

Title of Report: Achieving Patient Access Targets and Baseline Performance Requirements

1 Purpose of Report

The purpose of this report is to advise Board members of the performance achieved by all provider Trusts from which are commissioned Acute services for the Sedgefield population.

2 Connection with Sedgefield PCT's 4 Key Objectives/Pillars

Performance monitoring against national/local standards is fundamental to 'Improving Health Services'.

3 Background Detail

3.1 Access Incentive Scheme

Access Fund Capital was established by the Department of Health in 2003/04 for a three year period with the aim of rewarding NHS organisations for making progress towards improving access across all primary, acute and mental health services including waiting in A&E and inpatient and outpatient waiting times and lists.

Payments are as follows:-

Time Period	Amount per NHS Trust and PCT	Conditions
Quarter ending 30 June 2004	£77 600 capital	Delivery of all targets specified below during the quarter
Quarter ending 30 Sept 2004	£38 800 capital	
Quarter ending 31 Dec 2004	£38 800 capital	
Quarter ending 31 March 2005	£38 800 capital	

The fund is to be managed at Strategic Health Authority level, who were responsible for designing the targets and monitoring progress.

All the targets listed below have to be delivered by the PCT during the quarter to be eligible for payment. Part payment for achievement of some but not all the targets is not possible.

Target	Operational Standard	Success Criteria	Progress to Date for Q1
Primary Care Access	Achieve 100% by December 2004	Incremental targets throughout the year	Achieved

Waiting List Breaches	No patients waiting against 17 week outpatient, 9 month inpatient, 6 month revascularisation standards at month ends	No month end breaches throughout the quarter	Achieved
Cancer: 2 Week Wait breaches	No patient will wait more than 2 weeks from an urgent GP referral for suspected cancer to date first seen as an outpatient	No breaches in quarter	No breaches up to end of May
No. receiving assertive outreach services	Deliver assertive outreach to the adult patients with severe mental illness who regularly disengage from services	Achievement of LDP target* in each quarter	LDP target 2004/5 – 35 Q1 Actual - 46

3.2 Summary of Current Position

Please note that where appropriate, this month performance is measured against the latest Local Delivery Plan trajectories submitted to the Strategic Health Authority. It is important to note that targets for inpatients and outpatients have changed from 2003/4. For inpatients, the maximum wait is now 9 months and for outpatients, the maximum wait is 17 weeks. The tables below have been amended to demonstrate this.

July

Description of Target	Achieved	Trajectory
Ensure 100% of patients who wish to do so can see a primary health care professional within 1 working day and a GP within 2 working days by December 2004.		
Access to GP:	100%	100%
Access to Primary Care Professional:	100%	100%
A&E: - % patients through A&E within 4 hours (CD&D only) Reduce to four hours the maximum wait in A&E from arrival to admission, transfer or discharge, by March 2004 for those Trusts who have completed the Emergency Services Collaborative and by the end of 2004 for all others.		
4th July 2004	93.0%	90%
11th July 2004	93.9%	90%
18th July 2003	95.4%	90%
25th July 2004	95.1%	90%

May

Description of Target	Achieved	Trajectory
Inpatients: Achieve a **maximum wait of 9 months** for all inpatient waiters and reduce the number of 6-month in-patient waiters by 40% by March 2004, as progress towards achieving a maximum 6 month wait for inpatients by December 2005 and a 3 month maximum wait by 2008		
No. of 9 month breaches	0	0
6 to <9 months	129	109
0 to < 6 months	1185	1271
Outpatients: Achieve a **maximum wait of 4 months (17 weeks)** for an outpatient appointment and reduce the number of over 13-week outpatient waiters by March 2004, as progress towards achieving a maximum wait of 3 months for an outpatient appointment by December 2005.		
No. of 17 week breaches	0	0
13 to <17 Weeks	120	133

Description of Target	Achieved	Vs Last Month
Delayed Transfers: Improve the quality of life and independence of older people so that they can live at home wherever possible, by increasing by March 2006 the number of those supported intensively to live at home to 30% of the total being supported by social services at home.		
Acute - no. of patients	0	1
Acute - average delay in days	0	2
Mental Health - no. of patients	5	6
Mental Health - average delay in days	79.6	197.5
North East Ambulance Service: Ambulance services must achieve an 8 minute response to **75%** of calls to life threatening emergencies.		
% Cat A Incidents responded to within 8 mins	63.8%	75%
% Cat A Incidents responded to between 8 - 19 mins	36.2%	25%
% Cat A Incidents responded to in over 19 mins	0%	0%
Cancer: Maintain existing cancer waiting time standards and set local waiting time targets for 2003/04 and 2004/05 so that by the end of December 2005 there is a maximum of one month from diagnosis to treatment, and two months from urgent referral to treatment for all cancers. • GP to refer within 24 hours • Trust to see patient within 14 days		
No. of cancer breaches	No data	0

3.3 Further Information

The attached graphs demonstrate the PCT's performance against the Local Delivery Plan trajectories in key areas.

There are also charts demonstrating information collected by Drug Action Teams on numbers of people presenting for drug treatment, numbers in treatment and numbers successfully completing drug treatment. However, it should be noted that this information is of poor quality as the teams are still improving their recording systems.

Also attached, is a scorecard, produced by County Durham and Tees Valley Strategic Health Authority demonstrating Sedgefield PCT's performance against other PCTs in April.

4 Recommendations

The Board receives this report for monitoring purposes.

5 Impact Statement

5.1 Financial Implications
None to report.

Melanie Fordham
Director of Commissioning and Performance
2nd August 2004

Tables prepared by
Maureen Scott
Performance Manager

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Primary Care Access Survey 2004/5

	List Size	April Days GP	April Days PCP	May Days GP	May Days PCP	June Days GP	June Days PCP	July Days GP	July Days PC
Practice 1	1442	1	0	1	0	0	0	0	
Practice 2	2643	1	0	0	0	0	0	0	
Practice 3	14517	0	0	0	0	0	0	0	
Practice 4	8034	0	0	0	0	0	0	0	
Practice 5	15902	2	0	1	1	1	1	1	
Practice 6	2376	0	1	0	1	0	1	0	
Practice 7	9839	0	0	0	0	0	0	0	
Practice 8	14818	1	1	1	1	1	1	1	
Practice 9	10028	0	0	0	0	0	0	0	
Practice 10	6040	0	0	0	0	0	1	0	
Practice 11	8824	0	0	2	0	0	0	1	
Total	**94463**	**94463**	**94463**	**94463**	**94463**	**94463**	**94463**	**94463**	**9**
No. Patients where Practice achieving target		**94463**	**94463**	**2**	**2**	**3**	**3**	**4**	
% Achieving		**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	

Summary

	GP	PCP
Apr	100%	100%
May	100%	100%
June	100%	100%
July	100%	100%
Aug		
Sept		
Oct		
Nov		
Dec		
Jan		
Feb		
Mar		

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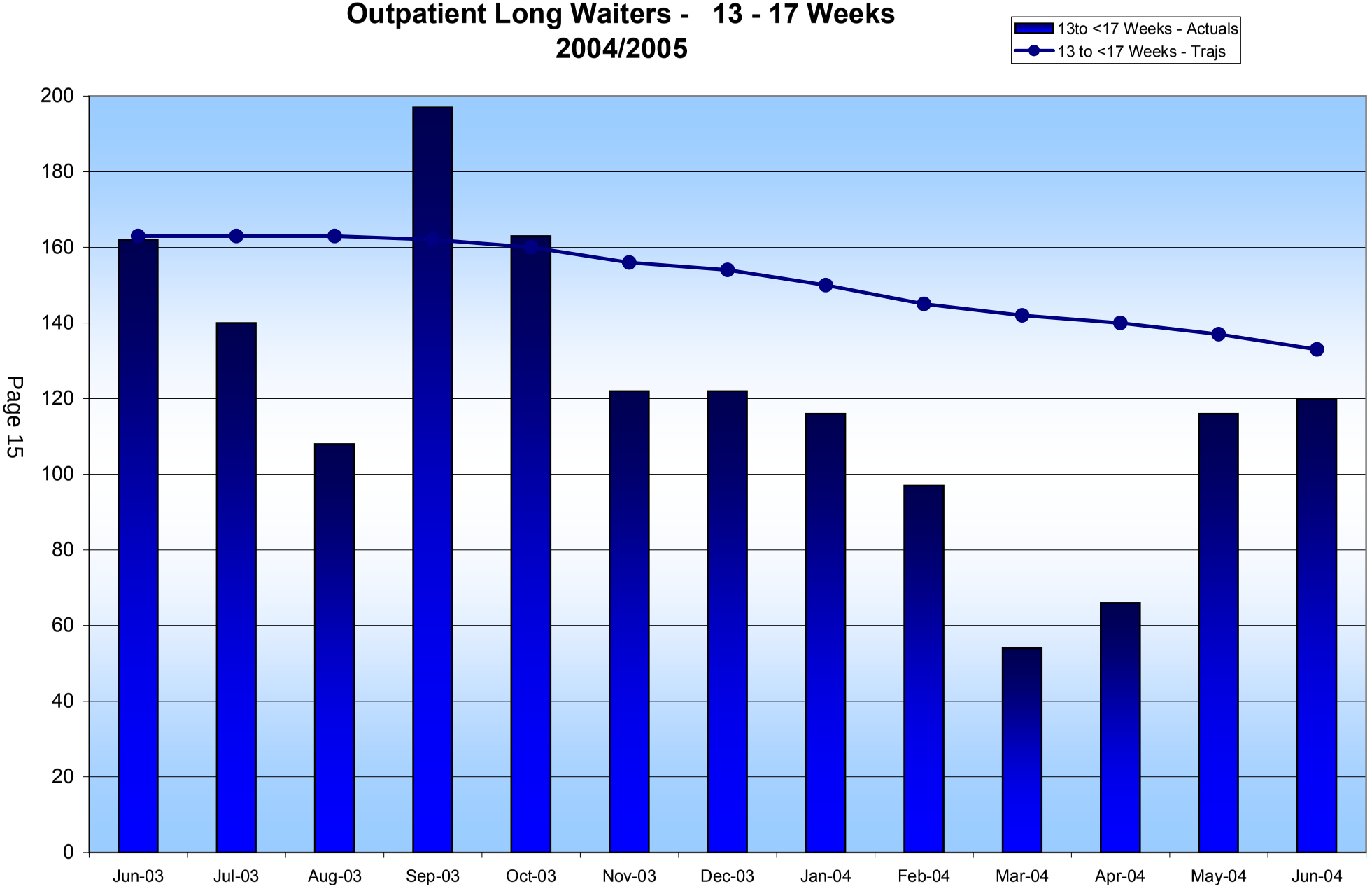
Table 5

Sedgefield PCT
Outpatient Long Waiters - 13 - 17 Weeks
2004/2005



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HM Government

The NHS Improvement Plan

Putting People at the Heart of Public Services

Executive summary

Department of Health

NHS

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Executive summary

The NHS Improvement Plan: Putting People at the Heart of Public Services sets out the priorities for the NHS between now and 2008. It supports our continuing commitment to a 10-year process of reform first set out in *The NHS Plan,* in July 2000.

Introduction

1 Over the past seven years the NHS in England has been on a journey of major improvement. After decades of under-investment, the NHS has begun to turn itself around, with unprecedented increases in the money it can spend. As its budget has grown from £33 billion to £67.4 billion, the average spending per head of population has gone up from £680 to £1,345.

2 That money has increased the capacity of the NHS to serve patients. It has helped give faster and more convenient access to care. Access to GPs, accident & emergency care (A&E), operations and treatment is improving with every passing year. Quality is also improving, as is the range of services available to the public.

3 These improvements have been made possible by steady increases in the number of NHS staff, who are even more focused on the personal care of individual patients and better enabled to do so. The growth in money and staff numbers has been matched by an unprecedented period of growth, expansion and modernisation in the buildings, equipment and facilities available to care for patients. That in turn has enabled the NHS to provide better quality care to patients, with safer and more effective treatment, better surroundings and services that better suit their lives. The NHS today is fairer as a result. The NHS is now ready to ensure that care is much more personal and tailored to the individual.

4 The next stage in the NHS's journey is to ensure that a drive for responsive, convenient and personalised services takes root across the whole of the NHS and for all patients. For hospital services, this means that there will be a lot more choice for patients about how, when and where they are treated and much better information to support that. For the millions of people who have illnesses that they will live with for the rest of their lives, such as diabetes, heart disease, or asthma, it will mean much closer personal attention and support in the community and at home.

5 Complementing that drive for a high-quality personal service for individual patients when they are ill, there will be a much stronger emphasis on prevention. Death rates from cancers, heart disease and stroke are already falling quickly. The NHS will take a greater and more effective lead in the fight against these big killer diseases. It will lead a coalition to stop people getting sick in the first place and to make in-roads into inequalities in health.

6 In taking forward these reforms, the NHS will continue to learn from other healthcare systems. This will enable the NHS to continue to improve its performance as it aspires to world class standards, where it is not already achieving these. In the next stage, there will be a stronger emphasis on quality and safety alongside a continuing focus on delivering services efficiently, fairly and in a way that is personal to each of us. By 2008, the NHS in

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England will be seen increasingly as a model that other countries can learn from.

Laying the foundations

7 The investment and reform initiated in July 2000 by *The NHS Plan* has delivered for patients. It is a track record of success, which gives the confidence to support further investment and further reform. The money and the changes promised in *The NHS Plan* just four years ago have been made a reality for patients, the public and the taxpayer. Those who argued that the NHS was beyond reform, were profoundly mistaken. The NHS has demonstrated that its enduring principles can prosper in the new century.

8 At the core of this plan lies a continuing commitment to the founding principles of the NHS: the provision of quality care based on clinical need, irrespective of the patient's ability to pay, meeting the needs of people from all walks of life. The programme is instilled with a resolve to ensure that the NHS meets the expectations of all people in England: enabling and supporting people in improving their own health; meeting the challenge of making a real difference to inequalities in health; staying the course and supporting those with conditions that they will live with all their lives; and quickly treating people with curable problems so that they can get on with their lives and live them to the full.

Offering a better service

9 *The NHS Improvement Plan* sets out the key commitments that the NHS will deliver to transform the patient's experience of the health service over the next four years. As part of this the experience of waiting for hospital treatment will change dramatically.

10 In 1997 patients waited up to 18 months for treatment – after seeing a GP, after seeing a consultant, and after diagnostic tests. Those times have fallen and now the maximum wait for an operation is nine months and the maximum wait for an outpatient appointment is 17 weeks. When this programme has been delivered in four years time, the 1997 maximum wait of 18 months for only part of the patient journey will have been reduced to 18 weeks for the whole journey. The previous long waits for GP referral, outpatient consultations and tests are included in that pledge. In four years' time, waiting times for treatment will have ceased to be the main concern for patients and the public.

11 With much shorter waiting times for treatment, "how soon?" will cease to be a major issue. "How?", "where?" and "how good?" will become increasingly important to patients. Patients' desire for high-quality personalised care will drive the new system. Giving people greater personal choice will give them control over these issues, allowing patients to call the shots about the time and place of their care, and empowering them to personalise their care to ensure the quality and convenience that they want.

12 From the end of 2005, patients will have the right to choose from at least four to five different healthcare providers. The NHS will pay for this treatment. In 2008, patients will have the right to choose from any provider, as long as they meet clear NHS standards and are able to do so within the national maximum price that the NHS will pay for the treatment that patients need. Each patient will have access to their own personal *HealthSpace* on the internet, where they can see their care records and note their individual preferences about their care.

13 With waiting times no longer the main issue, the NHS will be able to concentrate more of its energies on providing better support to people with illnesses or medical conditions that they will have for the rest of their lives. The Department of Health is also committed to a radical, far-reaching and ambitious approach to making a real difference to the quality of life of people who live with illnesses every day. While the way we think about the NHS is often dominated by the easy to understand model of people with diseases being treated and cured, a very significant number of people are living their lives with conditions that can't yet be cured. Diabetes, heart disease, asthma, some

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mental illnesses and many other conditions are medical problems that most people live with from the time they are diagnosed.

14 The NHS will minimise the impact of these conditions on people's lives and provide people with high-quality personal care. It will enable and support people in managing their conditions in a way that suits them, avoiding complications, maximising their health and helping them to live longer lives. It will also improve people's care closer to home – through specialist nurses and GPs with a special expertise in their condition – which will lead to fewer emergency admissions to hospitals which cause anxiety for patients and their families and are a poor use of hospital resources. The Expert Patients Programme – designed to empower patients to manage their own healthcare – will be rolled out nationally, enabling more people to take greater control of their own care and to listen to themselves and their own symptoms, supported by their clinical team. The new GP contract provides cash incentives to GPs who work with their teams of nurses, social workers, the voluntary sector and other professionals to ensure that people are given the high-quality personal care they need to minimise the impact of their illness or health problem.

15 Having reduced waiting to the point where it is no longer the major issue for patients and the public, the NHS will be able to concentrate on transforming itself from a sickness service to a health service. Prevention of disease and tackling inequalities in health will assume a much greater priority in the NHS. With the NHS working in partnership with others and with individuals to support people in choosing healthier approaches to their lives, real progress will be made on preventing ill health and reducing inequalities in health. Death rates for the under 75s from heart diseases and stroke will be reduced by at least 40% by 2010 and death rates from cancers will be reduced by at least 20%. Suicide rates will be reduced by 20% (from a 1997 baseline). The forthcoming public health White Paper will set out a comprehensive programme to tackle the major causes of ill health, including obesity, smoking and sexually-transmitted infections.

Making it happen

16 A much wider choice of different types of health services will become available to NHS patients, to enable personalised care, faster treatment, personal support for people with long-term conditions and better social care.

17 For hospital care, NHS Foundation Trusts will, by 2008, be treating many more patients. NHS patients will also be able to choose from a growing range of independent providers, with their diagnosis and treatment paid for by the NHS. To support capacity and choice, by 2008, independent sector providers will provide up to 15% of procedures on behalf of the NHS. The Healthcare Commission will inspect all providers, whether in the NHS or in the independent sector, to ensure high-quality care for patients wherever it is delivered.

18 In primary care, the NHS will be developing new ways of meeting patients' needs closer to home and work. New flexibilities will enable PCTs to commission care from a wider range of providers, inlcuding independent sector organisations, to enhance the range and quality of services available to patients. The Department of Health will also work with other government departments and local authorities to develop better ways of meeting people's broader health needs.

19 Greater flexibility and growth in the way services are provided will be matched by increases in NHS staff and new ways of working to meet patients' needs. By 2008 the number of staff working for the NHS will have increased significantly. In primary care GPs will increasingly be working with more diverse teams, including GPs with a special interest and community matrons, to enable patients' needs to be met in new ways in the community rather than in hospital. Staff will be given more help to train and learn new skills, with their career progression supported by the NHS University (NHSU). This flexible working to deliver more personalised and user-friendly care for patients will be rewarded by better pay for NHS staff.

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20 Information systems will be put in place to enable patients to choose more convenient and higher-quality personalised care. By 2005 an electronic booking service will make it easier for patients to arrange appointments that suit them, and electronic prescribing will make it easier for patients to obtain repeat prescriptions for their medicines. NHS Direct, NHS Direct Online and NHS Digital Television will enable people to communicate with health professionals and these services will also support people in making changes that will improve their own health. An individual personal care record will enable health professionals to have easy, rapid access to patients' medical histories at any time of the day, supporting better diagnosis and treatment and reducing errors. The technology will also enable patients to have more influence over how they are treated, with a new personal facility called *HealthSpace* enabling them to record for health professionals what their preferences are about the way they are cared for.

21 Financial incentives and performance management will drive delivery of the new commitments. The new system of payment by results will support the exercise of choice by patients, improve waiting times for patients and provide strong incentives for efficient use of resources. This system will be fully operational and delivering for patients in 2008. At the same time, Primary Care Trusts will be developing further incentives to enable GPs and their teams to deliver ever higher quality care to patients in a way that is most responsive to their needs. This will include incentives to support care for people with long-term conditions.

22 As money, control and responsibility are handed over to local health services, the communities that they serve will be given greater influence over the way that local resources are spent and the way that local services are run. Within a framework of clear national standards, power will continue to move swiftly to Primary Care Trusts and to NHS Foundation Trusts. There will be far fewer national targets for the NHS. Local services will set their own stretching targets, reflecting the local circumstances, ethnicity and inequalities of the communities that they serve and the local priorities of the people who use them. Performance management arrangements will be aligned with this new system, giving the incentive of greater freedom from central regulation and inspection to NHS organisations that serve patients and their communities well.

Conclusion

23 *The NHS Plan* reforms and investment are transforming the NHS, with dramatic improvements in key areas. Tackling the two biggest killers, cancer and coronary heart disease, has been a priority over the past four years and mortality rates are already falling rapidly.

24 Less than four years into the period covered by the 10-year *NHS Plan*, the new delivery systems and providers are expanding capacity and choice. As these new ways of working really take hold across the whole system, the dividend will be a higher-quality service with even faster access to care. A new spirit of innovation has emerged, centred on improving the personal experience of patients as individuals, and this is now taking root in the NHS.

25 The foundations for success are now in place and it is time to move on. Improving care for people with long-term conditions and helping people live healthier lives are essential next steps in our drive to improve the quality of care for everyone. Over the next four years the culture of waiting which has long been a feature of the NHS will be replaced by a personalised approach to care. Appointments will be booked with the GP and the maximum time from GP referral to the start of treatment will be down to just 18 weeks, with many people being seen much quicker than this.

26 NHS Foundation Trusts will be free from Whitehall control, enabling new ways of involving local people, local staff and local patients in the running of their hospitals. New treatment centres run by the NHS and the

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independent sector will offer fast and convenient treatment that will provide patients with real choices. Primary Care Trusts will control over 80% of the NHS budget and they will use this financial muscle to secure the best possible deal for each and every patient that they serve. Patient choice will be a key driver of the system and resources will flow to those hospitals and healthcare providers that are able to provide patients with the high-quality and responsive services they expect. Independent inspectors will provide patients with assurance of the quality of care wherever it is delivered. There will be a much stronger emphasis on prevention, keeping people healthy and avoiding the need for medical care in the first place.

27 In 2008, England will have a very different health service from the one it has today. It will retain all those qualities that sustain such commitment from the people of England. It will be an NHS which is fair to all of us and personal to each of us by offering everyone the same access to and the power to choose from a wide range of services of high quality, based on clinical need not ability to pay. The changes set out in this document will mean, for the first time, that the system will work with and support those professional instincts of the NHS's dedicated staff and ensure high-quality personal care for patients. It will reward the NHS for these efforts, take away the barriers to doing the right thing and make it easier for dedicated doctors, nurses and thousands of other NHS staff to follow their calling to cure and to care. A modern NHS, equipped and enabled to respond quickly to people's needs, will mean that the obstacles to what people want from the NHS are torn down and that excellence becomes the norm for clinical staff and managers alike. The NHS is set to thrive again by properly meeting the needs of patients and the public. *The NHS Improvement Plan: Putting People at the Heart of Public Services* details the next steps in this journey.

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Minutes of the proceedings of the MEETING of the SPENNYMOOR ROAD SAFETY LOCAL WORKING PARTY held in the Council Chamber, Town Hall, Spennymoor on Thursday 13th May, 2004 at 6.30p.m.

PRESENT:	Councillor A. Gray	Chairman
	Councillor Ms.S.Armstrong	Spennymoor Town Council
	Councillor J.C.Culine	" " "
	Councillor Mrs. E.Maddison	" " "
	Councillor G.Tolley	" " "
	Councillor Mrs.A.Armstrong	Sedgefield Borough Council
	Councillor A.Smith	" " "
	Councillor Mrs.C.Sproat	" " "
	Councillor E. Foster	Durham County Council
	W.J.Davies	Co-opted Member
	A.R.Hawkes	" "
	R.Stewart	Middlestone Moor Action Reform Group
	A.Wilson	" " "
"		
	Sgt. I. Rodgers	Spennymoor Police
	One Member of the Public	
APOLOGIES:	Councillors Mrs.B.Graham and J.V.Graham.	
	E.Brookes.	

68/03. **MINUTES.**

RESOLVED -That the Minutes of the meeting held on 11th March, 2004 be approved and signed by the Chairman as a correct record.

69/03. **BINCHESTER CROSSROADS.**

Reference was made to Minute 59/03 and it was reported that the Traffic Order on Binchester crossroads would become a permanent order.

RESOLVED- That this information be received and noted.

70/03. **MIDDLESTONE MOOR PRIMARY SCHOOL.**

Reference was made to Minute 65/03 and County Councillor E. Foster explained why the area of Middlestone Moor Primary School did not qualify for a pelican crossing.

Concern was raised with regard to the parking outside of the school and County Councillor E. Foster was asked if yellow lines could be put outside of the nursery along with a No Parking sign.

It was also reported that the County Council was intending to write to all parents as part of the Safer Routes to School Initiative and County Councillor E. Foster would raise these issues with J.Stephenson of Durham County Council.

RESOLVED- That this information be received and noted.

71/03. **TRAFFIC CALMING IN THE CARR LANE, PARKSIDE, OX CLOSE AND WOOD VUE AREAS.**

Reference was made to Minute 60/03 and County Councillor E. Foster was asked if consideration had been given to the installation of roundabouts, instead of road humps, to slow down traffic.

County Councillor E. Foster reported that speed cushions were one of the options for the Carr Lane area.

RESOLVED- That County Councillor E. Foster would meet with the Traffic Engineers and look at Traffic Calming Measures for these areas.

72/03. **HIGH STREET.**

Reference was made to Minute 57/03 and a question was raised about cars parking in the loading and un-loading area of the High Street.

RESOLVED- That Sgt. I. Rodgers would arrange for this matter to be investigated.

73/03. **ACCIDENT STATISTICS.**

A report was given by Sgt. I. Rodgers a copy of which was submitted to the secretary for the records.

RESOLVED –That the information be received and Sgt. I. Rodgers be thanked for the report and for his attendance.

74/03. **DAISY FIELD AND MERRINGTON LANE AREA.**

Concern was expressed about motor cyclists using the Daisy Field and Merrington Lane area. A member of the public said that they had seen several people on bikes in these areas.

It was also raised, as a concern, the length of time taken for the police to respond to calls. Sgt. I. Rodgers emphasised the importance of contacting the police to report all incidents to ensure a record can be kept.

RESOLVED- That this information be received and noted.

75/03. **FOOTPATH AT THE DAISY FIELD.**

It was reported that the fence had been removed from around the Daisy Field and concern was raised about the path crumbling away.

RESOLVED- That the Chairman would investigate this situation with Sedgefield Borough Council.

76/03. **CENTRAL DRIVE, MIDDLESTONE MOOR.**

A member of the public asked how many speeding complaints had been received with regard to the Central Drive area. Sgt. I. Rodgers was not aware of the number of complaints.

County Councillor E.Foster indicated that he was investigating Traffic Calming in this area.

RESOLVED- That this information be received and noted.

77/03. **ROCK ROAD.**

A question was raised about Traffic Calming on Rock Road and County Councillor E. Foster stated there was a lot of warning indicators in this area.

RESOLVED- That this information be received and noted.

78/03. **RIDGESIDE.**

The residents of Ridgeside are concerned about the live stump of a street light left in place.

RESOLVED- County Councillor E.Foster said he had reported this matter and it would be removed.

79/03. **CAMPBELLS SHOP, CLYDE TERRACE.**

Concern was expressed about the pull out from Campbell's Shop opposite St. Paul's Church and County Councillor E. Foster reported that the area by the shop would receive double yellow lines.

RESOLVED- That this information be received and noted.

80/03. **KIRK MERRINGTON.**

A question was raised about the traffic on the road up to Kirk Merrington from the Merrington Lane or Chilton Lane areas. There had been an increase in the amount of lorries using these areas and County Councillor E. Foster said that if numbers of the lorries over 7.5 tonnes were taken then they could be prosecuted.

RESOLVED- That Sgt. I. Rodgers would contact the Transport Unit about this matter.

81/03. **DATE OF NEXT MEETING**

RESOLVED- That the date of the next meeting the Annual Meeting will be Thursday 8th July, 2004 at 6.30 p.m.

COUNCILLOR A.GRAY
CHAIRMAN