Sedgefield BOROUGH

For Service and Enterprise

AREA 2 FORUM

Tuesday,

7 September 2004

6.30 p.m.

Community Centre,
West Cornforth

AGENDA

and

REPORTS

AREA 2 FORUM Tuesday, 7 September 2004

AGENDA

1. APOLOGIES

2. MINUTES

To confirm as a correct record the Minutes of the meeting held on 22nd June 2004. (Pages 1 - 6)

3. POLICE REPORT

A report will be given by Ferryhill Police

4. SEDGEFIELD PRIMARY CARE TRUST

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

Copies of the Local Delivery Plan 2004/05 and the executive summary plan of the NHS Improvement Plan 'Putting People at the heart of Public Services' are attached for information. (Pages 7 - 30)

5. NEIGHBOURHOOD WARDEN SERVICES

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

6. LOCAL ROAD SAFETY ISSUES

A copy of the Minutes of the meeting of Ferryhill Working Party on Road Safety are attached for information (Pages 31 - 40)

7. QUESTIONS

The Chairman will take questions from the floor

8. DATE OF NEXT MEETING

Tuesday 2nd November 2004 at Ferryhill Leisure Centre

9. ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT

Members are respectfully requested to give the Chief Executive Officer notice of items they would wish to raise under the heading not later than 12 noon on the day 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 **Lynsey Moore, Spennymoor 816166, Ext 4237**

Distribution List

Sedgefield Borough Council
Councillor Mrs. C. Potts (Chairman)
Councillor G. Morgan (Vice-Chairman) and

Councillors B.F. Avery J.P., Mrs. K. Conroy, T.F. Forrest, J.E. Higgin, A. Hodgson, B. Meek, D.A. Newell and R. A. Patchett and Ms. M. Predki

Durham County Council
Councillor G. Porter, 1, Aldwin Close, Chilton DL17 0RQ
Councillor C. Magee, 4, Priors Path, Ferryhill DL17 8UA

Bishop Middleham Parish Council
Councillor Miss D. Goldsmith, 1 Perm Terrace, Bishop Middleham, Co. Durham, DL17 9AS
Councillor Mr. V. Cook, 5 High Road, Bishop Middleham, Co. Durham, DL17 9BB

Chilton Parish Council
Councillor J. Lee, 57, Arthur Street, Windlestone, Chilton DL17 0PZ
Councillor V. Collinson, Hillside Bungalow, Rushyford, Chilton DL17 0EZ

Ferryhill Town Council
Councillor J. Chaplin, 29, Corscombe Close, Ferryhill DL17 8DB
Councillor A. Denton, 11, Newton Street, Ferryhill

Cornforth Parish Council
Councillor A. Denholm 27, Beech Parade, West Cornforth DL17 9PH
Councillor L. Ord, 2 Village Farm, West Cornforth

Castles Residents Association
Mrs. C. Hall, Secretary, 27, Hylton Road, Ferryhill

Lakes Residents Association
Mrs. V. Birchall, Secretary, 20, Coniston Road, Ferryhill

Chilton- West Residents Association
Mr. P. Crawforth, Secretary, 24, Coleridge Road, Chilton

Ferryhill Station and Chilton Lane Residents Association
Mrs. G. Hall, Secretary, The Cottage, Chapel Row, Ferryhill Station

Dean Bank Residents Association
B. Rutherford, 2, Beaumont Street, Ferryhill

Cornforth Partnership
Mr. R.A. Sunman, Cornforth House, 68/70 High Street, Cornforth DL17 9HS

Police
Inspector G. Docherty, Spennymoor Police Office, Wesleyan Road, Spennymoor
Sergeant Vincent, Ferryhill Police Office, Church Lane, Ferryhill

Sedgefield Primary Care Trust
Alyson Learmouth, and Sylvia Slaughter, Sedgefield PCT, Merrington House, Merrington Lane, Spennymoor

Ferryhill Business and Enterprise College
Mr. S. Gater

CAVOS
M. Russell, Chief Executive, CAVOS, Block 2, First Floor, St. Cuthbert's House, Durham Way North, Aycliffe Industrial Park, County Durham DL5 6HW

Community Network
Anne Frizell, Block 2, First Floor, St. Cuthbert's House, Durham Way North, Aycliffe Industrial Park, County Durham DL5 6HW

SEDGEFIELD BOROUGH COUNCIL

AREA 2 FORUM

Chilton and Windlestone Community College — Tuesday, 22 June 2004 — Time: 6.30 p.m.

Present: Councillor G. Morgan (in the Chair) – Sedgefield Borough Council and

Councillor B. Avery J.P.	–	Sedgefield Borough Council
Councillor T. F. Forrest	–	Sedgefield Borough Council
Councillor A. Hodgson	–	Sedgefield Borough Council
Councillor B. Meek	–	Sedgefield Borough Council
Councillor R. A. Patchett	–	Sedgefield Borough Council
Councillor V.E. Cooke	–	Bishop Middleham Parish Council
Councillor Mrs. D. Goldsmith	–	Bishop Middleham Parish Council
Councillor V. Collinson	–	Chilton Town Council
S. Gator	–	Ferryhill Business and Enterprise College
Mrs. E. Jones	–	Ferryhill Station and Chilton Lane Ward Residents Association
Mrs. G.F. Hall	–	Ferryhill Station and Chilton Lane Ward Residents Association
Councillor J. Chaplin	–	Ferryhill Town Council
Dr. A. Learmount	–	Sedgefield PCT
Mrs. B. Hope	–	Local Resident
Mrs. P. Forrest	–	Local Resident

In Attendance: D. Snowball and Miss L. Moore

Apologies: Councillors Mrs. K. Conroy, J.E. Higgin, D.A. Newell, Ms. M. Predki and Mrs. C. Potts – Sedgefield Borough Council
Councillors A. Denholm and L. Ord – Cornforth Parish Council
Councillor A. Denton – Ferrryhill Town Council

AF(2)1/04 MINUTES

The Minutes of the meeting held on 20th April, 2004 were confirmed as a correct record and signed by the Chairman. (For copy see file of Minutes).

AF(2)2/04 POLICE REPORT

Sergeant K. Vincent was present at the meeting to give details of crime figures for the Chilton, Ferryhill, West Cornforth and Bishop Middleham areas. Members noted that crime statistics were as follows :

	April (from 20/4)(Total)	**May**	**June** (Upto 1325 hrs 22/6)
Total No. of Crimes	21 (110)	106	64
Dwelling Burglary	3 (11)	9	5
Att. Burglary - Dwelling	0 (1)	1	0
Burglary Other	3 (11)	9	5
Violence Against Persons (Assaults)	6 (9)	9	4
Theft of Motor Vehicles	5 (6)	3	3
Theft from Motor Vehicles	3 (7)	3	4
Attempted Thefts from Motor Vehicles	0 (0)	0	0
Theft – General	9 (27)	21	12
Dug/Substance Misuse	1 (3)	1	0
Criminal Damage	10 (34)	50	31
Youths Causing Annoyance	35 (81)	90	64
Motorcycle complaints (Total for 2003 - 43	3 (8)	14	5
Total No. of Incidents	216 (670)	717	452
Total No. of Arrests	15 (54)	60	42

Discussion took place in relation to anti-social behaviour. It was noted that two interim Anti-social Behaviour Orders had been obtained in relation to two members of the same family who had been causing problems in the West Cornforth area.

Five Acceptable Behaviour Contracts had been drawn up and signed by young people causing problems in the area.

Reference was made to events on public highways. It was noted that a new organisation or individual who was intending to organise an event to take place on a public highway needed to make suitable arrangements for the safe passage of the event on the highway. It was explained that in the past the police had accommodated such events without any specific powers. Legislation did have to be complied with however and the advice of the Local Safety Advisory Group was that such events needed to be carried out correctly. It was Durham Constabulary's policy that no event should take place on the highway. Organisers should appoint Traffic Management companies to facilitate any disruption to the flow of traffic and provide suitably trained and equipped stewards. It was explained that if a Road Closure Order was required this should be applied for via Sedgefield Borough Council

under the Town Police Clauses Act. The organisers should also have adequate public liability insurance to cover the event.

It was reported that police would no longer hold a database of key holders for premises. If premises were alarmed and monitored by an alarm company, then the appropriate company would hold the key holders details. The owners of any other premises fitted with an alarm should make some alternative arrangements for the contacting of a key holder.

AF(2)3/04 SEDGEFIELD PRIMARY CARE TRUST

Dr. A. Learmonth attended the meeting to give an update on recent performance figures and local health matters.

Reference was made to a report, "Achieving Patient Access Targets and Baseline Performance Requirements" a copy of which was distributed to members of the Forum.

A target of 91.2% had been achieved in respect of patients waiting less than four 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 out Patient appointment and delayed transfer of care had affected three patients.

Discussion took place in relation to the North East Ambulance Service. It was pointed out that the target of responding to 75% to life-threatening emergencies within eight minutes had not been achieved. The actual performance was 65.6%. Members of the Forum questioned why the target had not been met and it was explained that this was largely as a result of the location of ambulance stations.

Members expressed concern in relation to ambulances being unavailable for outpatient appointments. It was explained that any complaints should be made to the Ambulance Service Complaints Department.

A presentation was given in relation to the health and well being of people living in Sedgefield Borough.

Specific reference was made to the Director of Public Health's Annual Report 2003/04 which provided an overall picture of health for the population including vulnerable groups, it gave a snapshot of health related issues in each of the five localities and acted as a stimulus to local action.

It was reported that for every 100 people needing hospital treatment for heart disease in England, Sedgefield had 273. This indicated that the NHS needed to find why this figure was so high and encourage the public to start making simple changes to their lifestyles.

Discussion took place in relation to the following topics:-

Factors influencing health
Members of the forum were made aware that Education, Employment and Housing all had an effect on health.

It was noted that 38.4% of pupils in Sedgefield Borough gained 5 or more A-C's at GCSE compared with 5.1% for England and 2.8% of the working population claimed unemployment benefit in Sedgefield compared with 2.5% in England.

In relation to housing, it was noted that 39% of social sector housing required improvements to meet the Governments decency standard by 2010.

Lifestyle Issues
It was reported that: -

- 9% of the public take no exercise
- 20% of the population smoked with 34% of these thinking about trying to give up
- 16% eat five or more portions of fruit and vegetables
- 28% of men drank excessively.

Health Protection
It was noted that immunisation and vaccination rates were above the national rate. Sexual transmitted infections and HIV infections were however rising as they were elsewhere in England.

The Big Killers
Members of the Forum were informed that Sedgefield Borough was above the national average for deaths caused by heart disease and cancer.

It was noted that 7.9% of the population reported pain or disability from heart disease and the standardised hospitalisation for heart attacks was over twice the national rate.

In relation to cancer it was noted that the overall standardised mortality rate was 114 although for lung cancer was 146. The national average was 100.

It was pointed out that the levels of Heart Disease and Cancer may decrease over time as a result of changes in lifestyle.

Chronic Disease
Noted that the percentage of the population reporting pain and disability were as follows:-

- Arthritis 25.9%
- Asthma 11.2%
- Depression and Anxiety 9.2%

- Stroke 2.4%
- Heart Disease 7.9%

Details of the years of life lost as a result of accidents and suicide were also provided.

AF(2)4/04 SUMMER PLAY INITIATIVES

D. Snowball, Manager of Ferryhill Leisure Centre, attended the meeting to give details of activities and events that were scheduled to take place throughout the summer holidays.

It was explained that the Play Scheme at Ferryhill Leisure Centre ran over the six week summer holidays and had activities for separate age categories as follows: -

0 – 3 years

It was noted that the Leisure Centre ran Jolly Toddler Sessions, which included the use of soft play and bikes etc.

4 – 7 years

Noted that activities would include art zones, face painting and t-shirt printing etc.

8 years onwards

It was explained that in the past the Leisure Centre had decided what activities were to be held on certain days. This had been changed however and the Leisure Centre now set up a draft programme, which allowed children to choose what activities they wanted to be held.

It was reported that the play initiatives would be promoted through the use of the Internet, visits to schools, leaflets and posters.

Members were informed that transport from Chilton to Ferryhill was provided.

AF(2)5/04 LOCAL STRATEGIC PARTNERSHIP BOARD - APPOINTMENT OF ALTERNATE

Consideration was given to letter, which had been received, from the Local Strategic Partnership Board requesting the nomination of an Alternate who would attend the Partnership's Board Meetings as a substitute for the Board Member.

It was agreed that Councillor G. Morgan be appointed as the alternate representative for Area 2 Forum on the LSP Board.

AF(2)6/04 DATE OF NEXT MEETING

Tuesday 7th September, 2004 at 6.30 p.m. at West Cornforth Community Centre.

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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

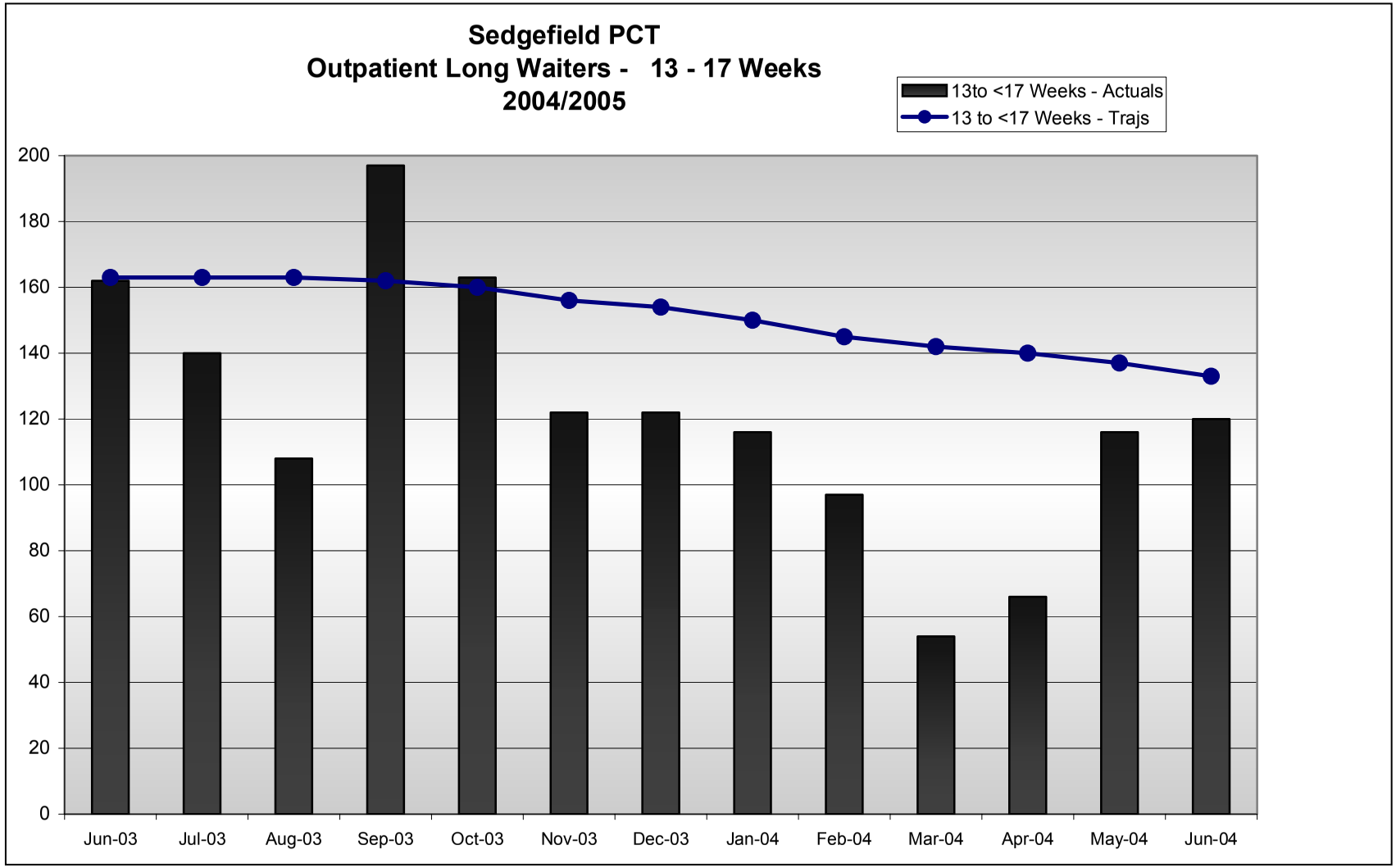
The Board receives this report for monitoring purposes.

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


Sedgefield PCT
Outpatient Long Waiters - 13 - 17 Weeks
2004/2005
13to <17 Weeks - Actuals
13 to <17 Weeks - Trajs
200
180
160
140
120
100
80
60
40
20
0
Jun-03
Jul-03
Aug-03
Sep-03
Oct-03
Nov-03
Dec-03
Jan-04
Feb-04
Mar-04
Apr-04
May-04
Jun-04

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Sedgefield NHS
Primary Care Trust

Sedgefield Primary Care Trust – Your local NHS

£9,000,000 Additional Investments to improve local health services in 2004/2005:

After inflation and cost increases this leaves c. £5,000,000 additional money to expand existing services and develop new ones in Sedgefield.

1. **Improving Access for Patients: additional c. £1.1 million <u>new</u> investments in Local Hospitals and GP Access**

    a. Access to GP within 48 hours and primary care nurses within 24 hours for all patients
    b. Access to in-patient operations and treatment within 9 months going down to 6 months by March 2005, for all
    c. Access to outpatient appointments within 13 weeks by March 2005.
    d. Access to Accident and Emergency Hospital Services speeded up and improved
    e. Investing in Durham Hospitals: Emergency Care, Obstetrics and Gynaecology, and Child Health
    f. Improving Renal Services at James Cook Hospital in Middlesbrough
    g. Reducing the numbers of delayed discharges of older people in hospitals.

2. **Improving Health Through Effective Prescribing: additional c. £1.6 million**

    a. A rise of 11% investment in the prescribing budget for GPs in Sedgefield to ensure patients have access to the newest and most effective medicines.
    b. Additional investment in statins and other effective drugs to prevent and reduce deaths from heart disease.

3. **Improving Mental Health Services: additional c. £900,000**

    a. A massive investment in local services to individuals with a mental illness
    b. Brand new facility for older people with mental health problems in Bishop Auckland
    c. Brand new specialist hospital at West Park in Darlington to replace the inadequate facilities at Darlington Memorial Hospital
    d. Further investment in local teams - Assertive outreach and Crisis Intervention, that support people with a mental illness within their own communities
    e. Investment from secondary care into primary care for depression services to fulfil new GP Contract.

4. **Improving Cancer Services: additional c. £100,000**

    a. Investing in new Cancer Services recommended by the Cancer Network
    b. Palliative Care Investments
    c. Additional Hospital Investments

5. **Improving Coronary Heart Disease Services: additional c. £300,000**

    a. Investment in Coronary Heart Disease Services in Darlington Memorial Hospital, and improvements to specialist heart services in James Cook Hospital, Middlesbrough
    b. Continuing investment in additional specialist Coronary Heart Disease nurses working in the PCT, and prevention and rehabilitation services in the community

6. **Improving Public Access to Community Services for Adults: additional c. £200,000 from Neighbourhood Renewal Funding**

    a. Integrates teams of nurses and social workers with housing staff to deal with the problems of old age and disability.
    b. Simple and local access for all adults to their local integrated team
    c. Establishing a single integrated community health record for adults.
    d. Introducing a Single Assessment process for professionals working with Older People

7. **Improving Out of Hours and Emergency Care Services and new GP Services Across Sedgefield: £500,000**

    a. Additional money to replace the current GP Out of Hours responsibilities with a new system linked more closely to Bishop Auckland Hospital Services
    b. Extension of Urgent Care Service
    c. Investing in local 'Enhanced' Services as part of the new GP contract to allow patients improved local access to services. For example Learning Disability Services, Multiple Sclerosis, Alcohol Misuse, Depression Services and Out of Hours Saturday Morning Services.
    d. Creating additional local specialist GP services: Minor Surgery, Dermatology, Plastic Surgery, Gynaecology Services and Ear, Nose and Throat GPs with a Special Interest
    e. Improved Out of Hours Services

8 **Investing in Nursing: additional c. £125,000**

    a. Expanding the Palliative Care Nursing Service and the nursing hours available for Diabetic Nursing.
    b. Improving the Health Visiting, District and School Nursing and Practice Nursing infrastructure, to strengthen the service to patients

9 **Improving Health of the Local Community: additional c. £50,000**

    a Additional funding has created a Sedgefield Public Health Improvement Team, including posts working on reducing smoking (one of the main causes of ill health), healthy schools and obesity, healthy workplaces and improving sexual health.

10 **Investing in New and Expanded Specialist Services: additional c. £250,000**

    a To ensure the people of Sedgefield have access to the most specialist services available, in centres at Newcastle, Leeds and Middlesbrough.

11 **Replacing and Renovating Health Centres: additional c. £50,000**

a Investing in the design and replacement of Sedgefield's outdated local health centres to replace them with modern, accessible buildings.

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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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FERRYHILL WORKING PARTY ON ROAD SAFETY

MINUTES

Town Hall
FERRYHILL

Monday
9 JUNE 2004

TIME: 6.15PM

PRESENT: **Councillors:** **R A Patchett (Chairman)**
R Greenwell, J Young, J N Chaplin,
Mrs P Crathorne, A Denton, J Molloy,

G F Hall, A Hall, D Hudson, Inspector Winship

APOLOGIES: **M Staugheir, PC Metcalfe, Sgt Vincent**

AGREE MINUTES OF LAST MEETING

IT WAS RECOMMENDED

That the last minutes of the meeting be agreed as a true and accurate record, save for the amendment that the reference to rails being repaired on the Dean Bank bridge should be that the wall adjacent to Dean Bank and the A167 have been repaired. Also that the priority scheme for the Ferryhill Station School should be changed round so that vehicles traveling from East Howle should be given priority into the scheme, as opposed to vehicles traveling from the Eldon roundabout being given priority entering into the scheme, to alleviate the problems with the vehicles having to stop on the bank approaching the new scheme.

MATTERS ARISING

The Secretary reported that following the last meeting he had written to Sedgefield Borough Council with regard to the street signage in the Castles Estate, and had received a reply to inform that these signs will be looked at and any defective, damaged or signs in need of cleaning would be rectified. Also that it was noted that obtaining new signs does take three to five weeks.

It was noted that no signs appear to have been installed as yet, and in particular there were problems with, for example, the Skipton Close area there is no sign to show the routes to the rear entrances. Also problems with the Cleves Cross Grange being difficult to find, and also that the signs in this estate should include the house numbers to make navigation easier.

IT WAS RECOMMENDED

That the Secretary write to Sedgefield Borough Council again and reiterate these points, and ask when the signs will be repaired.

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The Secretary had also written to Durham County Council with regard to the various issues which where in their area of responsibility and had received the following responses:-

1) **Lumley Crescent Traffic Calming Request**

It was noted that this scheme had been placed on a future scheme list, however, there are many other schemes on the list these are prioritised on the basis of traffic speed and accident history. A letter had also been received from a resident of Lumley Crescent subsequent to the last meeting, the request was that action be taken to resolve road safety issues in this area.

IT WAS RECOMMENDED

That the Secretary follow up this matter with Durham County Council.

2) **Church Lane/Natwest Car Park**

The County Council had responded by stating that it would be unlikely that they would fund the signage, as they feel that the current signage is correct. However, it was noted that many people in Ferryhill are unaware of the existence of the car park, let alone visitors to the town, and that in a independent survey carried out by Wendy Benson the Town Centres Manager for Spennymoor, the poor signage for this car park was highlighted as a major problem for parking and congestion in the town centre.

IT WAS RECOMMENDED

To write to Councillor Magee and ask that he look into this matter.

3) **Brancepeth Road Signing**

It was noted that the sign in this area will be surveyed and any additional signing required to warn motorists that children leave the school via the rear entrance are crossing the road in this area, once funding permits.

4) **Ferryhill Station Traffic Calming**

It appears that the officer dealing with the letter had misunderstood the question of traffic calming scheme even though in the original letter it said Ferryhill Station School, and has addressed the problems at Cleves Cross, which members of the Committee feel are operating adequately

IT WAS RECOMMENDED

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To write again with regard to the Ferryhill Station Traffic Scheme, with a view to requesting that the order of priority for entrance into the scheme be changed around, as noted previously.

5) Area around Post Boy Public House – Road Safety

Durham County Council responded by saying that it would be impractical to install barriers, as there is not sufficient width, however, it was felt that the Officer had misinterpreted again the submission, that it was only requested that half barriers be placed to create a chicane through the corridor preventing people exiting the corridor straight into the pelican crossing. Various Members of the Committee have personally experienced people exiting the lane without realising that they entering straight onto a road, and have had several near misses, and also some have witnessed accidents there. It was requested that this be resubmitted with a small plan.

6) Dunning Road Area

It was noted that there are double yellow lines, etc in this area and that it was more of an enforcement issue. Inspector Winship who was present, therefore, undertook to look into referring this matter to the Community Support Officer, with a view to issuing a warning letter for vehicles obstructing the highway.

7) Chapel Terrace/Market Street Area

It was noted that the County Council Officer had written to say that the general consensus with the Police, as well as a number of residents was that the new proposal to make Market Street/Chapel Terrace one way heading in a westerly direction would have an adverse effect on road safety. However, this view was questioned by the Committee, as both Sergeant Vincent and PC Metcalfe supported the proposed scheme, and also PC Staugheir of the Police Authority was present at the meeting and offered no objections to this proposal.

IT WAS RECOMMENDED

To write to the Officer and inform him of the above, and request that he supply details of the objections to the proposal on the grounds of road safety.

8) Ferryhill Community College

It was welcomed that the Community College is to be on the Safer Routes to School Programme, and will considered for implementation in this financial year.

9) Various Traffic Regulation Orders

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It was welcomed that the Traffic Regulation Orders for Ferryhill are all currently being reviewed, and should all be rectified by the end of this financial year.

ANY MATTERS ON HIGHWAY SAFETY TO BE RAISED

PC Metcalfe had provided two matters for consideration by the Committee firstly, that the Coniston Road/Thirlmere Road entrances onto the Darlington Road area should have double yellow lines at the junctions to prevent the obstructions, which are currently occurring, which are causing severe vision problems for vehicles entering onto Darlington Road. This proposal was put forward jointly by PC Metcalfe and the Lakes Residents Association.

He also put forward a proposal to introduce double yellow lines along one side of Siemens Street adjacent to the Dean Bank Junior School, as numerous road safety problems exist there, particularly at times when children are leaving the school. This proposal was put forward jointly by PC Metcalfe and the Dean Bank Residents Association.

IT WAS RECOMMENDED

To support both of these proposals.

It was noted that there are currently problems with parking on the double yellow lines and even on the pavement around the junction adjacent to Peter Clarks and Barclays Bank, and that this was causing highway hazards to pedestrians and has resulted in some minor accidents.

It was felt that this situation would be improved if additional bollards and railings were placed in this area, especially in view of the proposed introduction of a cash point at Peter Clarks Estate Agents on 19 July 2004.

Additionally, Inspector Winship undertook to look into enforcement tickets being issued around this area in the near future and that also to target this area around 19 July 2004 when the new cash point is installed.

In the Cleves Close/Helmsley Close area, it was noted that currently vehicles park along one side of this road thus forcing vehicles to drive across the middle of the road and the hatched area, which has been placed there for road safety, which causes problems when vehicles are coming in the opposite direction. It was noted that there is plenty of grassed verge in this area and that bays could be created to improve this situation. It was also suggested that possibly the bays could be grass bays with meshing over the top to retain the aesthetic appearance.

It was noted that at the Church Lane to Derwent Road footpath there are many trees and bushes hanging onto this area and that they are causing a hazard for pedestrians using this footpath.

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IT WAS RECOMMENDED

To write to Durham County Council with regard to these issues.

CORRESPONDENCE

The secretary advised that he had also received a letter from Sedgefield Borough Council advising that the Welfare Working Parties would be disbanded, but that any issues relating to highway safety should be forwarded to the Sedgefield Area Forums for the area.

ANY OTHER BUSINESS

It was commented that Durham County Council had demonstrated their remoteness by the lack of cooperation they have demonstrated by their responses to the reasonable requests of the Road Safety Forum. It was felt that this should be brought to the attention of all concerned.

DATE OF NEXT MEETING

IT WAS RECOMMENDED

That the next meeting take place on 4 August 2004 at 7.00pm.

There being no further business the meeting was closed.

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CHAIRMAN

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