

# AREA 2 FORUM

Tuesday,  
19 April 2005  
6.30 p.m.

Chilton and Windlestone  
Community College

## AGENDA and REPORTS

## AGENDA

- 1. APOLOGIES**
- 2. DECLARATIONS OF INTEREST**  
To notify the Chairman of any items that appear later in the agenda in which you may have an interest
- 3. MINUTES**  
To confirm as a correct record the Minutes of the meeting held on 22<sup>nd</sup> February 2005 (Pages 1 - 4)
- 4. POLICE REPORT**  
A report will be given by Ferryhill Police
- 5. SEDGEFIELD PRIMARY CARE TRUST**  
Update on local health matters (Pages 5 - 8)
- 6. YOUTH SENTENCING**  
A Justice of the Peace will be present at the meeting to discuss youth sentencing.
- 7. CAVOS**  
Arrangements have been made for Gillian Fortune, Chief Executive, CAVOS to attend the meeting to give details of the work of CAVOS and its strategic direction.
- 8. QUESTIONS**  
The Chairman will take questions from the floor
- 9. DATE OF NEXT MEETING**  
To be confirmed at Annual Council
- 10. 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  
11<sup>th</sup> April

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ACCESS TO INFORMATION

Any person wishing to exercise the right of inspection in relation to this Agenda and associated papers should contact Miss L. Moore Tel 01388 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

Councillor C. Magee

### **Bishop Middleham Parish Council**

Councillor V. Cook

Councillor G.L. Muncaster

### **Chilton Parish Council**

Councillor J. Lee

Councillor V. Collinson

### **Ferryhill Town Council**

Councillor J. Chaplin

Councillor A. Denton

### **Cornforth Parish Council**

Councillor A. Denholm

Councillor L. Ord

### **Castles Residents Association**

Mrs. C. Hall

### **Lakes Residents Association**

Mrs. V. Birchall

### **Chilton- West Residents Association**

Mr. P. Crawforth

### **Ferryhill Station and Chilton Lane Residents Association**

Mrs. G. Hall

### **Dean Bank Residents Association**

B. Rutherford

### **Cornforth Partnership**

Mr. R.A. Sunman

### **Police**

Sergeant Vincent

**Sedgefield Primary Care Trust**  
Alyson Learmouth, and Sylvia Slaughter

**Ferryhill Business and Enterprise College**  
Mr. S. Gater

**CAVOS**  
Gillian Fortune

**Community Network**  
Anne Frizell

# Item 3

## SEDGEFIELD BOROUGH COUNCIL AREA 2 FORUM

West Cornforth Community  
Centre

Tuesday, 22 February  
2005

Time: 6.30 p.m.

**Present:** Councillor Mrs. C. Potts (Chairman) – Sedgefield Borough Council and  
Councillor T.F. Forrest - Sedgefield Borough Council  
Councillor A. Hodgson – Sedgefield Borough Council  
Mrs. M. Taylor - Chilton West Residents Association  
Inspector S. Winship - Durham Constabulary  
Dr. A. Learmonth - Sedgefield PCT

**Apologies:** Councillor B.F. Avery J.P – Sedgefield Borough Council  
Councillor Mrs. K. Conroy – Sedgefield Borough Council  
Councillor J.E. Higgin – Sedgefield Borough Council  
Councillor B. Meek – Sedgefield Borough Council  
Councillor G. Morgan – Sedgefield Borough Council  
Councillor D.A. Newell – Sedgefield Borough Council  
Councillor R.A. Patchett – Sedgefield Borough Council  
Councillor Ms. M. Predki – Sedgefield Borough Council  
Councillor A. Denholm – Cornforth Parish Council  
Sergeant K. Vincent – Durham Constabulary  
Councillor G. Porter – Durham County Council

**AF(2)29/04 DECLARATIONS OF INTEREST**

Members had no interests to declare.

**AF(2)30/04 MINUTES**

The Minutes of the meeting held on 11<sup>th</sup> January, 2005 were confirmed as a correct record and signed by the Chairman. (For copy see file of Minutes).

**AF(2)31/04 POLICE REPORT**

Inspector S. Winship was present at the meeting to give details of the crime figures and local initiatives for the Chilton, Ferryhill, West Cornforth and Bishop Middleham areas.

It was reported that the crime statistics were as follows :-

	<b><u>January :</u></b>	<b><u>February :</u></b>
Total No. of Crimes (regarding below incidents)	78	83
Dwelling Burglary	6	3
Att. Burglary - Dwelling	1	1
Burglary - Other	4	12
Violence Against Persons (Assaults)	5	7
Theft of Motor Vehicles	6	4
Theft from Motor Vehicles	4	11
Attempted Theft from Motor Vehicles	0	0

Theft – General	7	14
Drug/Substance Misuse	1	0
Criminal Damage	44	31
Youths Causing Annoyance	73	59
Motorcycle complaints (Total for 2003 – 43) (Total for 2004 – 73)	10	412
Total No. of Incidents	568	412
Total No. of Arrest	54	39

The Forum was given details of a number of operations, which were ongoing throughout the area.

It was reported that racial problems at Chilton continued to be high profile. It was explained that good intelligence was required to reduce the problem and it was requested that members of the public report any incidents.

Specific reference was made to the Community Reassurance Vehicle, which had been deployed in Dean Bank, Ferryhill. Whilst there were still problems with regard to anti-social behaviour in this area the number of reported incidents had reduced.

Inspector Winship also pointed out that the telephone number to contact the Police had now changed. The new telephone number was 0845 6060365.

#### **AF(2)32/04**

#### **SEDGEFIELD PRIMARY CARE TRUST**

Dr. A. Learmonth was present at the meeting to provide an update on local health matters.

Specific reference was made to the report 'Achieving Patient Access Targets and Baseline Performance Requirements', which had been circulated at the meeting. (For copy see file of Minutes).

It was reported that no patient had waited more than 17 weeks for an outpatient appointment. It was pointed out however, that one patient had waited more than nine months to become an in-patient.

With regard to the number of patients through Accident and Emergency Departments, it was noted that targets had not been met on a number of occasions. It was explained that this was as a result of the performance of some hospitals outside of the Borough.

Specific reference was made to the North East Ambulance Service. It was reported that the target of response to 75% of calls to life threatening emergencies within 8 minutes had not been achieved. It was reported that officers from the PCT were working closely with the Ambulance Services to try and improve performance.

Discussion took place in relation to the PCT Health and Wellbeing event, which had been held at Ferryhill Leisure Centre. It was reported

that representatives from various agencies had attended the event and had given presentations. It was explained that the event had been a success.

**AF(2)33/04 STREET SAFE INITIATIVE**

It was explained that Chief Inspector Hall had been invited to attend the meeting to give a meeting on the Street Safe Initiative which included the background to the initiative, its aims and themes, etc., and some of the successes which had been achieved so far.

Inspector Hall explained that there had been a significant reduction in crime in the area over the past year. Between 1993 and 2003 crime in County Durham and Darlington fell by around 25% in real terms. In 2003/04 the area had one of the lowest rate of crimes per head of population in England and Wales. Durham Constabulary had one of the best detection rates and highest number of police officers in the recent history of the force. However, despite those factors, the result of the latest crime survey showed that residents of County Durham and Darlington had one of the highest levels of fear of anti-social behaviour and disorder in the country. The Street Safe Initiative aimed to tackle that conundrum.

It was explained that the aim of the Initiative was to harness the energies of the communities, partners and the whole of Durham Constabulary to address crime, the fear of crime, anti-social behaviour and those quality of life issues that contributed to making people feel vulnerable.

The Forum was informed that the Initiative aimed to increase re-assurance through visibility, accessibility and familiarity creating an environment where the public felt safe. The Initiative recognised the significant contribution that prevention, investigation and detection of crime coupled with successful apprehension and prosecution of offenders made towards public re-assurance. It was also hoped that the Initiative would aid in the gathering of community intelligence, the use of problem-solving initiatives to tackle anti-social behaviour and signal crimes and enhance community engagement.

The Initiative had a number of themes which were :-

- Police presence in the community
- Environment and physical factors
- Effective response
- Communication and public engagement

It was pointed out that for the Initiative to be successful there needed to be partnership working with other agencies such as local authorities and community groups. A video was then shown detailing some of the areas where the Initiative had been put in place.

With regard to the theme – Police Presence in the Community – specific reference was made to the National Alcohol Campaign that had

recently been run in the area, the multi-agency visits to licensed premises, the appointment of PCSOs and Special Constables.

The Forum was also given details of protocols that had been drawn up for the removal of graffiti and untaxed vehicles; reference was also made to the Arson Reduction Strategy that had recently been launched.

In respect of the theme – Effective Response – the Forum was informed of the test purchasing scheme and drugs intervention programme that had been produced.

In conclusion the Initiative was about being responsive, being professional, being positive and doing the job properly.

Chief Inspector Hall explained that the Area Forums would be an excellent facility to advertise the initiative and questioned whether the Members of the Forum would agree to continue to receive updates on it. It was agreed that the Street Safe Initiative would continue to be reported at Area Forums.

Concern was expressed in relation to the level of perceived anti social behaviour, which was caused as a result of absentee social landlords. It was reported that Durham Constabulary had appointed an enforcement officer to work specifically with social landlords.

Discussion took place in relation to the personal contact between the police and members of the public. It was felt that once a police officer had established a positive relationship with the local community they moved on.

It was explained that although this was a recognised problem it was difficult to keep officers in post as a result of career progression and promotion etc.

**AF(2)34/04 CRIME AND DISORDER AUDIT**

Consideration was given to the results of the Crime and Disorder Audit held at the Forum on the 2<sup>nd</sup> November, 2004. (For copy see file or Minutes).

**AF(2)35/04 DATE OF NEXT MEETING**

Tuesday 19<sup>th</sup> April, 2005.

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**ACCESS TO INFORMATION**

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**Board Meeting Thursday 10 March 2005**

**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 - achieved	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.

**Quarter 4 Progress**

Target	Operational Standard	Success Criteria	Progress to Date for Q4
Primary Care Access	Achieve 100% by February 2005	Incremental targets throughout the year	No breaches up to February

Waiting List	No patients waiting against 17	No month end	One 9 month
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Breaches	week outpatient, 9 month inpatient, 6 month revascularisation standards at month ends	breaches throughout the quarter	breach end of Nov
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 December
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	Achieved

### 3.2 Summary of Current Position

Please note that where appropriate, this month's 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.

#### January/February

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.		
30th January 2005	97.6%	98%
06 <sup>th</sup> February 2005	97.1%	98%
13 <sup>th</sup> February 2005	98.7%	98%
20 <sup>th</sup> February 2005	97.0%	98%

#### January

Description of Target	Achieved	Trajectory
Inpatients: Achieve a <b>maximum wait of 9 months</b> 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	148	73
0 to < 6 months	1174	1289
Outpatients: Achieve a <b>maximum wait of 4 months (17 weeks)</b> 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	139	108

North East Ambulance Service: Ambulance services must achieve an 8 minute response to <b>75%</b> of calls to life threatening emergencies.		
% Cat A Incidents responded to within 8 mins	51.9%	75%
% Cat A Incidents responded to between 8 - 19 mins	46.8%	25%
% Cat A Incidents responded to in over 19 mins	1.3%	0%

Description of Target				Acute, Community & Mental Health	
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.					
			Mental Health		
	Acute Trusts	Community Hospitals	Learning Disabilities	Mental Illness	Old Age Psychiatry
Week Ending 10/02/2005	0	0	2		3
Average Delays in Days	0	0	339.5		94.3
Reasons			Residential/ Nursing Home Unavailable – 2 (SS)		Awaiting Care Funding Package - 1 (SS), Other – 1 (Other), Patient/family exercising choice –1 (SS/NHS)
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.					
<ul style="list-style-type: none"> <li>• GP to refer within 24 hours</li> <li>• Trust to see patient within 14 days</li> </ul>					
No. of cancer breaches (December)				0	
No. of cancer breaches (December)				0	
No. of patients waiting more than 31 days from Diagnosis to Treatment at County Durham & Darlington Acute – (December)				0	

### 3.3 Further Information

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

## 4 Recommendations

The Board receives this report for monitoring purposes.

**Melanie Fordham**  
Director of Commissioning & Performance  
28<sup>th</sup> February 2004

**Tables prepared by:**  
**Usha Jacob**  
Performance Manager

