

AREA 5 FORUM

Tuesday,
28 September 2004
7.00 p.m.

Town Council Offices
School Aycliffe Lane
Newton Aycliffe

AGENDA and REPORTS

AGENDA

- 1. APOLOGIES**
- 2. MINUTES**
To confirm as a correct record the minutes of the meeting held on (Pages 1 - 4)
- 3. POLICE REPORT**
A representative from the Police Force will be present at the meeting to give an update in relation to crime figures etc.
- 4. SEDGFIELD PCT - PROGRESS UPDATE**
A representative from the Primary Care Trust will be present at the meeting to report on progress
- 5. THE NHS IMPROVEMENT PLAN PUTTING PEOPLE AT THE HEART OF PUBLIC SERVICES**
To consider the attached document (Pages 5 - 18)
- 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. DATE OF NEXT MEETING**
Next meeting is scheduled to be held on 30th November 2004
- 8. 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

20th September 2004

ACCESS TO INFORMATION

Any person wishing to exercise the right of inspection in relation to this Agenda and associated papers should contact
Liz North, Spennymoor 816166, Ext 4237

Item 2

SEDGEFIELD BOROUGH COUNCIL

AREA 5 FORUM

Town Council Offices,
School Aycliffe Lane
Newton Aycliffe

Tuesday, 27 July 2004

Time: 7.00 p.m.

Present: Councillor M.A. Dalton (Chairman) – Sedgefield Borough Council and

Councillor Ms. B.A. Clare	–	Sedgefield Borough Council
Councillor Mrs. J. Croft	–	Sedgefield Borough Council
Councillor V. Crosby	–	Sedgefield Borough Council
Councillor Mrs.A.M. Fleming	–	Sedgefield Borough Council
Councillor R.S. Fleming	–	Sedgefield Borough Council
Councillor G.C. Gray	–	Sedgefield Borough Council
Councillor M. Iveson	–	Sedgefield Borough Council
Councillor Mrs. E.M. Paylor	–	Sedgefield Borough Council
A. Robson	–	Burnhill Residents Association
M. Robson	–	Burnhill Residents Association
D. Thompson	–	Burnhill Residents Association
Mrs. D. Bowman	–	Dales Residents Association
R. Fendley	–	Dales Residents Association
Councillor Mrs. M. Dalton	–	Great Aycliffe Town Council
Councillor Mrs. S. Mlatilik	–	Great Aycliffe Town Council
Councillor A. Tomlin	–	Great Aycliffe Town Council
Councillor Mrs. S.J Iveson	–	Great Aycliffe Town Council
W.J. Mellors	–	Middridge Parish Council
Community Inspector A.Neill	–	Durham Constabulary
Dr. A. Learmonth	–	Sedgefield Primary Care Trust
J. Mlatilik	–	Member of the Public

Apologies: Councillors W.M. Blenkinsopp, B. Hall, K. Henderson, J.P. Moran and J.K. Piggott (Sedgefield Borough Council)
Councillor Mrs. M. Gray (Great Aycliffe Town Council)

AF(5)1/04 MINUTES

The Minutes of the meeting held on 11th May, 2004 were confirmed as a correct record and signed by the Chairman.

AF(5)2/04 POLICE REPORT

Inspector A. Neill was present at the meeting to give details of crime figures for Newton Aycliffe.

It was explained that total crime had decreased by 19% by comparison to the same period in 2003. Violent crime had decreased by 23%, vehicle crime was down by 2% and theft from vehicles had reduced by 43%. Car theft had, however, increased from 8 to 22 vehicles and dwellinghouse burglaries had increased from 13 to 25. Some arrests had, however, recently been made in relation to those crimes.

Reference was also made to the National Alcohol Misuse Campaign. It was reported that shops, off-licences, etc., were being reminded of their obligations in relation to sale of alcohol.

Inspector Neill also referred to the new Licensing Act which had recently come into force and which transferred the obligations of licensed premises to local authorities. The Borough Council needed to prepare a strategy to be applied across the Borough in relation to the application of the Act.

AF(5)3/04

SEDGEFIELD PCT - PROGRESS UPDATE

Alison Learmonth, Director of Public Health, Sedgefield Primary Care Trust, was present at the meeting to report on progress in relation to the Primary Care Trust.

A document, "The Health and Wellbeing of People in Sedgefield – Summary Leaflet" was circulated. (For copy see file of Minutes).

The purpose of the report was to provide an overall picture of health for the population including vulnerable groups, give a snapshot of health related issues and also act as a stimulus to local action.

The report also looked at the factors influencing health, lifestyle issues, building on assets as well as identifying needs, utilising the planning systems and service delivery to influence health and wellbeing, lifestyle issues, the big killer, years of life loss, chronic diseases and health protection.

The report included five area profiles as a starting point for joined up working to identify needs and priorities and working with vulnerable groups in each of the five areas to address inequalities in health.

Discussion was held regarding the recent major issue of post operative infections and the standard of cleanliness within hospitals. Any issues in relation to this should be referred to the Patient Advice Liaison Service.

Reference was also made to another current issue - Alcohol Abuse and Young Girls. A Comprehensive Strategy was being developed in consultation with other stakeholders to address the issue which would be produced within the next few months. It was also noted that Sedgefield Borough would be addressing this issue as part of its Licensing Strategy.

A document relating to additional investment to improve local health services in 2004/5 was also circulated. (For copy see file of Minutes). After inflation and current cost increases approximately £5m additional money would be available to expand existing services and develop new ones in Sedgefield Borough.

Significant investments would be made in the following services :-

- Improving access to patients
- Improving health through effective prescribing
- Improving mental health services
- Improving cancer services
- Improving coronary heart disease services

- Improving public access to community services for adults
- Improving out-of-hours and emergency care services
- Investing in nursing
- Improving health of local community
- Investing in new and expanded specialist services
- Replacing and renovating health centres

In response to a query raised regarding the provision of digital hearing aids, it was explained that Government funding was available to carry out a rolling programme of replacement. However, new patients and children would be targeted first.

A document was circulated relating to targets and baseline performance targets (for copy see file of Minutes) the purpose of which was to advise on performance achieved. It was noted that the target of 100% of patients seeing a Primary Health Care professional within one working day and a GP within two working days had been met. The target of Patients being dealt with in Accident Emergency within four hours had been met approximately 93% of the time.

In conclusion, the PCT were congratulated on achieving a “two star” rating.

AF(5)4/04 LOCAL STRATEGIC PARTNERSHIP BOARD - APPOINTMENT OF ALTERNATE

Consideration was given to a letter from the Sedgefield Borough Local Strategic Partnership requesting nomination of an Alternate to act as substitute when necessary on the Local Strategic Partnership Board. (For copy see file of Minutes).

It was agreed that Councillor Mrs. A.M. Fleming be appointed as Alternate to the LSP Board for 2004/5.

AGREED : That Councillor Mrs. A.M. Fleming be appointed as Alternate to the LSP Board for 2004/5

AF(5)5/04 NEWTON AYCLIFFE TOWN CENTRE - SEATING

A query was raised regarding the removal of seating in the Town Centre and when they would be replaced. This issue would be raised at the next meeting of the Town Centre Forum.

AF(5)6/04 MAINTENANCE OF TREES/SHRUBS - RYLESTONE CLOSE, NEWTON AYCLIFFE

Discussion was held regarding the standard of maintenance of trees and shrubs in the vicinity of Rylestone Close and Burnhill Cemetery. It was agreed that this issue would be investigated.

AF(5)7/04 DATE OF NEXT MEETING

Next meeting to be held on Tuesday 28th September, 2004 at 7.00 p.m.

ACCESS TO INFORMATION

Any person wishing to exercise the right of inspection, etc., in relation to these Minutes and associated papers should contact Liz North 01388 816166 ext 4237

The NHS Improvement Plan

**Putting People at the Heart of
Public Services**

Executive summary

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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, including 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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