

AREA 5 FORUM

Tuesday, 30 November 2004 7.00 p.m.

Town Council Offices School Aycliffe Lane Newton Aycliffe

AGENDA REPORTS

AGENDA

1. APOLOGIES

2. MINUTES

To confirm as a correct record the minutes of the meeting held on 28th September 2004 (Pages 1 - 6)

3. DECLARATIONS OF INTEREST

To notify the Chairman of any items that appear later in the agenda in which you may have an interest.

4. POLICE REPORT

A representative from the Police Force will be present at the meeting to give an update in relation to crime figures etc.

5. SEDGEFIELD PCT - PROGRESS UPDATE

Update on local health matters (Pages 7 - 12)

6. STOCK TRANSFER

A representative from the housing Department will be present at the meeting to update the Forum on progress of the preferred option.

7. CRIME AND DISORDER AUDIT

An interactive presentation by A. Blakemore.

8. BLUE BRIDGE, NEWTON AYCLIFFE

To consider issues in relation to the above area.

9. DATE OF NEXT MEETING

Next meeting is scheduled to be held on 25th January 2005

10. 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

Item 2

Time: 7.00 p.m.

SEDGEFIELD BOROUGH COUNCIL **AREA 5 FORUM**

Town Council Offices

School Aycliffe Lane Newton Aycliffe

Tuesday, 28 September 2004

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

> Mrs. B.A. Clare Sedgefield Borough Council Mrs. J. Croft Sedgefield Borough Council Sedgefield Borough Council V. Crosby Mrs. A.M. Fleming Sedgefield Borough Council G.C. Gray Sedgefield Borough Council Mrs. J. Gray Sedgefield Borough Council Sedgefield Borough Council M. Iveson Mrs. E.M. Paylor Sedgefield Borough Council

A. Robson - Burnhill Residents Association M. Robson - Burnhill Residents Association

M. Davies - ASK

D. Bowman - JNWA Aycliffe Support in the Community

- Dales Residents Association K. Crosby

R. Fendley - Dales Residents Association (Chairperson)

R. Fendley
Sergeant E. Turner
Mrs. S. Mlatovich
Great Aycliffe Town Council
Great Aycliffe Town Council
Great Aycliffe Town Council Mrs. M. Gray - Sedgefield Primary Care Trust N. Porter Mrs. A. Clarke - Sedgefield Primary Care Trust

Apologies: Councillor W.M. Blenkinsopp - Sedgefield Borough Council

> Councillor R.S. Fleming Sedgefield Borough Council Councillor B. Hall Sedgefield Borough Council Councillor K. Henderson – Sedgefield Borough Council Councillor J.P. Moran – Sedgefield Borough Council Councillor J.K. Piggott – Sedgefield Borough Council Councillor A. Tomlin – Great Aycliffe Town Council

Councillor Mrs. M.A. Dalton - Durham Constabulary

AF(5)8/04 **MINUTES**

> The Minutes of the meeting held on 27th July, 2004 were confirmed as a correct record and signed by the Chairman.

POLICE REPORT AF(5)9/04

> Sergeant Turner explained that year-to-date recorded crime for 2004/5 was 799 with 269 crimes having been detected. This equated to a 33.7% detection rate. This compared to the same period in 2003/4 of

1,053 recorded crimes – a reduction of 24.1%. There had been 137 incidents of crime in July compared to 152 in August.

The following was a summary of a breakdown of categories of incidents .

	July 2004	August 2004
Total crime	137	152
Violent crime	21	41
Burglary other	6	11
Burglary	4	2
Damage	49	54
Theft of motor vehicle	3	3
Theft from vehicle	8	5
Theft (shoplifting)	11	14
Drug offences	6	2

AF(5)10/04 SEDGEFIELD PCT - PROGRESS UPDATE

Nigel Porter, Chief Executive of the PCT was present at the meeting to give an update. He circulated copies of the Sedgefield Primary Care Trust's Annual Report for 2003/4 which summarised what the Trust was trying to achieve, detailed objectives and its performance. The report also dealt with the financial aspects of the Trust.

The Forum was informed of the change to out-of-hours surgery arrangements due to take place from 1st December. It was explained that doctors emergency Saturday morning surgeries would cease. The Urgent Care Centre at Bishop Auckland Hospital would consequently expand its service to cover Saturday mornings.

A query was raised in relation to how patients' issues were dealt with. It was explained that a Patient Liaison Advisory Officer was in post to pick up issues and examine the reasons for problems. It was considered that this service needed to be publicised.

It was explained that the Patient and Public Involvement Forum had devised a Health Centre questionnaire to establish patient needs in relation to the provision of facilities at the new Health Centre in Newton Aycliffe. A copy of this was circulated and was to be completed and returned to Councillor Crosby or the Pioneering Care Partnership Centre.

Members were also informed of the PCT Third Listening Event to be held on 18th October in Newton Aycliffe Youth Centre from 10.00 a.m. to 3.00 p.m.

AF(5)11/04 THE NHS IMPROVEMENT PLAN PUTTING PEOPLE AT THE HEART OF PUBLIC SERVICES

Consideration was given to a summary of a Government document in

relation to the NHS Improvement Plan.

The document summarised the ambitions of the NHS over the next few years and how those ambitions would be made reality. There had been a significant increase in funding - £33m in 1997 to £67m this year. The amount spent per person had increased from £680 per person to £1,345 per peson over the last seven years.

By 2008 the NHS had to provide patients with no more than an 18 week waiting period from seeing GP to being treated in hospital. There was also to be more choice for people in relation to where they were to be treated etc.

There would also be changes in the way services were provided with more people being treated in the independent sector.

Patients would also have a right to access their own care records.

In relation to performance more local targets would be set. Communities would be consulted as part of this process.

AF(5)12/04 NEIGHBOURHOOD WARDEN SERVICE

Glyn Hall, Director of Neighbourhood Services, attended the meeting to give a presentation regarding the above.

It was explained that Sedgefield Borough Council had invested significantly in the Community Safety Service over the past decade. The Service's achievements included the development of the Community Force, the establishment of Sedgefield Borough Community Safety Partnership and the creation of the Community Care Force Centre, which included a combined CCTV and Community Alarm function.

It was reported that in early 2003, Holden McAllister Partnership had been commissioned by the Borough Council to undertake an independent review of the Council's Community Safety Service. The report confirmed that Community Safety continued to be seen as a priority for residents of the Borough and concluded that whilst the development of the Sedgefield Borough Crime and Disorder Partnership had provided a framework for strategic intervention by partner organisations, the development of a Community Safety Strategy specifically for the Borough Council was a logical next step.

With regard to the operational elements of the service, the report acknowledged that the development of the Community Force during the 1990s had been a bold and innovative step. The Community Force had been one of the first schemes used to inform the national development of Neighbourhood and Street Warden initiatives and latterly, the Police Community Support Officers initiative. The report concluded, however, that although the Community Force as a concept

was pioneering, it now needed to refocus and together with the CCTV function, be set within the Corporate Strategy.

It was explained that the service re-engineering would begin with Community Force Officers being re-designated Neighbourhood Wardens, with an increased emphasis on community engagement/public re-assurance, creating stronger links with Neighbourhood Management by targeting areas of greatest need, having powers to issue fixed penalty notices and operating flexible working patterns in response to need.

It was pointed out that the transition was supported by the recent Office of the Deputy Prime Minister Neighbourhood Renewal Unit national evaluation of the Neighbourhood Wardens Programme the evaluation recognised the unique role Neighbourhood Wardens played in neighbourhood renewal and recorded the overriding message from the evaluation that in successful schemes Neighbourhood Wardens can and were having an impact in areas of increased resident satisfaction, reduced fear of crime particularly for older people, decline in overall rates of crime, perceived improvements in environmental problems and contributing to tackling anti-social behaviour. In fact, the ODPM evaluation did commend Sedgefield Borough Council's existing Neighbourhood Warden Scheme that operated at Dean Bank, Ferryhill and West Ward, Newton Aycliffe in their efforts to reduce youth disorder and anti-social behaviour by engaging young people in a number of innovative initiatives.

The re-engineered Sedgefield Borough Council Neighbourhood Warden Service included features identified by the ODPM evaluation as common in schemes that were working well such as having a tailored and flexible approach, involving a wide variety of stakeholders including resident participation, active and represented steering groups, good management, partnership based, highly visible, targeted deployment based on need and having good quality and well trained staff. Neighbourhood Wardens would be community based although provision would be made for a central mobile response, including the out-of-hours service up to 10 p.m. and targeted joint working between the Wardens as a team and with others such as Police, Environmental Protection Officers, Neighbourhood Management, Housing Management and Tenancy Enforcement. The Wardens would work with Resident Groups and Schools and provide re-assurance to vulnerable groups.

Deployment of the thirteen Neighbourhood Wardens within the local communities had been determined by development of a matrix of needs taking account of population, levels of deprivation, recorded crime and anti-social behaviour, Council housing stock numbers, priority areas amongst older private sector housing, NRF and other partnership funding and other services operating within the area. Based upon the above assessment Neighbourhood Wardens would be deployed within the five management areas across the Borough targeting communities of greatest need. Deployment according to the

needs based assessment matrix would be kept under regular view and any adjustments would be made accordingly.

It was noted that the Council would have access to the Airwaves digital radio communications system used by Durham Constabulary to promote joint working and information flow between Police Headquarters/Officers and the CCTV Control Rooms and Neighbourhood Wardens.

The Forum was also informed that the Council's CCTV service was programmed to be reviewed in the final quarter of 2004, and a Community Safety Strategy for Sedgefield Borough was being developed, which would take account of the changing external environment and link Council services to the strategic directions set by Government Office, Crime and Disorder Reduction Partnership and the Local Strategic Partnership.

It was pointed out that an article regarding the Neighbourhood Warden Service would be included in the October edition of Inform and arrangements were being made for the new wardens to hand deliver leaflets regarding their services to every household in the Borough.

Specific reference was made to the establishment of the Neighbourhood Warden Steering Group. The Group would include in its membership, representatives from the five Area Forums within the borough. It would meet on a quarterly basis, and monitor and review performance and be involved in service planning.

The Forum agreed that the nomination of a representative for Area 1 Forum to the Group would be considered at its next meeting.

AF(5)13/04 DATE OF NEXT MEETING

Next meeting to be held on 30th November, 2004.

AF(5)14/04 SEDGEFIELD BOROUGH LOCAL STRATEGIC PARTNERSHIP

Consideration was given to the Minutes of the L. S. P. Board Meeting held on 21st July, 2004. (For copy see file of Minutes).

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, Spennymoor 816166, Ext 4237

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Item 5



Board Meeting Thursday 14 October 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 <u>Access Incentive Scheme</u>

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
Quarter ending 30 Sept 2004	£38 800 capital	the quarter
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 2 Progress

Target	Operational Standard	Success Criteria	Progress to Date for Q1
Primary Care Access	Achieve 100% by December 2004	Incremental targets throughout the year	No breaches up to September

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	No breaches up to end of August
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 August
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	Measured quarterly

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.

August/September

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.			
29 th August 2004	92.9%	90%	
5 th September 2004	94.2%	90%	
12 th September 2004	93.0%	90%	

<u>August</u>

Description of Target	Achieved	Trajectory	
Inpatients:			
Achieve a maximum wait of 9 months for all inpatient waiters and r			
month in-patient waiters by 40% by March 2004, as progress towards			
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	126	101	
0 to < 6 months	1119	1277	
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	189	127	

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			
to live at home to 30% of the total being supported by social services		J	
Acute - no. of patients	0	0	
Acute - average delay in days	0	0	
Mental Health - no. of patients	7	8	
Mental Health - average delay in days			
Learning Disabilities	172.5	144.5	
Old Age Psychiatry	83.2	65.8	
North East Ambulance Service:			
Ambulance services must achieve an 8 minute response to 75% of c	alls to life the	reatening	
emergencies.			
% Cat A Incidents responded to within 8 mins	59.0%	75%	
% Cat A Incidents responded to between 8 - 19 mins	39.4%	25%	
% Cat A Incidents responded to in over 19 mins	0%	0%	
Cancer:			
Maintain existing cancer waiting time standards and set local waiting			
and 2004/05 so that by the end of December 2005 there is a maximu			
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 (August)	0		
No. of cancer breaches (August)	0		
No. of patients waiting more than 31 days from Diagnosis	1		
to Treatment at County Durham & Darlington Acute –			
Information awaited.			

3.3 Further Information

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

Also attached is a chart demonstrating information collected by the Drug Action Team on the 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 team is in the process of improving their recording systems and it is their intention to resubmit June and July's data in due course.

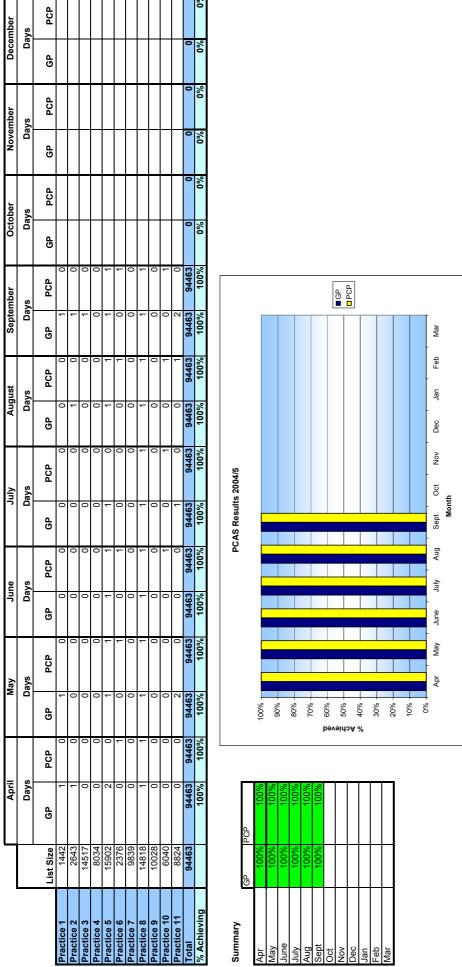
4 Recommendations

The Board receives this report for monitoring purposes.

Melanie Fordham Director of Commissioning & Performance 30th August 2004 Tables prepared by:
Pamela Cassidy
PA to Director of Commissioning &
Performance

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	June	Days	
	May	Days	
ırvey 2004/5	April	Days	
Primary Care Access Survey 2004/5			



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