

**MINUTES OF A MEETING OF THE MID ESSEX AREA FORUM HELD AT
BRAintree TOWN HALL, ON THURSDAY 16 SEPTEMBER 2010 AT 10AM**

Membership

* *Present*

Essex County Council (20)

| | |
|---------------------------|------------------|
| * J W Pike (Chairman) | N Hume |
| J Aldridge | M Hutchon |
| R L Bass | M C M Lager |
| J Baugh | D J Louis |
| G Butland | P J Martin |
| R G Boyce (Vice-Chairman) | * M Mackrory |
| P Channer | * Mrs M Miller |
| * J Deakin | T C Smith-Hughes |
| * N Edey | R Walters |
| D M Finch | |
| Rt Hon Lord Hanningfield | |

Partner Organisations

Braintree District Council (2)

| | |
|----------------|---|
| Cllr G Butland | - |
| Chris Fleetham | - |

Chelmsford Borough Council (2)

| | |
|-----------------------|---|
| * Councillor M Moulds | - (Leader's Nominee) |
| Averil Price | - Director of Safer Communities (Chief Executive's Nominee) |

Maldon District Council (2)

| | |
|----------------|-------------------|
| Mrs A N Warr | - Councillor |
| Fiona Marshall | - Chief Executive |

Local Councils (3)

| | |
|----------------|--|
| * Tony Hayward | - E.A.L.C (Chelmsford) |
| | - E.A.L.C (Maldon) |
| Cllr Cole | - E.A.L.C (Chelmsford) |
| Mrs R M Pink | - E.A.L.C (Maldon) (for whom Parish Councillor Schnurr attended) |

Hospitals & Primary Care Trust (2)

| | |
|----------------|--|
| Sheila Bremner | - Mid Essex Hospitals Services NHS Trust |
| Graham Ramsay | - Mid Essex Hospitals Services NHS Trust |

Essex Police (2)

*Chief Superintendent
Michelle Dunn*

Essex Fire Service (1)

| | |
|-------------|--------------------------------|
| Matt Hughes | - Chelmsford Community Command |
|-------------|--------------------------------|

Councils for Voluntary Service (3)

- | | | |
|-----------------|---|-------------------------|
| Judy Cuddeford | - | Chelmsford CVS |
| Lorraine Jarvis | - | Maldon and District CVS |
| | | |
| Paul Murphy | - | Maldon and District CVS |

Also Present

(in order of signing the attendance book – and as there described)

Laurie Wiebe, member of the public, Prof L Schnurr Heybridge Parish Council and representing Cllr T Pink EALC Maldon, Chris Shaw, Great Baddow Parish Council, Andrew Sosin, Great Baddow Parish Council and Chelmsford Borough Council, Trevor Miller, Great Baddow Parish Council and Chelmsford Borough Council, Mary Davies Althorne Parish Council, Philip Davies, Althorne Parish Council, Stuart Jennings, Maldon District Council, Robbie Jamieson, ECC Highways, Tony Hayward, EALC Braintree, Maureen Moulds, Chelmsford Borough Council, Jane Richards, NHS Mid Essex, Steve Bolter, Gestingthorpe Parish Council, Clare Hardy, ECC.

Officers Attending in Support

- | | | |
|---------------|---|-----------------------|
| Kate Fox | - | Committee Assistant |
| Graham Hughes | - | Committee Officer |
| John Zammit | - | Mid Area Co-ordinator |

33. Welcome and Introduction of Members and Officers

The Chairman welcomed Members to Mid Essex Area Forum.

34. Apologies

The Committee Officer noted that apologies had been received as follows:

Essex County Councillors**Borough/District Councillors**

Councillor John Aldridge

Councillor Rodney Bass

Councillor Bob Boyce

Councillor Norman Hume

Councillor Margaret Hutchon

Councillor Derrick Louis

Councillor Peter Martin

Councillor C Riley

Councillor T C Smith Hughes

Councillor R. Walters

Councillor Lady Newton

Councillor Graham Pooley

Councillor R Whitehead

Other Organisations

Tilly Pink, EALC Maldon Area (Heybridge Parish Councillor Lew Schnurr will substituted)

Matt Hughes, Divisional Officer, Chelmsford and Maldon Community Command (Fire Service)

Janet Cloke, Chair of Maldon District 50 Plus Forum

Andrew Luce, Outreach UK

Averil Price, Director of Safer Communities, Chelmsford Borough Council

35. Declarations of Interest

No declarations of interest were recorded.

36. Minutes

- (a) The minutes of the Forum held on 24 June 2010 were approved as a true record and signed by the Chairman.
- (b) Matters Arising: members received and **noted** report AFM/09/10 on (I) Policy Covering Side Entry Gullies; and (ii) current list of congestion hotspots

37. Public Questions

The following issues were raised, by those persons indicated in brackets, during a public question time:

- (i) Concern was expressed about what plans had been made for the alternative provision of services such as blood testing and audiology in central Chelmsford after the closure of St John's hospital at the end of September. It was noted that this issue had been raised at the Task and Finish Group looking at Health Inequalities and Jane Richards, NHS Mid Essex already was tasked with following this up with the Mid Essex Hospital Trust (**Councillor Miller**);
- (ii) The likely completion date of road improvements off Beehive Lane and Duffield Road in Great Baddow was queried and it was agreed that Robbie Jamieson from ECC Highways would respond by email with anticipated timings (**Chelmsford Borough Councillor Andrew Sosin**);
- (iii) Issues were raised in connection with the provision of funding for one of the surgeries in South Woodham Ferrers. Councillor Moulds had been assured about the provision of midwifery services but was still awaiting a response on when these were to be available. Other residents had been unhappy with the original bidding process for the surgery. Jane Richards did not have information to hand on these

matters and would look into them and Mid Essex PCT would respond directly to Councillor Moulds on these matters. Councillor Moulds also queried the lack of representation of elected representatives on PCT Boards. It was anticipated that the Mid Area Forum would be an important forum for raising local health issues in future. (**Chelmsford Borough Councillor Maureen Moulds**);

- (iv) Concern was raised about the lack of consultation on health matters in north central Essex for Essex based residents who relied on GP surgeries and health services in Suffolk. In particular, it was feared that a new build clinic further into Suffolk was likely to pick up many of the services currently provided by the Walnut Tree Hospital on the border and, consequently, Essex based patients were likely to have a longer travel to the new clinic involving the use of at least two different buses. It was confirmed that the Health Inequalities Task and Finish Group already were aware of the general issue of cross border services and Mr Bolter was invited to provide more details to them on this particular issue (**Mr Steve Bolter**);
- (v) Concern was raised that, whilst there was a popular clinic at Burnham, the reception was staffed by part time receptionists and often the reception area would not be manned at all and that telephone calls to the reception were not answered. Jane Richards would take this up with Central Essex Community Services and report back. (**Mary Davies, Althorne Parish Council**).

38. Coalition Government White Paper – liberating the NHS

(a) Overview presentation

Jane Richards gave an overview on the Coalition Government White Paper: Equity and Excellence – Liberating the NHS White Paper and the structural plans and timetable for the proposed changes. Ms Richards outlined the Secretary of State's stated priorities and key principles and proposals as follows:

- (i) Extending patient choice over provider and treatment;
- (ii) The transfer of commissioning responsibilities to GP consortia and the abolition of PCTs and SHAs: The detail on the GP consortia had yet to be finalised but it was likely that each consortium may be responsible for at least 100,000 registered patients. In Mid Essex there had been extensive consultation with GPs by Mid Essex PCT which had ended the previous Monday and the results would now be analysed. Currently there was no particular view as to how many consortia there would be in Essex. GP consortia budgets would be determined by the number of people registered with each of the practices in the consortium. Issues identified earlier in the meeting (and in the Task and Finish Group on Health Inequalities) of Essex border residents registered with Suffolk

- GPs but referred to localised social care in Essex for example may still lead to issues around referral and service provision;
- (iii) Establishing a national independent NHS Commissioning Board to oversee GP commissioning: The detail was not known but, due to the number of likely GP consortia, there could be a regional sub-structure under the national body;
 - (iv) Ensuring all provider health trusts are foundation trusts by 2013 and giving them greater freedoms to manage and provide services: Mid Essex Hospital Trust currently was not a foundation trust. Mid Essex Community Services were looking to become a social enterprise whilst there would be different arrangements in other administrative areas of Essex;
 - (v) Transfer of public health budgets to top tier local authorities and these would be ring fenced;
 - (vi) Establishment of Health and Well Being Boards at top tier local authority level with a mixed membership: Currently PCT Boards did not have elected councillors on their Boards and potentially this proposed change could give more opportunity for elected members to be involved in decision making. Essex based PCTs were very engaged in the process and there were plans for a shadow Essex Health and Wellbeing Board to be established in March 2011;
 - (vii) Creation of HealthWatch England, an independent consumer champion within the Care Quality Commission;
 - (viii) Local Involvement Networks (LINKs) would become a local HealthWatch – commissioned by local authorities to provide advocacy and support to individuals;
 - (ix) Establishment of a Public Health Service (PHS) to provide effective protection from public health threats, and which would include the existing Health Protection Agency and other arms length bodies. Directors of Public Health would be jointly appointed by the PHS and local authorities;
 - (x) Public health budgets would be ring fenced at both national level and local level – the inclusion of a ‘health premium’ was proposed to improve population wide health (rather than individual outcomes) and reduce health inequalities. There was no detail available yet as to how the availability of a health premium would affect Essex but potentially Essex could attract such a premium for certain deprived areas in the County;
 - (xi) An enhanced role for local authorities including them leading joint strategic needs assessments to ensure coherent and coordinated commissioning strategies.

Thereafter the meeting raised the following additional issues:

(b) GP related issues

There were approximately 2-3,000 people per individual GP list, although there would be more registered with most GP practices as there were very few single handed practices and most would have multiple GPs serving from them. Approximately 360,000 people were registered with GPs in Mid Essex. Members discussed patient choice and whether the new arrangements would permit, for example, patients to remain with their GP despite moving from their core catchment area or to use a GP practice near to their place of work rather than where they live. If the patient became unwell at home, and required a home visit by their doctor during normal working hours, members questioned whether their GP practice would send a doctor if they lived a considerable distance from the practice.

Currently GPs could arbitrarily decide who they had on their books; under the proposed legislation they would have to accept all those who wished to register. There was currently a limit on GP list sizes and Members felt that this would have to continue in order to control and limit the size of very popular GP practices.

Services that GP practices currently delivered varied with some providing only GP consultation and others providing additional services such as phlebotomy. Members felt that this led to an inequity in the service delivered to patients depending on where they lived. Members questioned who would regulate which services GP practices would provide and whether, over time, there would be a more equitable and standardised level of service as a result. Members queried which body would be responsible for improving access to services (e.g. transport issues) and it was acknowledged that ECC would need to look to work with the HWB to further improve such access.

At the Mid Essex PCT AGM the previous day it was reported that low numbers of GPs had indicated support for the current commissioning proposals. However, it was acknowledged that not every GP in a consortium had to be a commissioner of services and that within a consortium there would be active and passive GP members.

Members suggested that the level of GP consortia engagement with the proposed Health and Well-Being Board (HWB) could vary considerably from one consortium to another. As the number of GP consortia was unknown at present it was acknowledged that the HWB could be required to engage with a considerable number of separate consortiums.

(c) Representation at district and parish level

The move towards democratic accountability was greatly welcomed with 'top tier' elected members becoming an integral part of the new proposals however there were concerns that district/borough and parish councillors might not be

included in this fundamental shift. Specifically, it was queried whether there would be any representation from the Essex Association of Local Councils (EALC) on any of the monitoring Boards. The Executive Committee of the EALC were meeting that afternoon and would be considering making direct formal representations on behalf of the parish councils and to emphasise that conditions in rural areas were different and needed formal representation. It was noted that the Local Government Association also had made representations.

(d) Response from Essex County Council on proposals

At the invite of the Chairman, Clare Hardy, Senior Manager Executive Office, then outlined Essex County Council (ECC) preparations for the proposals, the established work streams and issues arising. In particular, in preparation for the proposed HWB, ECC were looking at the organisational structures already in place and how they could be improved further to facilitate joint working with the proposed Board. However, ECC were concerned that an independent scrutiny function should remain and that if the scrutiny function, currently residing with the Health Overview and Scrutiny Committee, was placed into the HWB instead it was felt independent scrutiny would be lost as a result. ECC wanted to ensure effective clinical engagement and, whilst not yet knowing the number of GP consortia, wanted to ensure effective co-ordination of health provision and to use the HWB to drive forward the commissioning agenda. In a large county such as Essex one HWB might not be sufficient to have enough 'feelers' down to local level and this might necessitate the creation of sub structures.

ECC were not aware of any plans to change the public health functions provided at borough and district level.

Members expressed fears that one type of bureaucracy (PCTs) could be replaced with another (GP Consortia) and whether the proposed changes would lead to a noticeable improvement in service. However, after discussion, the vast majority of those present were in agreement with the potential of the proposed changes and that it could deliver improvements in patient choice and local democracy, although there were reservations and questions that needed to be answered over the detail.

The Chairman thanked both Jane Richards and Clare Hardy for their input to the discussion and suggested to the meeting that the Forum should be reviewing other appropriate government consultation documents in the future so as to ensure relevant localised feedback.

39. Area Forums Health Scrutiny Plan Review

John Zammit updated the Forum on the work undertaken by the Task and Finish Group established to review health inequalities issues in the Mid Essex area, particularly relating to access, and this was **noted**.

40. Community Initiatives Fund

John Zammit advised the meeting of the criteria for application to the Community Initiatives Fund. In particular it was confirmed that applications were restricted to capital expenditure and should be for amounts less than £15,000. Community groups and clubs were encouraged to apply in addition to parish and district councils. The closing date for applications was 29 October and the judging panel would be reviewing applications during February 2011. It was expected that the CIF had approximately £85,000 to distribute per district although this was yet to be confirmed.

41. Date of Next Meeting

The following future meeting dates were **noted** (all to be held at 2pm at Chelmsford Baptist Church):

Thursday 11 November 2010;
Tuesday 11 January 2011;
Thursday 3 March 2011.

42. Forward Look

A draft Forward look for the Committee, tabled at the meeting was **agreed** subject to the addition of an item on improving the relations between the various tiers of government and health authorities.

The Minutes of the Economic Development and Environment Policy and Scrutiny Committee held on 17 June had indicated that the final report of the Snow Summit would be presented to Area Forums. The Committee Officer would investigate and report back.

There being no further business the Chairman declared the meeting closed at 11.24am.

Chairman
11 November
2010