

**Finance and General Purposes Committee  
1 February 2000**

**Agenda Item 9 (ix)**

**ROCHFORD DISTRICT COUNCIL**

**Minutes of the Partnership Sub-Committee**

**At a Meeting held on 25 January 2000. Present:**

Councillors Mrs M S Vince (In chair for the Meeting), R S Allen, P A Beckers, T G Cutmore and G A Mockford.

**Visiting:** Councillors A Hosking, Mrs S J Lemon and Mrs M J Webster.

**Representing Essex County Council:** Councillors K Bobbin and Mrs E M Hart.

**Representing Town and Parish Councils:** Councillors G C Angus (Hullbridge Parish Council), Mrs H Allen (Barling Magna Parish Council), Mrs M R Beckers (Rawreth Parish Council), Mrs J Barney (Hawkwell Parish Council), Mrs Rosemary Brown (Hullbridge Parish Council), J R Colvill (Ashingdon Parish Council), T Cutmore (Ashingdon Parish Council and Rochford Hundred Association of Local Councils), M J Ewers (Rochford Parish Council), D A Flynn (Stambridge Parish Council), Mrs D Lucas (Rawreth Parish Council), I Puzeley (Paglesham Parish Council) Mrs J V Rigby (Stambridge Parish Council), I Rooke (Hawkwell Parish Council), L Salmon (Barling Magna Parish Council), Mrs M Liles (Rayleigh Town Council), Mrs J Lumley (Rayleigh Town Council), Mrs P Pearse (Rayleigh Town Council), Mrs J Smith (Canewdon Parish Council)

**Representing the Rochford Primary Care Group:** Dr Chris Lewis (Chairman), Mary-Ann Mumford (Chief Executive), Liz McGranahan (Head of Health Improvement), Janet Mills (Health Improvement Manager) and Roger Sinden (Board Member, Social Services)

**Apologies:** District Councillor G Fox, County Councillor R S Boyd and Parish Councillors J Stevenson (Hullbridge) and R Lumley (Rayleigh)

Some of the Members present served at more than one tier.

The Sub Committee extended best wishes to Councillor G Fox for a speedy recovery from current illness.

**88. MINUTES**

The Minutes of the Meeting held on 21 September 1999 were approved as a correct record and signed by the Chairman

## 89. PARTNERSHIP WORKING FOR HEALTH

The Sub-Committee received a presentation from representatives of the Rochford Primary Care Group (RPCG) on the work of the Group. The presentation covered the following areas:-

- Introduction and Strategic Direction.
- Partnership to Date.
- Developing the Local Action Programme (LAP)
- Progress to date and themes for future work.
- Delivery of the LAP through Primary Care Investment Plan, Commissioning and Joint Investment Plans.
- Links to Social Services.
- Primary Care Trust Status.

At the commencement of the presentation, the District Council's Head of Housing, Health and Community Care wished to emphasise the high level of co-operative work which had taken place between agencies. Of particular note was the St. AR Project work within the St Andrews and Roche Ward, which featured input relating to the District Council's Crime and Disorder Strategy. There was clearly going to be further joint working and commissioning, with the seamless provision of services being of increasing importance.

Responding to Member questions, the Primary Care Group representatives confirmed/advised that:-

- They would take away and review possibilities for ensuring appropriate levels of access to NHS dentistry services.
- Non-essential chiropody services had suffered in terms of funding availability but they would be reviewing possibilities for improvement and creative ways of introducing. In this context, Age Concern had already developed some interesting ideas.
- Whilst it could be accepted there had been a very low response to public consultation on the LAP in the Great Wakering area, the objective was to establish ongoing mechanisms and processes to achieve better feedback from the public. The Group would welcome the knowledge of Local Councillors in this regard. The Chief Executive confirmed that she would be delighted to attend Meetings of Parish Councils where Parishes would like to work with the Group in ensuring effective public consultation.
- Whilst the Group had a budget of £44M, less than £1M was within direct Group Control. There had been particularly high levels of expenditure on generic drugs (with some drug types showing a 1000 fold price increase). It would be fair to comment that Primary Care Groups were working to the Government's agenda.
- Given that proposals to form a Trust could involve the amalgamation of existing management arrangements, overall costs may not be much higher than current.

- Primary Care Trusts will each have their own Board, the Chairperson being appointed by and accountable to the Secretary of State. It would be possible for nurses and other professionals to hold Board positions on a Trust, and this was already the case with the present Primary Care Group. There is also Board consultation with staff in regular contact with patients.
- There would be early consultation with Doctors in the Rochford area on the proposal to develop into a Trust.
- Different levels of Primary Care organisation could be identified as follows:-
  - Level 1 – An advisory group to the Health Authority.
  - Level 2 – An advisory group with a budget (which typifies all those within South Essex at the current time)
  - Level 3 – A Trust without capacity for direct Community Service provision (the model being established in Southend).
  - Level 4 – A full Trust arrangement whereby the Trust can provide Community Services (the objective for all proposed trusts within South East Essex from April 2001).
- Trust Board membership would attract payment and some positions be open to Local Authority Councillors. The objective being to introduce a layer of accountability given the large sums of public money involved.
- The costs associated with the packaging of medicines should be seen in the context of providing improved information, guidance and safety to the public.
- The Group had a duty to monitor services in acute hospitals and report on results. There was currently a huge drive to counter fraud within the National Health Service.
- In terms of moving towards trust status, consultation would conclude on 1 October. If approval of the Secretary of State is achieved there would be a six month period for appointing the Board and Executive. The operational date would be 1 April 2001, from which the organisation would be accountable for its expenditure and service provision.
- Two schemes were currently underway aimed at improving the situation with regard to human resource at general practices:-
  - The salaried Doctors scheme which assisted practices experiencing heavy Doctor workloads.
  - A trial project scheme in the Hockley area which may develop a new practice. In terms of health economies it is more cost effective to build on existing practices than create new practices.
- There are limited proposals for the introduction of nurse practitioners in both the Rochford and Castle Point areas. Primary legislation would be required for there to be a change in the current arrangements for the prescribing of medicines by nurses.
- An important element of the Group's work was establishing effective services for the elderly. A key area would be that of rehabilitation and plans included the bringing together of organisations such as Crossroads and Social Services to round table meetings with a view to identifying real

priorities.

The Chairman thanked the Group representatives for such an informative overview. The Head of Health, Housing and Community Care confirmed that aspects of joint working would be fed into the Council's Committee process over the forthcoming months.

#### **90. PERIODIC ELECTORAL REVIEW – UPDATE**

The Sub Committee received and noted the report of the Head of Administrative and Member Services providing update information on the District Council's draft proposals for change to its electoral arrangements.

The Head of Administrative and Member Services emphasised that, as a matter of principle, the District Council had sought to avoid introducing parish warding arrangements to those Parishes that did not already have them. However, many Parishes that were already warded would find some boundary changes due to the statutory requirement that the whole of a Parish Ward must lie in the same District Ward and Parish Ward boundaries must therefore be the same as those of a new District Ward. Whilst the Local Government Commission was purely concerned with District electoral arrangements, it would review parishes if requested.

All Parish Councils will have received District Council consultation documents by the end of the week. The Head of Administrative and Member Services confirmed that he would be happy to attend Parish Council Meetings to provide further specific explanation of proposals and that the District Council would take on board all questions prior to its final submission to the Commission.

The Meeting closed at 9.38pm

Chairman .....

Date .....