Central Area Committee - 15 March 2011

Minutes of the meeting of the **Central Area Committee** held on **15 March 2011** when there were present:-

Chairman: Cllr Mrs L M Cox

Cllr M R Carter Cllr J R F Mason

Cllr M Hoy Cllr Mrs J E McPherson

Cllr K H Hudson Cllr J Thomass

ALSO PRESENT

Cllr Mrs M A Weir

Cllr B Hazelwood

Cllr Mrs L Campbell-Daley
J Brown

N Szpigelman

M McCutcheon

- Hawkwell Parish Council

- Hullbridge Parish Council

- South East Essex PCT

- Essex County Council

- Essex County Council

OFFICERS PRESENT

N Khan – Principal Solicitor

J Bostock – Member Services Manager

77 AREA COMMITTEE – INITIAL BUSINESS

Apologies for Absence

Apologies for absence were received from Cllrs Mrs L A Butcher, P A Capon, Mrs H L A Glynn, M Maddocks, D G Stansby and Mrs C A Weston.

Minutes

The minutes of the meeting held on 13 January 2011 were approved as a correct record and signed by the Chairman.

At this point the Committee adjourned the formal meeting to move into the Community Forum to hear contributions from members of the public.

78 COMMUNITY FORUM

Further to Minute 11 of the last meeting, the Committee received a supplementary question from Parish Councillor Mrs L Campbell-Daley on concerns about a recent traffic hold up at Watery Lane and weight restriction signage at the same location. Natalie Szpigelman advised that Trading Standards were monitoring the position on weight restrictions at this location and so any questions regarding this should be addressed to them. The County Council has erected new signage within the last eighteen months and feels that the signage is adequate. With regards to the traffic tailback, this is not a regular occurrence and, unfortunately, tailbacks happen in all locations from time to time.

Officers would investigate a concern raised by Mr A James of Hockley that a fire lock had been removed from one of the bollards that can be lowered at the end of Barnwell Drive Avenue, Hockley. The bollards had been replaced last year.

The Committee reconvened into formal session.

79 SPOTLIGHT ISSUES

Development of GP Consortia and the QIPP Agenda

The Committee welcomed Jackie Brown, Director of Strategy, Productivity and Performance at South East Essex Primary Care Trust, who was in attendance to report on the development of GP Consortia and the QIPP (Quality, Innovation, Productivity and Prevention) Agenda.

With regard to GP consortia, it was noted that full arrangements were due to be in place by the end of March 2013. At the current time it was anticipated that, for South East Essex, there will be a group of four Consortia covering Castle Point, Hockley/Rochford, Central Southend-on-Sea and Leigh-on-Sea towards Southend. It is expected that a fifth group, operating in the Thorpe Bay area, will be incorporated into one of the other groups. The overall budget of each consortium would probably be in the region of £100-£150m per annum. Notwithstanding that the QIPP Agenda had been somewhat overtaken by the wider NHS system reforms, it involved many partners with a focus on specific areas – the 75+ age group; hospital admissions; individuals with long term conditions; the provision of out-patient referrals; mental health services and children's services. The PCT's current budget was approximately £550M per annum.

Responding to questions, Jackie Brown advised that:-

- Consortia proposals for South East Essex fitted the national direction of travel. Consortia would need to agree how to share resources and spread workloads. Groups within Consortia may develop specialisms.
- An intention is that, with effect from 1 April 2011, a Clinical Executive Committee covering the groups within the Consortia would be in place. The Committee, comprising nine GPs, would have a remit for overseeing the commissioning process and maintaining stability.
- There would be a national process for authorising Consortia arrangements, and Consortia would not be able to run on a standalone basis if they did not meet associated requirements. Matters such as the effective use of GP time were under discussion at the PCT.
- The finalised position in relation to redundancies would be known following the transition process to GP Commissioning.
- Whilst the precise commissioning responsibility for some areas is not yet clear, there will be a national commissioning body/board. Patient

safety would be seen as paramount in the development of local commissioning proposals by GPs.

- In order to make best use of contract management skills, a possibility is that there might be one lead GP Consortium for Southend-on-Sea hospital and one for Basildon hospital and so on. Around 85% of the local population uses Southend-on-Sea hospital for general acute services. It has always been the case that a PCT leads contract negotiations for a hospital on behalf of other commissioners notwithstanding that it doesn't have 100% of the hospital contract.
- The intention is that each Consortia will provide a year on year commissioning plan for approval. The plan will be required to be in line with the PCT strategy.
- Consortia spending will be subject to audit arrangements and would be expected to have arrangements in place for appropriate patient consultation.

Highways Matters

The Committee welcomed Natalie Szpigelman and Maureen McCutcheon to the meeting to provide an update on highways matters in the central area of the District.

It was noted that potholes were reported from a variety of sources – residents, Councillors, Town/Parish Clerks, staff etc. The County Council appointed dedicated seek and fix gangs, which proved a cost effective approach. Once a pothole had been identified it was prioritised against a set criteria – depth, position etc. Category 1 potholes were made temporarily safe to eliminate health and safety issues. There is a Capital Programme for resurfacing. The programme schedule is in the planning stages and would be issued as soon as possible.

It was confirmed that a question raised a previous meeting by Mr A James of Hockley on a missing bus stop and flag in Rectory Road (in the vicinity of Sweyne Avenue) would be pursued.

The meeting closed at 8.20 pm.

Chairman	
Date	

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