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# *Frinton Residents' Association*

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## **NOTES of a Half-Yearly Meeting held in the McGrigor Hall on 16 November 2013 at 10:00 AM**

Present: The President, Chairman, Honorary Secretary, Honorary Treasurer, and 7 other Committee members, 4 speakers, 6 other guests including 5 Councillors and a Police Sergeant, together with 62 Association members, 3 Non-Members and 2 Friends making a total of 88 attendees.

### **1 INTRODUCTION**

The Chairman (PM) welcomed everyone to the meeting and reviewed Committee activities since the last meeting as mentioned in her Chairman's Message in the recent Newsletter, as follows.

She reported on the success achieved with the help of the National Organisation of Residents' Association in that the Growth & Infrastructure Bill had been amended to ensure that neighbours and the Council were consulted when extensions to houses were built and this received a round of applause.

With regard to the new Tendring District Plan, as a result of the efforts of the FRA a public consultation was planned for Frinton, and a reply had been received from the TDC Head of Planning Services (as outlined in the Newsletter) to the FRA's expression of concern that despite objections from the Town Council and residents, planning applications were being approved by Officers rather than going to the full Committee. She stressed that it was very important that residents let Councillors know of their objections so that Councillors could request that applications go before the Planning Committee in future.

Problems experienced on the seafront had also drastically reduced this summer as a result of FRA discussions with the TDC Seafront Team and the Chairman thanked them for their assistance. However, she still felt the situation should be monitored.

She then praised the FRA Health Representative, Jenny Heard (JH), who had been attending many meetings on behalf of residents and as a result of her efforts a Patient Participation Group was being set up at Caradoc Surgery. Any residents who wished to be involved could obtain a form from the surgery, or from JH.

### **2 APOLOGIES FOR ABSENCE**

Apologies (read out at the end of the meeting) had been received from Douglas Carswell MP, Councillors David Lines, Giles Watling, Mark Platt and Brian Johnson, Committee Member Peter Leaman, and residents Mick Carter and Gail Evans.

### **3 HEALTH ISSUES**

The Chairman introduced Dr Sean MacDonnell (SM), Medical Director at Colchester Hospital, who had kindly agreed (at the last minute) to speak instead of Sue Barnett.

SM stated that he would talk about the events over the last few months at Colchester Hospital. He explained that he had worked there for 17 years in intensive care and had taken on the role of Medical Director to improve Emergency care. The Consultant Physicians are now on site from 8.30am to 10.00pm 7 days a week in the Emergency Assessment Unit (EAU), and there are now Consultants in the A&E from 8.00 am until 12.00 midnight seven days a week. The Hospital Standardised Mortality Rate (HSMR) (a measure of the proportion of patients who die in hospital) was high in the emergency area and that is why a lot of work has been done and improvements have been made.

He then reported that the Francis Report was published in February. On the following day the Government announced an investigation into fourteen hospitals which had a high Summary Hospital-level Mortality Indicator (SHMI); SHMI is a measure of patients who die in hospital or within days of discharge from hospital. Colchester had been found to have the second highest

SHMI in the country.

As a result the Keogh enquiry was initiated. This involved a large team of people visiting the hospital over a two day period. They interviewed a wide range of staff, patients, ex patients and visitors. SM stated that he was encouraged that the review team found that Colchester had really good patient-focused and motivated staff; they were people from the area who want to do their best. He felt this was important as with motivated staff, hospitals could go a long way towards achieving improvements.

SM then said that the enquiry had found that one area that needed improvement was clinical leadership at the hospital. and that some staff were not meeting demands. Nationally, there was a very strong view that the role of the Consultant should be to organise the service in the interests of the patients. He then spoke about the recent Quality Commission (CQC) Report, which suggested that there may have been a minority of cases that involved incorrect data adjustments. The CQC visited the hospital at the end of August, spent six days on-site in August and September, and provided a list of 30 patients where Colchester Hospital needed to carry out investigations into their care.

He stated that when the report was published there were a number of concerning aspects. There was an issue of standards; certain standards have to be achieved when patients are suspected of having cancer - they should be seen within two weeks of referral by their GP. However, sometimes patients do not attend their appointments. Within 31 days, decisions should be made regarding treatment. It has now become apparent that on occasions this was recorded as the date decisions on treatment were made by the team on receiving all the results, but it should be when the patients decide on the treatment. The next standard is that patients should receive their first treatment within 62 days. However, it is not expected that this happens for all patients and there will be occasions where patients are unable to be treated in 62 days. (In fact, the National Standard is for 85% of patients to be treated within 62 days.)

SM pointed out that the CQC had concluded that someone was adjusting the data for up to 22 people. However, his belief was that the adjustments were made after the patients had been treated, not before. He added that all patients or their relatives that had been affected had now been invited into the hospital and provided with an explanation. With the patients' permission, independent medical experts will be asked to review the notes. The Trust had contacted all 30 families and met with 15 of them so far.

He stressed that the worse thing was the distress caused; people were distressed at losing loved ones and the current situation had made things worse. People who are currently being treated are also understandably concerned. He pointed out that the concerns raised by the CQC were not about treatment, which was very good at Essex County Hospital, but it was about delays in treatment. He was concerned that the data adjustment had stopped the Trust from learning why standards had not been met. If they had known that they were not achieving the standards, measures would have been put in place to address the problem. This was the frustrating aspect, SM added.

He then reported that there was a lot of building work going on at Colchester Hospital, including a new radiotherapy unit which was due to open in Spring 2014. This would allow delivery of the most modern types of radiotherapy in a good environment. He stated that in the past fantastic care had been provided in 'not the best' accommodation such as that available at Essex County Hospital, but these services would be moving to the General Hospital.

SM added that they were trying to increase capacity at the same time, but the problem was that no departments could be closed. There was a lot going on. The Trust was also trying to change the way people work so that there was seven day working throughout the hospital as it starts to get busy at 5.00 pm on Friday. Therefore, staff are expected to work over the weekend to ensure the same standard of care whatever time of day or day of the week. He pointed out that no-one likes change in their working pattern, but he was amazed at how quickly the staff had grasped the need to make these necessary changes.

Q: Alongside the new building work, is there provision for extra parking?

A: We are not allowed to put in extra space for parking, and it is not my area of expertise, so I cannot answer that one. However, there is going to be a defined parking area specifically for radiotherapy.

Q: Do you think that the targets might need to be looked at? Have they been set realistically? Patients might have to be treated in several hospitals, and there will be time delays moving paperwork. Targets might not apply to everyone.

A: They should not be seen as targets but rather as Standards. There are different types of cancer; some progress very rapidly and have to be treated rapidly. On the other hand, with prostate cancer (for instance) there is not such urgency (it is said that men die with it but not of it) and that is why 85% is the standard. With any illness you should be treated as soon as possible. One thing stated in the report is that we have not explained to patients why standards were not met. Quality Standards are built into hospital contracts (in this case between the hospital and the patient).

Q: Regarding the announcement this morning that the Government will be bringing in legislation on wilful neglect, is this a good thing, or will it put people off being whistle blowers?

A: There is ample legislation in existence already. One of the things that struck me was that in Mid Staffs it appeared to be a failure of the professional bodies to follow their codes, ie a failure of clinical staff to set standards.

Q: I recently experienced taking a child to hospital (not Colchester) with suspected meningitis. Although we were informed that we were next in line, we waited over an hour to be seen. There was no doctor in A&E for that hour. Why is nobody overseeing what is going on? Who should I complain to?

A: Write to the Medical Director at the relevant hospital. Generally speaking, the health service is poor about realising the importance of learning from complaints.

It was pointed out that every hospital should have a Patient Advice & Liaison Service (PALS) to whom complaints can be submitted, and the information should be available on that particular hospital's website.

Q: Forty years ago I had breast cancer. I was in hospital within three weeks of the diagnosis. 62 days is deterioration in length of time before treatment. It is important to ensure that people get treatment as soon as possible.

A: I agree. This is a huge difficulty. It is about the capacity and the demand on the hospital. There are limited resources so standards are very important. Ten years ago people were waiting two years for treatment. There have been major changes since then.

Q: I understand that, but cancer is a life threatening issue. Are there too many administrators and is that where the money is being spent?

A: I am a doctor and I am still practising; my admin role is part-time. There needs to be many more doctors and nurses involved in management.

Q: I have worked in the health service and I know about the health care model paid for by the railway commission. In Guernsey there is a health service scheme where the people pay 2% of their income to enable 4 GPs to serve a population of 2,500 people. I believe we should start to question how things are done in the UK, and how the health service is funded.

A: The system we had 15 years ago was a fantastic system where GPs were available. (I liked the old system with a GP as a 'family doctor'.)

Q: How will you gather information and learn from patient experiences in the future?

A: We will focus on that. Unfortunately, people get involved in bureaucracy. (Our complaints system has focused on targets of answering complaints within a timescale rather than learning from the complaint and making changes. Too often the complaint is answered with a letter that doesn't address the concerns.) You can learn far more from meeting people. However, some concerns are more complicated, but we need to improve our processes if people are to be assured that there will be learning in future.

Q: I worked for 17 years for the NHS, and I worked closely with the Complaints Department and PALS; departments always worked together informally. Is it a case of people not reporting things through the proper channels?

A: There was a time when PALS was situated at the front of the hospital, but it has been moved off the site so there has not been that inter-action; previously you could resolve issues there and then.

The Chairman then thanked SM for giving up his time and providing information today. She added that she looked forward to seeing progress at Colchester Hospital.

#### 4 TENDRING DISTRICT PLAN

The Chairman then introduced Catherine Bicknell, Tendring District Council's (TDC's) Head of Planning Services who thanked the FRA for inviting her to the meeting.

She explained that she would talk through things that had happened since the FRA were last given an update on the District Plan, but she felt that there were no contentious issues. Advice had been received from a Planning Inspector resulting in the need for more evidence gathering and recommendations were made with regard to changes to the draft plan. They were also now gradually resolving issues with fewer residents raising objections, she said.

According to the second slide displayed onscreen, 800 responses had resulted from the public consultation (in January 2013); these being a mixture of support and objection with general support coming from both Parish and Town Councils. However, Essex County Council (ECC) and Colchester Borough Council had raised significant objections, as had residents in rural areas. Landowners and developers were also raising objections because certain sites had not been included.

The next slide covered contentious issues whereupon CB pointed out the Government wanted plans to be for a minimum of at least 15 years in length when previously proposals had been for 10 years. Also, the previous 6% spread of housing development did not necessarily fit with the Government plans, and the Inspector did not like 6% as a starting point as lower housing numbers might result. With regard to housing numbers, an assessment had shown that 10,000 new homes were needed in the next 15 years despite the fact that the market was not delivering at that rate in the present climate and was unlikely to in the future. Housing policies were also an issue, and expectations of providing enough land to meet the needs delivered by the market was to be seen as a separate issue; it had been stated that an optimistic view of the economy should be taken. The Inspector also did not think that policies on strict standards in relation to houses were justified. Another contentious issue was with regard to school provision in Clacton. The need for new schools was being questioned as well as the location of land for commercial development at Horsley Cross.

CB then reported that in order to meet the Government agenda, the new evidence that had been gathered included a viability study on various proposals, together with an Economic Development Strategy, an Employment Land Review, a Strategic Housing Market Assessment, a Strategic Land Availability Assessment, House Sizes Survey and Infrastructure Study.

She stated that the message that resulted was that specific sectors around renewable energy and health should be targeted, together with the growth locations of Clacton, Harwich and East of Colchester (West Tendring). Other objectives were to improve skills and education attainment levels as aspirations were below average in certain areas, support businesses in terms of modernisation, diversification and growth, present clearer, positive external messages, and facilitate population growth where this supports economic objectives, ie build more houses. In conclusion, it was all about providing positive messages about the area in order to encourage growth.

CB pointed out that the new evidence obtained via the Employment Land Review had determined that the demand for industrial land in Tendring was expected to be low and more land than was likely to be needed over the next 15 years had been allocated in the Local Plan.

Those sites likely to attract inward investment in high tech industry and renewable energy were located close to Harwich port and on the edge of Colchester whereas smaller local companies looking to set up, expand and serve the local population would be well placed around Clacton, Brightlingsea and Lawford.

She explained that the need for 10,000 homes in the next 15 years was three times as many as being built now and represented double the number proposed in the District Plan that was consulted upon in January 2013. With regard to population projections, she wanted to reassure those present that the methodology used was tried and tested. The message from the Government was that this was the sort of study they expected to be carried out. She then added that it was recognised that population growth in this area was because of migration to improve quality of life.

She also added that land availability had to be assessed in order to find sustainable locations for 4,000 homes to be delivered in the next ten years as shown in last year's plan. To deliver any more it would be necessary to increase density in some locations and allocate more sites, but it was acknowledged that some towns and villages would have difficulty with expansion.

CB reported that Councillors had been clear that they wanted high quality and space standards to be achieved, and that has been included in the policy. It was believed that the standards were not unreasonable, but the critical factor was that it could prove hard to deliver these standards in the future because of the economic environment.

She also explained that for additional houses, it would be necessary to look at Clacton and to the West of Tendring. Clacton needs primary schools and discussions were ongoing as to how they might be provided. Jaywick needs sewage treatment works, and although improvements to the A133 are needed, ECC were saying that it was not bad enough to improve based on the number of houses proposed.

CB stated that the Viability Study had shown that it would not be viable if minimum space standards, 30% aspirational housing, 25% Council housing and a community infrastructure levy were insisted upon. Therefore, the Council would have to prioritise and take note that areas with lower land values would not generate any Community Infrastructure Levy in the next few years.

CB then covered why changes were necessary to meet the requirements of the National Planning Policy Framework, and how it was important to have a Local Plan to protect development; without a plan proposed developments could not be resisted, especially if development was not taking place elsewhere. Also, it was necessary to be seen to be co-operating with other public bodies, and actually demonstrate that solutions were in place. She added that looking at it realistically, neighbouring authorities would also have problems and would be struggling. Therefore, they would not want to take development that Tendring should be providing for; Colchester and Essex are also duty bound to comply with the plan.

She then reviewed the other objectives which were to resolve as many objections as possible, address deficiencies identified by Planning Inspectors whose advice should be listened to as they have experience, ensure the plan is up-to-date, based on latest available evidence, technically correct and fit for purpose.

Next CB listed the proposed changes:

- \* Timeframe to be extended from 10 years (2011-2021) to 15 years (2014-2029).
- \* Expectation to build 4,000 new homes between 2014 & 2024.
- \* Expectation to build 2,000 new homes between 2024 & 2029.
- \* Areas for these homes to include Clacton, Harwich and West Tendring.

\* TDC and Colchester Borough Council to work together to explore long-term opportunities for growth, new facilities at Essex University, a link road between the A120 and A133, new high-tech employment sites and housing development sites.

She then displayed onscreen a map showing the sites proposed, and added three additional sites, before listing the changes to sites in Clacton, Frinton, Mistley, Parkeston, Horsely Cross, St Osyth, Elmstead Market and Alresford. It was noted that the only change in Frinton was to increase the area of land allocated for development at Turpins Farm, together with increasing the density from 9 per hectare to 17 per hectare, ie 7 per acre which was still felt to be a low density development. A map was then displayed showing the increased area allocated for development on Turpins Farm and the fact that the number of homes to be built there would increase from 50 to 160 houses. It was also noted that the Horsley Cross employment site had been deleted.

CB then outlined the next stages as being:

- Plan to go to full Council in 10 days' time
- Six week public consultation on the amended plan to take place in January/February 2014
- If no changes required, submission to be made to Secretary of State/examination by an Inspector in Spring 2014.
- If there are significant issues, proposals to go back to cabinet.
- An examination to be carried out by an Inspector in Summer 2014.
- Local Plan to be adopted in Autumn 2014 (if all goes well).

Q: I am astonished to see that Horsley Cross has been taken out of the District Plan.

A: All of the policies have to be evidence-based. After it was added in, the location was reviewed and the Officer's view was that it was not a suitable location for employment. Cabinet have asked that it is not included. It will go to Full Council and it will be discussed at that meeting.

Q: With regard to the increased density in Frinton, what work has been done to ensure sufficient doctors and school places?

A: ECC have a responsibility to ensure school places and we will work with them. With regard to doctors, it is not possible to get a full picture. We are negotiating with Health Authorities, but the Inspector will say that it is not a reason for the land to be ignored and then work with other partners to ensure land is provided.

Q: With regard to the figures for number of houses to be built, where are the people who it is thought will live in them, going to work?

A: We did raise this issue with the Inspector, ie slow growth in employment, but he said that it was better to have a house and not a job than to have neither. It is the District Council's job to allocate land for employment development as well as housing development. Increasing the number of houses should stimulate and grow the existing economy. The Council is also working to promote Harwich Port, Renewable Energy development, Colchester University, etc. There is a definitive message from the Government - be optimistic.

Q: Can we attend any of these meetings where such issues are discussed?

A: It is early days and at the moment it is about the process. However, members of the public can attend Full Cabinet meetings. Technical meetings with Government are for planners only. If you look at the websites of other Councils, the optimistic message is coming through very strongly. The biggest reason that plans are not being approved is because they are not allocating enough land to meet the need for housing.

Q: Horsley Cross is an important piece of land for growth in our area. It is incomprehensible that it should happen that it is dismissed again and again. We need to support businesses. During the consultation, the Town Council had a group of Councillors going through the local plan; they put in hours of work. One thing we said was plan to look at 20 years ahead because after 10 years you cannot look into the future, but here we are back to square one where we are looking at 15 years. 6% new housing requirement becomes a lot more once the first

10,000 homes are built. Housing at the end of Turpins Lane is not going to be aspirational houses despite the fact that it is excellent land. Now you are talking about building on green belt. We want to remain with our own corridors between towns and villages. If you are going to build on this land, it will all join up in the end - all the villages will merge together. There is no minimum density now, and we do not want tiny houses and bungalows. We want something more in character with Frinton.

A: With regard to Horsley Cross, it is the Officers' job to assess proposals against evidence. Our advice to Cabinet was that Horsley Cross would not be a sustainable location, and this issue will be debated further at Council. We are not starting again with developing the plan. Policies which are important to maintain the character of the district are still included, and we are only talking about change in Frinton at one site scheduled for development. We are just increasing the density, and I genuinely believe there is plenty of scope to maintain standards. It will still be a lower density than that of the existing estate, and include new executive homes with a beautiful view.

Q: We (Ontrack Rail Users' Association) have put a submission in the plan to enable development of the rail services. With regard to building houses without employment, we must seek to encourage work in Tendring and access to transport is very important whether it be road or rail. We must improve transport links to get people back to work.

A: Council agrees that we need improvements to the infrastructure. There will be some contributions from the new housing developments. The Council is committed to doing what it can, but we will not see a dramatic improvement in the service.

Q: What about the development on the site in Wittonwood Road? What reassurances can we have that infrastructure will meet the demands of the growth there? Surely there should be joined-up planning?

A: We have a planning application in for Wittonwood Road at the moment and it has been deferred. We were asked to do some more work with regard to play space provision and access. I can understand concerns about pressure on the services, but the Council has to determine applications based on policy; lack of space at the doctors' surgery is not one of the reasons we can consider, or any other infrastructure needed to meet that demand. ECC needs to provide school places and are aware of the numbers in the plan. TDC would not be able to refuse planning permission if there is a waiting list at the doctors' surgery.

Q: With regard to Wittonwood Road, can you provide an up-date on the access issue?

A: We have not heard the outcome of those discussions, but ECC do not generally accept access roads joining at acute angles. The access road will need to be at a right angle to Wittonwood Road, or it will not be approved by ECC.

The Chairman then thanked CB for her presentation.

## 5 AMBULANCE PROVISION

The Chairman then introduced Neil Young (NY), Duty Operations Manager for North Essex, East of England Ambulance Service NHS Trust.

NY explained that he would be providing an update on the presentation given at the FRA AGM in April 2013 by Trevor Redburn, and his presentation was similarly entitled 'The North East Essex health challenge, an ambulance perspective' (Slide 1).

He pointed out that his area stretched from Halstead to Frinton/Walton and Harwich, and he had a very good team of staff working with him. He was going to cover the pressures the ambulance service were facing and what they were trying to achieve.

His second slide covered the challenges they faced which included improving and maintaining performance, and he stated that the objectives had not changed since the earlier presentation, ie the objectives were:

- \* to reach 75% of all lifesaving calls within 8 minutes, with 95% of incidents to receive a suitable transportable resource within 19 minutes;
- \* to meet demand increases via recruitment and retention of paramedics, etc;

\* to continue to deliver following the roll out of the 111 service.

Then he added that 2142 calls had originated from the Frinton area during the year to date, with approximately 65% being conveyed to hospital. He pointed out that 2070 calls had been received last year, but it had been an expectation that this would increase with the growing population. However, they wanted to reduce the number of people taken to hospital, and were therefore working with GPs, surgeries and other agencies so that more patients could be treated at home.

He stated that although staff numbers were increasing year on year, it was a struggle to obtain paramedics who were qualified; it took approximately four years to train those who were unqualified. Within the North Essex area, the local Ambulance Service were just reaching capacity with regard to staff levels with just six slots to fill; hopefully three would be filled in the next few weeks and another three in the next few months. Despite the fact that staff were doing overtime, they were still struggling because of the huge number of calls. They were also managing to deliver with the roll out of 111 (the replacement for NHS Direct) which would allow people to be put in touch with a lot more organisations. The soft launch of the 111 service took place in North Essex a few weeks ago, and as a result, there was a 5% increase in ambulance demand, but he felt that the demand would drop. He added that the same situation would probably occur once the hard launch occurred in the next few months, ie demand would go up initially and then fall.

He then outlined on slide 3 the present resource allocation in Tendring being:

- \* One dedicated Rapid Response Vehicle (RRV) based and tethered to the Frinton locality, crewed by experienced paramedics and a team leader;
- \* An additional Double Staffed Ambulance (DSA) based at Clacton, together with 2 other DSAs, a local RRV and the Locality Manager;
- \* Increased hours at Weeley Ambulance Station where one RRV, one Intermediate Tier Vehicle (ITV) and one DSA are based;
- \* A new RRV based at Harwich Ambulance Station, together with one DSA.

NY explained that as the one car based in Frinton was tethered it should not leave the area. The only time the car would go out of the area would be if there was a seriously ill patient and the paramedic had to travel with the patient, or they needed to replace drugs. The RRV was manned by very highly qualified staff who would call for an ambulance, if necessary. Previously, the ambulance based in Frinton could have been called away to take patients to Basildon, for instance (which could take them away from the area for many hours).

Slide 4 listed the new resources available in the North Essex area:

- \* Paramedics trained to a higher level in wound closure;
- \* Bedside 'Troponin Testing' for patients who may be having a heart attack;
- \* 111 Service going live;
- \* Essex HART Base opening in Braintree;
- \* Falls Car Pilot Scheme for the Tendring Area;
- \* Colchester Hospital University Foundation Trust (CHUFT) facelift and extension;
- \* National Trauma Network with Helimed night flights.

NY reported that previously the area had eleven ambulances, but now there were between 15 and 17 ambulances during the day (including some private ambulances under EAST governance). This had been achieved by reorganising rosters, but there were still problems with rosters and they were looking at this again. The aim was to attain higher numbers, and an independent agency had now also stated that resources needed to be increased. There was now a new RRV based at Harwich, but it was still not enough, and the Ambulance Service were trying to look more strategically. Then he added that unfortunately they were reactive rather than proactive (due to the way they are funded).

He stated that this area had been a leader for a long time in dealing with heart attacks (taking patients to Basildon, a specialist centre). (The other specialist centres were Trauma Centres,



and this area is part of the Trauma Network; shown recently during a television series following patients to Addenbrookes). He added that a helicopter was available at night to take patients, and additionally CHUFT has a specialist strokes unit and patients can be taken there to stabilise. With the opening of the centre in Braintree, a specialist could now be called out to support ambulance crews in rescue.

With regard to the future, NY reported that the Ambulance Service were going to get busier, but they were hoping for a good relationship with GPs so that crews could do referrals to ensure continuity of care and bring about more treatment in the home. The fifth slide also mentioned:

- \* reduction of unnecessary ambulance contact through enhanced clinical triage whereby a team would listen into 999 calls and would pull out calls of importance, or suggest a different pathway, which will improve response time for those in need.
- \* reassessment of recent rota design and replacement of ageing fleet of ambulances.

The final slide covered a Chain of Survival, ie  
Early recognition and call for help - to prevent cardiac arrest  
Early CPR - to buy time  
Early Defibrillation - to restart the heart  
Post resuscitation care - to restore quality of life.

Q: Is there a plan for drunks and drug addicts to avoid admission to hospitals?

A: There has been some work put forward on this, but the Ambulance Service has not put in a response. Voluntary staff work on Friday and Saturday nights in different areas of towns. Personally, I would like to move in the same direction as Australia.

Q: Despite the management issues, when you guys get here you do a fantastic job. With regard to the 'golden hour' for heart problems, is it possible to get from Frinton to Basildon in an hour?

A: We struggle, but it has been done. There is actually a three-hour window. Essex Ambulance Service was the first to use thrombolysis (or clot busters) and we were doing really well. We did not like the idea of taking patients from Frinton and Walton to Basildon initially, but now we believe it is saving a lot of lives (and the crews really like it).

The Chairman thanked NY for coming along today, and she also thanked him and his colleagues for their excellent work.

## 6 FRINTON IN BLOOM

The Chairman introduced David Foster (DF) who reported that Frinton in Bloom had been in existence for 20 years. He stated that 'in Bloom' were now incorporating younger people as well, and were bringing the whole community together. He had brought some pictures along which were displayed at the front of the stage.

DF then pointed out that Frinton in Bloom had been working with Tendring Technology College Under 14s who had entered a green power competition where they did very well and got into the finals. They were supported by the FRA as well as other organisations and were going to build another eco-car for next year. Frinton in Bloom had also been working closely with the FRA on the Frinton Station mural, and more was going to be done there including some long term benefits.

He also said that Frinton in Bloom were trying to encourage Frinton & Kirby Beavers to 'grow their own', and they were working with Frinton Primary School, TDC and the Town Council so that the young children became involved in the environment; they have worked with gardeners and had done very well with Frinton being the best in the six sections of Essex.

DF then reported that Frinton in Bloom had obtained a Silver Gilt medal at the RHS Tatton Park Flower Show for the third year running. He added that a lot of work was involved and it was a team effort. The travelling distance was 250 miles each way, and the work on-site took ten days.

With regard to Anglia in Bloom, DF stated that three local neighbourhoods had been entered this year; the Triangle Shopping Centre supported by Pedlars Wood, Frinton Railway Station, the Frinton & Walton Heritage Trust Gardens and Museums, and they had attained a level 5. Within the year round programme, Frinton in Bloom were hoping to be working with Essex Wildlife Trust on the Spinney (between Frinton Railway Station car park and Wittonwood Road).

PM then said that the FRA would like to present Frinton in Bloom with a cheque to demonstrate their support and DF was given the cheque for £610 by Catriona Miller in recognition of the hard work undertaken by DF and his team. PM then also congratulated DF on bringing other people to work together and stated that he had done an amazing job.

## 7 RESIDENTS' ISSUES

Q: I have noticed a cull of litterbins on the Promenade. Now there is only one by the new toilet block and one by the old one. I believe there are fewer than last year.

A (Councillor Nick Turner (NT)): I will look into the number and location of bins, but normally there are fewer in winter than in summer.

Secretary's Note: NT subsequently replied with the seasonal bin locations for the whole seafront: on Frinton/Walton seafront there are currently 35 wheelie bins deployed for the winter period 2013/14 compared to 39 for the winter period 2012/13 and 31 for the winter period 2011/12. It was explained that the difference of 4 less bins was due to a reduction in the Colombine and Naze coach parks. The base figure for the contract with Veolia was 31 bins and any number above that was a bonus as the contractor was emptying more bins that they are paid to do.

Q: With regard to the problem of GPs at the surgery, is there any way that rates could be increased to provide for extra staff at the surgery.

A: (PM): The FRA are very aware that the surgery is finding it difficult recruiting doctors to work in this area which is why they are using locums. Our Health Representative, Jenny Heard (JH), has worked very hard getting them to set up a Patient Participation Group (PPG) at Caradoc so that residents can put forward ideas on solving problems. Anyone who is interested should join that group. We are hoping that the setting up of the PPG will improve the situation. Any specific complaints should be put in writing and sent to the Practice Manager at the surgery, with a copy to the FRA. Any issues with regard to paying additional tax would be the province of the Town Council, as is the case with contributions towards additional PCSOs for this area, but certainly we will take away your suggestion and put it on the agenda for discussion at our next Committee meeting.

Q: A member has raised a problem with fallen trees in Greenway.

A (NT): I will look into the matter immediately after this meeting.

Secretary's Note: NT subsequently replied stating that the stumps in Greenway would be removed and the ground reinstated. However, at present it was difficult to put a time on when this would be carried out, but it would be completed by early in the New Year.

JH then said that she wished to congratulate the Council on the timely way they had handled the issue of fallen trees after the recent storm and NT thanked her. He explained that his staff had worked more than 12 hours a day over two days to ensure all roads in Tendring were passable. He added that he would be proposing replacement trees at the next meeting of the Town Council, but there was a problem as ECC did not like trees to be planted close to roads.

PM concluded by saying that Sgt Gerard was present at the meeting, and that he had written a very good article for the FRA Newsletter. If anyone had any policing issues they wanted to discuss, they could speak to him at the end of the meeting.

## 8 DATE OF NEXT ANNUAL GENERAL MEETING

It was confirmed that the next public meeting would be the AGM taking place on 26 April 2014 in St Mary's Church Hall, Old Road, Frinton-on-Sea, from 9.30 for 10.00 am.

## 9 ANY OTHER BUSINESS

PM stated that the numbers 9, 13 and 14 Bus Services should be used as if not there was a possibility of their removal. She pointed out that the FRA now had a Noticeboard in Connaught Avenue on the wall outside Smiths' Newsagents, and that the Christmas Event in Connaught Avenue would be taking place on Friday, 13 December 2013. She also reported that a Passenger Census Head Count was taking place at Frinton station on Friday, 29 November. John Smock, Chairman of "Ontrack" Rail Users' Association, then added that more support was needed from people willing to help with the census on that day, and anyone able to do so should contact him.

PM then thanked everyone for attending the meeting.