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# *Frinton Residents' Association*

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## **NOTES of a Half-Yearly Meeting held in the McGrigor Hall on 21 October 2017 at 10:00 AM**

Present: The President, Chairman, Vice Chairman, Honorary Secretary, Honorary Treasurer, Assistant Treasurer, and 4 other Committee members, 8 speakers, 7 other guests including 6 Councillors and a PCSO, together with 85 Association members, and 11 Non-Members/Friends making a total of 118 attendees.

### **1 INTRODUCTION**

After everyone was welcomed to the meeting, a minute's silence was observed for past Chairman, Brian McLellan, who had undertaken the role from from 2006 to 2009 (during 'The Gates' crisis) and had passed away on 20 June 2017.

The Chairman (AE) then introduced the Councillors present, ie Councillors Terry Allen, Robert Bucke, Anne Davis, Mark Platt, Nick Turner and Pamela Walford, and asked them to stand. Secretary's Note: Every Councillor for Frinton, Hamford & Homelands Wards had been invited to the meeting, but only five representing the above Wards had attended.

The Chairman then stated that a review of FRA activities had been provided in his Chairman's Message in The Frinton Resident, together with reports on other issues.

He then pointed out that he had taken over as Chairman after the AGM in April 2017, and wanted to thank Neil Churcher (NC) for undertaking that role for three years. He added that NC had remained on the Committee as Vice Chairman, and was also the FRA Health Representative and Chairman of the local Patient Participation Group (PPG). NC's involvement in the Care Navigation proposals and other issues had been explained in The Frinton Resident, on which there would be more information later in the meeting.

The Chairman continued by reporting that although there had been some progress on repairs to potholes, pavements and street lighting, there were still far too many serious issues outstanding. Records of issues raised by residents were kept and raised with Councillors at both District and County level. He pointed out that as well as attending all Town Council Meetings, FRA representatives also had separate meetings with Town and District Councillors, and were working closely with our new County Councillor.

With regard to dead trees not being replaced, an FRA representative had carried out a full survey and was working closely with Tendring District Council. She was now also our town Tree Warden. Contrary to the slightly enthusiastic message about our Local Plan in The Frinton Resident, the Chairman expressed concern regarding recent decisions made by Government Inspectors who were allowing Appeals on some large developments. Although these were not in the Frinton area, they were in Tendring, and our prime concern was that they were disputing the authority of the emerging Tendring Local Plan and TDC's calculation of its five-year housing supply. The FRA would continue to monitor and work with local Councillors on this as it could bring about speculative developments locally.

The Chairman reported that the FRA had been protesting against the closure of the public toilets in Old Way, and had encouraged Frinton & Walton Town Council (TC) to join with the FRA in financing the provision of two defibrillators in Connaught Avenue. The good news was that the TC would be paying for one at the seafront end and the FRA would be funding one near the Co-op, at the other end of the shopping area of Connaught Avenue.

He particularly wanted to thank the Honorary Secretary, Jeanette Phillips, who had produced the latest edition of The Frinton Resident, and he announced that although four new Committee members had been recruited, there was still room for more.

## 2 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Giles Watling MP, Committee Members Peter Dias, Jane Northover and Helen Balisson, and Residents Wendy & Denzil Watson, Virginia Richardson, Gail Evans, together with Wendy & Chris Paxon and Roy & Joan Stevenson (received after the meeting).

## 3 ELECTORAL DISTRICT BOUNDARY CHANGES

The Chairman introduced TDC Councillor Nick Turner (NT) who would be reviewing the Final Recommendations for Changes to local Electoral Wards.

However, before doing so NT explained the role of a Council, which was to provide Communities with a democratic voice and a structure for taking community action, adding that Councils comprised of a collection of candidates who had presented their manifesto(s) and been voted in by the electorate to represent them. The elected Councillor(s) then became Members of that particular Council, together with all the other elected volunteers and a decision was then made as to which group/political party was going to deliver their manifesto - the group/political party with the majority being the winners. As an organisation, a Council had to provide certain Statutory services, but could also provide certain other Discretionary services, ie the promises made to the electorate in their manifesto. The Leaders of the Political groupings get together, decide to employ a Chief Executive Officer, ratified by Full Council, and he/she then employs and creates a framework/bureaucracy to deliver the Statutory and Political demands of the Council.

A slide showed the Tiers of Local Government with the first level being Town/Parish, the second level being District/Borough, and the third level being County/Unitary.

NT explained that today he would be speaking about the Town Council area that currently covered the towns of Walton-on-the-Naze and Frinton-on-Sea, together with the villages of Kirby-le-Soken, Kirby Cross and Great Holland; approximately 20,000 people, 10,000 dwellings and 16,000 voters. At present, Frinton Ward had 3,423 voters, but this would soon increase by nearly a third to 5,093 voters when the boundary of Frinton Ward was extended across the railway line.

He then described the powers and responsibilities of the different tiers, and a slide explained how Councils were funded:

- Town and Parish Councils had the same powers and responsibilities, and their Statutory Duties were to provide Allotments, Public Clocks, Bus Shelters, Community Centres (Colombine Centre), Play Areas and Equipment (Great Holland), together with grants to help local organisations and consultation on Neighbourhood Planning. Frinton & Walton Town Council charges a precept, which at present does not have a cap

- District/Borough Councils Statutory Duties that they must perform by law include Rubbish Collection and Re-Cycling, collection of Council Tax, plus provision of Housing. Planning. Licensing. Environmental Health including Ports and Oysters (TDC EHOs are responsible for checking oyster beds), Cemeteries and Open Spaces. Districts were constructed in line with the Local Government Act 1974 and have a Chairman, whereas Boroughs were granted a Royal Charter and have a Mayor (Cities have Lord Mayors). Tendring District Council now charge a rate now known as a Council Tax, and collects taxes for all tiers, plus Police and Fire Services.

NT pointed out that taxes for District and Police services were currently capped at 2% or £5 whichever was the higher, and Fire services at 2%. As District has to collect all Community charges (rates/council tax), they were seen as the 'Robber Barons', which was what NT used to write on his cheques. In fact, on a band D property the District only represented 10% of the charge, Town 3.5%, Police 10%, Fire 4.3% and County a whopping 73.5%. In Tendring, only 50% of the necessary funding was provided by the rates, and the Government was still

dithering over exactly what TDC would get from the business rate, which together with the New Homes Bonus was meant to replace the rate support grant (to be phased out by 2020).

- County/Unitary Councils lawful responsibilities include Education, Transport, Planning, Fire & Safety, Social Care, Libraries, Waste Management (Districts collect the rubbish and County dispose of it), and Trading Standards. Essex County Council now also charges a rate known as Council Tax, currently capped at 5%.

NT added that all Councils looked to funding from exterior sources so that they could add to their public realm.

He then pointed out that the other services and influences that people would like to provide were discretionary, and that each tier of Local Government could influence the health and wellbeing of all Communities with their discretionary powers. In theory, all the Councils could deal, deliver and influence the concerns of all Communities from the minutiae to the National. Thus the Town Council provides our PCSOs, the maintenance of our sea front and bus shelters, and was now looking to take over the running and enhancement of the public toilets in Old Way, Frinton, as well as those in Mill Lane, Walton.

The District attempts to influence and improve the performance of Schools, Health, the Police, Fire and Ambulance Services amongst others, and County, in turn, looks to Westminster to improve and protect our infrastructure, and change/alter National Bills to suit Essex.

## Representation

A slide showed how residents were currently represented:

- Town 16 Members/Councillors
- District 9 to be reduced to 6 from 2019
- County 1

NT explained that representation was decided by periodic reviews carried out by the Boundary Commission, a QUANGO set up by the Government in 2009 under the Local Democracy, Economic Development and Construction Act. It was responsible and answerable to a Government Committee, and unless a Council was told the Boundary Commission would be reviewing its electoral arrangements, it would be invited to review, which is what Tendring had done after recommendations had been made - recommendations that had now become a 'tablet of stone'.

NT reported that he had disagreed with the whole suggestions since they had been included in a manifesto for the 2007 elections. This was a war he had lost, but he had won the battle for Frinton Ward, which although it was to be enlarged, would remain a two-Member ward. The recommendation from TDC was to reduce the number of Members (Councillors) from 60 to 48 Members and for all Wards to have a single member.

NT felt that a single member would be 'patent stupidity' for Frinton, which was a very well-defined and complicated Ward that needed two 2 representatives at District level. He pointed out that those representatives (Councillors) were volunteers as they were expressly prohibited from electing pensions for themselves, and thus could not be defined as employees. Councillors had to make a living elsewhere, be retired, or otherwise funded. He stated that it was not a job, it was a calling and that the electorate needed a diversity of Councillors to call upon. NT added as an aside that some people found him easier to deal with than Giles Watling and others vice versa, resulting in the Frinton electorate being well represented. He also mentioned that to be successful as elected volunteers, good communication was necessary between each other, whatever the personal political 'hue'. In all his years' experience as a Councillor, he had found that once elected even archenemies mostly buried

the hatchet, and got on with the task in hand, thus leading to successful Communities.

## Electoral Review

A slide explained the future:

- TDC to be reduced from 60 to 48 Councillors
- Frinton to remain a two-member ward (but with an enlarged catchment area)
- Thorpe-Le-Soken, Beaumont and Great Holland to combine to become a single-member Ward.

NT pointed out that in future only six District Councillors would represent the Frinton & Walton Town Council area, with Great Holland becoming part of Thorpe le Soken and Beaumont Ward.

- Walton would only have one District Councillor
- Homelands to be enlarged but still have one District Councillor
- Hamford would be reduced from two District Councillors to one, with part of the previous Hamford Ward being added to Kirby-le-Soken Ward (with one Councillor) and another part added to Frinton Ward (with two Councillors)
- Kirby Cross to have its own standalone District Councillors

(NB Residents in the above locations are also represented by 16 Town Councillors at Town level and have one Essex County Councillor at County level).

NT summarised by saying that the Town Council area would be losing 3 District Councillors, and would only represent 12% of the electorate of Tendring in future, meaning that this area would be hurt.

He concluded by reporting that both the Town and County Electoral Boundaries were going to be reviewed, but the good news was, according to the National Association of Local Councils, that Town Councils should have 21 members and Frinton & Walton Town Council only had 16. Therefore, it was 25% under-represented. However, as a Town Council, they saw no need to increase the number of Councillors and had never voted for a stipend, unlike Harwich and Brightlingsea Town Councillors, who paid themselves. He could not comment on County as he had little to no information, but one thing he did divulge was that Tendring would lose at least one of its eight members at Chelmsford.

NT pointed out that various maps of the new Wards and their boundaries were on display in the hall and he had copies of the Overview and Final Recommendations for The District Council available as handouts.

## 4 COLCHESTER HOSPITAL

The Chairman then introduced the presentation entitled "Colchester Hospital - Every Patient, Every Day".

The presenter, Melissa Dowdeswell (MD), Deputy Director of Nursing introduced herself, together with fellow presenter, Sarah Higson (SH), Patient Experience Lead (PALS), at Colchester Hospital, and explained that their aim was to deliver great health care to every patient every day. Their strategy involved everything that went into patient care, and she reported that they had developed a programme to improve the quality of patient care and experience at Colchester Hospital by addressing clinical, workforce performance, operational and financial issues. She pointed out how they used patient experience to drive change and they each explained why they did the jobs they did, adding that it was all about patients and their families.

For the purpose of this presentation, they were using the example of a real story, but with the

name changed. It was story of a patient - Ivy's journey from the first 'phone call for an ambulance. Ivy did not have a good start to her journey with regard to ambulance arrival time. In this instance, she had to wait on the floor in her home for six hours before the ambulance arrived. At least, luckily, she had family with her and they did not move her even though she was in a huge amount of pain with a broken hip. Eventually, she arrived at the hospital, but had to spend longer in the Emergency Department (ED) than she should have. She received care from the right people, but not at the right time. She was then admitted to the ward and from then on her journey was a smoother one.

MD and SH talked about Ivy's story and how it linked with something called 'red to green' where they tried to make sure something was happening for a patient every day to move them towards their discharge (tests, etc). When that was achieved it was called a 'green day', and when not achieved, it was called a 'red day'. Their aim was to reduce the number of red days and increase the green days.

MD and SH explained how the idea was that when they moved people the whole system worked well together and problems were not experienced, together with how and why they needed to look at a smoother flow through the system, creating effective pathways by using evidence from patients' experiences. A slide explained this further:

- The flow of patients through ED, assessment units, wards and back home again was the most important issue they faced.
- The goal of Project Ivy, launched in August, was that no patient should spend a moment longer in hospital than was needed to progress their care.

Areas of focus included:

- Effective board rounds
- Creating an excellent discharge lounge
- Gaining new insights into why some patients were in hospital for more than seven days
- Bringing energy to the Red to Green process
- Introducing staff volunteers to help with peaks in demand
- Reviewing processes in the Emergency Department (ED) and in the Emergency Assessment Unit (EAU)

MD and SH added that they liked to think that with every day with them the patient was progressing towards their discharge, ie going from red to green days. They had reviewed how they staffed the wards and how they encouraged volunteers as it was felt that they might like to have more 'hands on' experience. For instance, could they help out at meal times? They would also be reviewing the ED and Emergency Assessment Departments, where two of the major patient experiences took place.

MD then explained how the project entitled 'Ending PJ Paralysis' had started in New Zealand and what had come out of this had been a shift in thinking, ie that steps should be taken to try and ensure that all patients strived to be as normal as possible in a hospital environment because it had been proved that hospital experience was not good for patients.

The advantages of 'Ending PJ Paralysis' were displayed on a slide onscreen:

Keep on Moving  
Quicker Recovery  
Prevent Muscle Deterioration  
Maintain Usual Routines  
Get Home Sooner

At Colchester Hospital, they now tried to ensure that patients got up out of bed and dressed every day because for every ten days a patient over the age of 80 spent in hospital that added 10 years to the aging process. Getting up and keeping moving helped muscle mass,

MD pointed out. If you sat around you did not have sufficient food and water intake; because you were not exercising you did not feel you needed so much food and water. Pressure ulcers could result everywhere, on elbows, etc, and this could cause all kinds of problems.

She provided the example: if you get a cold or flu you want to be in bed, but the moment you get up you feel better.

MD then went on to talk about Sepsis - a very serious and important condition which the hospital was working on. She continued to explain that there was now a slightly different view of things because sepsis was a common condition, which could present in all shapes and forms. Checks for Sepsis 6 were needed, ie by checking vital signs, blood pressure, etc, and by checking further by taking blood cultures, and then starting antibiotics. If all was done within the hour it reduced the time taken to bring patients back to their normal parameters by 85%. She said that they wanted to highlight this because it normally looked like flu, or gastroenteritis. They were continually considering how to improve patient experience.

A slide entitled "'Deteriorating patient' management - Sepsis" provided the following advice:

**SEPSIS IN ADULTS IS A SERIOUS CONDITION** that can initially look like flu, gastroenteritis, or a chest infection. Sepsis affects more than 250,000 people every year in the UK.

Seek medical help urgently if you develop any or one of the following:

- Slurred speech or confusion
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- It feels like you're going to die
- Skin mottled or discoloured

**JUST ASK "COULD IT BE SEPSIS"?** It's a simple question but it could save a life.

Q: That was a very interesting talk, and I am sure these notions are excellent, but I would like to know whether or not they are 'set in stone', ie if some other management issue comes along stating that people are better off in bed.

A: Nothing is 'set in stone'. We like to try out things around the quality of care. It is the reason we are here. It is fantastic for the patient. It reduces the risk of hospital infections such as pneumonia, pressure ulcers, etc. It is a sustainable thing because it is in the interests of the patient.

Q: I have a two-part question. (i) How long do patients spend in the Discharge Lounge? (ii) How do you get District Nurses (or carers) to attend the patient at home? (My mother-in-law was told that she could not be discharged from hospital for another two weeks because that was how long it took to arrange for care at home.)

A: (i) The problem was that in the past when the patient was told that they could leave the hospital, they believed that they could leave immediately, ie when Mr Smith was told you can go home today he was not given the right information. Lots of things have to be done to make sure that it is a good discharge. The patient needs to get everything they need, medication, etc, plus an electronic discharge summary, and a doctor has to discharge the patient. Further information such as nurse referrals could be necessary. Usually, the patient does not actually leave the hospital until three or four o'clock in the afternoon. Then hospital transport can arrive four hours after the ambulance has been ordered. Patients may spend an hour in the Discharge Lounge, or they might spend a full day. It is a nice setting with coffee/tea making facilities, a TV and comfortable chairs.

A (ii) With regard to District Nurses, the hospital has lots of different systems. The Trust consists of Colchester Hospital University Foundation Trust (CHUFT), Essex County Hospital, the Clinical Commissioning Group (CCG) and ACE who run the District Nurses. We need to

marry everything up. It is a capacity issue. If an individual does need something, it could be that there is no capacity in the system because of their caseload.

Q: You have not mentioned relatives in this situation. Our experience is that relatives have not been told so that they can make arrangements.

A: Obviously in terms of the system, carers and relatives are greatly involved; they are involved from the start. We try to get it right and it is part of our aim that we consistently keep relatives aware of when patients are moved around and discharged, and we try to keep them involved in discussion. But obviously, families are very complex and there is not always someone who is at the end of telephone. In the past, we have enabled FaceTime for patients with relatives in Australia.

SH added that it was a personal position of hers to involve family and carers. She pointed out that Essex Carers' Association was on site, and they were working together to create better service for the patients, and they needed to ensure that other family members were kept healthy as well.

The Chairman thanked MD & SH for providing an interesting presentation.

## 5 RECYCLING IN TENDRING

The Chairman introduced Councillor Michael Talbot (MT), TDC Portfolio Holder for Environment, who would be outlining future proposals for Waste and Recycling in Tendring.

MT said that it was lovely to be here today and see a residents' association that had such a good turn out, and he congratulated the people at Colchester Hospital for keeping him so well. He explained that he was an experienced Portfolio Holder who had joined the Council in 1999, and he gave credit to Jon Hamlet, TDC Street Scene Officer, directly responsible for Waste and Recycling, for producing the slides he was using and for all of the technical information. He added that he had altered some slides to help people understand what TDC do and what TDC have to face in future, some of which might be considered political and should not come from Jon Hamlet.

MT reported that the Household Waste Recycling Act 2003 required local authorities in England to provide every household with a separate collection of at least two types of recyclable materials by 2010, and his second slide provided some background information:

\* TDC current service provider is Veolia

\* We have a 7-year contract with Veolia that commenced in 2012, with an option to extend for a further 7 years.

\* Approximate overall cost per household is £37per annum or 71p per week.

\* We provide:

- A weekly residual waste collection
- Weekly collection of food waste
- Alternate weekly collection of dry recyclables
- A separate garden waste subscription service

MT pointed out that the sums of money referred to on this slide were based upon 2016/17 invoices with a contract cost of £2,509,416, which had to be divided by a housing stock of 68,000 properties.

He stated that he would be providing statistics as some people were crazy about them, but personally he was cynical about recycling figures showing that Tendring was failing.

MT pointed out that recycling rates nationally had fallen recently, and over the last 5 years

Trending recycling rate had also been decreasing. The next slide showed the data for Trending from the year 2011/12, revealing a steady reduction in the percentages.

- 2011/12 28.24%
- 2012/13 29.79%
- 2013/14 26.92%
- 2014/15 26.59%
- 2015/16 27.07%
- 2016/17 27.11% (Data to be verified)

MT explained that the above statistics might be explained by the fact that it could just mean that more 'straight forward' waste was being put out by households rather than less material being put out to be recycled. A bit of a paradox perhaps?

He then further explained the figures by referring to his fourth slide showing that recycling percentage figures alone did not tell the whole story, which he believed should also include some assessment of the value to the environment of what is recycled.

He pointed out that the percentage system, being weight-based, acted against collecting light items such as plastics and encouraged heavy items such as garden waste to be collected. This was illustrated on the slide:

50,000 tonnes collected of which 10,000 is recycled = 20%. (1 tonne in every 5 collected is recycled).

60,000 tonnes collected of which the same 10,000 is recycled = 16.67% Recycling %age Down, BUT the same weight of recycle has been collected!

The above illustrated how by collecting an additional 10,000 tonnes of straightforward household waste destined for Landfill, whilst at the same time continuing to collect 10,000 tonnes of recycled material, the percentage recycled dropped from 20% to 16.67%. Therefore, it depended on how diligent Veolia collectors were: the more household waste they collected, the lower the recycling figure.

MT then spoke about the future, when TDC put out the offer to tender for the waste contract for 2019 onwards, and he pointed out that at that time there would be a number of increased costs that would need to be taken into account. For the purpose of this presentation, he would be speaking about Veolia, the present contractors, who would have to factor the following into any quote:

(i) the additional cost of the 'Living wage' regulations because some of the operatives currently earn £7.50 per hour but would need to be paid £9 per hour from 2019 onwards

(ii) the above wage increase would also attract increased employers' National Insurance contributions - another expense.

(iii) the Statutory Peoples' Pension was not in force at the start of the current contract in 2012, but in 2019 it would increase an employer's pension contributions by 3% of total payroll - another expense.

(iv) European vehicle emission regulations state that vehicles used by our contractors have to be Euro 6 or 7, which relates to vehicle emissions for diesel engines and applies to all new vehicles. The current fleet is Euro 4 & 5. So the cost of new vehicles will need to be spread over the life of the contract - another expense.

(v) Additionally, (the slide stated) price sensitivity in the recycling commodity markets was an issue. MT explained that compared to 2011/12, when the current waste and recycling



contract went out to tender, the commodity market for dry recycling materials had fallen considerably and the value of recyclables to the contractor would probably be less in 2019. Since this income was used to offset the core contract price, this effectively would be yet - another expense!

MT commented, "I think you can see where this is going" and added as there would be a great deal of additional expense that TDC would have to deal with, this justified why they could not afford to stay where they were. The slide also pointed out - I leave you to guess what it would cost our Council Tax payers just to stay where we are?

The sixth slide provided an overview of the waste management hierarchy, and MT pointed out that the most favoured option (based on cost) was to prevent waste and the next was minimisation. The least favoured option was disposal, above which was energy recovery. In between the two favoured and the two least favoured options, fell re-use and recycling, with re-use of material being the third most favoured option.

MT added that everyone appeared to be obsessed by recycling rates. He reported that the Eco-plant at Basildon Corby Centre had not come up to specification, which was that it would reduce waste by 50%. A number of processes were involved, and one of the aims was that 50% of bulk disposed of as refuse would result in refuse derived fuel to be burnt in power stations, but now a contractor was being paid to take it to Europe, to a location where it could be burnt.

MT stated that disposal costs had gone up. Whereas previously the value of the landfill charge was returned to the Council, Gordon Brown had decided that the Government should take all of this revenue, stating that it would be given back to Councils in the form of grants. This was now a major expense for Councils. He added that he did not expect anyone to see the money from this revenue.

The seventh slide showed an Essex Performance League Table. MT pointed out that these were Essex-wide figures, produced by Essex County Council, but he doubted if anyone in the room could read this table - he had only included it to show how statistics were provided to TDC.

The next slide showed Tendring District Council's statistics for April 2015 – March 2016, extracted from the Essex statistics' sheet, ie

* Household Residual Waste	34,811 (Tonnes)
* Household Waste Re-used or Recycled	9,640 (Tonnes)
* Household Waste Composted	3,282 (Tonnes)
* Total Household Waste	47,733 (Tonnes)
* Household Waste Reused or Recycled	20.20%
* Household Waste Composted	6.88%
* Total Recycled or Composted	27.07%
* Number of Households	68960
* Total Waste Per Household	692 (Kgs)
* Household Residual Waste Per Household	505 (Kgs)

MT asked those present to note that this slide showed how the recycling percentage was arrived at, ie Household Waste Re-used or Recycled (9,640 tonnes) and Household Waste Composted (3,282 tonnes) were added together to total 12,922 tonnes, which was 27.07% of Total Household Waste collected by TDC (47,733 Tonnes). If the weight of Household Residual Waste (34,811 tonnes) increased and the other two items remained the same, the recycling percentage went DOWN even though the benefit of recycled waste to the environment remained the same!

He reiterated that that was what he had said previously, ie recycling percentages produced in

accord with DEFRA instructions did NOT measure the benefit of recycling to the environment.

The ninth and final slide described Future Service Options. It stated: Government Rate Support Grant will be withdrawn completely in 2020. We can -

- \* Stay as we are? - unlikely to be affordable.
- \* Alternate weekly collection (AWC)?
- \* Provision of Wheelie Bins to households?
- \* Four-day rather than five-day collections?
- \* A three weekly Collection cycle?

Contract in 2019 will be what we can afford!

MT pointed out that the new contract in 2019 would need to consider all the additional costs he had described earlier, adding that these would impact most if TDC tried to stay as they were now due to those factors mentioned previously, along with inflation costs. He reported that assessments for that option had been received from Veolia, but at this early stage they were more like guesses rather than a worked up quotation, along with very rough estimates for fortnightly collections and for three-weekly collections. However, it was clear that 'Stay as we are' and 'Fortnightly collection' would still be much more expensive, and even the last option of a collection every three weeks would only save a small sum in terms of the overall contract cost.

He added that TDC was likely to be providing wheelie bins for every home apart from blocks of flats, etc, and with regard to ECC paying the cost of landfill disposal, there would not be any black sacks so that the total amount of waste going to landfill would reduce. He was hopeful that this would cover the whole cost of wheelie bins. He added that there were only talking now in 2017 in preparation for 2019.

MT stated that these were the problems ahead and it was going to be a difficult road to tread. It was true to say that provided the public was prepared to pay for it; they could have any service they wanted. Some wanted glass collected on the doorstep, some wanted a universal green waste collection, others would hate the move away from weekly collections.

In answer to the question, "Why TDC do not collect glass?" he had already supplied the answer - TDC could collect whatever rate payers were prepared to pay for. He added that some Authorities had nine different streams of collections. TDC had four: paper/board, tins/plastic bottles, food and general household waste.

MT pointed out that as a Council, Tendring was suffering, as were all Local Authorities, with progressive reductions in Government Grant, and by only returning a proportion of the Business Rates to Local Authorities, the whole of which used to go to the Council. He felt that it was cheeky to give back some part of what that they have taken away and say that this compensates for its removal.

In the case of TDC, the budget was £22 million in 2010. This year it was £13.7 million - a reduction of £8.3 million due to cuts in Government Rate Support Grant, which it has been announced will cease altogether in 2020.

MT stated that TDC had managed so far by very significant reductions in staff numbers and the cancellation of vacant posts. This had resulted in a reduction of 130 personnel overall. TDC currently had 477 Full-Time Equivalent Employees (364 full-time and 386 part-time). The full time equivalent figure equates to 750 employees in total (including casual staff and Career Track Learners).

MT's personal view and NOT TDC's was that this staff reduction had succeeded so far by the work of a person leaving being done by others, in addition to their normal work. TDC had a

very loyal and dedicated workforce, but this elastic approach to picking up the work of retired colleagues would reach a breaking point, when TDC would have to swallow hard and completely abandon some Council Services that they were not obliged to deliver.

MT concluded by saying that the audience had listened to both his speculation and the facts as to the financial constraints to be considered when the new Waste and Recycling Contract was negotiated in 2019. He thanked everyone for bearing with him.

Q: Will it not be possible for the Council to collect more recycled waste, ie plastic containers are not recycled. This would reduce the amount of waste in the black bag by half. We are not being asked to pay a bit more for this, or whether we would like to pay for weekly collections.

A: It is true we lost credibility? It was one of the things that was negotiated in the last contract as it affected the contract price, but what it did do was it lost us kudos with residents. Now we are told it will go to landfill. How can that benefit the environment? TDC were forced by cost constraints. It does seem illogical.

Q: I am quite willing to pay more for the service, but why do you go to Veolia (as a contractor). Why not go to a community-interest company?

A: We do put it out to tender. We have considered this, but not in any great detail since Local Authority owned companies could undertake it. We have spoken and thought about the possibility of doing our own refuse collection. It is strictly down to cash.

The Chairman thanked Councillor Michael Talbot for providing so much information.

## 6 HEALTH

The next subject on the Agenda was the Care Navigation Scheme proposals (as described in some detail on page 24 of The Frinton Resident). The Chairman introduced Jo Sunderland (JS), a Member of the Care Navigation Project Board, together with Lynn Stimson (LS) and Tom Booth (TB) from ACE, who had kindly come along to provide information and answer questions.

It was pointed out that the audience had probably already heard about Care Navigation in the press and on This Morning TV. However, the way they were doing it in this areas was that they were not only training receptionists, but they were also putting in a new system, ie this area would be different to other parts of the UK. Software was currently being built and tested. In future, when patients telephoned for an appointment, they would be asked the reason for the telephone call and a description of symptoms. Then the system would give an outcome. If the patient had been suffering for a long time, then it would give an alternative outcome, ie an appointment with a nurse, a nurse practitioner, or GP call back. With complex patients it would provide a different outcome. Also, the algorithm adapted if a doctor was required, and the age of the patient would be taken into account.

LS explained that it was a national challenge; everyone recognised that there was a national crisis around GP recruitment and retention. It had to be realised that GPs needed to be utilised as well as possible - it had been ascertained that around 50% of those approaching the surgery for an appointment did not need to be seen by a GP, but would be better served by other service practitioners, or sometimes by not even going to the surgery. Within the Care Navigation project, additional training would be provided to administration staff ensuring mental health awareness, and providing knowledge of voluntary sector loops to implement this and other services.

LS added that finite resources were available, and that prevention was the first priority. They needed to find the most useful resource to meet clinical need to ensure that someone who was not vulnerable could not get there first. In future, appointments would be secured based on a clinical need.

Q: I have heard about this. Is this not actually what happened when people telephoned NHS Direct? That was not a success.

A: We are using a similar algorithm, but this is to be locally-based. With NHS Direct they did not know about your practice, or the local service. There is an ability to localise that information. With the same people answering the telephone, they will know your position and that means it will be different. You may have already decided to go to A&E. This is about navigating GP requests.

Q: Won't this involve people being on the telephone for longer and more staff involvement. We have enough trouble now getting through on the telephone.

A: This is about being able to give appointments to people who need them.

Q: You are talking about ideal circumstances. It can take all day to get someone to answer the telephone.

A: This is a pilot project. There are nine surgeries that are part of this pilot. We fully recognise that there will be changes that we will need to make. Within ACE practices, we are investing £42,000 over the next four weeks to upgrade the telephone systems. There has been some local upgrading and we are developing a centralised telephone system with additional staff. We are investing another £5,000 on obtaining information on levels of demand on the telephone system, to find peaks and troughs in order to adjust staffing structure to support fluctuations in demand. First of all, the powers that be are well aware that we need to make these changes, and secondly, we also hope that these hard core demands will become graduated during the day.

Q: During my recent treatment in a London Hospital, I had to sit down with a nurse for over an hour because the computer system did not work. I believe that this is more public money going to another failed IT experiment on ratepayers. If I am ill in future, I will go straight to A&E.

Q: Whilst it is pleasing that more people will be answering the telephones, are you going to change the whole appointment system as more than seven people will have need of a GP appointment each day? I was told that all 7 appointments for that day had gone, and that I could not get an appointment after that.

A: This is the reason for the policy change. I can put my hand on my heart and say that there are two GPs at Caradoc offering appointments each day, but they may have already been taken. I can only answer for Caradoc and we have a meeting there with GPs with regard to clinical triage. Some patients will be able to be dealt with over the telephone. As far as contact is concerned, the aim is to increase to forty appointments per day. This will increase GP's capacity for contact with patients. One nurse has been promoted to nurse practitioner recently, and there is another nurse practitioner at Caradoc. We want you to be prepared.

Q: Will the telephone number change and be a Freephone number?

A: It will still be the same telephone number that you used to telephone Caradoc and it will still be a local call. You will not have to call repeatedly.

The Chairman then suggested that residents kept in touch with what was going on via the Patient Participation Group (PPG).

LS then asked if she could promote the online services and suggested that everyone registered.

Q: I thought we had been told that patients would have to re-register for online services once the new computer system at Caradoc was installed.

It was agreed that this situation would have to be investigated, and the Chairman thanked JS and LS for their input.

Later in the meeting, the FRA Vice Chairman and Chairman of Caradoc PPG, explained that two or three PPG Committee members would be acting as 'awkward patients' to test the new Care Navigation Scheme. He stated that they realised residents had an awful lot of questions and worries, and also promoted joining the PPG. Application forms could be obtained from Caradoc Surgery, or by contacting him (contact details available in The Frinton Resident). He believed that people needed to be persuaded to use the new system as it was a way of helping them to help residents.

## 7 FRINTON IN BLOOM

The Chairman welcomed David Foster (DF) who was going to outline Frinton in Bloom's achievements in 2017.

First of all, DF explained that Frinton was part of one of the 18 regions in Britain that competed in Anglia in Bloom, and Frinton in Bloom (FiB) had been taking part in the competition for almost 25 years. He added that without the help of partners, specialists and volunteers, there would not be a Better Britain in this part of the country. He pointed out that FiB had an ethos that ensured young people (older students) from Tendring Technology College were involved in the campaign

He reported that the judges had arrived in Frinton in July. A route had been prepared, together with a portfolio under the conventions of the rules. Then DF named each photograph (numbered below) and provided a short explanation as they appeared onscreen, as follows:

1. The flower stall in the cottage gardens - in order to raise money FiB sold plants in association with the Frinton & Walton Heritage Trust.

2. The Railway Cottage Gardens - where the judges started their tour.

3 & 4. Murals at Frinton Station (facing the opposite platform) - it was not all about flowers, it was about sustainability, etc. FiB had the opportunity to work with a graffiti artist, and we tried to improve the visual impact when someone comes to visit our town.

5.& 6. A judge talking to the children - FiB works with Frinton Primary School in their Garden Club. We provide facilities, and show the judges what they have learnt. You can see the children enjoying it. They are into Eco projects.

7 & 8. Frinton & Kirby Beavers - they use the allotments for educational purposes. A number of helpers come along and do educational work and planting.

9, 10 & 11. The garden areas at the top end of Old Road and at the bottom of Connaught Avenue - we work closely with TDC gardeners on some of the flowerbeds around the town. They help us and we help them. Also, the Town Council is involved. We can relay what needs to be done. Attention to detail is important and we try to ensure bushes are cut nicely. We do have trouble with people who want to damage things, but we try to undertake repairs as soon as possible. We have colourful gardens that are changed twice a year – in June the summer displays are put in.

12 & 13. The old St Mary's Church and graveyard - we have worked with the Royal Horticultural Society with regard to crocus planting. We have given 5,000 crocuses out to churches and school children and other organisations so that we can see more and more of them in bloom. Volunteers carry out planting in the churchyard. Very few people have a designated job, but they do well.

14. Gun Gardens - some people may know these gardens (at the bottom of Connaught Avenue). Mr and Mrs Stone worked on the rockery garden and they are going to have a cleaned and readable stone placed there explaining why it is called Gun Gardens, together

with an historical information board..

15. Telephone box in Gun Gardens - the Town Council pay for the telephone box. Every few years BT paint it, and if it is damaged they leave a pane of glass and I repair it.

16. Gun Gardens - is a nice, visual garden to see.

17. Tendring Technology College Eco Pond - created for the Science Department a couple of years ago. A Landscape Gardener worked with the students on the design. It has taken a couple of years to complete, but now it is part of their educational programme.

18. Painting a bench - we are all volunteers. Every year, we sand down and varnish 20-30 seats so that they are presentable.

19 & 20. The Triangle Shopping Centre - everyone will appreciate what a good job they have done there. The judge said it was excellent. Last year they won an award for the Best Business Centre in the six counties, but they cannot win it two years running.

21. A flowerbed at the Triangle Shopping Centre - here they put up boards in the garden to explain why they were planting certain species of plants.

22. The Rock Garden - this had become a difficult task and therefore a new Rock Garden had been designed. It had taken three years to raise the money for it, but at the end of the day we have a good result.

23 -25. Crescent Gardens - this is the jewel in the crown. It is an award-winning garden just off the seafront. The first picture shows the Autumn planting, next one shows the children enjoying bird watching and then crocus planting, with the sculpture on the stump of the tree that died as a result of Ash die back, in the background.

26. The edible garden in Crescent Gardens - FiB got the children involved. Each year one bed is planted out with edible food. We do the planting with the children of Frinton Primary School.

27. The wild garden at the back of Crescent Gardens - here FiB planted daffodils and alums.

28 & 29 Crescent Gardens - the gardens have been quite exciting, and people sit there and enjoy them. They have won the Green Flag Award for the 8th year running. As a picture appeared onscreen of a group of people holding up the flag, DF stressed that it was very important that it was not the paper shufflers who got the kudos.

30. DF standing by a planter on the opposite side of the level crossing - the planters were important when Frinton was entered into the final of Britain in Bloom and they were obtained with the help of Terry Allen.

31. Workmen ready to take up the plants in Gun Gardens holding the Gold Award plus the certificate for Best Small Town in the six counties.

32. Councillor Iris Johnson, Deputy Mayor, accepting the Gold Award from the Chairman of Anglia in Bloom in Gorleston in September 2017.

33. Awards being displayed at the Triangle Shopping Centre.

Thanks were expressed to David Foster and his team for all their hard work.

## 8 RESIDENTS' ISSUES

Q: What is the latest information on speeding restrictions in the Frinton area? Young

motorcyclists are using roads as a racetrack. There will be fatalities soon. No commonsense, or anything.

A (Councillor Mark Platt): It is a shame that the SpeedWatch person (Mick Carter) is not here today as we ought to say thank you to him. The Local Highways Panel is discussing options for this area, including installing a speed camera. There is also a survey taking place in the next few weeks.

Councillor Robert Bucke stated that he was a founder member of SpeedWatch and that Mick Carter was concerned about speeding in Walton Road to the point where the police were coming forward with a new camera. If drivers were doing more than 36 mph they got a letter. The new camera would enable fines to be issued - more people would be fined in future.

Q: There are terrible road conditions in Quendon Way, Rainham Way and Central Avenue. Why doesn't someone do something to make the roads safe?

A (Chairman): Generally, the FRA raise road problems with Councillor Mark Platt and he has now had two sessions with the ECC Portfolio Holders for Highways to discuss dangerous pavements and potholes. You can be sure it is on our list.

Q: I had a word with the local Council and County Council. The potholes are so deep that people on motorcycles could kill themselves. It is not on the map.

A (Chairman): That area consists of private roads with right of public access, but we will take on board your comments.

## 9 ANY OTHER BUSINESS

John Smock, Chairman of ONTRACK Rail Users' Association, pointed out that now that Kirby Cross station had been demolished and the train timetable had been re-written, it was necessary to stand up for priorities for this area. Ticket Offices were being closed and Abellio was stating that they were fulfilling their contract by updating ticket machines. He felt that residents needed to write to Abellio to ensure that we were not seen as a forgotten backwater.

The Chairman pointed out that the Christmas event in Connaught Avenue would now definitely be taking place on the evening of Friday, 8 December 2017, from 6.00 pm to 9.0pm with the road being closed from 5.00 pm, not on Saturday, 9 December 2017, as stated in The Frinton Resident. It was being organised by Danielle and Sophie Hartley, the new Chair and Deputy Chairperson of Frinton Businesses. The FRA were sponsoring the event (with banners) and anyone wishing to help or needs a stands, should contact Danielle or Sophie at Frinton Kitchens & Bathroom showroom in Connaught Avenue.

The Chairman stated that there was an on-line petition to recruit more GPs in rural areas. 10,000 signatures were required before this could be discussed with the Government, and although more financial assistance had been mentioned, he encouraged people to sign the petition. Details of the website ([www.petition.parliament.uk/petitions/200523](http://www.petition.parliament.uk/petitions/200523)) were available on the way out of the hall, or could be obtained by emailing the FRA Honorary Secretary.

The Chairman also encouraged residents to join the FRA and explained that membership forms were available from the Membership table at the back of the room, and that Committee members would be available at the end of the meeting to talk to residents. He then concluded the meeting by apologising for the fact that the presentations had been rushed and explained that it was not normally the case that all the speakers the FRA approached were able to attend. He thanked everyone for the issues raised, and pointed out that a PCSO was in the room, who was willing to discuss issues with residents.

## 10 DATE OF NEXT ANNUAL GENERAL MEETING

It was noted that the next meeting would be the AGM to be held on 21 April 2018 in the McGrigor Hall, Fourth Avenue, Frinton-on-Sea.