

**NOTES OF THE WEST NORFOLK COMMUNITY ENGAGEMENT FORUM**  
**18 JANUARY 2017 10.00AM – 12.00PM**  
**COMMITTEE SUITE, BOROUGH COUNCIL OF KINGS LYNN & WEST NORFOLK OFFICES,**  
**KINGS COURT, CHAPEL STREET, KINGS LYNN, NORFOLK PE30 1EX**

**Attendees**

Tim Bishop (Chair)	(TB)	Lay Governing Body Member WNCCG
Heather Farley	(HF)	Head of Corporate Affairs WNCCG
Chris Humphris	(CH)	Interim Chief Officer
Jonathan Stanley	(JS)	CAMHS Strategic Commissioner
Cath McWalter	(CM)	Commissioning Manager
Jo Maule	(JM)	Community Action Norfolk
Brad Stein	(BS)	West Norfolk Community Transport
Karan McKerrow	(KM)	National Autistic Society – West Norfolk Branch
Clare Peak	(CP)	Family Action
Francesca Hankins	(FH)	Modern Matron NSFT
Rev Simon Wilson	(SW)	Diocese of Norwich
Sally Martin	(SM)	Age UK Norfolk
Frances Singletery	(FS)	West Norfolk Older Peoples Forum
Jonathon Dossetor	(JD)	QEH FT Governor
Kate Draycott	(KD)	Family Voice Norfolk
Lindsey Tibble	(LT)	West Norfolk Patient Partnership
Sheila Young	(SY)	West Norfolk Patient Partnership
Darren Barber	(DB)	QEH UNISON
Cheryl Godber	(CG)	UNISON Eastern Region
Andrea Haylett	(AH)	West Norfolk Older Persons Forum
Eddie West-Burnham	(EWB)	West Norfolk MIND
June Leamon	(JL)	West Norfolk Patient Partnership
Hazel Fredericks	(HF)	

**In Attendance**

Cathy Hudson	(CHU)	Communications and Engagement Assistant WNCCG
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**Apologies**

Andy Peacock	(AP)	Alzheimer's Society
David Price	(DP)	South Wootton Parish Council
Roger Walker	(RW)	Breathe Easy
Anita Walker	(AW)	Extra Hands
Liz Cross	(LC)	Home start Swaffham
Janet Elvin	(JE)	King's Lynn & West Norfolk Parkinsons Support Group
Sheila Goodman	(SG)	King's Lynn & West Norfolk Parkinsons Support Group
Rachel Clarke	(RC)	Family Voice
Lynda Hilliard	(LH)	Extra Hands
Kiley Holden	(KH)	Care And Repair/ Careline

		Action
1	<p><b>WELCOME AND INTRODUCTIONS</b></p> <p>TB welcomed the members to the meeting, briefly covered the housekeeping and safety points. Round table introductions were made and apologies noted.</p> <p>The minutes of the previous meeting on October 18 2016 were accepted as an accurate record. The minutes will now be published on the website.</p> <p>Matters Arising from the minutes:  <i>Website update:</i> Mapping work has begun on the West Norfolk Clinical Commissioning website. The Patient Partnership will be contacted for feedback. No changes will be made until a complete review has taken place. The forum will be kept updated and are invited to send any further recommendations to CH.</p> <p>A suggestion was made to move the venue of the forum meetings to different areas within West Norfolk. The team will look into this.</p>	
2	<p><b>COMMISSIONING CHILD &amp; ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)</b></p>	
	<p>Cath McWalter (CM) and Jonathan Stanley (JS) attended the forum to deliver a presentation on the CAMHS services. A service redesign has begun and the forum were asked for their comments and feedback on the current services and recommendations are sought to assist with the redesign.</p> <p>The presentation explained the current services with CAMHS and the providers of these services. This can be viewed below.</p> <p>  CAMHS  Presentation CEF 18</p> <p>A service performance review has been undertaken and highlighted areas for improvement.</p> <p>CM highlighted the need for a systematic response to dealing with issues and concerns raised by users of the services.</p> <p>JS told the forum members that he would like to hear from them with their views. Further engagement meetings will be arranged across the country by the team.</p> <p>The presentation asked for feedback from the forum:</p> <ul style="list-style-type: none"> <li>• What's working well with the current services and system?</li> <li>• What are the problems we want the redesign to address?</li> <li>• What are the "design challenges" that this work needs to address?</li> </ul> <p><b>Questions and answers</b>  <i>What is the DNA rate for this service?</i></p> <p>The team said there were different categories of DNA. Those who just did not turn up for an appointment, those who have informed the service they would not be able to attend due to sickness etc and appointments that are cancelled by the clinic. The rates vary between 10% to 15% depending on which category is being looked at. This was slightly better than the national average.</p>	

*36% of children access the service, what percentage of these are DNA?*

The figures that make up the 36% are those that have completed a package of care so they would not be included with the figures.

*What is being planned to mitigate DNA in the future?*

This will need to be imbedded in the service review.

*What technology is in place to assist with DNA's?*

Part of the transformation plan, once it is implemented will allow GPs to be able to ERS (Electronic Referral System). Once a referral is made it is received immediately by the service and the practice can follow the progress of the referral. £100k per year will be spent on the use of the internet and technology.

*Do you value the use of childrens centres and how do you receive and follow through from the early intervention?*

Point One provides a service to childrens centres for parent and child mental health identifying issues early on. It works with midwifery and health visitors providing training, advice and consultation to these professionals. It is extremely important to get the early stage support right. Additional money has been received and is just about to go into this area.

*The clergy are seeing an increasing number of people with mental health issues. Is there some advice on early stages and who to signpost people to?*

Point One can deliver group consultation to people who are working around children who may need help. This helps to make sure the child is seen by right service at that time. Contact details can be given.

*Is there an issue with the gap between childrens mental health and adult mental health?*

Some pathways have had the age range changed from 18 to 25 but others remain 18. Part of the re design will be to agree an age and apply this across all services.

*Does the data cover West Norfolk CCG area or King's Lynn and West Norfolk?*

*Swaffham sits on the edge and does not always get included.*

This was taken from public health data and therefore the team is confident the data correlates with CCG areas. This will be checked.

*How will all involved be given the opportunity to have input in the redesign?*

There is a County Strategic Partnership in Norfolk that the Voluntary Sector Forum has two seats on. This is one route. JS will be happy to meet with individuals to discuss concerns and listen to ideas for improvement.

*ASD was seen as a gap within the presentation. Once a diagnosis of autism has been made then there is no support from CAMHS as the support provided is not autism specific. This then leaves a gap in the service. Many of these children suffer from other mental health conditions as a result of the autism and are left with no support. What will be done to address this?*

We are aware this is a gap and we are working with the two main providers to address this. The diagnosis is made by NCH&C and the waiting list for this is much longer than we would wish. Work is going on around improving the waiting times. When the redesign is being worked through it will need to be decided where these children will be supported. Everyone is in agreement that they are part of the population that are not well served.

*There are a lot of disjointed services. Can the GPs be the first stop for parents with concerns?*

The redesign will include a 'front door approach'. This would not eliminate all of the disjointedness but would make referring in to services easier and provide clarity for parents and care givers as to where to go.

*Can we have the recommendations and comments circulated to the group to see what everyone else is saying?*

It could be possible to start a virtual group. This will be looked into.

*There is a danger of different organisations looking at this work and there being no communication between them. EWB expressed his concerns with the lack of public health involvement alongside the increase in the number of children with mental health issues. There is an increase in the number of children self-harming in the West Norfolk area. The long term effect of this will be that there will be a vast increase in the need for adult mental health services due to problems not being dealt with early enough.*

The redesign work has been agreed by all five clinical commissioning groups and the county council. A project initiation document will be produced. The joint governance procedures will need to be addressed. Decisions can take a while and changes implemented when there are so many organisations involved. This has been the case in the past. The Point One service is unique in terms of the investment although there could always be more. There is a programme in place, funded by the county council which is aimed at promoting alternative thinking strategies. This is an education and prevention programme for primary schools and is in place in over 100 schools in Norfolk.

In Swaffham there is a very useful weekly intake meeting. A multi-agency meeting that looks at referrals and immediately redirect those referrals to the appropriate services. It is understood that this will be going to a central system. There is also an emotional regulation group in partnership with CAMHS which is working well. A positive behaviour strategy group is also delivered in partnership with NCH&C. A parenting programme has been delivered for the last 7 years. It is uncertain if funding is being continued where as these good services could be built upon and enhanced. These are services which are not being delivered by Point One.

More support could be given to the childrens ward at the QEH and it would be good to see more resource with the redesign.

With personal experience of the services, KD explained the importance of consistency and how complex the system can be. Family Voice would like to work closely with the redesign.

Schools have an important part to play in recognising potential problems with children.

Information on the current plans for investment in service will be shared with the group.

Assurance was given that any services identified that will not be part of the redesign will be addressed elsewhere.

The Single Point of contact local vs county issue is often raised. The IT needs to be in place to be effective. Discussions and decisions do need to be made at a local level when it comes to looking at individuals.

TB summed up that there was a clear view that services for autism needed to be included in this review. He also emphasised the need to continue talking to local

	<p>parents, family carers, children and young people as well as providers – both voluntary sector and statutory sector. He welcomed the agreement to look into a virtual consultation / engagement network and the offer the team made to meet people face to face to further discuss the redesign.</p> <p>TB thanked Cath McWalter and Jonathan Stanley for their presentation.</p>	
<b>3</b>	<b>WEST NORFOLK CCG'S OPERATIONAL PLAN FOR 2017-19</b>	
	Covered in 4.	
<b>4</b>	<b>NORFOLK AND WAVENEY SUSTAINABILITY AND TRANSFORMATION PLAN (STP)</b>	
	<p>A presentation was made at the last meeting on the Norfolk and Waveney STP. Three documents are available on the Healthwatch website along with more information. These documents include the latest version of the plan submitted in October and the In Good Health document. These can be viewed using the link below.</p> <p><a href="http://www.healthwatchnorfolk.co.uk/ingoodhealth">www.healthwatchnorfolk.co.uk/ingoodhealth</a></p> <p>CH ensured the group that no document exists describing plans to close or decommission any services and this is not in the plan. It has been identified that if we go on as we are, with the demand that is coming through on services, we know the demand will exceed the resources. The challenge for the Norfolk and Waveney STP is to see, with the resources likely to be available if we could provide the same range of services and meet the demand going forward.</p> <p>The plan lists all the areas that need work, in agreement with all the partners responsible for the STP, and CH said now was the time for all the partners to come together and produce proposals and plans that will be subject to further engagement with the public and organisation representatives. That process is still to happen. Healthwatch is now responsible for the process of engagement over the next few months. If any proposals for any substantial change to a service require a public consultation then that will happen. This has yet to happen as no such proposals have been made.</p> <p>At the last meeting, a forum member had expressed concerns on the engagement so far. This was fed back to the Governing Body.</p> <p>While the CCG has a role to play in the STP engagement it is not responsible for setting dates for events. Healthwatch Norfolk are intending to organise a number of events across Norfolk in early March with one being in King's Lynn. The Healthwatch website will be the place to view all details on engagement.</p> <p>NHS England are expected to feed back on the version of the plan submitted to them in October. As yet this has not been received. Alongside this, the CCGs have been preparing 2 year Operational Plans. This plan will be abridged to reduce terminology and acronyms before being shared with the forum when it is ready at the end of January. These plans are aligned with the STP and are a better indication on what is planned for West Norfolk.</p> <p><i>Will there be engagement with trade unions across social care and health? It is felt this is now urgent in terms of work force planning. Where are the financial plans for what the STP aims to do in the future? Has there been any engagement with Norfolk police?</i></p>	

	<p><i>They have to deal with people with mental health issues and would be valuable with their experience.</i></p> <p>Requests for engagement with staffing bodies will be passed on a Norfolk and Waveney level. All organisations should be engaging with their staff on the STP. CH has agreed to set up a local meeting to involve staff representatives across the organisations across West Norfolk.. This will be done alongside the engagement that should be done with Norfolk and Waveney. Work will begin on this within the next week. The comments around Norfolk Police will be passed on.</p>	
<b>5</b>	<b>UPDATES FROM FORUM MEMBERS</b>	
	SY had attended two meetings where the STP where discussed. The issue of public consultation had been discussed at these meetings.	
<b>6</b>	<b>ANY OTHER BUSINESS</b>	
	The Terms of Reference for the forum are due for review. These will be looked at taking into account NHS constitutional changes. They are on the website for view. Comments can be sent over the next 6 weeks.	
<b>7</b>	<b>NEXT MEETING DATE AND VENUE</b>	
	<p>The remaining dates for the 2017 community Engagement forum meetings are;</p> <ul style="list-style-type: none"> <li>· Wednesday, March 29<sup>th</sup> 2017 – 2pm – 4pm</li> <li>· Tuesday, July 25<sup>th</sup> 2017 - 2pm – 4pm</li> <li>· Wednesday, October 25<sup>th</sup> 2017 - 10am – 12pm</li> </ul> <p>These will all be held in the Committee Suite at the Borough Council offices.</p>	