

**NOTES OF THE WEST NORFOLK COMMUNITY ENGAGEMENT FORUM**  
**31st MAY 2016 1PM – 3PM**  
**COMMITTEE SUITE, BOROUGH COUNCIL OF KINGS LYNN & WEST NORFOLK OFFICES,**  
**KINGS COURT, CHAPEL STREET, KINGS LYNN, NORFOLK PE30 1EX**

**Present:**

Dr Sue Crossman	(SC)	Chief Officer
Chris Randall	(CR)	Chief Finance officer, WNCCG
Dr Tony Burgess	(TB)	Governing Body, WNCCG
David Stonehouse	(DS)	Finance Director, QEH
Brad Stein	(BS)	Development Officer, West Norfolk Community Transport
Jonathan Dossetor	(JD)	Governor QEH
June Leamon	(JL)	West Norfolk Patient Partnership
Frances Singleterry	(FS)	West Norfolk Older Peoples Forum
Eddie West-Burnham	(EWB)	Chief Executive, West Norfolk MIND
Mike Carter-Rowlings	(MCR)	West Norfolk Befriending
Lindsey Tibble	(LT)	Great Massingham and Docking PPG
Jane Evans	(JE)	West Norfolk Carers
Pippa May	(PM)	West Norfolk Befriending
Jackie Wrout	(JW)	One to One Project
Hannah Cooper	(HC)	One to One Project
Hilary Judd	(HJ)	Carole Browne Health Centre PPG

**In Attendance:**

Emily Arbon	(EA)	Communications Manager
Judith Berry	(JB)	Administration Support (Minutes)

**Apologies:**

Cathy Gale	(CG)	Lay Governing Body Member WNCCG
Andy Peacock	(AP)	Alzheimer's Society
Roger Smith	(RS)	Breathe Easy
Rachel Clarke	(RC)	Family Voice
Pauline Davies	(PD)	NSFT
Liz Cross	(LC)	Home Start (Swaffham)
Sheila Young	(SY)	West Norfolk Older Peoples Forum
Tracey Whavell	(TW)	Norfolk Independent Care
Louise Dunn	(LD)	B-eat
Sarah Day	(SD)	Smokefree Norfolk Team Lead/ NCH&C
David Price	(DP)	Chair, South Wootton Parish Council
Joanne Mountjoy-Dixon	(JMD)	Age UK Norfolk
Petrina Howe	(PH)	NSFT
Clare Peak	(CP)	Family Action
Dr Ian Mack	(IM)	Chair, WNCCG

<b>1</b>	<b>WELCOME AND INTRODUCTIONS</b>	
	Chair welcomed the members to the meeting, briefly covered the housekeeping and safety points. Round table introductions were made.	

2	<p><b>YOU SAID WE DID: FEEDBACK FROM THE LAST MEETING</b></p> <ul style="list-style-type: none"> <li>• Last meeting 30<sup>th</sup> March, there was an action for SC, to send round the Autistic Spectrum Pathway – this has been done. If anyone would like a copy let Emily Arbon know.</li> </ul> <p>Other feedback since last meeting:</p> <ul style="list-style-type: none"> <li>• Frailty – SC stated that the work being done is ongoing and live transformation across the whole of the local health economy. The model of care and how we see services over the next 5 years will be shared with the public over the next few months through engagement events such as the AGM in July and stakeholder events within the locality.</li> <li>• Neuro service – speech and language therapy, this was answered through a letter.</li> </ul> <p>TB stated that older people’s health needs and frailty are recognised as the greatest challenges that we face, the population of older people continues to grow. This is the first time the research and evidence has been brought into frailty. GP’s and pharmacies are able to support along with third sector support. SC advised the forum that the public engagement events have given a good insight of the needs of our ageing population. SC stated that the CCG are constantly reviewing services to ensure they are financially affordable. Today’s meeting will advise the forum of the financial situation and what our choices are.</p>	
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### 3 THE FINANCIAL PICTURE & DIFFICULT CHOICES AHEAD

CR presented his document (copy embedded for reference).



Community  
Engagement Forum v

The WNCCG needs to generate a savings plan of £9.8m. £7.8m saving is the highest the CCG has had to make in the last 4 years. Challenges ahead, the biggest challenge is the model of care, we need a plan to deliver affordable and comprehensive quality of care, need to create capacity within the community. Care home matrons and community matrons are a good starting point of good model of care. We need to ensure services remain at high quality.

SC asked CR to clarify the 1% non-recurrent CR clarified and said it is in our budget but we are not allowed to commit it to anything at the moment, it is a concern for the West Norfolk CCG. SC asked if her understanding was correct in that this funding may be used for a wider service outside of the West Norfolk CCG potentially? CR confirmed that this may possibly be the case.

Eddie West Burnham left the meeting.

LT in the past Chiropody and Physio services were funded in the community has helped to stop individuals being re-admitted to hospital, LT asked if this would be considered/looked at again? CR advised that all things would be looked at and considered if there was a benefit but needs to be within the remit of £10m savings. CR said this has been looked at in a similar way in Cambridgeshire and there is a link.

TB said the workforce burden is large, and a challenge for West Norfolk is the recruitment of qualified staff. TB explained that there is a mobility class at Docking surgery every week, LT said this is funded by the PPG not the CCG, this is a small thing and she wanted to know if there is a policy across the board. SC clarified that the model of care would shift to prevention. The transformation programme does address this.

JD asked about community matrons, would there be an expansion of this? Has it been evaluated? SC stated that the model is being developed and enhanced further. Results of the evaluation varied as there were 4 different models used, there could be a possibility for combining the community matron and the care home matron so it is in line for our strategy of complex care. JL asked if the care home matron would be called into a home as a doctor would be, or will they be community based? SC advised that there is a danger that roles are duplicated. In the specification it is clear that the role is a Primary Care based role, with 1 care home matron having 100 patients. There will be more accountability for care homes to ensure their staff are appropriate, this will evolve over time. JL asked if this would also help with regards to stories from the media who highlight monitoring asking if the levels of care are adequate. SC clarified to JL that care home matrons will also be seeing patients every day in the morning, unlike GP visiting capacity. JE training for Community Matrons to deliver care and training to the staff, is there something in the budget for this? TB answered this by stating that there is already a lot of training within care homes and small pockets of continual training may be an approach.

DS referred back to CR presentation in the context of the provider. Three key components, acute trust struggling to deliver on a year on year ever increasing efficiency requirement. the workforce challenge from the acute trust perspective

<p><b>4</b></p>	<p><b>UPDATES FROM FORUM MEMBERS</b></p> <p>JL spoke about VIDA Healthcare, she is chairperson of Gayton Road PPG, they have been considerably cut of their funding by NHS England and are now reviewing how to manage this. JL's concerns on the increased pressures on A&amp;E due to people having to wait for appointments and turning to A&amp;E instead, how can NHSE expect the same service and increased targets with less funding. SC thanked JL for her thoughts and explained that it is having to look at a different way of contracting the services that are needed, the CCG works with NHSE to buffer the effects, the General Practice forward view will look at how General Practice needs to radically change. Services won't necessarily disappear they will be delivered in a different way. SC explained that this region was speedy in their review. SC stated that practices need to engage with the new models of care and working collaboratively together.</p> <p>Jane Evans West Norfolk Carers – next week is carers week and there should be a drive for carers to recognise their own health needs. JE will send the schedule of what West Norfolk Carers will be doing to promote their work through workshops to Emily Arbon.</p> <p>CR spoke about primary care co-commissioning. We have been preparing for this for some time with NHSE and will start this soon.</p> <p>JL reiterated the importance of carers week and the following week it is Men's Health, also the 6<sup>th</sup> June onwards is PPG week.</p>	
<p><b>5</b></p>	<p><b>FUTURE TOPIC: MENTAL HEALTH</b></p> <p>SC spoke about the next meeting and there has been a request for a focus on Mental Health Services. SC asked the committee if there was a specific focus that they wanted, if so they could email <a href="mailto:e.arbon@nhs.net">e.arbon@nhs.net</a></p> <p>July 21<sup>st</sup> is the AGM, there are 4 stakeholder events in September, would it be suitable to do a Mental health Services meeting in October? Hilary Judd agreed that the October meeting may be a good one to have a specific focus such as Mental Health Services. MCR suggested speakers from the Mental Health Trust to give an update of what has been happening over the past few months and if there are any plans to address these issues?</p> <p>SC acknowledges that it is useful to have speakers and suggested that there are specific questions prepared so speakers can go into more detail. FS would like a specific discussion on the Fermoy unit and where the future lies. LT asked what does NSFT plan for the next 5 years. SC suggested that a conversation on how the Mental Health Services will look in the future could be had. JD said support at the QEH with Mental Health is a big issue. JE asked about increasing awareness of children and young people with mental health needs. What would the plans for this be?</p> <p>SC suggested having a wider forum of agencies and organisations that have contact with young people.</p>	
<p><b>6</b></p>	<p><b>NEXT MEETING DATE AND VENUE</b></p> <p>Next date and venue to be confirmed. Meeting closed at 2.35pm.</p>	

	Dates for future meetings will be set and the members informed of details including venues and topics.	
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