

BOROUGH COUNCIL OF KING'S LYNN & WEST NORFOLK

ENVIRONMENT AND COMMUNITY PANEL

**Minutes from the Meeting of the Environment and Community Panel held on
Wednesday, 12th October, 2016 at 6.00 pm in the Committee Suite, King's
Court, Chapel Street, King's Lynn**

PRESENT: Councillors Miss L Bambridge (Chairman), A Bubb, Mrs S Collop,
G Hipperson, J Moriarty, D Pope (substitute for Mrs S Fraser), P Rochford,
T Smith and A Tyler

Portfolio Holders

Councillor B Long - Leader of the Council and Portfolio Holder for
Environment

Councillor Mrs E Nockolds - Portfolio Holder for Culture, Heritage and
Health

Officers:

Chris Durham, Operations Manager

Ray Harding, Chief Executive

Honor Howell, Assistant Director

Nathan Johnson, Public Open Space Manager

Sarah Moore, Operations Manager

By Invitation:

Chris Humphries – West Norfolk CCG

Dr Ian Mack – West Norfolk CCG

EC36: **APPOINTMENT OF VICE CHAIRMAN FOR THE MEETING**

RESOLVED: That Councillor Smith be appointed Vice Chairman for
the meeting.

EC37: **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Bower, Fraser,
Hopkins and Sampson.

EC38: **MINUTES**

Councillor Moriarty stated that he was disappointed with the level of
detail contained in the previous meetings minutes relating to Norfolk
Waste Partnership Work Streams. The Chairman explained that the
format of Minutes had changed and often Councillors were not quoted,
she acknowledged the concerns raised by Councillor Moriarty.

RESOLVED: The minutes from the meeting held on 31st August 2016
were agreed as a correct record and signed by the Chairman.

EC39: **DECLARATIONS OF INTEREST**

Councillor Smith declared an interest in EC43: Access to Rural Health Services Scrutiny as he worked for a Doctors Practice in the Borough. However it was not a Practice which was covered in the information provided by the Clinical Commissioning Group.

EC40: **URGENT BUSINESS**

There was none.

EC41: **MEMBERS PRESENT PURSUANT TO STANDING ORDER 34**

There was none.

EC42: **CHAIRMAN'S CORRESPONDENCE**

There was none.

EC43: **ACCESS TO RURAL HEALTH SERVICES SCRUTINY**

The Chairman welcomed Dr Ian Mack and Chris Humphries to the meeting.

The Panel was informed that the Council had been invited, by the Rural Services Network, to take part in scrutinising issues surrounding rural health and rural access to Health Services. The aim of the project was to produce a report which could be used to campaign on behalf of rural communities and could also be presented to the All Party Parliamentary Group on Rural Services. It would also be shared at the Rural Assembly meeting of the Rural Services Network.

A response from the West Norfolk Clinical Commissioning Group (CCG), to the set questions provided by the Rural Services Network had been circulated to Members of the Panel in advance of the Meeting and is attached. Members of the Panel were invited to comment upon the responses and ask additional questions.

Chris Humphries provided the Panel with a summary of the response sent by the CCG. He highlighted the following points:

- Almost 98% of Local Authority residents had to travel less than five miles to access their local GP and all residents had access to a GP within ten miles.
- There were some staff vacancies, mainly nurses as there was a competitive pool in the area. It was difficult to recruit and retain nurses nationally.

- A wide range of services were available in the Borough, but occasionally specialist services would have to be accessed out of the Borough. Transport Services were available.
- Ambulance response times were set by the East of England Ambulance Service Trust and there was no difference in response time targets for rural and urban areas, however response times would obviously be longer in rural areas.
- Work was ongoing to encourage and support training of staff to assist with recruitment and retention.

The Chairman thanked the representatives from the CCG for attending the meeting and invited questions and comments from the Panel, as summarised below:

- In response to a question, Dr Ian Mack explained that there were two ways in which medicines were available to patients, either through a pharmacy or dispensary. Usually rural practices had a dispensary attached to a Surgery. The dispensary could dispense medication under the authorisation of the GP. Therefore it was unlikely that patients would have a problem obtaining the correct medication as a GP would most likely be available for authorisation. In a Pharmacy a Pharmacist had to be present to authorise the medication.
- In response to a question regarding the growth of villages and if Practices could cope with the growth, it was explained that up until recently the CCG worked closely with a Public Health Consultant from Norfolk County Council and these arrangements had worked well. The post had now been withdrawn and the CCG was looking at ways to bring back dialogue between organisations. The Sustainability and Transformation Plan, when available would show ways that organisations could work together.
- The Panel was informed that the Clinical Quality Commission (CQC) was responsible for scrutinising Practices, and following a recent review, most Practices were seen to be of good quality. One Practice had required improvement measures. It was acknowledged that all services were under economic pressures and if there were not enough staff available to inspect practices, inspections would be prioritised and carried out on a less frequent basis. The CQC also inspected other health facilities such as care homes and mental health services etc.
- The Panel was informed that all Practices in West Norfolk belonged to West Norfolk Health Organisation and worked collectively to ensure that services were available to the whole population. All Practices were independent, and the West Norfolk Health Organisation worked to help ensure that services were accessible across the area.
- It was not anticipated that any surgeries in rural areas would be closing or availability reduced, however there were occasions when certain procedures could not be carried out in certain Surgeries meaning that the patient would be directed elsewhere in the Borough.
- There were some challenges in King's Lynn where buildings were not fit for purpose and planning for the future of the urban area of King's Lynn would be required.
- The Portfolio Holder for Culture, Heritage and Health, Councillor Nockolds, informed the Panel that she sat on the CCG Joint Commissioning Committee. She explained that the Committee

received reports on the inspections of GP Surgeries and all reports had indicated good quality services, with the exception of one. The Committee also received reports showing that the CCG and NHS were looking at the impact of population increase. She explained that the Committee was proactive and discussions took place on lots of different areas.

- In response to a question regarding Mental Health and Sexual Health issues in young people. It was acknowledged that the CCG needed to do more as there was an increasing demand for young people and the demand was not being met in the local area. Although services were good in King's Lynn, services needed to be improved in rural areas. With regards to Sexual Health issues, it was explained that there was a critical mass of numbers in King's Lynn and it was not felt that the demand could be met by taking the service out into the community, therefore travel would be required to King's Lynn, which could sometimes be difficult for young people. Some services could be provided by School Nurses. Dr Mack also explained that some services could be accessed online in connection with Mental Health. Sexual Health was contracted by Norfolk County Council, so they would need to work together to overcome any issues.
- The Health Sector was working towards seven day working which could provide the opportunity for young people to access services over the weekend or in the evening.
- In response to a query regarding patients seeing a named Doctor, it was explained that previously the NHS had moved away from having a named Doctor, but this had now reverted back and patients had the right to a named Doctor. If Members had specific issues regarding change of Doctors they were invited to contact the CCG.
- Chris Humphrey explained that there was a national shortage of Doctors and Nurses and it was a competitive environment. The Government had announced an increase in medical students nationally, but it would take many years before training was complete and more Doctors and Nurses were available. Dr Mack explained that retention was also important and guidance was currently being drawn up on how to retain GP's and bring them back to Practising as often they retired early.
- The Assistant Director informed the Panel that the Council worked with the CCG and other Public Sector Partners on the 'Working in West Norfolk' website which encouraged professionals to the area and promoted West Norfolk as an area to live and work.
- The Chief Executive explained that the Sustainability and Transformation Plan would have significant implications and once it was published he suggested that the CCG be invited back to a future meeting of the Panel to discuss the implications and look at how the Council could work with the CCG.
- With regards to online services, it was explained that if possible, the first point of contact should be to the GP. Online services were more about interaction and discussion. The Panel was informed that people could self-refer via phone with regards to mental health issues. The Sustainability and Transformation Plan would look at the need for community based infrastructure and support to deal with Mental Health at an early stage.
- In response to a question regarding acute services which were only available outside the Borough and any recent changes, it was explained that there was no changes to the services available in the

past five years. The Queen Elizabeth Hospital offered a wide range of services, some by visiting Clinicians. However weight needed to be given to if a better service with better outcomes could be provided elsewhere. For example, some cases were referred straight to Norwich and Norfolk or Papworth if specialist treatment was required and severe trauma cases taken straight to a trauma centre had resulted in improvements. Dr Mack explained that Stroke care was one service which had been looked at. It was important that a Stroke was treated as quickly as possible and the Health Overview and Scrutiny Committee had looked at the evidence base for this along with the quality and need and put a case together to maintain the service locally.

- With regard to cost reduction the CCG held regular meetings with the public. Dr Mack explained that it was important to have open dialogue with the public on challenges and they held regular Community Engagement Forums. Dr Mack explained that Governing Body meetings had a public question time at the beginning of each meeting. There was also a break in the middle of the meeting so that Governors could meet with members of the public who had attended the meeting. Dr Mack explained that savings had been delivered over the past few years but he acknowledged that the future would prove difficult with restrained budgets.
- Chris Humphries acknowledged that there was not enough money to meet all needs and the CCG had to do the best that they could. At all times the CCG tried to be open with partners and the public.

The Chairman thanked Dr Mack and Chris Humphries for attending the meeting and their detailed answers to all questions.

RESOLVED: (i) Details of the discussion would be forwarded onto the Rural Services Network.

(ii) The CCG to be invited to a future meeting of the Panel once the Sustainability and Transformation Plan had been published to look at ways the Council and CCG could work together.

EC44: **GROUND MAINTENANCE REVIEW**

The Panel received a report which reviewed the implementation of the new grass cutting regime and included detail on recent survey responses, complaints received and options and recommendations for a new change of regime.

The Operations Manager explained that for the 2016 season a reduced cuts trial had been carried out, however, feedback and the result of surveys and complaints received had indicated dissatisfaction in the changes and a balance needed to be made between what the public wanted and cost implications.

The Operations Manager requested that the Panel consider the following options and identify their preferred option:

Option 1 – Continue with current schedule

Option 2 – Increase frequency to 12 cuts
 Option 3 – Increase frequency to 8 cuts
 Option 4 – Increase to either 8 or 12 cuts, and keep NCC to 5 cuts.

The Operations Manager explained that there was also the opportunity for Parishes to take on grounds maintenance themselves, but the Council would no longer be responsible for grass cutting, play areas or trees in the Parish where its option was taken up.

The Panel was informed that Option 2, which was to increase the frequency to 12 cuts, would increase special expenses. With the biggest increase being £1.93 and the smallest being 1p.

Currently the Borough Council was paid for five cuts for Norfolk County Council areas, however currently the Borough Council cut areas on a more frequent basis. It was explained that different ways to recoup costs could be looked at.

The Panel was informed that high profile areas would still have 18 cuts a season.

The Chairman thanked the Operations Manager for her report and invited questions and comments from the Panel, as summarised below:

- It was suggested that the opportunity be presented to Parish Councils for them to take on responsibility of their area before a decision was made. Information needed to be available to them that it was an option to take on the area themselves and add a local charge to Council Tax.
- It was asked if complaints had been received just because it was the first year of the changed regime and if the Operations Manager felt that complaints would decrease if the new arrangements were continued for another year. The Public Open Space Manager explained that it was not just the public who had complained about the new regime, it had also had an effect on the Operatives, who took pride in their work and did not like leaving areas untidy or uncut. He informed the Panel that one Operative had left the Authority as he was unhappy with the new regime and felt that he was working to a low standard.
- The Operations Manager explained that there was no such thing as an 'average cutting season' as each year was different. She felt that it would be difficult to offer a 'reactive' service as the Operatives had a set schedule and limited flexibility. The Operations Manager informed those present that the Grounds Maintenance Team had recently taken on a contract for the Industrial Estates.
- It was commented that the response rate to the survey could have been higher if Parishes and Ward Members were given a longer period to respond.
- Discussions were held regarding Norfolk County Council cuts and why the Council should bear the cost of the additional cuts. The Operations Manager explained that a lot of Council areas adjoined Norfolk County Council areas; therefore it would look odd if only part

of the grass was cut. The Council had also tried only mowing the frontage of the area and leaving the back to grow long, but complaints had been received and the Council had therefore resumed cutting of the whole of the verges.

- Members provided detail of complaints which had been received within their wards.
- It was suggested that grass grew quicker in the spring; therefore the amount of cuts should be increased at the beginning of the season. It was also suggested that cutting it shorter would result in it growing slower.
- The Portfolio Holder for Culture, Heritage and Health felt that the complaints received were partly justified as she had looked round the Borough. She explained that people took pride in where they lived and it was important to keep residents happy. She felt that the Operatives worked well and needed a set schedule to work to. She felt that standardising the amount of cuts across the Borough would make it easier for the Operatives and could result in efficiencies as longer grass took longer to cut and clean up afterwards. She asked the Panel to support a simple regime and cut more often.
- Comments were made that it was difficult to cut longer grass, resulting in the work taking longer as machines could get jammed up.
- The Leader of the Council, Councillor Long commented that the recommended amount of cuts was 6, 12 or 18. He why these amounts had been chosen and asked if consideration could be given to 10 or 11 cuts etc. The Operations Manager explained that the amount of cuts had been calculated so that a round number of cuts were carried out during the cutting season. She explained that some Councils did 8 cuts per year and this was one of the options identified.
- With regard to equipment it was explained that previously cylinder mowers were used, but these had now been changed to flail mowers. The Operations Manager explained that these did not give the same quality of cut, but were more flexible. The investment in better equipment had already been made.
- The Operations Manager explained that cuts to areas immediately fronting properties had been stopped. This had resulted in some complaints, but in the main residents had taken on responsibility of the area themselves. Some areas with trees had also been left, but where complaints had been received they had been cut.
- The Operations Manager explained that a decision needed to be taken on the new regime as it would need to be presented to Cabinet and incorporated into the forthcoming budget. The proposals would be presented to Cabinet on 6th December and King's Lynn Area Consultative Committee on 15th December 2016.
- The Leader of the Council, Councillor Long explained that there was the opportunity to make the service commercial and sell the Council's service to Parish Councils. That way the Parish could charge the service to Special Expenses rather than it be added onto the Parish Precept, which was capped.
- The Public Open Space Manager explained that the Option of 12 cuts was the teams preferred option. The Operations Manager explained that Parish Councils would be notified of the new regime once agreed.

The Panel discussed the four options identified and voted on their preferred option.

RESOLVED: (i) The Panel identified Option 3 as the preferred option which was to increase frequency to 8 cuts.

(ii) That Parishes be contacted to inform them that they had the option of taking on Grounds Maintenance themselves.

(iii) That the Panel receive updates as appropriate.

EC45: **WORK PROGRAMME**

Members of the Panel were reminded that an eform was available on the Intranet which could be completed and submitted if Members had items which they would like to be considered for addition to the Work Programme.

RESOLVED: The Panel's Work Programme was noted.

EC46: **DATE OF THE NEXT MEETING**

The next meeting of the Environment and Community Panel would be held on Wednesday 23rd November 2016 at 6.00pm in the Committee Suite, King's Court, Chapel Street, King's Lynn, Norfolk, PE30 1EX.

The meeting closed at 7.35 pm

Environment & Community Panel
12th October 2016

What % of the Local Authority residents have to travel more than 5 miles to access their local GP?

	Count	%
West Norfolk CCG population estimate 2014	171,485	
WN CCG population within 5 miles of a GP or Branch	167,285	97.6%
WN CCG population outside 5 miles of a GP or Branch	4,200	2.4%



WN GPs within 5 miles.pdf

What % of the Local Authority residents have to travel more than 10 miles to access their local GP?

	Count	%
West Norfolk CCG population estimate 2014	171,485	
WN CCG population within 10 miles of a GP or Branch	171,485	100.0%
WN CCG population outside 10 miles of a GP or Branch	-	0.0%



WN GPs within 10 miles.pdf

As can be seen the large majority of the population within West Norfolk live within 5 miles of a general Practice.

Are you aware of any GP Practices that have vacant posts (Doctors or Nurses) within your area?

Nine GP practices responded to this question. Six had no vacancies. The other three:

- Did have 2 nurse vacancies, but they have just been filled
- 2 nurse vacancies and 1 GP
- 3 GP vacancies and a practice manager vacancy

Have any of your GP practices had posts that have been vacant for more than 2 months / 4 months / 6 months+?

Of the above, the two nurse vacancies took two months to fill.
The practice with the 3 GP vacancies has been trying to fill two of these for over six months

Have recruitment or retention difficulties been experienced in rural GP Practices in the last 1 or 2 years?

Four practices of the nine did report some difficulties, though one said only in the last six months. Nurses in particular were found to be very much in demand, and were often able to choose between job offers, and could be specific about pay, and hours they would work. Two of these four practices also said that finding locums was a particular problem for them.

How do you support your residents to access more specialised healthcare which may only be available outside your local authority area?

We are fortunate in having a wide range of NHS services available within the West Norfolk area including district general hospital services at QEH and local community health and mental health services.

Where residents need to attend more specialist services outside the area they are entitled to seek transport support where they meet the criteria.

Are there community transport schemes which are specifically available for accessing healthcare services, and is it envisaged that these will continue in future years?

Yes – West Norfolk Community Transport (WNCT) and for patients from Cambridgeshire, Fenland Association for Community Transport, FACT. WNCT extends into Swaffham as well so covers entire WNCCG area.

WNCCG provides an annual grant to WNCT for £26K to support health related journeys. Annual figures: c. 3000 service users; c. 300 referrals from GP Practices and 535 referrals from QEH (many service users contact the service directly).

In addition, WNCCG provided an additional £5K to WNCT after they were successful in a bid to the Health and Wellbeing Innovation Fund (small grants programme that was setup last year to encourage innovation through competitive bids). This was to provide a same day response service to Kings' Lynn Practices (to support patients who struggle to get to Practices of their own accord and to save clinical time through unnecessary home visits).

This has been successful – over 250 trips – and will be rolled out across West Norfolk at no ongoing cost to WNCCG.

Are the ambulance response time targets set greater for rural areas than urban and if so what are those targets? Also what percentage of actual response times to rural areas are within the set target?

The Ambulance Response time targets are set at a national level. They are applied at Ambulance Trust level (in our case EAAST) and therefore do not distinguish between urban and rural areas. We do not have specific information about the ambulance response times for West Norfolk and we are not able to split this into urban and rural areas.

Have any GP practices closed in your local area in the last year?

No

Are you aware of any GP practices due to close within the next year in your local area? Do you know the reason for closure and the impact on patients?

No

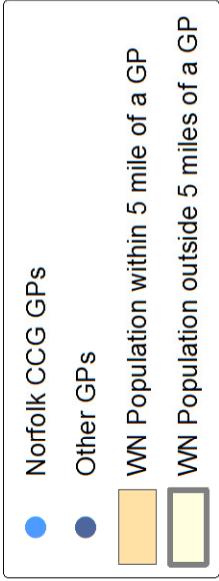
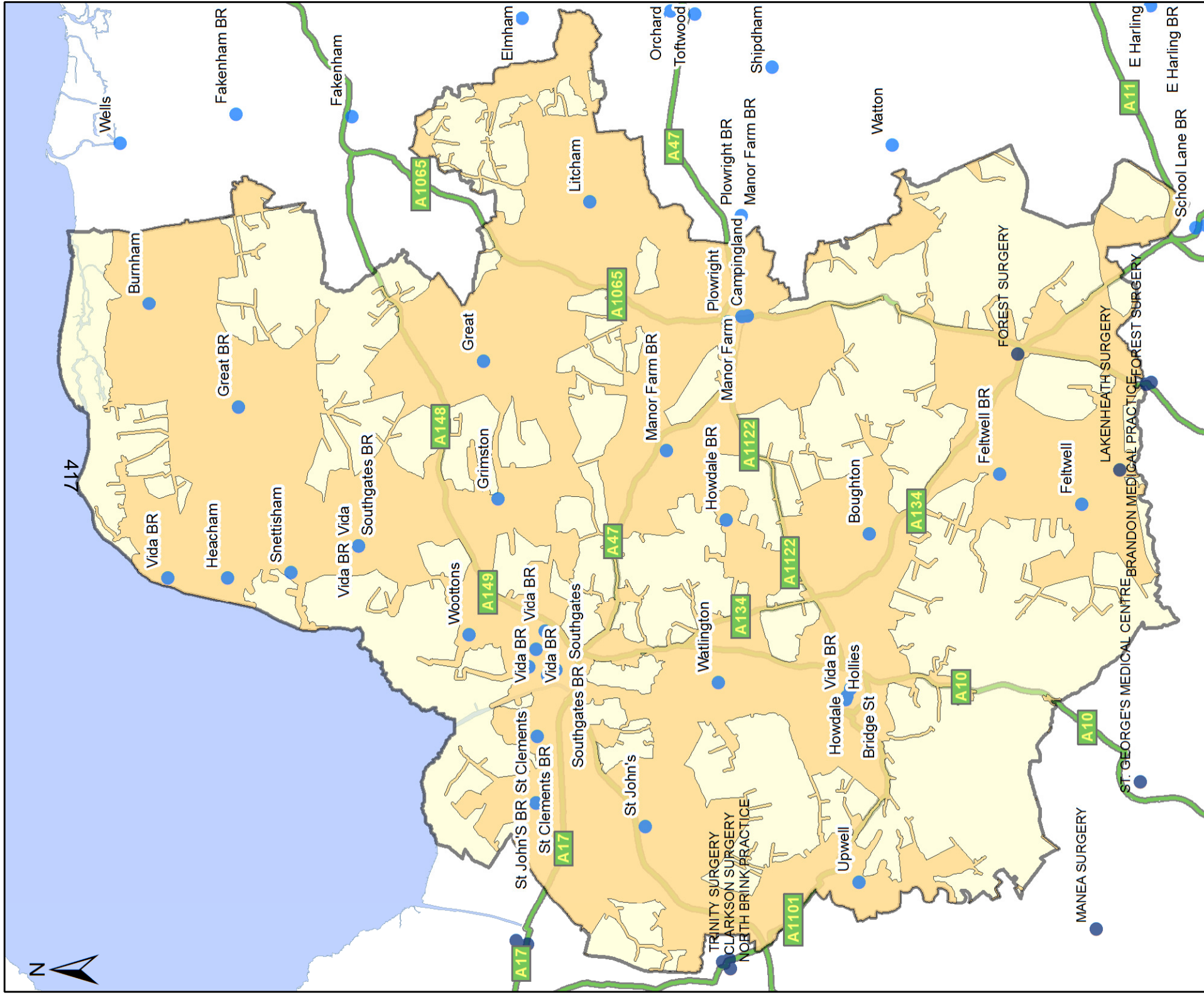
Have you had any difficulty in recruiting clinical pharmacists to GP practices in rural areas?

This question was not applicable to most practices who responded. One commented that they did have difficulties in the past, but hadn't needed to recruit recently.

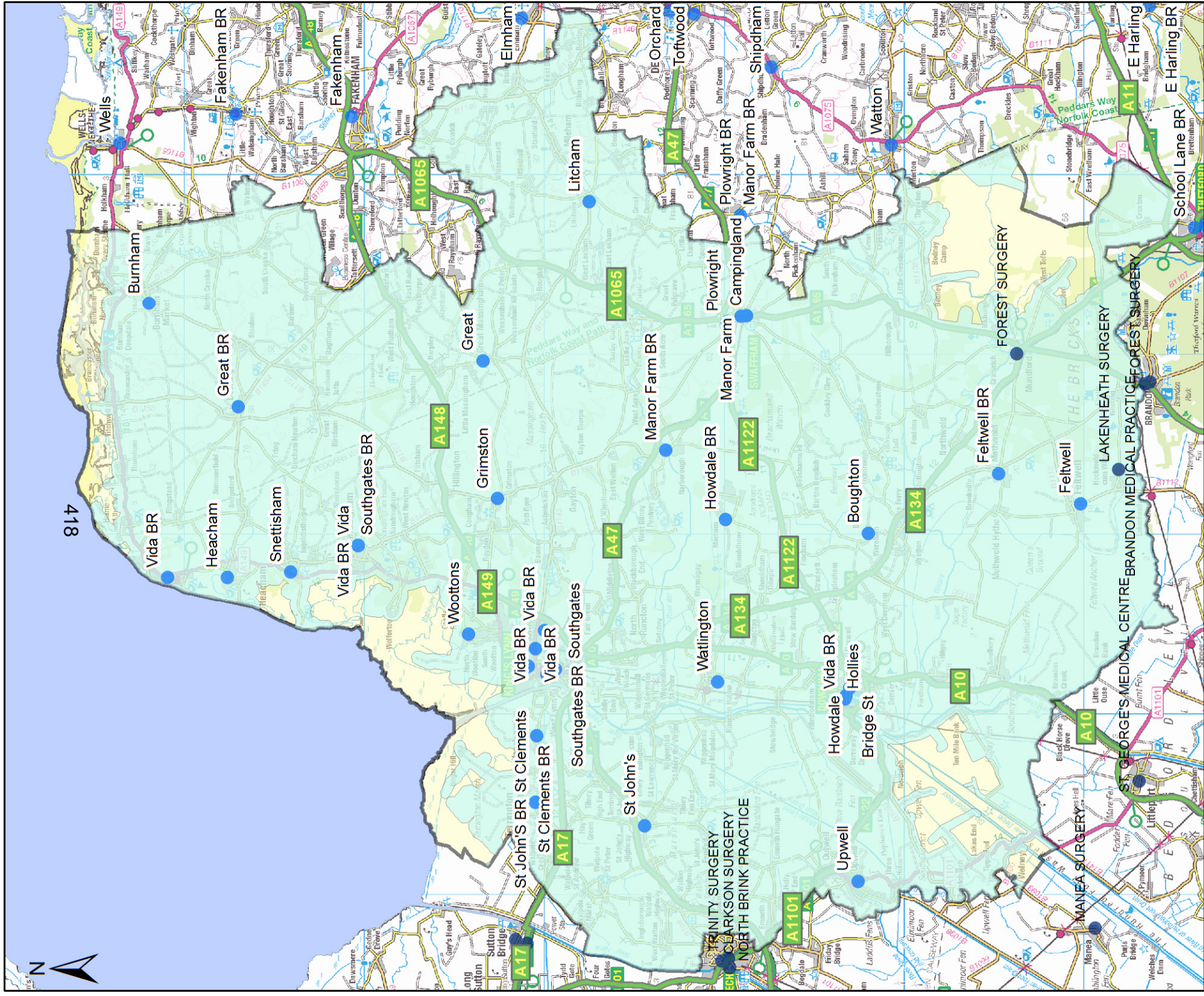
If so, how are you dealing with the issue of recruitment?

Practices in West Norfolk are dealing with recruitment issues by looking at how they use and develop the skills mix of their staff, for example with the employment of paramedic roles, and extending the nurse and matron responsibilities. This also includes developing the role of the Health Care Assistant, so that staff are upskilled, which in turn frees up GP time for patients who need to see a doctor.

West Norfolk CCG is supporting this by facilitating the formation of a Community Education Provider Network (CEPN) which will co-ordinate collaborative staff development and the availability of training programmes for all. For example GP Fellowships will be offered which enable newly qualified doctors to work part of the week as a salaried GP, but also to develop a special interest and continue with their training on other days, an opportunity which can attract enthusiastic new doctors.



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- Norfolk CCG GPs
- Other GPs
- WN Population within 10 miles of a GP
- WN Population outside 10 miles of a GP