January 2019 Newsletter

Dear Parishioners,

A Happy New Year to you all.

For your information, please note the following,

**Parish Precept**

The Parish Council met earlier this month to set the Budget and Precept for the financial year, 2019-2020, beginning in April. I am pleased to report that for the seventh year running we have managed to achieve a small reduction in the overall planned expenditure, which, in precept terms, equates to 58.6p per Band D property.

**Proposed New Housing Developments**

With deep disappointment, I have to report that in December the Borough Council’s Planning Committee met and approved the Larkfleet and Bowbridge developments west of Hall Lane and Nursery Lane. Together they amount to 575 new properties. Despite several presentations raising strong objections to the scale of these developments, the views of local residents were ignored.

The Parish Council has joined with North Wootton and Castle Rising Parish Councils and others to prepare our opposition to the scale of the proposed Knight’s Hill development of 600 properties. We anticipated that the developer, Camland, will be submitting their final application in the next couple of months.

**Parish Assembly**

For your diary, please note that this year’s Parish Assembly will be held on **Friday, 12th April in the Village Hall commencing at 7 pm.** We will issue a reminder nearer to the date.

**West Norfolk Clinical Commissioning Group**

Dr Paul Williams, the chairman of the West Norfolk CCG has asked us to circulate his New Year Message as follows:

Hello from West Norfolk CCG ….. I imagine your first thought on reading this was who are West Norfolk CCG? Well, the fact that most of you had this thought was the reason I decided to reach out to you. West Norfolk CCG is the NHS organisation which buys, or as we call it commissions, the NHS services you use every day. We pay for GP and hospital services, mental health services, the ambulance service, the community nursing service. In fact, the only NHS services that we don’t buy are pharmacies, opticians and dental services.

I am Paul Williams, the chairman of the CCG, and I was a full time GP in Upwell for 30 years until I took partial retirement last summer, I still do one session a month in Upwell and spend a lot of time working at the CCG. For some time, I have been writing a blog on our CCG website and you can read previous entries here [www.westnorfolkccg.nhs.uk](http://www.westnorfolkccg.nhs.uk). Recently, however, I became aware that my words were only reaching a small proportion of the people we serve, and I am keen to reach as many local people as possible. I want local people to understand what we are doing to provide healthcare, what problems we have, and I want to give you advice about how you can best access our services and stay healthy.

I saw the New Year in on Westminster Bridge watching the fantastic firework display this year. It’s something I’ve always wanted to do, and it was a memorable experience. However, what was obvious was how much planning, preparation and post event work was necessary to stage that 10-minute spectacle. This is of course also true of health services. As you probably know the trusts who run the Queen Elizabeth Hospital and the area’s mental health services are both in special measures at the moment. That means they have extra scrutiny and help to reorganise themselves to ensure the service you, the patient, experience in the short time you have contact with the health services gets better. We are doing what we can to support them to deliver those improvements and I think we will all see significant changes in how those services are delivered in the coming year or two.

There have been stories in the media recently raising the fear of losing services at the Queen Elizabeth Hospital. In truth there have been no decisions taken to do anything to threaten the future of the hospital and I want to assure you the CCG understands that we need a hospital in King’s Lynn, and we will be doing all we can to ensure its continuation.

So what changes are going to happen? The key theme to all the plans in place is integration, which essentially means working more closely together. At the moment there is an enormous amount of money spent on health and social care, but those two broad areas are funded separately and by different organisations. Communication and seamless working is difficult when the services are fragmented in this way. In an effort to improve this and get better integration the government formed STPs - yes more confusing abbreviations. STP stands for Sustainability and Transformation Partnership. They are essentially a way to bring together all the organisations who are involved in delivering health and social care to enable more seamless working which should reduce waste and improve the patient experience.

In our area the STP covers Norfolk and Waveney, an area which includes 5 CCGs, three large hospitals, and is mostly covered by Norfolk County Council. There is one provider of community health care and one of mental health services and there are many district councils and even more voluntary organisations involved in delivering health and social care in this large area. In order to make things more manageable the area is sub divided and we have a west division within the STP which is focused on delivering that improved integrated care to you.

I chair the Local delivery Group in the West which is the group where all the organisations I have mentioned above come together to plan how we can work more smartly and more closely together to improve services. I will go into more detail about this in future issues, but already we have seen practical improvements as a result of that closer working. We now have what we call West Norfolk escalation avoidance team (West NEAT) where a group of NHS and social care professionals drawn from a range of different disciplines and based at St James’ Hospital in King’s Lynn act as a single point of contact for health and care professionals such as GPs, community nurses, mental health workers, paramedics from the ambulance service, social workers or therapists.

The aim of the NEAT is to make sure the patient gets the help and support they require. If they really do need to go to hospital they will, but in most cases, they are helped to stay at home where they want to be. Sometimes voluntary groups will be able to offer some ongoing support to ensure other issues in the person’s life are addressed, such as loneliness. So just like the New Year’s Eve fireworks a short positive experience for the patient is brought about by considerable thought, planning and negotiation behind the scenes.

Finally, I expect many of you will have started the New Year with new enthusiasm for a healthier lifestyle, in particular you may be having a dry January. I listened to an interesting item on Inside Science on radio 4 this week where they discussed some good research into what, if any, benefits there were to having a dry January. You can listen to the programme yourselves on this link on the internet, <https://www.bbc.co.uk/sounds/play/m0001vl8> . I was quite surprised to hear just how big the range of health benefits there were from this simple act. Notably for me was the reduction in diabetes risk and cancer risk that followed not drinking alcohol. So, if you are considering a period of abstinence I urge you to go ahead with that, you will do your body a favour.

Happy New Year!

Dr Paul Williams.

I shall aim to provide another Newsletter towards the end of March to include a reminder for the Parish Assembly

Your sincerely

David Price

Chairman of the Parish Council

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