



Meeting of the Community Engagement Partnership

Monday 12 June 2018
5.00 – 7.00pm
The Key, Ipswich, IP4 2BB

PRESENT:

Vicky Thomson-Carr	Co-Chair	VTC
Linda Hoggarth		LH
Irene MacDonald	IESCCG GB Lay Member for Patient & Public	IMcD
Gill Orves	IHUG	GO
Richard Squirrel		RS
Gill Jones	Healthwatch Suffolk	GJ
Susie Mills		SM
Jo Marshall	Voluntary Sector Representative	JM
Caroline Webb		CW
Tina Rodwell		TR
Paul Gaffney		PG
Pat Durrant		PD
Jenny Pickering		JP
Ann Nunn		AN

IN ATTENDANCE:

Maddie Baker-Woods	Chief Operating Officer, IESCCG	MBW
Lisa Nobes	Director of Nursing	LN
Rebecca Pulford	Associate Director of Nursing	RP
Lorraine Parr	Senior Transformation Lead Mental Health	LP
John Troup	Acting Head of Comms, IESCCG & WSCCG	JT

APOLOGIES:

Lynda Cooper		LC
Marielena Giner	Patient & Public Involvement Officer	MG
Claire Martin	Co-Chair	CM

MEMBERS OF THE PUBLIC:

Barbara Robinson	BR
------------------	----

No	Item
1	Welcome and Declaration of conflicts of interest
	VTC welcomed everyone to the meeting. Apologies for absence were noted.
	Review of minutes for accuracy: <ul style="list-style-type: none"> It was asked that in reference to Item 4 of the Member Updates the minutes for the May 14 meeting be amended to say 'LH reported that she had met with a group of disabled people' and for the reference to the organisation to be removed.

2	Action Log – review and report on actions
	<p>Suicide: It was advised that the concerns around NSFT’s policy on suicide would be picked up as part of the ongoing mental health transformation engagement work. The specific concerns around the view of some NSFT staff that it was a person’s ‘personal choice’ whether or not they committed suicide had been raised with Richard Watson and Eugene Staunton at the CCG, who have also been asked to seek clarification from NSFT regarding its policy.</p> <p>111 Online: It was reported that Care UK have been asked to look at whether they could amend the wording on the 111 Online website in relation to the gender question and a response is awaited.</p> <p>Training for patient involvement at funding panel: VTC reported that the funding panel training arranged for herself and CM had been postponed due to the interviews for new CEP members taking place on the same day.</p> <p>IMcD highlighted that there is a central process for developing and amending policies to take account of the latest National Institute for Health & Care Excellence (NICE) guidelines, but added that she had been unable to establish what method was used to consult with the public on the draft versions of such policies and to make sure that process was transparent. LN reported that her team has been requested to provide some information about Independent Funding Requests (IFRs).</p> <p>Agreed Action: JT/MG to reschedule training</p> <p>Wellbeing website: It was confirmed that the website developers had drawn up a draft for splitting the site into separate Norfolk and Suffolk resources and this was awaiting approval. Confirmation of a ‘go live’ date has been requested.</p>
3	Member Updates and Current Issues
	<ol style="list-style-type: none"> 1. GJ informed members that Healthwatch has published the findings of its research report on domiciliary care, ‘My Care at Home - People's experiences of home care services in Suffolk’. This is available to view on the Healthwatch Suffolk website. 2. CW reported that the 360 Degree Care Market Strategy has now been renamed the ‘Residential and Nursing Care Home Strategy’ (RANCH), and is a forward-looking, overarching plan aimed at integrating health and social care. The last RANCH meeting was well attended by residential nursing and care home providers. Jason Joseph of Suffolk County Council (SCC) Adult & Community Services is due to present the strategy to the board this week. A strategic review was also pending but reports on pricing levels between what local authorities were paying for care and what everybody else pays is awaited. 3. CW also reported that she had been approached by the chair of an Ipswich-based charity, ‘Survivors in Transition’, which is doing very valuable work in supporting people aged 18 and over who have suffered childhood sexual abuse. The group wanted to give feedback on its working relationship with the Norfolk & Suffolk Foundation Trust (NSFT) as they had concerns about the trust supported the people they referred to them. LN highlighted she is accountable for safeguarding in the CCGs and suggested that the group should contact her directly. MBW agreed that the

	<p>group's feedback would be welcome and could also form part of the ongoing mental health transformation engagement work.</p> <ol style="list-style-type: none"> 4. GO reported that she had attended the East and West Alliances Patient & Carer Forum which was looking at services for children and young people. 5. SM reported that the joint working protocol on drug and alcohol recovery has been launched and would be shared across Ipswich. It would join housing, drug & alcohol and health teams together and outlined who was to lead on work and who was to pick it up in different circumstances. The protocol is due to be rolled out across the county. 6. VTC reported that three people had raised concerns with her about care packages. They had all asked for care packages as they required regular checks and medication (one was bi-polar and would not take her medication without assistance) and had been assessed as requiring half-an-hour a day by social services. All three were receiving Employment Support Allowance (either DLA or PIP at the higher rate) and in the past they had paid nothing or very little for their care packages. However, they are now being asked to pay £93 or £95-a-week, which was all or more of the care component of their ESA. Social services had suggested to the people involved that they would be better off researching and paying for their own care packages rather than taking direct payments, but this was causing further stress and she was concerned they were not taking their medication in the morning. VTC asked if someone could talk to social services to find out why ESA recipients were now being charged for their care packages. <p>Agreed Action: JT to make enquiries.</p>
4	<p>CCG Update</p>
	<p>MBW provided the CCG update, the key points of which included:</p> <ul style="list-style-type: none"> • The CCG is currently focusing on delivery plans for the new programmes the CEP had been informed about at the beginning of 2018, including: the mental health transformation programme; children's services; medicines management; antibiotics (too many of which are still being prescribed); and primary care. • The CCG's outlook continues to change and is working with partners, providers, the voluntary sector, neighbouring CCGs in west Suffolk and north east Essex to focus on new ways of partnership working through the three 'Alliances'. The East Alliance which covers the IESCCG area, includes eight Integrated Neighbourhood Teams (INTs) and other new community services led by Ipswich Hospital and SCC. The individual INTs had recently aligned with GPs on the CCG's Clinical Executive, which will enable joined-up leadership. <p>During the ensuing discussion, the following points were made:</p> <ul style="list-style-type: none"> • The partnership working between the CCG and the CEP was working really well, with the CEP having been asked to get involved in numerous projects. • A member of the public in attendance (BR) asked a question in relation to ME and the provision of care within Suffolk. BR was thanked for her detailed question and for sharing her concerns with the CEP. <p>Agreed Action: MBW to look into the issues raised by the member of public and would respond directly.</p>
5.	<p>New member introductions</p>
	<p>Existing and new members of the CEP together with CCG attendees introduced themselves.</p>

6.	Psychiatric Liaison at Ipswich Hospital (IHT)
	<p>Rebecca Pulford (RP), Assistant Director of Nursing at Ipswich Hospital, addressed members regarding the progress made by IHT to embed mental health services on its wards and provided a comprehensive and informative overview. The key points included:</p> <ul style="list-style-type: none"> • IHT has secured funding to ensure mental health nurses are available on all general wards and community wards from 9am to 5pm six days a week and that referrals were responded to within a working day. • An older person's psychiatric consultant has been recruited and the hospital has secured funding for a nurse practitioner to work with elderly patients. • A clinical psychologist has been recruited and is jointly funded by the University of East Anglia. • Patients on the inpatient wards are now getting the care they require. • Comprehensive data is recorded to establish who is being seen. • An education strategy has been produced and hospital staff will have a minimum of 37 hours of education a week. • The patient care work of the hospital's psychiatric liaison team was now being used to raise awareness nationally and colleagues from NSFT had visited to see the work in action and the relationship between the two organisations was getting closer by the day. Everyone acknowledges that they have to work and listen together. • The hospital had improved tackling issues of ethnicity and sexuality but needed to be much better around mental health and learning disabilities, but it had been a positive journey. <p>The following points were raised by members:</p> <ul style="list-style-type: none"> • It is pleasing to hear mental health data is now being collected at A&E. One of the biggest issues faced was of homeless people presenting at hospital with, for example, a broken arm, and that condition then being logged as the main reason for them attending when in reality a mental health issue was a key component of the presentation. Rebecca commented that in future the hospital would be much better at capturing mental health as the primary reason for admission but still needed to work harder on identifying it as a secondary cause. Capturing data around the times of presentation, what patients were presenting with and the hospital's response will be essential. • A query was raised as to how psychiatric liaison works on the wards. It was reported that there was A&E provision and ward provision for psychiatric liaison, and that both were encouraged to work as a team. • A query was raised as to how this provision works for people suffering from dementia. It was highlighted that there is an older people's consultant and an advocate/advanced nurse for older people's care which linked in with the 'care for the elderly' team. • It was highlighted that JO and RP had attended another meeting recently and RP was requested to outline the plans she had for involving service users in future service provision. RP confirmed that now that the service providers are working closely together, engagement going forwards with service users is planned. • LP (CCG) said that psychiatric liaison formed a large part of the Five-Year Forward View for Mental Health and that partnership working would be

	<p>embedded within it. Rebecca said the Trusted Assessor had a case load of four or five cases all the time but said she had got more back from them than she had given.</p> <ul style="list-style-type: none"> • A concern was raised by a member in relation to a family member with complex health issues. A request for better communication between doctors and parents of children with hard to diagnose conditions was made. A suggestion was made for care to be obtained via a direct access pathway rather than A&E. <p>Agreed Action: LN to investigate and liaise with the individual concerned.</p> <ul style="list-style-type: none"> • A query was raised as to whether the appropriate funding was available and confirmation was given that over £200,000 had been made available. • A suggestion was made that the ideally psychiatric liaison should be available 24/7. It was confirmed that the hospital hoped to be able to provide 24hr access by 2021 and that they are aware that patients arriving during the middle of the night do not get the same provision as during the day. NSFT has suggested that its out of hours service could be based at Ipswich Hospital. • A comment was made that it would be interesting to know how the hospital deals with patients going back into the community straight from A&E to ensure they take medication, attend appointments and to encourage the link working that was not always possible via GPs. <p>The CEP thanked RP for her informative presentation.</p>
7.	<p>'Living life to the full' initiative</p>
	<p>Lorraine Parr (LP) the CCG's Senior Transformation Lead for Mental Health presented 'Living Life To The Full' - an initiative being run as a 12-month pilot in Ipswich. The main points included:</p> <ul style="list-style-type: none"> • In 2012 the Royal College of General Practitioners published guidance quantifying the mental health need for communities. Of the 175,000 people living in the Ipswich area there were 30,800 who will have a common mental health problem; 30,800 with a sub-threshold mental health problem; 43,750 people with a long term condition with a co-morbid mental illness; and 8,750 with medically unexplained symptoms (MUS) not attributable to any other psychiatric problem. • Mental health problems accounted for between a third and a half of the primary care workload. • 'Wellbeing Suffolk' was launched in September 2016 as an all-age service and was available for patients to self-refer and for GPs to refer, but there were anecdotal reports of long waits for some treatments. The Key Performance Indicators for the service currently were six weeks between referral and first appointment and six weeks from first therapeutic treatment to second session. • There was a common misconception that all Wellbeing offered was group therapy, which could be off-putting for many patients. The 'Living Life to the Full course' (LLTTF) designed by Professor Chris Williams aims to provide access to high quality, practical and user-friendly training in life skills, and teaches people how to tackle and respond to issues and demands which we all meet in our everyday lives using award-winning, practical Cognitive Behavioural Therapy (CBT) treatment tools. The LLTTF resources are

	<p>available as online courses and books and had specific modules available to support the following;</p> <ul style="list-style-type: none"> - Anxiety, depression, low mood, phobias, OCD and panic - Long-term conditions - Diabetes and pain - New mums and mums-to-be - Young people <ul style="list-style-type: none"> • The resources could be scaled up to be run as courses or lectures for groups of patients. Access to the LLTTF resources is via a web-based portal and that for the duration of the year-long pilot, the 13 Ipswich practices will be able to direct patients they believe are experiencing emotional distress or common mental health conditions to the website for a 'prescription' of CBT. On entering the site patients will complete a 'mood quiz' based upon clinical mood and anxiety scoring questions to see if they met the threshold for IAPT treatment with guided support or can access the resources for self-guided support. Those people the Improving Access to Psychological Therapies (IAPT) will be directed to complete a short online form with contact details to enable the Wellbeing Suffolk team to contact them to assess their suitability for LLTTF and either commence treatment or refer them to a higher level of treatment if required. The e-therapy treatment will be guided by the therapist via email and phone throughout treatment and their condition checked by screening questions at set points. Those patients under the IAPT threshold will be able to guide themselves to suggested materials to support them and request therapist guidance if required. • LLTTF training for NSFT staff and some CCG staff was due to start on 18th June and will be launched to the 13 Ipswich GP practices on 28th June. Some of the LLTTF modules will shortly be available via Books on Prescription from seven Ipswich libraries for the benefit of patients unable to utilise the course online. Once the pilot has been launched Lorraine will be working closely with Prof Williams to look at producing some of the resources in other languages, and if the pilot proves successful the CCG will be looking to extend the initiative across Suffolk. <p>During the ensuing Q&A session, the following were raised:</p> <ul style="list-style-type: none"> • A query was raised as to whether there will be an LLTTF resource for carers? It was confirmed that some of the resources will be suitable for carers but Prof Williams would be asked if there was anything specific available. • A query was raised as to whether the resources will be available in easy-read format? It was highlighted that the resources were already quite easy to read. • It was highlighted that there is a parliamentary debate coming up on CBT which is a hotly contested and controversial therapy. Several MPs have raised concerns about how people with ME had been treated as they were directly affected by the implementation of IAPT. <p>Agreed Action: LP to speak to Prof Williams regarding resources suitable for carers.</p>
8.	Questions from the public
	<ul style="list-style-type: none"> • BR said she would like to suggest that the CEP ask why a series of debilitating and life threatening conditions recognised as partly neurological –

	<p>such as ME and MS – are not able to get community services to go out to them and had “nothing at all” in the way of support.</p> <p><i>Agreed Action: MBW to look at the possibility of putting ME and MS on the agenda for a future CEP meeting.</i></p>
9.	Any other business
	None.
	Date of Next Meeting
	Monday 9 th July, 5.00pm – 7.00pm at The Key, Ipswich, IP4 2BB