



**Meeting of the Community Engagement Partnership**

**Monday 14 May 2018**  
**5.00 – 7.00pm**  
**The Key, Ipswich**

**PRESENT:**

Vicky Thomson-Carr	Co-Chair	VTC
Linda Hoggarth		LH
Lynda Cooper		LC
Irene MacDonald	IESCCG GB Lay Member for Patient & Public	IMcD
Claire Martin	Co-Chair	CM
Gill Orves	IHUG	GO
Richard Squirrell		RS
Gill Jones	Healthwatch Suffolk	GJ
Susie Mills		SM

**IN ATTENDANCE:**

Louise Hardwick	Head of GP Partnerships, IESCCG	LHa
John Troup	Acting Head of Comms, IESCCG & WSCCG	JT

**APOLOGIES:**

Maddie Baker-Woods	Chief Operating Officer, IESCCG	MBW
Marielena Giner	Patient & Public Involvement Officer	MG
Jo Marshall	Voluntary Sector Representative	JM
Caroline Webb	Involvement	CW

No	Item
<b>1</b>	<b>Welcome and Declaration of conflicts of interest</b>
	<p>VTC welcomed everyone to the meeting. Apologies for absence were noted.</p> <ul style="list-style-type: none"> <li>The minutes of the previous meeting held on 16.04.18 were agreed as a correct record, with the exception of noting that GO had attended the latter part of the meeting.</li> <li>SM declared a potential future conflict of interest in relation to the Ipswich Locality Homeless Partnership. No other declarations of conflict of interest were received.</li> </ul>
<b>2</b>	<b>Action Log – review and report on actions</b>
	<p>The Action Log was reviewed and updated as follows:</p> <p><b>111 Online:</b></p> <p>RS reiterated that he felt that the 111 Online website would benefit from using alternative text in relation to the query regarding gender. His suggestion was for the question to be changed to something along the lines of “What was your gender at birth?” together with additional text of “This question is not meant to cause offence but will help us select the most appropriate pathway for you”.</p>

**Agreed Action – JT to discuss suggestion with CareUK.**

**Wheelchair Service:**

LH raised a concern that notification has still not been received as to which provider has been awarded the contract for providing the wheelchair service despite it having gone out to tender in January. LHa confirmed that MG has been making enquiries but to date no information has been forthcoming.

**Agreed further Action: JT agreed to press for this information to be released at the earliest opportunity.**

**Lark Ward closure:**

It was reported that it is hoped that the ward will re-open in October 2018.

**Training for patient involvement at funding panel:**

Clarification of the dates being offered for this training to be ascertained.

**Agreed further Action: JT to speak to the Chief Nursing Officer's EA.**

**Wellbeing Service website:**

RS re-raised the issue of the website not having redesigned to show the separate Norfolk and Suffolk resources. JT reported that the CCG's Mental Health Transformation team has been advised that the necessary changes to the website were anticipated to be made in late May/early June. A query was raised as to who would now be accountable for the website. GO reported that feedback had been provided from a young person's viewpoint but no acknowledgement in relation to this had been received to date.

**Agreed Action: JT to establish website accountability and for a response to be sent in relation to the feedback previously submitted.**

Following on from the above discussions, IMcD highlighted that IESCCG should, at the suggestion of NHSE to CCGs on how to attain an 'outstanding' rating for their communications and engagement work, monitor and record how our providers engage with the public.

**3 Member Updates and Current Issues**

1. SM reported that Ipswich Locality Homeless Partnership (ILHP) has been awarded £70,000 to set up a 'Housing First' scheme for rough sleepers in the town. SM has met with Pete Devlin from NSFT and been introduced to one of the social worker's, who also sat on the Marginalised Adults Risk Assessment Panel. Permission to share information with the ILHP's Rough Sleeper Outreach Worker is to be sought.
2. RS referred to a website article which he had previously circulated to CEP members in relation to suicide. The author had written that it is not acceptable for mental health workers to tell service users that it was "their choice" if they wanted to commit suicide. RS reported that he has spoken to an NSFT manager about the Trust's policy and whilst this response is not encouraged, the manager was unable to confirm whether it is actively discouraged. JT highlighted that the STP's stated ambition was for 'zero suicides' but that Public Health statistics demonstrate that a large percentage of suicides involve men who had not previously had contact with mental health services and as a consequence, the ambition needs to be tailored to reflect this. This matter has been raised with the Chief Transformation Officer and his team requesting clarification from NSFT.

	<p><b>Agreed action: JT to report back in due course.</b></p> <p>3. LC reported that she has been attending the Trusted Assessment workshops but raised a concern that these may be losing their momentum as the second meeting had been poorly attended, with the majority of the attendees being CCG staff. Of further concern is that the third meeting is due to take place on 26.06.18 and will clash with the Annual Patient Conference.</p> <p>4. LH reported that she has met with the Suffolk Disability Health Action Group. One of their biggest concerns was about what would happen to them in an emergency situation. The Group reported that everyone assumed they had family members, carers or neighbours who would assist them in the event of an unforeseen event but this is not necessarily the case. It was reported that social services do have a plan in place for the relative of a CEP member and 111 Online also hold a directory of services which includes a register of vulnerable patients.</p> <p><b>Agreed Action: LHa to investigate further.</b></p> <p>5. VTC highlighted that the life expectancy of women with learning disabilities (LD) was 27 years less than the national average, and in the case of men, 23 year less; this is very often due to people with LD not having access to the same services. A request was made for Annual Health Checks for people with LD to be added to a forthcoming CEP agenda in order to discuss this in relation to our local area. CM reported that action is being taken nationally and that a retrospective study into mortality in the LD community undertaken by Bristol University had found that there had been 247 preventable deaths in recent years. The team are now two years into a newly commissioned study.</p> <p><b>Agreed Action: LHa would ask the CCG's dedicated LD Officer to attend a future meeting.</b></p>
4	<p><b>CCG Update</b></p>
	<p>LHa provided the CCG update on MBW's behalf, the key points of which included:</p> <ul style="list-style-type: none"> <li>• Four new GPs have been elected onto the CCG's Governing Body – two from Ipswich practices, and one each from Mendlesham and Saxmundham.</li> <li>• IMcD had been recruited as Lay Member for Patient and Public Involvement, replacing Pauline Quinn and is attending her first CEP meeting today.</li> <li>• The East Suffolk Alliance strategy is due to be presented at the next Governing Body meeting on Tuesday 22 May and this, along with the papers relating to the East of England Ambulance Service's Independent Service Review, will be available on the CCG's website.</li> <li>• As this year we celebrate the 70<sup>th</sup> Anniversary of the NHS, there will be three strands locally to join in the celebrations: <ul style="list-style-type: none"> <li>• Seventy people who have or will be turning 70 in 2018 are to be invited to join the CCG's Governing Body at Kesgrave in July for afternoon tea and cake.</li> <li>• ASDA has invited local NHS organisations to display commemorative exhibitions outside their stores in the county during the month and Ipswich Hospital are planning to provide a display of nurses' uniforms throughout the ages.</li> <li>• £200 is to be made available to every Patient Participation Group (PGG) in the IESCCG area to hold a tea party in their individual</li> </ul> </li> </ul>

	<p>practices in order to help combat social isolation and to promote self-care.</p> <p>All PPGs have been invited to a workshop in Kesgrave on 29.05.18 at which details of the new East Alliance would be provided in relation to what it will mean for patient care. All CEP members are also most welcome to attend.</p>
<b>5.</b>	<b>Social prescribing</b>
	<p>LHa provided an overview on the various social prescribing schemes that are now underway in Suffolk. During the ensuing discussion the following points were made:</p> <ul style="list-style-type: none"> <li>• It was agreed that it is heartening to hear how the quality of patients' lives have been changed for the better.</li> <li>• A suggestion was made that GPs could be encouraged to speak to ILHP to learn more about the Homeless link.</li> <li>• A concern was raised that two practices in Stowmarket do not appear to have functioning PPGs.</li> <li>• It was felt that people with mental health issues could benefit from social prescribing, although the Wellbeing Service has already been commissioned to do similar work. It was felt that better interaction with their service user groups would be beneficial.</li> <li>• LHa highlighted a new 'Living Life to the Full' initiative that would be coming to Ipswich GP practices in the near future.</li> <li>• GJ reported that the Suffolk Voluntary and Statutory Partnership (VASP) has asked to be included on Suffolk's Map of Medicine.</li> <li>• A concern was raised as Suffolk County Council has recently reduced grants to some of the voluntary organisations whom patients had been referred to by social prescribing initiatives, such as lunch clubs and swimming groups.</li> </ul>
<b>6.</b>	<b>Patient Conference</b>
	<p>Confirmation was given that the Annual Patient Conference will be held on Tuesday 26 June, 2-4 pm, at Quay Place, Key Street, Ipswich, IP5 1BZ.</p> <p>The agreed discussion topics will be:</p> <ul style="list-style-type: none"> <li>• Mental Health (2 tables)</li> <li>• Maternity and Children's services</li> <li>• Primary Care</li> <li>• Prevention</li> <li>• Substance Abuse (drugs and alcohol)</li> <li>• Community Health Services; and</li> <li>• Dementia</li> </ul> <p>A lead GP for each topic will take part in the relevant table discussions. CEP volunteers were requested to act as either facilitators or notetakers, along with CCG members of staff for each discussion table. Refreshments in the form of tea, coffee and shortbread would be available on arrival, followed by fruit skewers during the course of the afternoon. A number of alternative names for the conference were suggested and a vote would take place to decide what this would be.</p> <p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>• <b>JT to organise appropriate signposting to disabled parking facilities in all website posts/media releases etc.</b></li> <li>• <b>JT to circulate the suggested conference names to CEP members.</b></li> </ul>

<b>7.</b>	<b>Any other business</b>
	None.
<b>8.</b>	<b>Next Meeting</b>
	Monday 11 <sup>th</sup> June, 5.00pm – 7.00pm at The Cedars, Stowmarket.