



**Meeting of the Community Engagement Partnership**

**Monday 14<sup>th</sup> January 2019**  
**5.00 – 7.00pm**  
**The Key, Ipswich, IP4 2BB**

**PRESENT:**

Vicky Thomson-Carr	Co-Chair	VTC
Paul Gaffney		PG
Gill Jones	Healthwatch Suffolk	GJ
Jenny Pickering		JP
Susie Mills		SM
Claire Martin	Co-Chair	CM
Irene MacDonald	IESCCG GB Lay Member for Patient & Public	IM
Richard Squirrell		RS
Ann Nunn		AN
Caroline Webb		CW
Linda Hoggarth		LH
Pat Durrant		PD

**IN ATTENDANCE:**

Maddie Baker-Woods	Chief Operating Officer, IESCCG	MBW
Isabel Cockayne	Head of Comms, IESCCG & WSCCG	IC
Marielena Giner	Patient & Public Involvement Officer	MG

**APOLOGIES:**

Jo Marshall	Voluntary Sector Representative	JM
Tina Rodwell		TR
Gill Orves	IHUG	GO
Lynda Cooper		LC
Marian Carter		MC

**MEMBERS OF THE PUBLIC:**

None

No	Item
<b>1</b>	<b>Welcome and Declaration of conflicts of interest</b>
	VTC welcomed everyone to the meeting.
	The minutes from the previous meeting were reviewed. On page 3 the wording 'Health Advisors' should in fact be 'Health Visitors'.
	There were no declarations of conflicts of interest.
<b>2</b>	<b>Action Log – review and report on actions</b>

	<p>These were accepted</p> <p>Following discussion three actions were raised</p> <p>Urine sample pots instructions and lids were not effect: <b>Action: MBW to update.</b></p> <p>Commissioning intentions: Action: IC to liaise with CEP on Operational Plans</p> <p>Wellbeing website: The website has now has been split into the Suffolk and Norfolk areas but the content is still not included. It was suggested for Andy Mack to attend a future CEP meeting to update us on this. <b>Action: MG to add Andy Mack to our forward planner.</b></p>
<b>3</b>	<b>EZEC – Non-emergency patient transport service</b>
	<p>Perry Djahit, Contracts Manager, and Wayne Spedding, Operations Director from EZEC gave a presentation on non-emergency patient transport.</p> <p>Key points of the presentation were as follows:</p> <p>EZEC won the bid to provide non-emergency patient transport last year and went live on 1<sup>st</sup> April 2018. It is in effect until 2023.</p> <p>There were issues from the start because of short-staffing. Between April and August, temporary measures were in place through third party providers. All staff required training. However 85 new staff have been employed and four vacancies to fill.</p> <p>EZEC were asked to provide between 10 and 20 journeys per month on top of the expected and planned journeys. As a result complaints from distressed patients rose.</p> <p>Commissioners were supportive throughout the transition and assisted with the recruitment issues.</p> <p>Questions and points from the group included:</p> <ul style="list-style-type: none"> <li>• Communication to patients, GPs and Healthwatch would have helped. People would have been more understanding if they had been made aware of the full picture. Wayne Spedding agreed.</li> <li>• Was there a contingency plan? There was a plan estimating loss of 10% of staff - not 50% including the key officers/planners/management staff. We enacted our plan to use third party providers to meet this anticipated shortfall.</li> <li>• IM said many complaints were about what happened on the day and were as a result of staff attitudes and the way they treated patients – can you give us some insight into this please? Third party staff working away from home for long periods, not knowing the area and ineffective equipment caused a lot of stress and tension. Now we have staff employed from Suffolk who know the area and hospitals well, meaning these issues are being resolved.</li> <li>• Many patients have reported that they don't meet the criteria for non-emergency transport. Who is it that makes the decision as to whether or not a patient can qualify for a journey and also if they can have an escort with them? There is national eligibility criteria ensuring that it's a service available for people with appropriate medical needs. We have a call centre in Great Yarmouth, where our staff ask a set of pre-prepared questions to patients. This is the tool used to evaluate someone's eligibility to travel. Regarding</li> </ul>

	<p>escorts, it is dependent on the patient need for a supportive person to be present.</p> <p>EZEC said they would be more than happy to accommodate a visit to the call centre from service users to gain more understanding and insight around this. <b>Action: MG to organise this.</b></p> <p>MBW thanked Perry and Wayne for coming and for their transparency adding this information will be incredibly useful moving forward.</p>
<b>4</b>	<b>Member Updates</b>
	<ul style="list-style-type: none"> <li>• SM reported that every single homeless person had a lunch on Christmas Day and Boxing Day. SM was inundated with gifts and money to donate to homeless people which was wonderful.</li> <li>• LH: The Disability Focus Report is now complete.</li> </ul> <p><b>Action: MG to send the report out to the group. Can we still make this an agenda item in the future?</b></p> <ul style="list-style-type: none"> <li>• MBW advised that the NHS Long Term Plan is now available for the public to read and is accessed via the website.</li> <li>• PG recommends a YouTube video called 'Crazy wise', link included below;</li> <li>• RS shared that he is currently waiting for responses on various issues, and a meeting will be held at the CCG to discuss.</li> </ul> <p>RS also raised an inconsistency with the no smoking policies at Ipswich Hospital and Woodlands Mental Health Unit; at Woodlands the staff confiscate smoking products off patients when they are admitted so that all patients are 'smoke-free' during their stay. They are however, offered nicotine replacements. Patients can leave the unit and purchase more products but if they do this those products are again confiscated upon re-entry to the wards. Ipswich Hospital have signs up that state 'This is a no smoking site' however many patients can be seen smoking on the grounds. Smoking can affect various medications and it is felt that the policy should be the same across both trusts. It was commented that staff at Ipswich Hospital have stopped asking patients not to smoke as they get a lot of abuse, they do however give out patches and vapes. It was previously stated by the IHUG chair that while the hospital has a no smoking policy, it isn't a ban. Some comments were also made about the implications this could cause for visitors who find themselves in very traumatic and stressful situations.</p> <ul style="list-style-type: none"> <li>• CW told us that the next ranch meeting is on 23<sup>rd</sup> January at a residential care home in Woodbridge (The Grove) and that all groups are drilling down the priorities ready for the strategy. She will keep us updated.</li> </ul>
<b>6.</b>	<b>CCG &amp; Comms Update</b>
	<p>Isabel Cockayne gave a brief update on communications, of which the key points included;</p> <ul style="list-style-type: none"> <li>• The Operational Plan covers the next year of our work as a system, built on the work we have done already. IC is awaiting NHS England technical guidance.</li> </ul>

	<ul style="list-style-type: none"> <li>• RS reported an issue with Suffolk County Council's Sexual Health Service. M B-W said the system is looking at this issue. The Alliance Strategy has particular adjectives in relation to prevention. However, funding needs to be addressed.</li> </ul>
7.	<b>Future commissioner and Alliance involvement, based on CEP feedback</b>
	<p>Irene MacDonald, Lay Member for Ipswich and east CCG talked about how the CEP can evolve with an Alliance approach.</p> <ul style="list-style-type: none"> <li>• In November there Review of Patient and Public Involvement with various workshops – these were with the CEP and within the CCG workforce. We touched on how 'engagement' needs to involve partnerships more moving forward, so that the approach is more 'coproduced' and the outcomes are more meaningful. CEP views have been very valuable on how we can move into this coproduction phase.</li> <li>• During the workshops with staff on 'change', how people see 'engagement' and what we should do differently, there was a lot of reflection on what we spend our time on, ie. Using people's experiences.</li> <li>• Looking at the Terms of Reference for the CEP it is apparent that we are not adhering to many of the items and functions.</li> <li>• Thinking about how the CEP might look, we know that we need direct contact with people experiencing services – this keeps CEP current and on the ball. CEP members talked about a support group that looks at ways forward for coproduction. It might be that we have different groups, smaller groups etc.</li> </ul> <p>ACTION: MG to conduct one to ones with CEP members.</p> <p>ACTION: Use the next meeting to discuss and move to a Tuesday so that GPs can attend.</p>
8.	<b>Any other business</b>
	<ul style="list-style-type: none"> <li>• A concern was raised about the Pathology Clinic at Riverside. The waiting area is very small and patients are overheard giving their personal details at the reception window. There is no notice to tell patients that you have to sign in, so people will queue and then be told that they have to join the other queue first to sign in, this means many people will be queueing unnecessarily. People were also waiting in the corridor, some waiting for over an hour. This is not acceptable for frail or unable patients. MBW said the CCG and clinic providers are aware that the accommodation is unacceptable. The demand for service outweighs the building capacity. The long term plan is to find an alternative venue.</li> </ul> <p><b>Action: MG to report back on interim measures</b></p> <ul style="list-style-type: none"> <li>• NSFT's recent CQC inspection failure was raised. MBW said that there is an absolute focus on the current service position for mental health provision. Quality visits are taking place with a GP and Alliance partners for each, with a focus on staffing issues, working environment and systems/processes. We are also recruiting a specialist nurse. There is serious reflection and commitment to action.</li> </ul>

	<ul style="list-style-type: none"> <li>• It was mentioned that the CCG have changed the discharge terms so that the patient's record is completed within 3 days of discharge. Unfortunately this is still not happening within the mental health service, would it be possible to find out if NSFT have actually implemented that change?</li> </ul> <p><b>Action: MG to find out if NSFT have implemented the new discharge terms</b></p> <ul style="list-style-type: none"> <li>• It was reported that the wellbeing service have been diagnosing patients over the phone, having not met those patients. This is done by using a form that gives scores – the patient will fill this in and if their score is worse than the previous time they filled one in, they are advised to attend a day course which is a group session. This is an unrealistic expectation for those suffering severe mental health issues and those who are too scared to be in a group setting.</li> </ul> <p><b>Action: KS to investigate</b></p> <ul style="list-style-type: none"> <li>• SM reported that a lot of praise has been received for the Mental Health Outreach Worker post - if it works for homeless people who are generally very vulnerable and closed off, can't a similar approach be used at the wellbeing service?</li> <li>• VTC attended IHUG last week and it was raised that the Ipswich Hospital have a superb Learning Disability Nurse for adults, however there isn't a post for a paediatric nurse who specialises in LD.</li> <li>• Regarding the pathway for end of life care, there is very limited feedback as family members find the whole process very stressful and of course the patients who are receiving care are unable to comment on their experiences once they have passed away. Lots of gaps are making this care extremely difficult, which will become a growing issue for everyone in the future.</li> </ul> <p><b>Actions:</b>  <b>IC to have a chat with CW about the end of life care</b>  <b>CM asked for MG to circulate new contact details to the group.</b></p>
	<p><b>Date of Next Meeting</b></p>
	<p>Tuesday 12<sup>th</sup> February  5:00 – 7:00pm at The Key, Ipswich</p>