

**Minutes of WS CCG Community Engagement Group held in public on
Thursday 31 October 2019
The Jubilee Centre, Mildenhall, 13.00 – 15.30pm**

Name	Title	Attended	Apologies
David Taylor (DT)	Chair, Community Engagement Group	x	
Lynda Tuck (LT)	Lay Member for Public and Patient Involvement	x	
Lynne Byrne (LB)	Community Engagement Group Member	x	
Paule Wise (PW)	Community Engagement Group Member	x	
Michael Simpkin (MS)	Community Engagement Group Member	x	
Graeme Norris (GN)	Community Engagement Group Member	x	
David Dawson (DD)	Community Engagement Group Member	x	
Jane Ballard (JB)	Community Engagement Group Member	x	
Terry Clements (TC)	Community Engagement Group Member	x	
Margaret Marks (MM)	Community Engagement Group Member	x	
Peter Owen (PO)	Community Engagement Group Member	x	
Nicola Mann (NM)	Community Engagement Group Member	x	
Barbara Pooley (BP)	Community Engagement Group Member		x
Christine Davies (CD)	Community Engagement Group Member		x
Gill Jones (GJ)	Healthwatch Suffolk Representative		x
Jon Rapley	Community Engagement Group Member		
Carol Mansell	Community Engagement Group Member		
In attendance			
Isabel Cockayne (IC)	Head of Communications, IESCCG & WSCCG	x	
Gail Cardy (GC)	Dementia Transformation Project Manager, IESCCG & WSCCG	x	
Julie Irving (JI)	Information Sharing Programme Manager, IESCCG & WSCCG	x	
Judith Goldsmith (JC)	Lead Navigator, Dementia Together	x	
Chris Hooper (CH)	Deputy Chief Nursing Officer, IESCCG & WSCCG	x	
Minutes			
Hayley Charman (HC)	Communication and Engagement Officer, WSCCG	x	

Item		Action
1.	WELCOME AND APOLOGIES FOR ABSENCE	
	David Taylor welcomed everyone and thanked Peter Owen for his time on the Community Engagement Group, in light of his resignation at the end of 2019. All members acknowledged the hard work Peter had done for the group.	
2.	MINUTES AND ACTIONS	
	Minutes were approved. Graeme Norris made the point that he was not expecting an update from Tracey, as suggested in the action log, but instead wanted to ask 'How specific areas of elective care will be managed?' and to have more performance information. Isabel Cockayne said she will take forward with Tracey Morgan.	IC to take forward with Tracey Morgan.
3.	QUESTIONS FROM THE PUBLIC	
	No members of the public present.	
4.	LOCALITY UPDATES	
	Lynne Bryne raised concern about a lack of coordination at the CYP racing welfare meeting and it was agreed that Lynda Tuck would pass this comment on to Sandie Robinson, Locality Lead for Newmarket. Contacts were given by CEG members.	LT/LB to raise CYP racing



<p>Newmarket CAB joined Suffolk team, what communication has occurred around this to make this relevant to CEG members? (Availability of different language speakers, attending with Coffee Caravan, 18.11.19 am Clare library event with REACH and others, keen to be involved in the Newmarket hub).</p> <p>Bury Rural locality meeting GN attended but PW and DT not aware. Not sure whether this was a PCN meeting though. Useful feedback. Not all locality meetings are involving the correct contacts from CEG. List to be checked and contact details to be made available.</p> <p>GN made the following points from the Bury Rural meeting, issues raised included osteoporosis early detection, recording and treatment of depression different in the four GP practices, under diagnosis of dementia and education of GPS, high rates for admission of children with asthma, low number of annual asthma reviews and engagement with Stop smoking team, high fractured NOF, locality Officer more focused on linking with social care than about physical care and care navigation, the need to look at the fragility index and how it can be used to improve care.</p> <p>Margaret Marks had previously circulated a joint member update from Michael Simpkin and herself. She added the need to recognise and thank staff at the Clements surgery, for their hard work involved in taking on the patients of Steeple Bumpstead surgery. IC agreed that this should come from senior management.</p> <p>Graeme Norris told the group that he produced a Care Navigator leaflet guide for his PPG and IC suggested that Community Action Suffolk (CAS) could fund the printing, as Ixworth is aligned to East Suffolk. On receiving the leaflet, CAS refused to fund it. IC has asked GN to share that email communication from CAS with her, so she can follow it up.</p> <p>Following a conversation around the availability of flu and pneumococcal vaccinations, MM asked if community pharmacists get more money for flu jabs than NHS surgeries. CH agreed to follow up with NHS England. Who do we escalate to regarding lack of availability of the pneumococcal vaccine? (Nursing team or Pharmacy to NHS England). This was an issue in many areas.</p> <p>Regarding the mental health transformation work, LT commented that there are small steps that have been achieved that demonstrate progress on the integration journey. There has been lots of negative press around the MH strategy and members wanting to see action. Gail Cardy gave examples in her presentation verbally and quickly but this needs capturing and sharing. LT will contact Gail to ask if she can document.</p> <p>Carol Mansell gave update from Church of England and her engagement report that she is producing. LT said we need to ensure Carol has input into locality information for social prescribing (term not liked), as Churches together have put social isolation and mental health as their two main areas to hold events and offer support locally, using church premises etc. Could HC suggest CM be invited to appropriate locality meetings and send and explanatory email to all Locality leads in the West?</p> <p>LB shared her concern on the loss of the Alliance Locality Coordinator roles, as there was now no coordinator for Newmarket, and subsequently the loss of that locality work. LT</p>	<p>welfare issue with ST.</p> <p>IC/JT to follow up comms around Newmarket CAB.</p> <p>HC to link correct CEG engagement leads with locality meetings.</p> <p>IC/CH to take back to senior management and share comments.</p> <p>GN to forward CAS email to IC.</p> <p>CH to ask NHS England.</p> <p>LT to ask GC for details of the mental health work.</p> <p>CM agreed to share her report on the CoE engagement.</p> <p>HC to introduce CM to locality leads.</p> <p>HC to raise with Locality Leads.</p>
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	<p>suggested that it would be useful to have a word document with a list of People per Locality and who organises their meetings. This to include whether a co-ordination is in post or who covering or none.</p> <p>MM raised the issue of newly trained EEAST paramedics not being able to work on an ambulance for five months after completion of their training. IC agreed to take back to Ed Garratt and Richard Watson.</p> <p>Michael Simpkin informed the group that the next Haverhill Health Day will be in 27 March 2020.</p> <p>Jon Rapley discussed raising 111 enquiries being referred to the ambulance service. Chris Hooper clarified that the decision to send out an ambulance is made by a clinical advisor at 111, but he would double check this.</p> <p>There was comment made for clearer communication on when 111-2 will be operational and what is available in the meantime. One member seemed confused, as the person needing to use the number may be when vulnerable, as to whom to contact.</p> <p>Validity of the Wellbeing Cafe in Bury - need to find out more as funding only till March 2020? Concerns about starting a service with no continuity or longevity, confusing for the public.</p> <p>Bury Town locality not yet met. Member stated it would be useful to have a discussion around the Blomfield House Health Centre closure for community services and the plans for the move, the use of the public and primary care estate and making full use of what is available as well as planning for future needs.</p> <p>LT and DT concluded that the next meeting, we should invite locality leads, to discuss progress on locality work in more detail.</p> <p>LT has asked for an updated list of PPGs, their chairs, the practice manager and contact details as well as when the last contact was made and a comment column on latest information.</p>	<p>IC to raise with Ed Garratt and Richard Watson.</p> <p>Members to take note of date.</p> <p>CH to check 111 ambulance issuing procedure.</p> <p>HC to ask Katie Sargeant what services are available now.</p> <p>HC to bring to next agenda planning meeting.</p> <p>HC to collate.</p>
<p>5.</p>	<p>CHAIR'S REPORT</p>	
	<p>David Taylor circulated his report from the WSCCG Governing Body on 25 September.</p>	
<p>6.</p>	<p>DEMENTIA TOGETHER</p>	
	<p>Gail Cardy delivered a presentation on the dementia work happening in West Suffolk. The presentation was circulated with papers.</p> <p>Judith Goldsmith, Lead Navigator for Dementia Together, delivered a presentation on Dementia Together, which was also circulated with papers. The detail of her presentation informed members more clearly than a generic paper and was well received.</p> <p>David Taylor thanked Gail and Julie for their informative presentations and suggested a future CEG session on what it means to be dementia friendly, and to look into members becoming dementia friends.</p> <p>Gail has provided the below information, in regard to dementia work happening in communities, localities and alliances:</p>	<p>HC to enquire about training dates for the group.</p>



The Operational Group began in 2019 to bring health and social care together to look at operational gaps and ways of working as an Alliance this is open to anyone at an operational level. Out of the original Operational Group five themes emerged which became working task and finish groups to drive the conversations forward;

1. Workforce & Finance – Information fed to the Local Workforce Advisory Group (LWAG)
2. Voice of the carer and cared for – Lead, Suffolk Dementia Forum
3. Early Diagnosis & Referral – including clear pathways – Lead, Gail Cardy – Suffolk Alliance
4. Training & Education – Local Workforce Advisory Group (LWAG)
5. Admission Avoidance – Responsive Care, Integrated Neighbourhood Team (INTs) Leads Hannah Pont / Gail Cardy Suffolk Alliance, Transformation & Tito Consultant FAU / Dementia West Suffolk Hospital

From the outcomes of the operational group this is an agenda item on the Suffolk Dementia Forum so that the views of carers and those living with dementia are at the centre of these discussions Key Task and finish groups; Admission Avoidance – working with the Dementia Intensive Support Team DISTW, Early Intervention Team (EIT) to bring together the two services and look at DISTW becoming a 7 day service and out of hours – meetings already in place for 2019/20. As well as bring DISTW and EIT together this group will look at the way that they work with the hospital Frailty Assessment Unit (FAU) Also as part of this work the group will also look at the DISTW being aligned to specific care homes across West Suffolk within the localities/PCNs so GPs have a named contact for their area, so if a GP picks up a patient that they have any concerns with they can contact their named DISTW person. The DISTW will also work with the Dementia Care Home Liaison Nurse when he identifies any concerns he has with individuals in care homes. There will also be a focus of DISTW working with their specific care homes to offer education and support to staff and families where needed as there is a high turnover of staff in care homes. There is also the potential to link with domiciliary care in their localities/PCN to offer support, advice and education to support staff and ultimately the person living with dementia.

Early Diagnosis & Referral – working with health and social care to highlight wherever a person comes into the service on the pathway that they get the same level of support as they would if they came in anywhere else. Also working with the Suffolk Dementia Forum, looking at how people want to receive a diagnosis of dementia and what they want to happen after that to support them and their carer.

Working with the Rebecca Pulford from the Alliance to link later life work with dementia into the Mental Health Strategy – meetings to become one in 2020 as the right people are around the Operational Group. Memory Assessment Therapy Service (MATS) working with Neurology to improve pathways and referring directly.

Dementia Together – continue to support those, curious, concerned or living with dementia across Suffolk – new referrals monthly over 130 and growing, Dementia Together Navigators are holding caseloads of 40 per Navigator.

Community Dementia Together Navigator – working with Woolpit, Botesdale and Stanton in the practices as part of the team, particular working patients who GPs have signposted to them with consent who have DNA MATS appointments or have previously not engaged with anyone about their memory. The community navigators are managing to hand hold and take time to speak to people in their community in a place they feel comfortable and safe, home, practice, pharmacy, and library. The Community Navigator has managed to engaged with individuals and support them to undertake an diagnosis, they also support the carers who have been under a lot of stress as well as working with social prescribing, Suffolk Family Carer, Mental Health Link Workers, attending where appropriate with permission visits to ensure the best care is given to individuals. The Community Dementia Together Navigator is also seeing a lot of people who are worried they will get dementia as a parent may have had it and they watch them as the dementia progress and effected their loved



	<p>one more. The Community Dementia Together Navigator is able to reassure, signpost to other mental health service and provide support</p> <p>Younger Persons Dementia Together Navigator – working with those under 65 to support those with going through a diagnosis of dementia, living with dementia and their carers/family. They are seeing a lot of depression in these individuals and social isolation, the Younger Persons Network bring individuals together to share experiences as carers and those living with dementia without any stigma. They decide what activities they want to undertake and the Younger Person’s Navigator is also linking them to groups that are not necessarily for those living with dementia but more appropriate to their age which is boosting confidence and promoting independence, which is having a positive effect on the individual and the family. The Network have also started to meet outside the planned group meetings to support each other.</p>	
7.	MY CARE RECORDS	
	<p>Julie Irving gave an overview of My Care Records, which is most clearly explained through their own website - http://www.mycarerecord.org.uk/ Suffolk and North East Essex is now a part of My Care Records.</p> <p>Julie said that three years ago only 10% of care records were being shared and now it was over 65%, with thanks to public engagement support from the CEG members.</p>	
8.	LOCALITY ROADSHOWS	
	<p>Due to the importance of this discussion, it has been moved to a separate meeting, due to time constraints. Details have been circulated.</p>	
9.	INFORMATION ONLY	
	<p>Documents have been shared with members.</p> <ol style="list-style-type: none"> 1. Healthwatch Suffolk update 2. Commissioning Intentions paper 	
10.	ANY OTHER BUSINESS	
	<p>Michael Simpkin asked if there was an update following the 2016 Healthwatch Suffolk report on health in the Newmarket racing industry.</p>	HC to ask Gill Jones.
Meeting closed at 15.40		

Date of next meeting:

Thursday 30 January, Bury St Edmunds
Thursday 30 April, Haverhill

Future WSCCG Governing Body meeting dates (all Wednesday, 09.15 start):

Wednesday November 27 – Conference Room West, West Suffolk House, Bury St Edmunds IP33 3SP
January 29 – Conference Room, West Suffolk House, Western Way, Bury St Edmunds IP33 3SP
March 25 – Conference Room, West Suffolk House, Western Way, Bury St Edmunds Ip33 3SP
May 27 – Conference Room, West Suffolk House, Western Way, Bury St Edmunds IP33 3SP
July 29 – Conference Room, West Suffolk House, Western Way, Bury St Edmunds IP33 3SP
September 23 – Conference Room, West Suffolk House, Western Way, Bury St Edmunds Ip33 3SP