

## Citizens' Senate meeting no 39

18<sup>th</sup> October 2022, 11.00am - 12.30pm

Zoom meeting

Meeting Notes

### ATTENDEES

Godwin Daudu, Kevin Minier, Paul Osman, Trevor Fernandes, Jeremy Dearling, Suzanne Meenan, Rodney Earp, Claire Uwins.

Guests:

Faye Harburt, Essex Carers Ltd

Nick Pringle, Eastern Academic Health Science Network

### APOLOGIES

Colin Stodel, Fiona Carey, Norma Huxter, David Huxter, Mary Newton, Ana Dragomir, Kevin James, Lindsey Cook, Ann Nutt, James Woolnough, Michele Stewart. Nat Barden, Roy Johnston, Michael Brown, Gill Orves, Damaris Japhet, Ann Nunn, Sarah Rae. Jenny Rivett, Wendy Menon, David Lee, Michael Golding, Vicky Carr.

### WELCOME AND INTRODUCTIONS

- The purpose of the CS was shared. Everything we do fits within the context of our aims and purpose. Our representation is consistent with the NHS Long Term Plan, Eastern AHSN's national mandates, research, and innovation.
- Members' introduced themselves for the benefit of our speaker and the newer members. The information shared was inspiring and extensive regarding the variety and complexity of involvement.

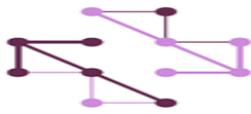
**Action: It was agreed that there was not any need for a scheduled break and that everybody is encouraged to take a comfort break whenever they need it.**

The Agenda, Slides and Meeting Notes for this meeting will be accessible from 'Citizens' Senate Meeting no 39' in the Previous Meetings Section of the Citizens' Senate Website:

<https://www.eocitizenssenate.org/previous-meeting-minutes>

### UPDATE

Trevor Fernandes provided an update on the **Integrated Care System (ICS) Structure** and the new legal structure of the Integrated Care Boards which commissions health services and replaces the Clinical Commissioning Groups. The ICS is the system that incorporates the Integrated Care Partnership (ICP), Alliance or Place organisations and the Provider Collaboratives, that is, Trusts/mental health services/GP surgeries/local enterprise orgs etc.



There is still much confusion regarding how these will work in practice. There is significant difference in how each ICS is structured and how it is addressing co-production and patient and public involvement.

## **MEETING NOTES AND ACTIONS**

**Action: KM to provide a CS Member Profile Template for all to provide updated profiles to [contact@eocitizenssenate.org](mailto:contact@eocitizenssenate.org)**

There are a number of members who do not have initial or updated profiles. The profiles enable our prospective clients and other members and potential members to see the lived experience and depth of involvement expertise of the CS membership.

**Action: All members to provide updates on CS relevant involvement and activities by contacting [contact@eocitizenssenate.org](mailto:contact@eocitizenssenate.org)**

The member introductions at the start of the meeting demonstrated the extent of involvement being conducted and the need to have this recorded and shared. There is a need to track CS involvement: involvement requests received, member interest and applications, member involvement, member satisfaction and outcomes achieved.

**Action: Future CS Meeting to revisit PIFU and its implementation and achieved outcomes.**

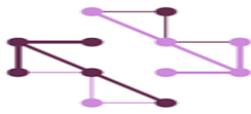
TF to provide an update at a future CS Meeting.

**Action: KM to progress CS partnership with East of England Healthwatch and local Healthwatch to inform CS of the Healthwatch involvement with the Integrated Care Systems.**

KM shared with the East of England Healthwatch Forum the CS offering on Thursday 25<sup>th</sup> August 2022, they were attentive and asked to be kept informed regarding what the CS is doing.

**Action: KM/GD to investigate including on the CS Agenda the Directed Enhanced Service - the new contracts for doctors – access to personalised services, good customer service & communication skills, equality & diversity.**

**Action: Sharon Rodie agreed to return to share progress of the Suffolk and North East Essex (SNEE) Integrated Care System Integrated Care Strategy with the CS.**



**Action: KM to arrange co-production meetings with each of the Integrated Care Systems to support implementation, evaluation and consistency of co-production across the Region.**

GD/KM are continuing to be in contact with some of the ICSs across the region and would welcome input and connections from members regarding ICSs.

**Action: KM/GD together with the CS members to create a recommendation to the health and social care authorities regarding the care of the citizens of the East of England during Winter 2022/2023 and beyond.**

KM began pulling together the concerns of the CS regarding Winter pressures and recognised that the system was very aware of the risk regarding this Winter including the impact of increased fuel prices and cost of living. KM will continue to monitor the resources being provided over the Winter to alleviate the situation and report back to the CS.

**Action: KM to investigate the options for having Face-to-Face meetings and survey the membership.**

#### **CITIZENS' SENATE UPDATE**

- KM shared the Citizen' Senate Theme for 2022/23 on access to health and social care services considering health equity and the social determinants of health, data analytics (evidence) and workforce.
- KM emphasised the need to focus CS activity on Patient/Carer (CS Member) Involvement in strategic partnerships to be involved in priority setting and strategic coproduction to provide the patient/carers perspective and training in co-production principles.
- KM shared the desire to increase accessibility of the CS to support increasing the membership and to share this with its network.

**Action: KM/GD to progress the 2022/23 theme, the engagement of strategic community partners and to access strategic co-production involvement requests.**

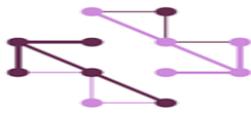
#### **EASTERN ACADEMIC HEALTH SCIENCE NETWORK PROJECT UPDATE**

Nick Pringle, Senior Advisor & CVD Programme Lead, Eastern AHSN

[nick.pringle@eahsn.org](mailto:nick.pringle@eahsn.org) provided an update on the **Cardiovascular Disease (CVD) Prevention Programme**.

NP, together with GD, shared how the **Blood Pressure Monitoring Survey**

[www.easternahsn.org/BPSurvey](http://www.easternahsn.org/BPSurvey) was co-produced, this is a survey to hear about the



public's understanding and experiences relating to blood pressure whether the individual has a diagnosis or not. TF highlighted how valuable to have GD with his community connections involved in producing the survey – a number of communities with high health risks are not engaging with health services.

NP/GD requested for the Members to complete and share the survey [www.easternahsn.org/BPSurvey](http://www.easternahsn.org/BPSurvey) which is scheduled to close at 5pm on Friday 4<sup>th</sup> November 2022.

The NHS Health Checks include cholesterol assessment, and if you have known high cholesterol, testing should be offered to you annually via the GP.

**Action: CU to contact her GP and ask if he would be able to get involved in a pilot and then invite the other 4 practices in her locality to get involved.**

### Guest Speaker

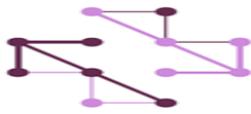
Faye Harburt, Head of ECL Sensory Service, Essex Cares Ltd [faye.harburt@essexcares.org](mailto:faye.harburt@essexcares.org) provided an introduction to sensory awareness. One in six people have a **hearing loss**, 40% of the over 50's have some form of hearing loss and 70% of the over 70's have some form of hearing loss. The Number of people living with **sight Loss** is 1 in 30 people, 1 in 5 people aged 75+ and 1 in 2 people aged 90+. A person is regarded as **deafblind** if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss. Deafblindness is recognised as a unique disability in its own right. It doesn't necessarily mean a person is totally deaf or totally blind as most individuals who are deafblind have some residual sight and/or hearing.

The [Sensory Action Alliance](#) has been formed to bring together different organisations across all sectors who will make two pledges to improve access to their services.

A number of attendees mentioned that they were living with tinnitus.

It was flagged that people involved in Patient Led Assessments of the Care Environment (PLACE) need to consider the needs of people with sensory loss.

Please contact Faye if you would like to discuss sensory loss further.



**Action: Consider the CS position on accessibility, creating accessibility 'pledges' and joining the Sensory Action Alliance.**

**AOB**

Attendees commented that they enjoyed the meeting and learnt so much from the excellent speakers. The presentations were informative and insightful and highlighted things that they were unaware of and which are so important for day to day life.

The meeting created new connections.

**NEXT MEETING**      Tuesday 13th December 2022 11am-12:30pm on Zoom