

## **Suffolk Coastal Disability Forum**

**Minutes of the Meeting held in the  
Council Chamber, Suffolk Coastal District Council Offices, Woodbridge,  
on Tuesday, 6<sup>th</sup> January, 2015 at 1pm**

**SCC: Suffolk County Council; SCDC – Suffolk Coastal District Council**

### **Present:**

Linda Hoggarth	Suffolk Consortium of User Led Organisations & Individual Disabled People (Chair)
Gillian Benjamin	Active Communities Officer, Suffolk Coastal & Waveney District Councils
Moyra Bevilacqua	Resident and East Suffolk Disability Advice Service
PCSO Glynn Bown	Felixstowe Safer Neighbourhood Team
Angie Brett	Papworth Trust
Stuart Ellis	Resident - Melton
Wendy Hall	Age UK Suffolk - Independence Advisor
Steve Hodgkiss	East Suffolk Association for the Blind
Paul Kelly	Resident
Liz Mark	Resident and Bawdsey Parish Council
Margaret Morris	Resident and Suffolk Coastal District Council
Jacqui Pearson	Age UK Suffolk – Dementia Adviser
Graham Walker	Avenues East

### **Guests:**

Tom Delaney	Research & Development Officer, Healthwatch Suffolk
Gill Jones	Senior Community Development Officer, Healthwatch Suffolk
Simon King	Community Development Officer, Healthwatch Suffolk

### **Apologies:**

Clifford Cocker	Resident / Family Carer
Michael Friend	Resident and Hollesley Parish Councillor
Cliff Hussey	First Buses
Linda Layton	Resident / Family Carer
Maureen Mee	Resident
Fran Stockley	Action for Blind People
Don Tricker	Pastel
Judith Wood	Resident – Felixstowe

## **1. Welcome**

Linda welcomed everyone to the meeting and introductions were made.

## **2. Apologies**

The above apologies were received and noted.

## **3. Healthwatch**

3.1 Representatives from Healthwatch Suffolk were welcomed to the meeting. As Gill Jones, the Senior Community Development Officer, was delayed, Simon King, Community Development Officer, was invited to give a brief overview of the work of Healthwatch Suffolk.

3.2 He explained the background to Healthwatch Suffolk which was launched in 2012. It is a statutory body set up to monitor health and social care services. One of the ways this is done is by collecting feedback from users of services. This could be on a wide variety of issues, for example hospital transport, individual GP surgeries, hospital treatment, etc., in fact covering all the services provided through Suffolk County Council and the NHS. Healthwatch then gives feedback to the providers of services.

3.3 Healthwatch also works with the Care Quality Commission (CQC). For instance, if someone complains about a Care Home, then this would be reported to the CQC to look at next time an investigation is carried out, as well as to SCC who could be the funding the care of residents in that Care Home.

3.4 Another example is if someone comments that advice given over the telephone was not found to be helpful, perhaps from a Surgery or NHS 111. Then that would be followed up.

3.5 Or, if one person complains about a receptionist at a particular surgery being unhelpful and abrupt – that is noted; but if 30 people complain about this receptionist, this paints a bigger picture and Healthwatch would report that to the Care Quality Commission.

3.6 Healthwatch encourages feedback but is also proactive in meeting people, for example, at a church café, meeting people with dementia and their carers, or going to a Salvation Army centre on Christmas Eve.

3.7 People can contact Healthwatch through events such as meetings of the Suffolk Coastal Disability Forum; through the internet; or people can sign up to become members –there are 3,000 of them - and they are kept in touch and also can respond to surveys.

3.8 Members asked the following questions:

**Question:** If people write to Healthwatch about their GP surgery, what happens?

**Response:** Healthwatch reports back to the surgery. If the response is negative, the surgery is given a red flag.

**Question:** How do people become members?

**Response:** Membership of Healthwatch is free. There are two levels of membership – one as a friend to receive the newsletter and the other as a member with a vote at annual meetings thus enabling members to have a say in the development of Healthwatch. Members would each pay £1 in the unlikely event of Healthwatch becoming insolvent. Funding comes from central government. The parent body is SCC who manages their money, and manages the Government funding for them. However, this does not prevent Healthwatch questioning the services run by SCC.

**Question:** How do people contact Healthwatch?

**Response:** Healthwatch can be contacted via the website:

[www.healthwatchsuffolk.co.uk](http://www.healthwatchsuffolk.co.uk), via e-mail:

[info@healthwatchsuffolk.co.uk](mailto:info@healthwatchsuffolk.co.uk), or via telephone: 01449 703949.

Additionally people can speak to officers of Healthwatch at specific events or meetings.

3.9 Simon explained that when surveys are undertaken on specific topics, the outcome of the research is published online for the general public to see. Individuals who commented as part of the research are not identified.

3.10 Ratings of GP surgeries in Suffolk can be found on the Healthwatch Suffolk website.

### 3.11 Enter and View

3.11.1 'Enter and View' is one of the powers that Healthwatch has to monitor and challenge health and social care services. It means that Healthwatch has the right to make visits (either announced or unannounced) to places where publically funded care is provided except where care is provided to people under the age of 18. Generally

this would be residential homes, nursing homes and hospital wards. Healthwatch can ask providers to explain what is being done about a complaint: for example, they can **enter** a Care Home and **view** what is happening.

3.11.2 The Care Quality Commission measures facilities against set standards, but is now also looking at the experience of patients. Healthwatch talks to patients and to staff but does not concern itself with files or procedures (that is the role of the CQC). Healthwatch has volunteers who carry out 'Enter and View' visits, can make judgements, and report back.

### 3.12 Transport and the NHS

3.12.1 Tom Delaney, Research & Development Officer, explained that he is producing a survey about transport as it relates to the NHS. This will take the form of a questionnaire to gather the views of people in Suffolk.

3.12.2 His first draft of the questionnaire was found to be too complicated when tested on a group of people so he hoped that a discussion with members of the Forum would be helpful.

3.12.3 Members raised the following issues:

- The eligibility criteria for hospital transport were being followed very strictly and the call centre approach to answering the questions was too rigid.
- When people contact the Call Centre to request hospital transport, they are questioned according to a script. The result of this approach was that people who used to be allowed hospital transport are now denied it.
- Call centre staff do not deviate from their script and do not appear to have any empathy with the difficulties faced by disabled people trying to get to hospital.
- The process of applying for hospital transport is no longer user-friendly and is upsetting for patients.
- In terms of providing information on transport options, providers need to remember that not everyone can use computers, not everyone can read, and not everyone has perfect understanding.
- Age UK Suffolk has produced a leaflet outlining the options available to people requiring transport to get to hospital appointments.
- Hospital staff could be more helpful in ensuring that people can get to their appointments. It is currently left to individuals to sort out their

own transport. However, there are some people unable to do that. It is always seen that it is the patient who is at fault if an appointment is missed, when there can be a variety of issues.

- Centralising services can mean that it will cost patients more to travel to these specialist units. If a telephone call is made to cancel an appointment at say 8am, a patient may have left home at 7.30am and already be on their way. Not everyone has a mobile.
- Centralisation may lead to patients having to ration their use of services. For example, when patients need to travel to Papworth, then someone who is visually impaired and needs accompanying may have to ration appointments or go without other essentials because of the cost of travel.
- If a patient is delayed – perhaps because of snow or buses being late - then when they arrive they can be told that the specialist cannot see them. One member said that she just sits and refuses to leave until she is seen!
- If an appointment is before 11am it can be too expensive to travel at a peak time. People can be given 9am appointments and then they have to contact the hospital to get the time changed. Some people are being told the appointment cannot be changed more than twice.
- The appointment letter from the hospital could include some information about transport. A map of the hospital is often included so including transport information would not be too difficult to achieve.
- At the Ipswich Hospital, it seems that all telephone calls to book appointments are passed to the general reception desk and this appears to be overwhelming for staff. The individual clinics no longer have receptionists who used to book appointments and were able to have more time to be considerate of people's individual needs.
- The outgoing desk for patients at the Eye Clinic is not often staffed so people are not able to discuss a convenient time for a future appointment. The appointment is simply sent to them by post.

3.12.4 Tom said that, in order to make the questionnaire as straightforward as possible, he wanted to focus on three main areas and then ask three questions about each of them Members identified the following:

**Eligibility for hospital transport:**

- Even where the patient is eligible for hospital transport, their carer is not always able to go with them, for example, the patient may be deaf and have difficulty in communicating.
- Guide dogs must be accommodated.
- Wheelchair users must be able to take their own wheelchairs with them.

- People must be aware of their rights.
- Eligibility is the thread that hangs it altogether.

### **Call Centres:**

- The questions asked via a Call Centre approach are too rigid and do not allow full discussion of a patient's circumstances.
- The refusal of hospital transport can often lead to people missing appointments as they cannot afford the cost of taxis or community transport.
- The mobility component of a person's benefits is often used for essentials such as disability equipment, heating and food.

### **Transport Provision:**

- Community Car Services do work well. However, patients need to know how long their appointment will last to keep the driver informed. Drivers are not always able to wait incurring additional expense. Volunteer drivers are being expected to take on responsibility for very vulnerable people.
- It sounds as if hospital transport is being pushed onto the voluntary sector.
- Living independently is being encouraged but people are expected to find out the information themselves and organise their own transport. However, if someone has dementia or memory problems, they may book a journey and then forget about it. Then a driver can turn for an appointment but the person is not at home.
- Community Transport cannot be booked more than 14 days ahead of the journey required, and it is not always possible to book a journey due to the shortage of volunteer drivers.

3.12.5 Having listened to the discussions, Tom thought that his survey would focus on those three areas. Each area would have three questions with a limited free text area for people to write their comments to enable easier analysis.

3.12.6 Hard copies of the questionnaires are always provided with a Freepost Return Envelope. The survey will be available for people to complete on line. The initiating email needs to be 'catchy' to encourage people to respond.

3.12.7 In response to a question, Tom said that the questionnaire would not be available in braille as there have not been any requests for surveys to be in this format. However, organisations are expected to be pro-active in enabling all people to take part in their activities, so large

print versions should be available. The questionnaire could also be completed by telephone.

3.12.8 Linda said that the survey could be distributed electronically to all members of the Forum and Tom would ensure that the questionnaire is sent to Linda to distribute.

3.13 Linda thanked Simon and Tom for their input to our meeting and for listening to the concerns being raised. She invited Healthwatch Suffolk to attend future meetings to ensure a closer working relationship. Simon and Tom will be added to the mailing list.

**Action: Margaret Morris**

#### **4. Minutes of the Meeting on the 7<sup>th</sup> October, 2014**

The minutes of the Meeting held on the 8<sup>th</sup> October, 2014 were agreed as an accurate record.

#### **5. Matters Arising**

##### **5.1 Item 5 Debate with Cllr Graham Newman:**

5.1.1 Cllr Newman had responded to a number of the questions raised at the meeting and his responses had been collated and sent to members. Thanks were recorded to Cllr Newman for his work in securing responses from relevant officers of SCC.

5.1.2 It was noted that Woodbridge police do not seem to be aware of the local parking permit.

5.1.3 Members remained unhappy that the 64/65 buses could not be re-routed to go to the Ipswich Hospital and asked Healthwatch to note that people find it difficult to walk from Heath Road to the hospital entrance. The NHS had only built 2 bus stands instead of 4 and no more buses could be accommodated. It was unlikely that the hospital could provide golf-type buggies to get to and from the bus stop.

5.1.4 PCSO Bown advised that Suffolk appears to be the only county that has not de-criminalised parking offences. If this situation was to change, Suffolk Coastal District Council might become responsible for its own street parking.

5.15 A copy of Cllr Newman's responses would be sent to Stuart Ellis and Liz Mark.

**Action: Margaret Morris**

**5.2 Tesco Martlesham:** As the representative of staff at Tesco Martlesham is not responding to emails, Margaret was asked to contact the Manager at Head Office about the suggested provision of posters drawn by children to discourage thoughtless parking. It was quite possible that children do not understand what the blue badge symbol is. A member thought that the car park at Martlesham had been sold or leased to a company. Members asked why Tesco could not charge people for parking in a bay for blue badge holders when they can charge people for parking longer than 3 hours.

**Action: Margaret Morris**

**5.3 Item 7.2 Leisure Survey:** It was noted that the temperature in many swimming pools is too cold for many disabled people. Members asked if there were any swimming pools for disabled people in the Suffolk Coastal area. Information would be sought from Avenues East.

**Action: Graham Walker**

## **6. Updates on Specific Issues**

**6.1 Disability Focus 2014:** The event had gone ahead as planned and the report on the event had been distributed widely. There had been some difficulties caused by the interactive voting being seen as a significant research instead of a warm up for the discussions to follow. The number of disabled people present had been very much reduced by illness and transport difficulties resulting in there being too many service providers in relation to the number of service users. Members provided some useful feedback for the Suffolk Joint Diversity Working Group's Disability Sub Group. However, they felt that a similar event should be organised for 2015.

### **6.2 Suffolk Coastal District Council Leisure Strategy:**

6.2.1 Keri Ryder, Leisure and Countryside Manager, Suffolk Coastal & Waveney District Council, had said that she had included the findings of the access surveys undertaken by Mark Taylor, People for Places Leisure, and James Dickson, in her work on the Leisure Strategy.

6.2.2 Members were disappointed that Mark had not prepared a written report on the access surveys for their comments.



6.2.3 The Leisure Strategy is now out for consultation but it is an overarching document without much in the way of specific reference to people with disabilities. Therefore it was difficult to respond to it.

6.2.4 It was felt that a good way forward would be to ask Keri to attend the Planning Group meeting on the 22<sup>nd</sup> January to explain the priorities of the strategy and then to prepare our response. The consultation period ends on the 13<sup>th</sup> February.

**Action: Gillian Benjamin**

6.2.5 There was information about a consultation on provision of play equipment for children with disabilities at the Martello Park play area in Felixstowe – Margaret will find out details.

**Action: Margaret Morris**

### **6.3 Accessible Britain Challenge:**

6.3.1 Members were made aware of the Accessible Britain Challenge. Its vision is for communities to become more inclusive and accessible by working with disabled people to remove barriers that prevent them being full and active contributors in their community.

6.3.2 Members were unsure as to how the Forum could be involved in this challenge. One of the examples of good practice for Suffolk is the folder of Easy Access Trails.

6.3.3 One area which would be good to improve is the access to local shops and businesses. The Planning Group will give this further thought and also consider the availability of disability awareness training for small shopkeepers.

6.3.4 The Alzheimer's Society is hoping to recruit 1 million dementia friends to support people with dementia in the UK.

### **6.4 Report from the Planning Group**

6.4.1 Funding has been obtained from Cllr Margaret Morris's Community Enabling Budget to produce a leaflet to publicise the work of the Forum and to encourage new members. The Forum is grateful to Cllr Morris for her support.

6.4.2 Information has been received from Suffolk Coastal District Council regarding the decision to charge blue badge holders for parking

in their car parks and on the income generated by parking charges since that decision was made. It seems that there has been very little additional income but further analysis of the information is required.

## **6.5 Access Issues**

6.5.1 Margaret will contact Cliff Cocker again in respect of looking at planning applications to Suffolk Coastal District Council.

### **Action: Margaret Morris**

6.5.2 The issue of the difficult and 'hard to open' inner door at Framfield House Surgery, Woodbridge, has been referred to the Suffolk Disability & Health Action Group and will now be taken forward by the Ipswich & East Suffolk Clinical Commissioning Group.

## **7. Information Round**

**7.1 Passenger Transport Forum:** Linda said that she had been invited to attend a Passenger Transport Forum at Suffolk County Council on 16<sup>th</sup> January, 2015. She would report back at the next meeting.

## **8. Future Meetings**

8.1 Linda asked about the agenda for the next meeting and whether any guests should be invited.

8.2 Members agreed that there were a number of current areas of work and it would be better not to invite any other guests in order to devote sufficient time to those areas. These include the Healthwatch Suffolk Transport Survey, the Passenger Transport Forum, the Leisure Strategy and the Accessible Britain Challenge.

8.3 Angie asked if Mandy Schlarb from the Papworth Trust could attend the next meeting to talk briefly about her work with the Trust in helping people with advice and information. This was agreed.

## **9. Date of Next Meeting**

The next meeting will take place on Tuesday, 7<sup>th</sup> April, 2015, in the Council Chamber, Suffolk Coastal District Council Offices, Melton Hill, Woodbridge, from 12.45pm, for a 1pm to 3pm meeting.

The meeting closed at 3.10pm.