

# **ICS Continence Promotion Committee Meeting Minutes**

Tuesday 6<sup>th</sup> October 2015, Venue: Palais des Congrès Room: 512C Time: 07.00-10.00

**Known Attending**: Tamara Dickinson (Chair), Elizabeth Bakker, Peter Meyers, Nicole Huige, Frankie Bates, Rowan Cockerell, Diane Newman

Also in attendance; Jenny Ellis, Margaret McDougald, Adrian Wagg

Apologies: Stavros Charalampous, Tomasz Michalek, Ran Pang, Vasan Srini, Gregorz Surkont, Alex Wang

### 1. Terms of Reference & Terms of Office review (Attached)

TD highlighted that there have been some concerns with engagement over the last year. Only one or two people have been actively involved in the committee. TD advised that the future of the committee was unknown at this point. This is of concern as TD steps down on Thursday. TD was presented with her certificate of appreciation from the Board. JE highlighted an interim chair would be required, so the committee would need to discuss this further following this meeting.

TD highlighted that the board would need to see structure and organization within the committee, if it is to continue. NH agreed with the lack of engagement and found this when working on WCW project. TD advised this wasn't unusual for organizations and it is likely the size of the committee which is detrimental. RC asked if we have a core role, whom it would align to, if we were merged with another committee? TD felt that the PCC would be the most appropriate link due to engagement with external organisations. RC felt the TOR should be amended to include attendance at least every 2 years. NH felt that we need to clarify everyone's roles, as unclear roles leads to lack of engagement.

All members felt regular calls would help increase engagement. Areas of involvement suggested- WCW, Fact sheets, generic information.

DN joins meeting.

# 2. Outstanding actions:

ACTION: Committee to discuss new project- which country to focus on and what tasks to be achieved.

TD advised that at last year's meeting the Board requested a clear plan from the committee on

future plans. The Board will only provide funding if the project has a clear goal, PM & EB suggested a partnership with the education committee- for places that need CPC resources/information. We could then tag on to these courses by sending literature that is relevant. If we do want funding then we need to submit a clear plan to the Board. Margaret is attending this meeting as EB proposed that Ethiopia would be a good country to start. TD asked MM what she felt was required locally? We can use this as a basis for a plan and pack to be created.

It was highlighted that the committee had experienced problems getting in touch with MM throughout the year due to internet and electrical problems locally. FB had suggested, in order to achieve our goal this year, the committee should look at Brazil first. FB is in contact with the Brazilian groups but has struggled to move this project forward.

TD highlighted that JE suggested a generic document be created, so that this could easily be translated and used locally. This is a possibility. JE highlighted the committee have £10,000 in their restricted funds that they need to use. So if funding is required for this project then we could look at using this money.

MM advised that she had contacted locals and received no response but this could be due to local communication issues. In Ethiopia the issue of incontinence is concealed and it is difficult to address due to illiteracy. If the CPC were to produce documents then these would need to be pictorial. MM showed the committee an info pack that would be useful for the committee to create. But MM stated if we are going to be highlighting the problem then we also need to be highlighting the solution. People will need to know where they can get help locally. RC advised they have the same problem with indigenous groups. It would be difficult to use the same materials for these locations, so each pack would need to be specific to each area.

AW and EB enter.

RC felt there was confusion over the last 12 months regarding involvement and we need to reassess the structure of the committee. RC is happy to help drive the committee forward to achieve its goals.

### 3. Annual budget planning for CPC activities - the framework for activities

TD highlighted that last year was the last public forum, the committee are planning on not holding a forum unless there is a strong local need in doing so. Group discussed whether a forum would be required in Tokyo- mixed views on this. JE suggested contacting the LOC to see if there was a need for this type of session.

Action: TD/Interim Chair to contact LOC to see if public forum is required in Tokyo.

# 4. Update from Board

At the ICS 2015 meeting, in Montreal, the ICS Board of Trustees voted to disestablish the Continence Promotion Committee and terminate its work. The Board felt that the original remit of the CPC was no longer aligned to ICS strategy; the last two years had seen limited activity by the committee and given that there was a lack of interest in succeed the Chair position it was felt that appropriate to wind the committee up. Whilst this is disappointing for committee members the Board feel that this is in the overall best interest of ICS. The Board agree that ICS should continue working with country specific consumer organisations in promoting standards of care and good practice and would like to encourage all active members of the committee to engage with ICS in other committee capacities. On behalf of the Board I would like to thank you for your work over the years on the Continence Promotion Committee.

#### **Ends**