Minutes of Engagement and Communication Sub-Group

Friday 19 July 2019

Commencing at 12.30pm

Room 2.03, Oak House, Bramley S66 1YY

Present:
Debbie Twell (DT), Lay Member for PPE, NHSRCCG (Chair)
Helen Wyatt (HW), Patient and Public Engagement Manager, NHSRCCG
Gordon Laidlaw (GL), Head of Communications, NHSRCCG
Janet Wheatley (JWh), Chief Executive, VAR
Catherine Hall (CH) (for Sue Cassin), Deputy Chief Nurse, NHSRCCG
Alison Hague, (AH) (for Ruth Nutbrown), Corporate Services Manager, NHSRCCG
Dr Richard Cullen (RC), Lead GP, Chair of NHSRCCG
Lesley Cooper (LC), Healthwatch
In Attendance:
Claire Smith, Head of Adult Commissioning
Steph Watt, Programme Manager, Rotherham Adult Urgent and Community Place Plan (TRFT/RMBC)
Amanda Smith, Senior Contract and Service Improvement Officer, NHSRCCG
Jayne Watson, PA to Chief Nurse, NHSRCCG

		Action
1	**Apologies** Apologies were received from Ruth Nutbrown, Sue Cassin, Jacqui Wiltschinsky and Terri Roche	
2	**Conflicts of Interests** None to report.	
3	**Quoracy** The Chair confirmed that the meeting was quorate.	
4	**Minutes of the Last Meeting** The Minutes of the last meeting were accepted as a correct record.	
5	**Action Log** • Autism Strategy needed to remain on the action log. • Social Media and widening patient voice needed to stay on the action log as there were immediate issues with the app • Kings Fund Report, this could come off the action log, just need to send link for the report with the minutes.	 **JW** **JW** **JW**

ITEMS FOR DISCUSSION:		
6	**Respiratory Pathway** Jacqui Tufnell was in attendance for the item. Patients were engaged in an initial pathway. Task and finish group had been meeting fortnightly. Now have a draft model of what the clinicians feels is appropriate and trying to get engagement. Went to Scrutiny agreed that it would be a level two change level, the plan would be that TRFT have clinician involvement but no one else. The intention was to get a visual together to highlight the changes to the pathway. The biggest change was primary care involvement and there was also self-referral if you have a breathing issue but that could be a cardiology problem. Subject to TRFT being supportive, engagement work could commence. GL was pulling together a comms plan and trying to simplify what this all means. There was currently a lot of scaremongering and rumours. HW added that we need to reach out of people who had been using the services, eg those with lower levels of need.	
7	**Ophthalmology Move to CHC** Jacqui Tufnell was in attendance for the item. The item was discussed Scrutiny last week and they were very supportive. TRFT were now keen to be worked with and need to get the engagement completed by mid-September which could feed into the September Board meeting. HW was waiting for TRFT go ahead for her to spend some time in Ophthalmology Clinics to ask for opinions from patients. Also needed to make contact with Sight and Sound and older peoples organisations eg, Age UK. HW added that one of the members of Save our NHS was a user of Ophthalmology services so would be keen to be involved.	

8	**Re-ablement and Intermediate Care**
	
	A copy of the presentation had been circulated with the agenda and Claire Smith was present to lead.
	
	Intermediate care and re-ablement means:
	
	Health and Social Care Services providing:
	
	• Fast Response
	  o Where there is an urgent increase in health or social care needs which can be safely supported at home
	  o Typically 48 hours but may be up to seven days
	• Home based intermediate care
	  o Including therapies, nursing, equipment and social care to support rehabilitation and recovery
	• Bed based intermediate care
	  o Where needs are greater than can be delivered at home but consultant led acute care is not needed
	• Re-ablement
	  o To help with learning/re-learning skills for everyday living, delivered at home.	

	Current Services: <u>Community based services</u> • Integrated Rapid Response (TRFT) • Community Locality Therapy (TRFT) • Independent and Active at Home Team (TRFT/RMBC) • Reablement (RMBC) <u>Bed based Services</u> • Intermediate care at Davies Court and Lord Hardy Court (RMBC/TRFT) • Oakwood Community Unit (TRFT) • Waterside Grange (Independent Sector) Future Services to include: Community-Based Pathways Urgent response (integrated team) Home-based re-ablement and rehabilitation (integrated team) Bed-Based Pathway Community bed-base - rehabilitation and re-ablement without nursing (integrated team) Community bed-base – rehabilitation and re-ablement with nursing (integrated team) They wanted to simplify the pathway to just have three core integrated pathways. Services align to work as a single team to provide these three pathways. The benefits to patients would include; improved experience of services, telling story once, reducing duplication and hand-offs, improved outcomes and more people able to be supported at home. GL felt one concern was around bringing the staff with us and communicating with them at all stages, and quite a lot of work was being undertaken through all the comms leads. Need to bring the staff along the journey and they all need to be receiving the same information with a planned approach. Individual briefings with a set script of what the key messages were. SW added that they do have a core set of key messages that was adapted to each group of staff. DT asked regarding the timeline, CS said they were looking at September. There were different organisational issues to include which would need to be completed by September, to have staff on some of the work streams and needed to map out what would be happening over the next month. DT felt it would be helpful to have a further update at the next meeting.	**JW**
9	**AGM – Reflections and Recommendations for the Future** DT felt the AGM was very well run HW felt it wasn't as busy as previous years and GL thought the format was tired and discussions had been held to look at how it could change for next year and do something different. We need to think differently for next time. Discussions needed to be held earlier to develop different work streams. Report from the event needed to be circulated.	

STANDING ITEMS		
10	**SYB ICS** Had a teleconference for next stage of hospital review, was postponed still waiting for an update. There was a requirement for engagement and comms with a very short deadline. IVF across Yorkshire and Humber in line with NICE guidelines reviewing the guidelines, review of couples who smoke – need to be smoke free for at least three months, transgender couples and same sex couples. ICS comms have worked to engage. Requirement for it to go to governing body and MPs would receive to provide input. Earliest it could go to governing body was September. **Rotherham Place Plan** Current comms and engagement strategy was a requirement for GL to update in line with the Place Plan. Provide for any suggestions, digital strategy for Rotherham developed by Andy Clayton. **Updates from Partners** <u>Healthwatch</u> Results of questionnaire. LC had only just received the information so would provide an update for the September meeting. GL and HW would provide the South Yorkshire results to circulate with the minutes. Still getting questions on Breathing Space and the Rotherham App. The Men's Project was going really well. <u>VAR</u> JWh had agreed with HW that she would bring something on social prescribing – this would be provided for the next meeting. Social movement regarding cancer and diabetes seemed to be gaining ground in discussions in the local authority and Public Health. Mr Laidlaw thought it would be good to provide information at the next meeting. Digital increase understanding and engagement and not sure from voluntary and community sector we are not that "savvy" with technology. **List of completed EIA and Engagement Assessments** For information to ensure members were kept informed, and to highlight anything new that comes along. Would be kept on the agenda as a standing item.	**LC** **GL/HW** **JWh** **JW**
FOR INFORMATION		
11	**Rotherham App** There were currently four thousand people using the app but this needed to increase to 260k. Work was underway with the GP Federation and VAR on looking at how we roll it out further. How to manage expectations. Mrs Twell asked how we were performing compared to other areas, Dr Cullen said nationally we were doing well.	
12	**PCNs and Engagement** Not much to update on and HW would feed back at the next meeting.	

12	**IAF Results** Officially good, missed the top score by one. Two areas we dropped points on were 'report out in creative and diverse ways', 'annual reporting' meeting the statutory duty. HW would be working with colleagues and where we can learn from each other, we will. DT knew how much work went into it and HW and GL should be commended. 360 degree stakeholder survey assesses how well the organisation is governed, we were used as a case study and we came out well, how we work with partners came out well. CCG assurance rating of outstanding.	
13	**Any Other Business** Nothing further to report.	
14	**Future Dates:** 27 September 2019 11.30am – 1.00pm 15 November 2019 12.00pm – 1.30pm	**All to note**