

Minutes of Engagement and Communication Sub-Group

Friday 21 May 2021

Commencing at 1.20pm

Via Zoom

Present:		
Debbie Twell	Lay Member for PPE	NHSRCCG (Chair)
Helen Wyatt	Patient and Public Engagement Manager	NHSRCCG
Gordon Laidlaw	Head of Communications	NHSRCCG
Dr Richard Cullen	Lead GP/Chair	NHSRCCG
Shafiq Hussain	Chief Executive	VAR
Lesley Cooper	Information and Research Officer	Healthwatch
Janet Wheatley	Lay Member for Primary Care	NHSRCCG
Sue Cassin	Chief Nurse	NHSRCCG
In Attendance:		
Jayne Watson	PA to Chief Nurse	NHSRCCG

		ACTION
1	Apologies	
	Lydia George, Jacqui Wiltschinsky	
2	Conflicts of Interest	
	Nothing to declare	
3	Quoracy	
	The Chair confirmed that the meeting was quorate.	
4	Minutes of the Last Meeting/Matters Arising	
	The Minutes of the meeting held on 19 March 2021 were accepted as a correct record.	
5	Action Log	
	The Action Log had been changed to reflect actions from meeting and also areas for consideration for future agenda items.	
ITEMS FOR DISCUSSION		
6	Primary Care Access and Expectations	
	<p>Mr Laidlaw reported that this was in the planning stage at the moment. As the lockdown release happens people were starting to access A&E a lot more. We are looking at what we are trying to do around managing people's expectations as they start to access services and also accessing other services rather than their GPs, which may meet their needs better than relying on seeing a GP.</p> <p>We are trying to educate people on what could be right for their needs and meeting their expectations and this was a good time to set new parameters. A letter had been circulated to GPs from NHSE regarding going back to seeing patients face to face, standard operating procedure on what should be seen face to face.</p>	

	<p>When we say “see your GP” it would mean see the appropriate member of staff at your GP practice who may not always be a GP. Mr Laidlaw had spoken to PCN directives to develop this campaign. It would be a large piece of work which would take time.</p> <p>Mrs Twell asked if it would include the hospital. Mr Laidlaw confirmed that at this point it would be GP practices and people accessing A&E.</p> <p>Mrs Twell also asked whether the statistical information could be provided to the public regarding access to GPs in relation to how many GP appointments had taken place during the pandemic. Dr Cullen added that there would always be patients who needed to see their GP face to face, even before the pandemic.</p>	
7	<p>Covid Vaccine Update</p>	
	<p>Mr Laidlaw explained that a lot of social media activity and working with the Rotherham Advertiser was underway. Vaccinations were now concentrating on the over 40s age range and fast moving to the under 40s.</p> <p>National messages always have more tractions than any local messages, for example, the uptake of using the regional centres. It had been necessary to explain to our Rotherham Patients that the Sheffield Arena arrangements for booking a vaccine appointment via the NHS website were completely separate to our local arrangements and GP led vaccination hubs.</p> <p>Videos had been circulated on our achievements locally, and pop up sites had been introduced where the infection rate was higher or uptake was lower including ones at Ferham school and Eastwood. It is anticipated that more will follow in the next few weeks, tracking the Public Health identified need and targeting areas of low vaccine uptake.</p> <p>Mrs Cassin added that we were doing an amazing job across Rotherham. It was noted by the group that NHSE Guidance kept changing in terms of time between first and second doses.</p>	
8	<p>Update on Integrated Intermediate Care and Re-ablement Pathway</p>	
	<p>Item for information and the update had been provided by Claire Smith:</p> <p><i>After initiating engagement in 2019 on the pathway and proposed transformation through various means including, surveys with users of the intermediate beds, focus groups via the PPG etc we moved into implementation in 2019-20. Although some areas were delayed slightly due to the Covid pandemic the intermediate care bed base was reduce with additional resource now in community to support the home first model, the reablement staff have received training from therapy to support a more integrated, streamlined pathway from health to social care services and there has been work underway to integrate the pathway through aligned service specifications. All this work was led by the feedback from the previous engagement of users of the services and stakeholders.</i></p> <p><i>This priority will continue as part of the place plan for 21-22 with key milestones throughout the year. Once the pathway is fully embedded there will be further engagement planned to review how the provision is working and support any improvements/opportunities to further transform. I don't have a date for this but is likely to be in the last Q of 21-22.</i></p> <p><i>We are also conducting work to review the integrated discharge team via internal means (TRFT/RMBC). I am unsure if there is an intention to engage with the wider public on this as it is being lead be Sally Morris Shaw from RMBC and Emma (the new head of Nursing) in TRFT.</i></p> <p>Mrs Twell added that we need to seek assurance that there were engagement plans in place as she felt that leaving engagement to March 2022 was too far away to seek</p>	<p>HW</p>

	<p>feedback and patient voice about the service. Mr Laidlaw felt we needed to feed back to Claire Smith; seek assurance that engagement was happening post-Covid and also note on the communication and engagement agenda for ICP meeting, and be escalated to transformation group to have engagement built into their priorities. We also need to seek assurance from all the transformation groups. This would be tabled at the cross partner ICP meeting; and outcomes fed back into this meeting when available</p>	
FOR INFORMATION		
9	Rotherham SEND Strategy	
	<p>Mrs Twell felt this was a really good document, all partners had been working together, it was really clear with good models of best practice.</p> <p>It was a really good example of how people had been involved and it should be used as a model of how things should be done. Mr Hussain added it was a great example of joining things up.</p> <p>Mr Laidlaw asked Mrs Wyatt if it could be shared and written up as a case study of good practice. Mrs Wyatt agreed to make enquiries.</p>	HW
STANDING ITEMS		
10	SYB ICS: Communication and Engagement	
	<p>Mrs Wyatt agreed to circulate information received from Sheffield CCG with the Minutes of the meeting.</p> <p>Communication would continue for next 6-12 months on the Place.</p>	
11	Rotherham Place Communication and Engagement	
	<p>Rotherham was now out of Level 4 and back into Place arrangements, so communication and engagement meetings would take place every four weeks. Mental health was a priority along with the system reset across the whole system in Rotherham. Transformation areas would also be discussed.</p>	
12	Updates from Partners:	
	<p><u>VAR</u></p> <p>Mr Hussain explained the headlines on communication and engagement work were recovery and reset and priority plans, and communications with VCS was centre of that; supporting groups to stand up again safely and work with them to see where there could be gaps in services.</p> <p>VAR has been asked if they support particular types of groups over others, the answer was no. There were groups that provide Rotherham support services across all areas, not about targeting certain ones, VAR ensure that they support all services. Some groups may disappear altogether due to Covid. There was lots of work underway in funding support.</p> <p>Mr Laidlaw suggested discussing Health Champions and Ambassadors at a future meeting and also Long Covid. Long Covid work remained an area under development; noted also that the ICS has completed some engagement work on this.</p> <p><u>Healthwatch</u></p> <p>Mrs Cooper reported on the vaccine programme. They had received an email from a lady who had not been out since lockdown began. She was having food delivered to the shed and leaving it 72 hours before touching it. She had been looking for drive through vaccination because she didn't want to enter a building. They finally got her</p>	

	<p>to Oak House last Sunday which was her first trip out for 62 weeks. She had her vaccine and one of the volunteers sat with her for 15 minutes afterwards. This was a big success story.</p> <p>Healthwatch Lets Talk Sessions – had been talking about access to GP services but they could do with some facts and figures and it would also be really helpful to get a GP present at session. Dr Cullen said he would attend if available and could he be provided with the relevant information. Work was underway with asylum seekers and refugees, holding myth busting sessions about the vaccine. Information had been provided in seven different languages with interpreters provided by Healthwatch England.</p> <p>A survey on mental health services in Rotherham had been undertaken regarding children and young people and adults and how organisations reach out to services if people require them. Document had been written up.</p> <p>Mrs Wyatt gave an update on volunteer figures as of end of May – there were 500 filled volunteer sessions and getting up to 18000 volunteer hours.</p> <p>Mr Laidlaw reported that we need to think about how we celebrate vaccine volunteers as part of Volunteers Week. Mr Hussain would welcome a conversation with Mr Laidlaw to discuss.</p>	
13	Any Other Business	
	No further items.	
14	Items/Risks for Escalation	
	No items for escalation.	
15	Future Dates	
	<p>16 July 2021 17 September 19 November</p>	