

Minutes of Engagement and Communication Sub-Group

Friday 16 July 2021

Commencing at 1.0pm via Zoom

Present:		
Debbie Twell	Lay Member for PPE	NHSRCCG (Chair)
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
Lydia George	Senior Planning and Assurance Manager	NHSRCCG
Alison Hague	Corporate Services Manager	NHSRCCG
In Attendance:		
Jayne Watson	PA to Chief Nurse	NHSRCCG

		ACTION
1	Apologies Received from Sue Cassin, Lydia George, Ruth Nutbrown and Helen Wyatt	
2	Conflicts of Interest	
3	Quoracy The Chair confirmed that the meeting was quorate.	
4	Minutes of the Last Meeting The Minutes of the meeting held on 21 May 2021 were accepted as a correct record.	
5	Action Log The action log was discussed, and changes were recommended. The document would be amended and circulated with the Minutes.	
ITEMS FOR DISCUSSION		
6	COVID Vaccine Communications GL reported that we were doing really well in the vaccination process. Still struggling to get 18-29 age range through the door but when comparing to neighbouring areas we were doing well. It was noted that in line with the national picture, the Delta Covid19 variant infection rate was rising fast within Rotherham and causing concern. All partners agreed that the focus on encouraging everyone to take up the offer of both first and second vaccinations for all Rotherham patients remained paramount.	

	<p>Second doses were being pushed and there were lots of pop up sites and grab a jab sites for vaccinations throughout the borough.</p> <p>Regarding a letter about a booster in line with flu from September onwards, that was in early discussion. There would be planning for winter comms and flu vaccinations.</p> <p>Compared to other areas in South Yorkshire we were leading on vaccinations; 71% of the population had received their second dose. There were 20,000 volunteer hours which was phenomenal. J Wheatley added they were undertaking focus groups to establish why people were not coming forward for their vaccinations. There were primarily focussing on younger people and ethnic minorities. Surveys were being circulated so the work was not just online.</p> <p>LC gave an example of a Covid story: a young man in his early 20s who didn't want the vaccine, went out to watch football and following that tested positive. As he lived with his parents, the whole family had to self-isolate. As soon as it was possible he went for his vaccination.</p>	
7	<p>Social Prescribing/Social Movement</p>	
	<p>SH reported that VAR were working with frontline organisations as part of Rotherham recovery. They had developed a recovery plan ensuring engagement and comms with frontline was fit for purposes and what it meant for their group since the start of the pandemic. Groups were thinking about premises, funding staffing issues and they were ensuring they received the support they need.</p> <p>VAR are working hard to support where possible the 'standing back up' of groups as restrictions are lifted and people become more confident in returning to socialisation within their voluntary groups, VAR had been looking at their online directory to refresh and review groups still existing. There were great unknowns for the voluntary sector at the current time, many groups had adapted their provision but they tended to be the larger ones. It was not known how the smaller groups and voluntary groups would operate going forward.</p> <p>It was noted that there were thousands of volunteers that had come forward during the pandemic, and VAR wanted to ensure that they could maximise their support going forward. It was important that we focus on helping groups.</p> <p>Partners were keen to help local groups and activities to ensure activities can resume and ensuring there was sufficient activity and social prescription for patients to go to. People wanted to be able to have the face to face and group interaction.</p> <p>£500k of lottery funding had been secured for targeted support for mental health support for young people. VAR had also led a bid for community renewal fund which was looking very positive. This was for the skills and employment agenda and to support apprenticeships – that also looked positive.</p> <p>The Annual volunteer awards would be held on 30 July 12.30pm-2.30pm which was an opportunity to celebrate all volunteers and showcase their work.</p> <p>DT asked regarding older age groups – were they seeing funding streams coming in for that age group in particular? SH responded that in terms of loneliness, isolation and mental health issues, the mental health need had mushroomed and there were many people presenting who were not known to services. Eating disorders issues had increased. The impact was on all communities regardless of age.</p>	

8	Service Change in Emergency	
	<p>Rebecca Chadburn was co-ordinating information regarding major changes to services and considering where engagement is needed and support requirements. However, it should be noted that this information was proving to be complex, crossing not only many service areas but organisations.</p> <p>Rebecca would like to attend the meeting in September and present the information to the committee; and discuss any issues/concerns/ideas rising from that.</p>	R Chadburn
STANDING ITEMS		
9	SYB ICS: Communication and Engagement	
	<p>GL reported that ICS work was still underway. The Healthier Together website had been launched. It was aimed at young parents of children to try and help them direct them in the system to get support for their child when ill. The tool was designed to alleviate pressures and help parents get the information and help that they need. RC would be on Look North in the next couple of weeks speaking about it. Children under the age of two had never been exposed to normal illnesses so parents were seeing them ill for the first time.</p> <p>GO also reported that we had been successful in becoming one of the accelerator sites for the recovery programme, which included meeting targets of normality on waiting lists, surgery etc. That was not necessarily a public communication, but it would impact on patients. Work was underway with colleagues who would be leading on that programme. If successful funding would be available and GL would bring back for an update at the next meeting.</p>	GL
10	Rotherham Place Communication and Engagement	
	<p>GL reported that regarding mental health the focus would be on themes. There were five in total, one of which was anxiety – how to work the with public and promote. GL was working with Kate Tufnell regarding community work. There was a lack of understanding of what anxiety was, as mental health had previously been the focus of prevention but anxiety crossed over the whole area.</p> <p>Every single part of the system was under pressure. Lots of reports of staff being abused because they can't access services.</p> <p>Regarding ICS development – the second reading of the Bill was yesterday, still waiting for a lot of information to come out especially with regard to Patient and Public Engagement expectations & practice.</p>	
11	Updates from Partners:	
	<p>Mrs Wyatt had provided an update paper in her absence.</p> <p><u>Healthwatch</u></p> <p>The next Let's Talk session would be held on 29 July 2021 and the theme would be Access to GP Service and would be a one hour session that RC would be attending. The topic of the August session would be Anxiety and Me.</p> <p>Work had been undertaken with HW on what people would like to see coming out of the pandemic, whether it be mental health help, etc and looking at engagement in different ways. Questions had been circulated on social media as to whether people would want a telephone triage conversation or face to face. GL added regarding GP appointments, all national advertising stated "contact your GP" when</p>	

	<p>it should in fact be “contact your GP practice” it was a national issue rather than local and was about managing expectations.</p> <p>DT added there had been a list of issues/complaints regarding GP practices used at the recent PPG network meeting held earlier this week. Prior to that meeting one of our Rotherham GPs had provided a very insightful list regarding what GPs were actually facing with regard to their amount of work and working practices at the moment, and this had been shared with the PPG network members.</p> <p>Would people continue to wear face coverings – over 80% had said yes.</p> <p>LC informed the meeting that she would be leaving Rotherham at the end of August to move to a position in Barnsley. DT expressed that she would be missed and thanked her for all her work.</p> <p>Dental Services – still picking up a lot of problems with people not being able to access an NHS dentist. DT asked if information could be passed onto NHSE direct. LC had raised with Healthwatch England and fed into NHSE. Wanted to raise in case of wider implications it may have.</p>	
12	Any Other Business	
	<p><u>Future of the Committee</u></p> <p>GL asked – would it be good to celebrate the work that had been undertaken by the group. DT informed that the committee would continue to meet bi-monthly until March and felt we needed to do something and thank all our partners.</p> <p>It was agreed to discuss this further at the September meeting, and plan for a formal way to thank partners closer to when this committee will cease to operate.</p>	All
13	Items/Risks for Escalation	
	There were no items for escalation.	
14	Future Dates	
	<p>17 September 2021 19 November 2021</p>	