

## **Nottingham and Nottinghamshire Patient and Public Engagement Committee (PPEC) held virtually on Tuesday 25 August 2020 at 2 pm**

**Attendees;**

Sue Clague, Chair  
 Jasmin Howell, Vice-Chair  
 Chitra Acharya, Patient Leader/Carer  
 Daniel Robertson, Nottingham and Nottinghamshire Refugee Forum  
 Trevor Clower, Patient Leader/Carer  
 Colin Barnard, Diabetes/Patient Leader  
 Kerry Devine, Improving Lives  
 Teresa Burgoyne, Nottingham West  
 Paul Midgley, Rushcliffe  
 Roland Malkin, Nottinghamshire Cardiac Support Group  
 Michael Conroy, My Sight Nottinghamshire  
 Mike Deakin, Nottingham County Council  
 Yesmean Khalil, Nottingham City

**In attendance (NHS Nottingham & Nottinghamshire Clinical Commissioning Group's Staff):**

Julie Andrews, Engagement Manager  
 Katie Swinburn, Engagement Officer  
 Sasha Bipin, Engagement Officer  
 Tracy Lack, Engagement Officer  
 Jane Hufton, Engagement Assistant  
 Matt Prince, Senior Research Manager, DJS Research  
 Lesley Watkins, Partnerships and Engagement Manager, Voluntary Sector Alliance

**Apologies for absence were received from;**

Lewis Etoria, Head of Insight & Engagement  
 Gilly Hagen, Patient Leader, Sherwood Patient Participation Groups  
 Helen Miller, Healthwatch Nottingham and Nottinghamshire  
 Amdani Juma, African Institute for Social Development

<b>NN/34/08/20</b>	<b>Welcome and Introductions</b>
	Sue Clague welcomed everyone to the Nottingham and Nottinghamshire Patient and Public Engagement Committee meeting and led a round of introductions.
<b>NN/35/08/20</b>	<b>Declarations of Interest</b>
	The Chair reminded PPEC members of their obligation to declare any interest they might have on any issues arising at the meeting which might conflict with the business of the CCG and any items on this agenda. No declarations were made.
<b>NN/36/08/20</b>	<b>Minutes of the Last Meeting</b>
	The minutes of the last Nottinghamshire and Nottinghamshire PPEC meeting held on 28 July 2020 were agreed as an accurate record of the discussion that took place at that meeting.  In response to a query, confirmation was provided that the Information

	<p>Bulletin would now be issued on a monthly basis and would include highlights of the PPEC meeting. This information would also be published on the CCG's website.</p>
<p><b>NN/37/08/20</b></p>	<p><b>Matters Arising including Action Log</b></p>
	<p>An updated copy of the Action Log had been circulated to PPEC members prior to the meeting.</p> <p>Jasmin Howell noted that the Action Log didn't include reference to PPEC's involvement in the development of culturally competent check and balance processes and it was agreed that this should be added.</p> <p><b>Action: Update the Action Log to include an action regarding PPEC's involvement in the development of culturally competent check and balance processes.</b></p> <p>Julie Andrews went through the outstanding actions on the action log and provided updates as follows;</p> <ul style="list-style-type: none"> <li>• NN/10/05/20 - Develop a framework to support PPEC to effectively and consistently evaluate engagement and monitor its effectiveness as a Committee. An initial Task and Finish Group meeting is scheduled for 2 September 2020 and an update will be provided to the next PPEC meeting.</li> <li>• NN/19/06/20 - Explore opportunities to align engagement and Equality Impact Assessments with the CCG's Equality Lead. This action would be followed up prior to the next meeting.</li> <li>• NN/23/07/20 – A briefing providing clarification about the Nottinghamshire Coronavirus Community Support Hub had been circulated to PPEC members prior to the meeting. Whilst it was noted there was reference to a similar service provision in Nottingham City PPEC members requested specific details of provision in Nottingham City.</li> </ul> <p><b>Action: Julie Andrews to request further clarification regarding Coronavirus Community Support Hub provision in Nottingham City.</b></p> <ul style="list-style-type: none"> <li>• NN23/07/20 Access to Interpreters – PPEC members noted that Rosa Waddingham's team is investigating the issues raised and further information would be circulated upon receipt.</li> </ul> <p><b>Action: Julie Andrews to circulate further information about access to interpreting services upon receipt.</b></p> <ul style="list-style-type: none"> <li>• NN/27/07/20 - Accessibility of the Primary Care Network Toolkit is being reviewed with Michael Conroy, My Sight Nottinghamshire. An updated copy would be circulated to PPEC members.</li> </ul> <p><b>Action: Katie Swinburn to circulate updated copy of PCN Toolkit to PPEC members.</b></p>

	<ul style="list-style-type: none"> <li>• NN/32/07/20 – Confirmation was provided that the Nottingham and Nottinghamshire GP Patient Survey results had been included in the Bulletin. PPEC members noted that the high level national position had been reported to the Primary Care Commissioning Committee (PCCC) recently and the results are now being analysed for Nottingham and Nottinghamshire practices with a view to providing an update to the October Quality &amp; Performance Committee and the PCCC. Further information would be shared with PPEC members as it becomes available.</li> <li>• A public facing version of the Commissioning Intentions had been circulated to PPEC members prior to the meeting. PPEC members commented that publication of the document was unacceptably late.</li> <li>• Copies of the Public health England reports “Beyond the data: Understanding the impact of COVID-19 on BAME groups” and “Disparities in the risk and outcomes of COVID-19” had been circulated to PPEC members prior to the meeting. PPEC members requested a local strategy and plan to address health inequalities be presented to PPEC members by the end September 2020.</li> </ul> <p><b>Post meeting note;</b>  <b>In response to the issues raised throughout the meeting regarding health inequalities, a meeting has been requested involving the CCG lead for health inequalities and the Chair and Vice-Chair of PPEC. In addition, a request has been made for ICS colleagues to present the ICS system Health Inequalities Strategy 2020-2024.</b></p>
<p><b>NN/38/08/20</b></p>	<p><b>COVID-19 Phase 3 letter from NHS England/Improvement</b></p>
	<p>Copies of the Phase 3 letter from NHS England/Improvement, the ICS progress report and associated timeline had been circulated to PPEC members prior to the meeting and were noted. The letter sets out the third phase of the NHS response to Covid-19.</p> <p>PPEC members noted from the Phase 3 ICS progress report that the clinical reference group are devising a process to address the issue of clinical prioritisation but were disappointed to note this work would not be completed by the first submission, and possibly not by the final submission</p> <p>Julie Andrews shared a presentation that highlighted that the NHS was now in Phase 3 of the pandemic which is the recovery stage focusing on;</p> <ol style="list-style-type: none"> <li>a) Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the ‘window of opportunity’ between now and winter</li> <li>b) Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.</li> <li>c) Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.</li> </ol>

All local systems have been asked to act on the five principles developed by patients' groups through National Voices which are:

- Actively engaging with those most impacted by the change
- Make every one matter, leave no-one behind
- Confront inequality head-on
- Recognise people not categories by strengthening personalised care
- Value health, care and support equally

The key areas of focus to support a return to near-normal levels of non-Covid health services relate to:

- Restoring full operation of all cancer services
- Recovering the maximum elective activity possible between now and winter
- Restore service delivery in primary care and community services
- Expand and improve mental health services and services for people with learning disability and/or autism

A further focus is on preparing for winter demand pressures, alongside being continually vigilant in the light of further probable Covid spikes locally by;

- Continuing to follow good Covid related practice to enable patients to access services safely and protect staff
- Sustaining current NHS staffing, beds and capacity
- Delivering a very significantly expanded seasonal flu vaccination programme
- Expanding the 111 First offer
- Maximising the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand
- Making full use of the NHS Volunteer Responders scheme
- Continuing to work with local authorities on resilient social care services

Finally, the NHS is being asked to take account of lessons learned during the first Covid peak; lock in beneficial changes; and explicitly tackle fundamental challenges including: support for our staff, and action on inequalities and prevention.

PPEC members highlighted the need for any local response to have a clear focus on prevention as this lies behind health inequalities. Reference was also made to the impact of unemployment on health and wellbeing and access to sources of help and support for people.

Lesley Watkins referred to the community hubs that provide an excellent source of information for the general public.

**Post Meeting Note;**

**As referenced earlier, in response to the issues raised throughout the meeting regarding health inequalities, a meeting has been requested involving the CCG lead for health inequalities and the Chair and Vice-Chair of PPEC. In addition, a request has been made for ICS colleagues to present the ICS system Health Inequalities Strategy 2020-2024.**

<p><b>NN/39/08/20</b></p>	<p><b>Research and Engagement into NHS System Recovery Interim Report</b></p>
	<p>The CCG and other NHS organisations have made changes to the way services are delivered during the Covid-19 pandemic. Some of these changes have the potential to transform the way healthcare is provided. A programme of research and engagement is currently underway to understand the impact of these changes on our population.</p> <p>An interim report of the quantitative data and targeted outreach with vulnerable groups had been produced and Matt Prince, Senior Research Manager, DJS Research, shared key messages to date with PPEC members as follows;</p> <p>Data collected from almost 3,000 citizens has told us that;</p> <ul style="list-style-type: none"> <li>• Overall national and local NHS bodies have done a good job in keeping our population informed, more than the Government.</li> <li>• Citizens accessed their information most often from social media and local TV/media</li> <li>• Accessing healthcare during the pandemic was easy for some types of need and for some citizen groups – but this varied greatly by socio-economic group, race, carer-status and other variables</li> <li>• Many patients put off accessing healthcare during the pandemic, either because of concerns about overwhelming the NHS or through fear of catching Covid-19.</li> <li>• We have permission to continue with our usage of remote consultations – albeit whilst maintaining an alternative for the socially or technologically excluded.</li> <li>• We have permission to continue with our accelerated discharge programme</li> </ul> <p>Targeted outreach with populations that might be under-represented or otherwise at disadvantage had been undertaken by the CCG Engagement Team and the Voluntary Sector Alliance and has confirmed that;</p> <ul style="list-style-type: none"> <li>• Many of the positives and the challenges experienced by the wider population were also experienced by the groups that were engaged with.</li> <li>• But the challenges often exacerbated existing health inequalities and vice-versa.</li> <li>• Changes to access to services needs to be carefully considered for all these groups – but real opportunities as well as pitfalls of remote access</li> <li>• Isolation and increased vulnerability seen in many groups, both because of the pandemic, the government’s changes and our changes.</li> </ul> <p>The interim report has been reviewed to determine the issues to be explored further through in depth focus groups and telephone interviews. PPEC members were invited to put forward suggestions about any issues that should be explored in more depth in the focus groups and interviews. PPEC members suggested a focus on younger people and understanding the view of GPs. In response to a question, it was noted that the CCG Engagement Team had already extensively engaged asylum seekers and refugees.</p>

	<p>In response to a question, Matt Prince confirmed that the final report would include a demographic breakdown of respondents to the DJS Research survey.</p> <p>Julie Andrews outlined next steps in that the research would be completed and an integrated report produced drawing together the information gathered by DJS Research, the CCG Engagement Team and the Voluntary Sector Alliance. This would be followed up by publication of a “You Said, We Did/WillDo” narrative to provide feedback to participants who had kindly given of their time.</p> <p>PPEC members challenged the CCG to deliver an integrated report with recommendations that could be translated into a CCG action plan by the end of September.</p> <p><b>Action: Engagement Team to deliver an integrated report with recommendations that could be translated into a CCG action plan by the end of September.</b></p>
<p><b>NN/40/08/20</b></p>	<p><b>Exploring the health experiences of asylum seekers and refugees, Examples of best practice and areas for improvement – Nottingham and Nottinghamshire Refugee Forum</b></p>
	<p>Sue Clague introduced a report produced by the Nottingham and Nottinghamshire Refugee Forum that provides details of the health experiences of 57 asylum seekers and refugees, examples of best practice and areas for improvement that had been circulated to PPEC members prior to the meeting.</p> <p>Due to time constraints it was not possible to go through the report in any detail, however, PPEC members shared the view that the report highlighted difficult issues regarding barriers to equal access to health services for the asylum seeker and refugee communities that are the responsibility of the CCG and health providers to address.</p> <p>With this in mind it was agreed that the report would be shared with the CCG lead for health inequalities and a meeting arranged to discuss the development of a tangible action that could be monitored and the CCG held to account for delivery of.</p> <p><b>Action; Copy of Nottingham and Nottingham Refugee Forum’s report to be shared with Rosa Waddingham and meeting requested to discuss this and the many other issues that had arisen during the meeting relating to health inequalities.</b></p>
<p><b>NN/41/08/20</b></p>	<p><b>Governing Body Feedback and Key Messages from PPEC</b></p>
	<p>The key item for discussion at the most recent Governing Body meeting related to the Phase 3 letter received from NHS England/Improvement.</p> <p>The key messages that PPEC members agreed to share with the Governing Body were;</p> <ul style="list-style-type: none"> <li>• PPEC members agreed that an integrated report bringing together all research and engagement activity relating to Covid-19 should be presented to the relevant committees and translated into an action</li> </ul>

	<p>plan detailing how the CCG is going to respond to the many issues raised.</p> <ul style="list-style-type: none"> <li>• With regard to the CCGs response to the Phase 3 letter, PPEC members would like clarity regarding how the backlog for healthcare that has accumulated during Covid-19 will be addressed in its submission to NHSE/I.</li> <li>• PPEC members would like sight of the CCGs response to the Phase 3 letter.</li> </ul>
<p><b>NN/42/08/20</b></p>	<p><b>Any Other Business</b></p>
	<p>No further items of business were discussed.</p>
<p><b>NN/43/08/20</b></p>	<p><b>Date of Next Virtual Meeting</b></p>
	<p>The next meeting will be held virtually on Tuesday 29 September 2020 from 2 pm to 3.30 pm.</p> <p><i>Please note the duration of the meeting has been extended and it will now conclude at 4 pm</i></p>