

**Minutes of the Nottingham and Nottinghamshire
 Patient and Public Engagement Committee
 held virtually on Tuesday 26 October 2021
 2 pm to 4 pm**

Attendees;

Sue Clague, Chair
 Jasmine Howell, Vice Chair
 Chitra Acharya, Patient Leader/Carer
 Colin Barnard, Patient Leader/Diabetes
 Gilly Hagen, Patient Leader/Sherwood Patient Participation Groups
 Jane Hildreth, Community Voluntary Sector representing Mid Nottinghamshire PBP
 Amdani Juma, African Institute for Social Development
 Emma Lucas, My Sight Nottinghamshire
 Roland Malkin, Nottinghamshire Cardiac Support Group
 Paul Midgley, Rushcliffe
 Helen Miller, Healthwatch Nottingham and Nottinghamshire
 Carolyn Perry, Community Voluntary Sector representing, South Nottinghamshire PBP

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

Julie Andrews, Engagement Manager
 Alex Ball, Director of Communications and Engagement
 Sasha Bipin, Engagement Officer
 Amy Calloway, Assistant Director of Quality, Transformation and Oversight
 Andrew Fearn, Digital Lead for the ICS
 Prema Nirgude, Head of Insights and Engagement
 Becky Sutton, Programme Director, Community Transformation Programme
 Steven Smith, Programme Manager, Community Transformation Programme

Apologies for absence were received from;

Teresa Burgoyne, Nottingham West
 Kerry Devine, Improving Lives
 Daniel Robertson, Nottingham and Nottinghamshire Refugee Forum
 Jules Sebelin, Community Voluntary Sector representing City PBP

NN/196/10/21	Welcome and introductions
	<p>Sue Clague welcomed everyone to the Nottingham and Nottinghamshire Patient and Public Engagement Committee (PPEC) meeting and extended a warm welcome to Prema Nirgude, Head of Insights and Engagement, who had recently taken up post and was attending her first PPEC meeting.</p> <p>In addition, Alex Ball, Amy Calloway, Andrew Fearn, Becky Sutton and Steven Smith who would be presenting items on the agenda were welcomed.</p>
NN/197/10/21	Declarations of interest
	<p>Sue Clague 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.</p>

NN/198/10/21	Minutes of the last meeting
	<p>The minutes of the last PPEC meeting held on 28 September 2021 were discussed and these were agreed as an accurate record of the discussion that took place at that meeting.</p>
NN/199/10/21	Matters arising including Action Log
	<p>An updated copy of the Action Log had been circulated to PPEC members prior to the meeting and was noted.</p> <p>Julie Andrews confirmed that the items in the action log recorded as complete had been completed to PPEC members satisfaction and it was agreed these could be closed.</p> <p>Julie Andrews highlighted some of the ongoing actions within the action log as follows;</p> <p>NN/190/09/21 Dementia Well Pathway During discussion regarding Dementia Well Pathway engagement at the last meeting PPEC members had requested details of the planned feedback webinar. Julie Andrews advised that a provisional date of 24 November from 12 15 pm to 1 45 pm was subject to confirmation and further information would be circulated.</p> <p>Action; Julie Andrews to circulate further details of the Dementia Well Pathway feedback webinar.</p> <p>NN117/08/21 Interpretation and Translation Services Julie Andrews explained to PPEC members that planning for further engagement was pending availability of the outcome of desktop research being undertaken by a subject matter expert. PPEC members agreed that a further update should be provided at the November meeting to include progress against key milestones.</p> <p>Action: Julie Andrews to include an update regarding Interpretation and Translation Services on PPEC forward programme for November 2021.</p> <p>NN/157/06/21 and NN/168/07/21 – Engaging with ethnically diverse communities in Mid Nottinghamshire Julie Andrews referenced concerns raised by PPEC members that minority ethnic communities in Mid Nottinghamshire may be feeling isolated due to their inability to access their usual support networks in the City during the pandemic. Diane Carter agreed to follow this issue up at end June 2021. PPEC members agreed that Diane Carter should be invited to provide an update at November/December meeting on progress made to identify communities and to share any issues and barriers they are experiencing and how these would be addressed.</p> <p>Action: Julie Andrews to include an update regarding engagement with ethnically diverse communities in Mid Nottinghamshire in the PPEC forward programme for November/December 2021.</p> <p>PPEC Virtual Membership With regard to the action relating to virtual PPEC membership Julie Andrews explained that the action had been partially completed and the outstanding issues would be addressed through the work taking place regarding working with people and communities as part of the ICS transition. PPEC members agreed that this action could be removed from the action log.</p>

	Action: Julie Andrews to remove the action relating to PPEC membership from the action log.
NN/200/10/21	ICS Transition
	<p>a) Working with people and communities</p> <p>Copies of a paper entitled Working with People and Communities prepared for presentation to the ICS Board on 4 November 2021 had been circulated to PPEC members prior to the meeting.</p> <p>Alex Ball, Director of Communications and Engagement provided a brief introduction to this paper explaining that it summarised a high level approach to involving people and communities and had been shared with PPEC members in advance of it being presented to the ICS Board. PPEC members had been involved in previous discussions and workshops to inform the development of the paper. PPEC members were invited to provide input to navigate and accelerate implementation of an ambitious programme as quickly and effectively as possible and to help identify critical success factors.</p> <p>Sue Clague referenced the detail in the paper and acknowledged the work that had gone into its development by the Engagement Team.</p> <p>PPEC members highlighted the following points;</p> <ul style="list-style-type: none"> • The Citizens Panel appears to have the potential to be something that is big, cumbersome and expensive. This point was noted and it was confirmed that the citizens panel would form part of a spectrum of activity that would be agile and lean. • A greater emphasis should be included regarding the influence of engagement which would be a critical success factor and increase belief that it can work. • Community and voluntary sector are an important part of the engagement approach and mapping would help identify any gaps in representation. Adequate resources would be required to support engagement through the sector. The richness and diversity of the community and voluntary sector was acknowledged and is being progress through a parallel programme of work to support leadership and integration within the ICS. • Social prescribers have much valuable insight that could be used to inform local approaches. <p>Clarification was requested regarding the Advisory Committee and whether or not this would incorporate the transition of PPEC. Alex Ball acknowledged the need to clarify this but explained that the governance arrangements would be different and were still evolving. The ICS would wish to maintain the intelligence and enthusiasm of PPEC members but this would need to fit with other elements of the governance structures.</p> <p>Alex Ball also referred to governance at place and neighbourhood level and the need to be flexible and shape what is required providing broad principles to support places and neighbourhoods to develop their approach.</p> <p>Alex Ball agreed to reference the above comments when presenting to the ICS Board on 4 November 2021. The ICS Board would be asked to endorse the approach following which there would be a significant amount</p>

of work to progress implementation. Several things would need to be in place by 1 April 2022 to ensure the organisation was legally compliant. Overall the approach could take between 12 and 18 months to fully implement.

Action: Alex Ball to incorporate PPEC members comments when presenting to the ICS Board on 4 November 2021.

b) Co-production

Copies of an overview of the work taking place to develop an ICS Co-Production Strategy together with a presentation had been circulated to PPEC members prior to the meeting and were noted.

Amy Calloway, Assistant Director of Quality, Transformation and Oversight, provided PPEC members with an overview of the programme of work to develop system wide co-production across the ICS in readiness for new governance arrangements that would take effect from April 2022. Co-production would be embedded in all areas of the new organisation including commissioning, service development, service change and key decision making.

Nottingham and Nottinghamshire was one of 10 sites to secure funding and peer mentoring from NHSE/I to develop and embed strategic co-production across the system.

In addition to a strategy, other key deliverables include:

- A co-production toolkit for staff
- Toolkit materials and training package
- Strategic co-production group to report into the Integrated Care Board
- Culture change across the system

The approach complements the engagement work happening across the system and forms part of the system approach to working with people and communities.

Paul Midgley welcomed this approach and suggested the East Midlands Academic Health Science Network (EMAHSN) PPI Senate would be a good group to engage with to obtain feedback on the Co-Production Strategy.

Gilly Hagen suggested engaging with partners at a place and neighbourhood level for example District/Borough Councils. Amy Calloway confirmed that engagement had taken place at place and neighbourhood level and whilst an overarching umbrella strategy would be developed there would be an expectation that key partners would sign up to it and for their own strategies to align with it.

Sue Clague looks forward to seeing a worked through example of co-production and suggested this could relate to a patient pathway, for example emergency care.

Sue Clague welcomed the presentation and the embedding of the concept of co-production across the system.

NN/201/10/21	Community Transformation Programme
	<p>Copies of a paper providing an update on the Community Transformation Programme had been circulated to PPEC members prior to the meeting.</p> <p>Becky Sutton, Programme Director, Community Transformation Programme, presented the update and referred to the huge role community services play in service delivery across the system. The vision is to optimise people’s independence by addressing their physical and mental health and social care needs. The programme began in May 2021 to define good services and outcomes and is currently in Phase 2, the strategy and development phase will explore in more detail what the vision should look like including best practice and key principles for neighbourhoods to adopt. During Phase 3, work will take place with neighbourhoods to co-produce community services in response to health inequalities and differing needs. Citizen engagement and co-production would be key at neighbourhood level and would build on existing community assets and incorporate integration with social care. The plan is to identify early adopters and work through a 100 day improvement cycle to test and co-produce a local approach.</p> <p>Sue Clague noted that the work had been ongoing since May 2021 and queried the timeline for implementing change, requested outputs of the workshops and principles to test. This was one of the biggest transformation programmes that would happen in the next 2 – 3 years and it is important to understand the citizen perspective to inform service transformation.</p> <p>Becky Sutton responded that stakeholder engagement to date had focused on securing a commitment from partners to a high level ambition to do something fundamentally different across the system. Becky Sutton provided assurance to PPEC members that citizen engagement through co-production would be applied across the system from January 2022.</p> <p>Sue Clague suggested that citizen engagement would need to take account of the state of maturity of the neighbourhoods and this should be taken into consideration when identifying early adopter sites. In addition, consideration should be given to developing metrics that would identify improvements in the quality of community services.</p> <p>PPEC members noted the update on the Community Transformation Programme and the commitment to meaningful citizen engagement within the programme that could deliver a different offer in response to the differing needs of an area. PPEC members agreed that a further update should be provided in January 2022.</p> <p>Action: Julie Andrews to include an update regarding the Community Transformation Programme in PPEC forward programme for January 2022.</p>
NN/202/10/21	Digital Solutions
	<p>Andrew Fearn, Digital Lead for the ICS, provided PPEC members with an overview of the national context and referenced Government policy document Data saves lives: reshaping health and social care with data supported by NHSx leading body for digital services What Good Looks Like framework that sets out a common vision for good digital practice and the Unified Tech Fund that has released nationally £634 million to bid against to spend predominantly by March 2022.</p>

In addition, the ICS Design Framework provides eight key elements that an ICS should have from a digital perspective. This includes a clear ICS digital strategy that covers five key areas;

1. Public facing digital services
2. Population health management to steer and design services
3. Digitilisation of providers
4. Single care record
5. Digital literacy of staff and service users with a focus on the NHS App and Patient Knows Best (PKB) to provide access to information through one gateway and then to start to capture information. For example, a patient may self identify as housebound via PKB and this information could be used to inform delivery of appropriate services.

A lengthy discussion took place that covered three key areas, digital exclusion, NHS app and use of NHS app to help alleviate system pressures particularly in primary care;

1. With regard to addressing digital exclusion, Gilly Hagen shared an example of a community hub in place in Mid Nottinghamshire that offers free tablets and digital health champions to support people who don't have access to their own resources and need support and training. A further example was shared whereby hospital out-patient appointments had taken place in local GP practices to enable the patient to connect via video link to avoid a long journey time to hospital.

Andrew Fearn advised the ICS was keen to explore how across Nottingham and Nottinghamshire 'safe pods' could be provided in libraries or healthcare settings to allow people to access their healthcare provision and have access to facilities that enable them to talk to the people they need to talk to.

Emma Lucas suggested consideration be given to the siting of safe pods in community and voluntary sector settings and would welcome a conversation about provision for people with visual impairment. Andrew Fearn acknowledged the importance of involving community groups in the design of this and agreed to have follow up conversations with Gilly Hagen and Emma Lucas.

Jane Hildreth reminded everyone not to forget those citizens who do not wish to be digitally enabled but still need to access information and appointments.

2. Paul Midgley referenced the NHS app and PKB and how well it is embraced by Sherwood Forest Hospitals Foundation Trust (SFHFT) compared to Nottingham University Hospitals Trust (NUH). It was suggested the Unified Tech Fund could support further developments at NUH.

Andrew Fearn acknowledged the need for all partners to change attitude and opinions regarding the sharing and more effective use of information across the system.

Helen Miller highlighted the data security risks posed by having several NHS related apps available to patients and asked for clarification as to how this could be brought together in a single gateway to reduce security risks.

	<p>Andrew Fearn responded that over the last 18 months due to Covid-19 the way healthcare is delivered had radically changed through the use of technology. This was an issue to be addressed and favoured the use of the NHS app with PKB sitting behind this.</p> <p>Further clarity regarding the plans to grow the 275,000 citizens already signed up to the NHS app was requested.</p> <p>3. Paul Midgely asked that consideration be given to developing communication plans that could be put in place relatively quickly to help alleviate pressures in general practice, through encouraging use of NHS App to reduce telephone calls into practices for repeat prescriptions, insurance reports, sharing results.</p> <p>Andrew Fearn confirmed that this is an area that is being explored to alleviate pressures across the system.</p> <p>Sue Clague thanked Andrew Fearn for an extremely informative presentation that had generated a great deal of discussion.</p> <p>Action: Andrew Fearn to arrange follow-up conversations with Gilly Hagen and Emma Lucas.</p>
NN/203/10/21	Covid Update
	<p>Alex Ball, Director of Communications and Engagement provided a brief update on the Covid-19 and the vaccination programme as follows:</p> <ul style="list-style-type: none"> • Covid-19 infection rates are steadily increasing and there was concern regarding pressures on the NHS during the winter period. • Vaccination programme is not optimal but progress is being. • Booster doses are available to those eligible to walk-in and access at any one of three sites. • To access a booster dose at a GP site, invitations will be sent out by letter. • Eligible people (190 days since second vaccination) may also book online to go to any one of the three sites and community pharmacy. • Vaccinations for 12 to 15 year olds would continue after the half term break and appointments could be booked at the larger vaccination sites. • People can continue to walk- in to access first and second vaccinations. Number of people over age of 80 years have attended for their first dose. <p>In response to a question, it was confirmed that the regular community briefings on Covid-19 would continue if they were helpful. PPEC members confirmed that they are helpful.</p>
NN/204/10/21	PPEC Terms of Reference
	<p>Copies of an updated version of the PPEC Terms of Reference had been circulated to PPEC members prior to the meeting.</p> <p>Sue Clague highlighted to PPEC members that Section 8, 'Conduct of business and members' of PPEC's Terms of Reference have been updated to clarify the purpose of recording meetings and to provide an etiquette for PPEC members to follow when attending virtual meetings.</p> <p>PPEC members noted the changes to the Terms of Reference.</p>

NN/205/10/21	Governing Body Feedback & Key Messages from PPEC
	<p>Sue Clague provided feedback from the Governing Body meeting held on 6 October 2021 when discussion had focused on:</p> <ul style="list-style-type: none"> • The provider collaborative involving Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare Foundation Trust and Sherwood Forest Hospitals Foundation Trust, working together on elective recovery. An update on progress would be brought to PPEC next month. • A new framework to improve accountability of primary care performance. • Community care transformation and the measurement of outcomes using the expertise within the newly established System Analytical Unit. • Workforce issues with a focus on staff shortages. <p>Sue Clague summarised the key messages from PPEC that would be highlighted at the next Governing Body meeting on 1 December 2021 as:-</p> <ol style="list-style-type: none"> 1. PPEC members welcomed the progress made to date to develop a framework for working with people and communities as part of the ICS transition. It was noted that there was a significant amount of work to do to implement the framework and that supporting the establishment of robust arrangements at place and neighbourhood level remain a key challenge to its successful implementation. 2. The development of a co-production strategy for implementation across the ICS was welcomed. PPEC members look forward to understanding more about the practical application of co-production and suggested this could be applied to a patient pathway, for example emergency care. 3. A presentation on the Community Transformation Programme provided PPEC members with details of the stakeholder engagement undertaken to date to agree high level principles for all partners to sign up to. PPEC members noted that citizen engagement would take place at neighbourhood level to facilitate co-production of community services that are responsive to health inequalities and differing needs. PPEC members requested further detail regarding plans for citizen engagement in January 2022. 4. PPEC members welcomed the details shared regarding digital transformation across the ICS and highlighted the need for a single gateway to NHS digital applications to improve accessibility and data security.
NN/206/10/21	Any Other Business
	There were no further items for discussion.
NN/207/10/21	Date of Next Virtual Meeting
	The next PPEC meeting will be held virtually on Tuesday 30 November 2021 from 2 pm to 4 pm via Microsoft Teams.