

## **PUBLIC REFERENCE GROUP (PRG) MINUTES**

**Wednesday 18<sup>th</sup> December 2019 at Town Hall Chambers**

### **Present**

James Campbell (JC)	Co-Chair
Alex Camies (AC)	Member, PRG
Graham Carter (GC)	Member, PRG
Neville Fernandes (NF)	Member, PRG
Husseina Hamza (HH)	Member PRG
Anne Hooper	Lay Member
Adrian Ingram (AI)	Member, PRG
Rosie Jackson (RJ)	Secretary, PRG (Minutes)
Juliet McCollin	Member, PRG
Mabel Nwoko (MNw)	Member, PRG
Tony Pilkington (TP)	Member, PRG
Keith Walton (KW)	Member, PRG
Russell Cartwright (RC)	Head of Communications and Engagement
Teresa Rodriguez (TR)	Engagement Officer

### **In attendance**

BSL Interpreters

### **Speaker**

Jessica Juon *Joint Commissioner CYP*

### **Apologies**

Michelle Nembhard (MNe) Co-Chair, PRG

## **1. Welcome and purpose of meeting**

JC welcomed everyone to meeting. Apologies noted. No conflict of interest declared.

## **2. CYP I-Thrive event follow-up (JJ)**

JJ gave an interesting presentation on progress with CYP review and i-Thrive.

There have been 2 reviews of CYP emotional health and well-being pathway which have shown good will amongst the CYP workforce, though services are fragmented and lacking in cohesion.

CAHMs are a very well-known service but is not always what is needed. CAMHS is a specialist intervention and has a higher threshold. i-THRIVE is a nationally recognised conceptual framework that can help to coordinate the wider CYP mental health and emotional wellbeing service offer.

Plan is to implement an evidence-based framework which has 4 key principles:

- Develop and use a common language
- Needs led; what does a young person need? Approach based on need not diagnosis. To be clear about the definition of need at any one point
- Shared decision making i.e. include and engage families at an early stage. Voices of children and young people is central

- Proactive and preventative, proactively working with the most vulnerable groups to reduce the need for acute services by early support

62% of CYP nationally are now in i-Thrive live areas.

There are challenges but meeting milestones.

Compass is an example of getting help for substance misuse, sexual health and emotional well-being.

RJ asked whether LGT Sexual Health Services have been included in discussion as they see and support considerable numbers of vulnerable often complex young people with emotional and mental health issues. JJ responded that she had engaged Compass, who work with CYP with substance misuse challenges. Jessica is happy to engage additional substance misuse services if given the details.

Commissioners are consulting widely on i-THRIVE and revisiting pledges to ensure they become part of everyday language. It is an iterative process and discussions on definitions continues, with focus groups arranged including, Youth Offending Services, Young Mayor's Advisors, Carer's Forum and CAMHS Alchemy Groups.

Points from PRG members focus group discussions include:

- Use the first person
- Get rid of professional speak, use simple language. General reading age in Lewisham is 6 – 8 years
- Do people understand the word/concept 'thrive'?
- List what makes a child or young person thrive to ensure everyone understands what is meant by this term. Ensure children and young people do not feel worse or a failure if not 'thriving'
- Include use of smiling/sad faces to help rating of feelings/services etc
- Use of pictures to aid comprehension
- Wide range of ages across CYP may need age related simple material
- Circular diagram – prevention and promotion, not clear and professional speak
- Thriving wheel clear, circular good as no order, my need to access wheel at any point

### **CAHMS Transformation Plan**

An Easy Read version of the CAMHS Transformation Plan is now available on the CCG website. JJ offered an overview of the document and invited the PRG members to give their view in the 'comment' section. The full strategy is also available.

#### **Action: TR to circulate link to CAMHS Transformation Plan and Easy Read version**

Next i-Thrive workshop on Monday 10<sup>th</sup> February 10.30 – 12.30 Council Chambers

### **3. BGL Winter Campaign Update (RC)**

The campaign is using an evidence-based approach, working with a behavioural change company. Feedback on visuals has been received from approx. 300 people, tested in focus groups and online RCT trials. This has informed what worked and what didn't. Different versions of the adverts were used on Facebook and were tagged to measure which had the most impact. Honed down variations of message have been discussed at public engagement sessions and in short interviews with members of the public.

Parents: it seemed generally weren't anti vaccine, but some were anti flu vaccine. Some weren't aware the flu vaccine for children was a nasal spray not an injection. Some lack of awareness that pre-school children were eligible.

Over 60s: Generally, over 60's regarded flu vaccine as essential self-care and didn't wait for reminder. However, some thought it was for frail people and that were well enough and didn't need it.

Some in both groups were unaware how bad flu can be.

Feedback from parent's artwork group, a common theme appeared i.e. a lack of clear pros and cons of the flu vaccine. The campaign has produced such pros and cons and this is on the CCG website. TR will send link.

- Comprehensive accessible information required
- Reminder prompts useful

There had been a problem with supply of vaccine initially, nationally uptake low.

RC has contacted GPs with texts to send to patients in target group. It was raised that text said no appointment needed, which was inaccurate as an appointment was required so unable to get vaccine when attended.

There is an overall campaign for the general population to raise uptake of flu vaccine, but the paid for campaign was for the target groups.

**Action: TR to send CCG website link to flu vaccine Q&A**

#### **4. Progress of actions from previous minutes 'You said, we did' – update**

- TR reminded PRG members to try to log in to their nhs email, aware that a couple of members still having trouble. December PRG communications will be by personal and nhs email, next year communication will be by nhs net.
- Subgroup minutes to TR, ongoing.
- TR thanked members for feedback on events attended. TR will start working on evaluation report after Christmas. Feedback forms can be used if attending events.
- The group discussed how to ensure the communication between PRG and speakers is maintained and messages agreed. It was suggested to promote communication with PRG liaison member / speaker pre and post-meeting.
- Dates for PRG next year's meetings have been set. **Action: TR to email PRG meeting dates for 2020**

#### **5. NHS Long Term Plan engagement**

In January, the NHS set out its plans for the next 10 years across the whole of England. Our Healthier South East London (OHSEL) and the CCGs delivered a series of engagement events in SEL to understand how we can improve our services and make a healthier south east London.

In Lewisham the events were held on the 16 July in Laurence Centre, including a topic specific event covering 'Getting the best start in life' and a borough-wide discussion where the attendees

discussed the NHS Long Term Plan, and its impact on the community and the wider public sector.

Additional conversations with Lewisham community groups were held during July with visits to the BME Mental Health Carers Forum, Asian Elderly Group at the Calabash Centre, BME Lewisham Network and Lewisham Mental Health Carers Forum.

Members of PEEF, during their meeting in October, discussed the main findings from the portfolio of activities and how these can be transferred into a 'you said, we did/are doing' summary.

TR shared with the PRG the YSWD summary that gathers comments from the engagement groups (you said), activities and services already in place (we have done) or that could support the specific needs (we will do). The tracker will include the relevant organisation/s able to contribute to tackle the issues (who).

The summary will help to ensure the feedback and actions are fed back in a meaningful way to participants, and that Lewisham residents' views are taken forward.

You said:

The PRG discussed the draft summary and concluded it will be meaningful to organise a meeting with a subgroup for members interested in the subject.

**Action: TR will continue to complete the draft and will contact PRG members in 2020 for a subgroup meeting.**

## 6. Any other business

JC asked GC if he would stand in as Chair if neither he nor MNe were present at the meeting. GC agreed to do so.

Discussion re starting time of future meetings. Several members suggested a 10.00 start would suit them better. It was agreed that future meetings would start at 10.00 not 09.30.

**Date of next meeting 31<sup>st</sup> January 2020 10.00-12.00**

## Action Log

Agenda item	Action	Lead	Due date	Comment
Diabetes new model of care	Include feedback on the You Said – We Did public engagement tracker	TR	Nov19	Complete
Diabetes new model of care	Organise Diabetes subgroup meeting to discuss indicators/measures of quality	TR	Nov19	Complete
Diabetes new model of care	Circulate public and patient engagement plan for comment	TR	Mar20	Scheduled PEEF meeting 17 March
Pharmacy First review	Include feedback on the You Said – We did public engagement tracker	TR	Nov19	Complete
Pharmacy First review	Circulate Pharmacy First draft leaflet to the group for comments.	AM	Ongoing	Ongoing
Lewisham Integrated Medicine Optimisation Service	LIMOS new patient information leaflet to be shared with PRG when available	DR	Mar20	Ongoing
CYP Commissioning	Circulate link to CAMHS Transformation Plan Easy Read version.	TR	Jan20	Complete

BGL Winter Campaign	Send link from CCG website to flu vaccine pros and cons summary	TR	Jan20	Complete
NHS Long Term Plan	Complete NHS LTP 'You said, we have done/are doing' form and invite PRG members to contribute via subgroup	TR	Mar20	Form to be discussed at PEEF Meeting 17 March
PRG processes	Pair PRG members with speakers prior and post meeting	TR	Ongoing	Ongoing

