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Hull CCG AGM 2020 Question and answer session

**Hull has one of the highest smoking rates in the country and in the current pandemic, this is especially not healthy for both the smoker and those who are inhaling second-hand smoke. What are the CCG’s plans to reduce smoking in Hull?**

When we looked at the list of causes of death for people in Hull in April 2019 and April 2020, what struck me when you see a list of people who have died from lung cancer you get a feeling of the toll that the disease brings on the people of Hull. It does discriminate and it discriminates in Hull, obviously between smokers and non-smokers but it also discriminates within the populations in Hull.

80 out of 1000 smokers will die of lung cancer and smoking will probably kill up to one in two people who do smoke. It is important to reiterate the importance of stopping smoking and stopping people from starting smoking so Hull CCG works very closely with Hull City Council on SmokeFree Hull which focusses largely on this. We also signed to make Hull have a smoke-free generation a couple of years ago and we have reduced smoking rates in the city. Five years ago more than 45% of adults in our most disadvantaged areas smoked, this has decreased to 35% through targeted support but it's not enough and we need to do more.

Interestingly, that 35% of smokers in our most disadvantaged areas compares to 13% in our least disadvantaged areas so there is a big difference across the spectrum so we need to concentrate our efforts in those populations that have the highest smoking rates and those whose health can be most seriously affected by it.

92% of our children young people choose not to smoke and the number of Hull women smoking in pregnancy has decreased significantly in the city so smoking rates have gone down nationally they've gone down in Hull but they haven't gone down in Hull as much as they have from a national point of view. SmokeFree Hull which is a service jointly commissioned with the local authority has primary responsibility for commissioning stopping smoking services and provides expert one-on-one support for smokers, free stopping smoking aids such as nicotine patches, gum or Champix and someone from the service to encourage people which is one of the most important things that we need to do to keep people motivated to quit. We will also support individuals who have started or wish to start their quit progress success by purchasing e-cigarettes.

Another area that we're looking at is, as a port city, illegal and illicit tobacco smoking is a significant issue because it not only has a direct impact on the health of individuals but also provides significant financial support to organized crime which has an impact on people both locally and nationally and overseas because as you probably know the average price of a packet of cigarettes now is over 12 pounds for 20. One of our concerns has always been the purchase of cheap illicit cigarettes so that's something that the Hull Alliance and Tobacco Control are actively trying to target with some success actually so I hope that's given you an indication of the seriousness with which we take the issue and some of the work that we do working with partners to try and impact on it.

Dr Dan Roper

Hull CCG Chair

Find out more about stop smoking services here: <https://www.changegrowlive.org/smoke-free-hull/home>

**A small project, funded by the CCG, had a particular focus on addressing, albeit at a low level, the mental health needs of children and how they coped as life, family situations and schooling during lockdown.**

**Does the CCG plan to provide any further support, through the curriculum or financially supporting projects to help enable schools, colleges and FE to work with children and families on the mental health needs arising from lockdown?**

We did commission several small projects last year with a view to understanding how we can better commission longer term to meet the needs of young people with mental health problems.

One of the areas that we really want to understand better and create a greater focus on is understanding why young people might not access services when they need to. We've just commissioned a small piece of research with Hull University to start some of that work so we’re making sure that we understand why young people might not access early intervention and prevention services and if they feel that there's some stigma associated with it. We can then design the services accordingly and make sure that young people are using preventative services and getting early intervention when they need them.

This is another area of work where we can't do it on our own. We really need to work and engage with young people, work with schools, colleges and with the school councils to try to make that engagement easier. We’re also looking at engaging through online and Instagram campaigns, we have a commissioned campaign called Got Your Back that's actually directed and delivered by young people which puts out key mental health messages. This is also another way that we can engage with people and get young people to provide us with some of the information that we need to make sure that we're designing services in the right way.

We absolutely do continue to provide that further support and we will be continuing with those pilots and we'll be looking at what we can learn from them. Lockdown has certainly heightened some of those issues for young people and whilst during lockdown we saw a reduction in some of the referrals to our CAMHS services, I don't think that's necessarily a reflection of some of the issues that children and young people are facing so we are working across the voluntary sector and with our more specialist providers to look at how we need to respond to the needs of young people.

Erica Daley

Chief Operating Officer

**During lockdown I have been speaking to a number of older and vulnerable people who are really concerned. When is routine, non-emergency surgery going to start again?**

I do appreciate that this has been a great anxiety to patients, not only in the city but throughout the wider area that use the hospitals in our region and it's something that at the CCG latterly, since the end of July when the instructions went out to try and restore services back to normal, we've been spending a huge amount of time. I think it's important to rewind in a way to the beginning of April when hospitals were told to make as much capacity available as possible for the possible influx of patients seriously ill with COVID that would require emergency admissions and intensive care beds and so lots and lots of what we call *capacity,* which is the number of beds staff and services in the hospital, were redirected to provide that service so because of that thousands of outpatient appointments and routine surgery was postponed.

At the same time, people stopped presenting to the health service partly because of fears of catching the virus and also because of a desire to protect the NHS which was obviously part of the very clear messaging that was being put out both locally and nationally. Because of that, referrals into the hospital from general practitioners for outpatient appointments and surgeries and other investigations reduced by at least 55% so that has resulted in thousands of patients who have yet to appear in the system to have their situation assessed, listed and decide whether they actually need surgery. Therefore, there's a huge backlog not only of those patients who had their treatment interrupted but also for those who never came forward to have their treatment started in the first place.

The numbers are large and the hospital has been given a time frame by which it needs to get back to the state it was in January 2020 by the end of March next year and the way they're doing that is by prioritizing everybody on a waiting list whether it's for an outpatient appointment or for surgery and that prioritization is being done by senior consultants and medical staff at the hospital. So, everybody who was listed for surgery or had surgery planned is prioritized and it's a sort of range from one to four, where four is deemed to be routine and one is life-threatening. 63% of patients waiting for surgery are deemed to be level four so that's non-emergency surgery so there is this prioritization process going on. Previously patients were prioritized by how long they've been waiting on the waiting list but now it's to do with the seriousness of their condition.

I’m not sure we’ll ever go back to the old system as I think patients’ clinical needs for surgery will be assessed in a different way because of the pressures that are in the system and continue to be in the system but what the hospital has said is that within the next 24 months they will endeavour to treat everybody who was on a waiting list. But, given the situation that we're in now and that we don't know what's going to happen over the next couple of months, there will be patients who will be waiting much longer for their non-emergency surgery than they would have been previously that is despite the best efforts of their GPs, their hospital specialists nurses and managers at the hospital because we can't operate on the same number of people in the same time. That is because of increased hygiene measures in operating theatres, putting PPE on and off, and reduced capacity within the system and unfortunately, that's the reality. However, I can reassure you that your care or your friends, colleagues or neighbour’s care is being looked at and is being prioritized you have not been forgotten by the trust.

Dr Dan Roper

Hull CCG Chair

**It is well known and recognised that huge gaps in health and wellbeing services are apparent within HU4.**

**Why has the NHS sold off land from Pickering Ward and not reinvested the monies in areas of the ward, leaving a gap in services and the health and wellbeing of many, many residents ignored? What does it take for the CCG to invest in areas of HU4 so that residents have the same health and wellbeing services as other parts of the city?**

We absolutely acknowledge the lack of a health facility directly within the Boothferry Estate area of the Pickering Ward, there are obviously GP practices within the wider HU4 postcode delivering services to patients in the city but we acknowledge that there isn't anything specifically in the area that you that you're referencing.

In terms of the question around how we invest, sell, or reinvest property - we actually can't do that because we don't own any buildings so the CCG can't sell off and receive monies from the sale however we do have a new development in the west of the city the West Hull Hub on Calvert Lane and that will provide expanded health services in the HU4 area so it will offer an opportunity for communities and wider groups to get involved and access services from that new site.

There’ll be over 32 clinical rooms and the building has only just had the business case approved but I understand the building works have started so we want to continue working with you and working with residents in the HU4 area and we would do this alongside the council. We absolutely want to make sure that we are developing community-based services and facilities wherever appropriate so we continue to work with you and are keen to do so in the future.

Erica Daley

Chief Operating Officer

**Once COVID measures cease and life gets back to normal, will GPs continue to primarily do telephone and virtual appointments? Or will they just return to their standard appointment procedures?**

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**If GPs are seeing fewer people face to face then why does it take much longer to get a reply over the phone?**

When the pandemic struck at the end of March/beginning of April, general practice had to very quickly change the way that it provided its service from a face-to-face service to one that was done remotely and that was due to the worries about spreading of the disease, patient safety, and staff safety. It was really great that we'd established the five primary care networks because it really demonstrated the benefit of what we call *general practice at scale.* When you've got larger practices, you can introduce changes quickly. Practices had to introduce hot (COVID) and cold (non-COVID) sites where patients could be seen if they had symptoms that could be COVID related. At the hot sites we’d have to use full PPE, have to have social distancing, we'd have to have enhanced hygiene and disinfectant and infection control so the number of patients that could be seen was very small whereas in the cold clinic the practices continued to be busy and what happened was some of the changes that we had wanted to introduce for a long period of time happened very quickly. We were always doing telephone consultations and some people were e-consulting via email and we were having some virtual appointments but we had to move towards it very very quickly because we had a situation where we needed to know what was wrong with the patient really in terms of either COVID or non-COVID so it was safe for them to come in or what service would be best for them to access.

At the same time, a lot less people were coming forward, so the number of people coming into practices reduced which gave the opportunity for these changes to come into place. Due to the best efforts of practice staff and the cooperation of the patients and also the joint endeavour about keeping everybody safe made these changes possible.

I think virtual consultations and telephone consultations will continue in the future. Practices are continuing to offer face-to-face consultations but it isn't the standard appointment procedure at the present time. Face to face appointments will only be arranged after discussion with the GP as to what is the best type of appointment for you and for some people it's much more convenient for them to either have email or telephone appointments or to use the internet.

During lockdown, GPs were seeing fewer patients, but now that messaging is being put out that the NHS is fully open for business and people should come forward with any health concerns, coupled with the fact that people hadn't been coming forward and had conditions they weren't treating and also issues to do with the hospital, the demand on primary care now is probably higher than it's been for years so they may be seeing fewer people face to face but I can assure you the contacts into primary care whether it's telephone requests for prescriptions, letters, advice or appointments is higher than ever. So that is why it may be taking longer to get an appointment at the moment.

The other point I would make is that a telephone consultation probably takes longer than a face-to-face consultation and a video consultation takes even longer so these things weren't done to save time they were done for the virtue of patient safety.

Dr Dan Roper

Hull CCG Chair

**At the peak of COVID-19, members of BAME communities struggled to get appointments or follow the various information being circulated for the simple reason that most do not speak or understand a lot of English.**

**What is the CCG’s plan to solve this and what plan is in place to work with community and charity organisations to help deliver services in a more inclusive way?**

Nationally and locally COVID threw a much greater spotlight on some of the challenges that BAME communities face and the risks associated with that. We are lucky in Hull because we have some really good relationships with our voluntary sector organisations, Humber All Nations Alliance included, and we do have a CCG Equalities Engagement Network where some of these conversations can be had because again it's another example of where we need to listen and understand what's the best way to approach this and make this work for this particular community. We recognise that a lot of work's been done to support our BAME communities and we have updated our organization's equality and diversity objectives and that work will be coming out in the coming months. We'll be looking to you (HANA) and others as our local partners to determine those specific actions so we're not setting the actions but we're working with you on the actions that will have the biggest impact for our BAME communities.

At the peak of COVID we distributed, through our newsletter to our GP practices, advice and guidance with regards to COVID in many different languages. It was provided to us by an organization called Doctors of the World and they've got a really fantastic service including a website with lots and lots of resources on it and so we use that to distribute this information in many different languages into the community.

The other point I'd briefly mention is that we've started a process at the CCG where we're bidding to become the first CCG of Sanctuary in the country and that's really about migrants and asylum seekers and embedding within all our different organisations, knowledge, information and appreciation of the challenges those communities face. It's about us sharing our learning with other CCGs and it's about learning even more about the needs of our migrant and asylum seeker populations.

Erica Daley

Chief Operating Officer

Dr Dan Roper

Hull CCG Chair

**We know that the CCG works hard to back numerous community projects financially and through engagement, such as the highly supportive Champions Network.**

**Given that VCS organisations really shone during COVID-19 and that this type of support is never more needed, I would like to ask if there are any plans to re-introduce a small grants programme to extend this support?**

**If so, would grants give an increased opportunity to VCS groups who sit between starting out and growing their success before going for larger grants or commissioning?**

There's a really important theme coming through here with some of these questions which highlights the importance of the voluntary community sector and it’s quite right in terms of how those organisations shone in terms of their response to COVID-19. I think within 24 hours over 120 groups came together to provide that response for people who were shielding in Hull so I want to say a big thank you to everybody who was involved in that. We have had small grants programmes in the past and we did roll that up into our social prescribing budget and over the last two years, we've issued just over 1.3 million pounds in small grants.

What we're looking at now is how well that's worked and what's the learning from that. Can we do that better? Can we do that differently? And how can we make sure that we really are working closely with our communities and making sure we're increasing the opportunity to the voluntary community sector groups to get involved and to test out some of their ideas and grow some of their successes. It's high on our agenda for this year and into next year.

Erica Daley

Chief Operating Officer

**I run a yoga, fitness, meditation and breath work studio in Hull and I am very passionate about Hull and the health and wellbeing of the people who live here.**

**I would like to know how organisations like mine can work together with the NHS to help alleviate the burden on NHS services?**

This question gives me the opportunity to talk about a couple of things that we as individuals and also the CCG feel very passionate about. It is not only about the health and well-being of the people of Hull but physical activity and exercise.

During lockdown and the peak of the pandemic in the spring it was obvious that people were getting out and exercising more than they'd done before. They were using it as an opportunity to get out, start walking, cycling, running. I've never seen as many people exercising. Physical activity is a good way of protecting oneself and preventing long-term chronic illnesses and protecting ourselves against things like COVID, because there's no doubt that underlying health conditions put people at increased risk from severe complications.

As a CCG we're one of the key partners in delivering the city's physical activity strategy and we're launching a new campaign called Get Hull Active which is around getting people walking, cycling, just spending time in the fresh air. As an organization on behalf of the NHS generally and locally we champion exercise.

The second thing I wanted to talk about is a social prescribing service which is possibly where an organization like yours would fit in. Social prescribing is something that's been on the go for quite a few years. When you hear about things like exercise or cycling being available on prescription or gym membership or going to the library; what people are actually talking about is social prescribing.

80 percent of people's health is to do with what we call the social determinants. So it's things like physical fitness, the environment that we live in, the exercise that we take, what we eat, where we live, the jobs that we have.

The social prescribing service is funded by the CCG and the local authority and is seated within general practice and also the local authority. Social prescribing is provided through an organization called Connect Well Hull. A patient could come into a surgery and see a social prescriber or a health trainer and could be “prescribed” a yoga class because we know that there is evidence that the things that you're talking about are beneficial to people. Yoga, fitness, meditation and particularly breathing work.

We could see how we can actually just boost the offer that we make to patients through Connect Well Hull service and outside of this meeting see how your service fits into it.

Dr Dan Roper

Hull CCG Chair

**Will the ICC support service restart in light of the rising COVID cases?**

In the event of a rise in cases the ICC would revert to providing the full COVID response.

Erica Daley

Chief Operating Officer